

Request for Proposal (RFP) ETH0020
Medicare Advantage Plans for Medicare-Enrolled
Participants in the State of Wisconsin Group Health
Insurance and Wisconsin Public Employer Programs



Issued by the
State of Wisconsin
Department of Employee Trust Funds
On behalf of the Group Insurance Board

RFP Release Date: October 17, 2017

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1 GENERAL INFORMATION

1.1 INTRODUCTION

The purpose of this Request for Proposal (RFP) is to provide interested and qualified vendors with information to enable them to prepare and submit competitive Proposals to administer Medicare Advantage plans for Medicare-enrolled participants in the State of Wisconsin Group Health Insurance Program (GHIP) and the Wisconsin Public Employer (WPE) programs for local government employees and retirees, managed by the Wisconsin Department of Employee Trust Funds (ETF). ETF intends to use the results of this solicitation to award a Contract(s) for such services.

The Contract(s) will be administered and managed by ETF, with oversight by the State of Wisconsin Group Insurance Board (Board). This RFP document and the awarded Proposal(s) shall be incorporated into the Contract(s).

1.2 CURRENT STATE AND BACKGROUND

ETF administers retirement, health, life, long-term disability, income continuation, and long-term care insurance programs for over 570,000 State and local government employees and annuitants.

1.2.1 Health Insurance Program

The GHIP and WPE programs, primarily fully-insured health plans administered by ETF and 10 contracted health plans, are for the employees of 58 State agencies, the State of Wisconsin Legislature, the University of Wisconsin (UW) System, the UW Hospital and Clinics, 368 local government employers' employees, retirees, and dependents. The GHIP and WPE programs make up one of the largest health plan groups in Wisconsin, spending \$1.4 billion in health insurance premiums annually.

In 2018, most health insurance benefits (98%) offered through the GHIP and WPE programs will be administered through 10 competing, fully-insured health plans that offer a prescribed "uniform benefit" package called the "It's Your Choice (IYC) Health Plan." The IYC Health Plan is available to both active and retired state and local employees, including Medicare-enrolled retirees. The IYC Health Plan also has a high-deductible option, called the IYC High Deductible Health Plan (HDHP), which is not available to Medicare-enrolled participants. The health plans follow the Board's guidelines for eligibility and program requirements and participate in an annual premium rate bid process.

The pharmacy benefit program is self-insured and has been administered through a Pharmacy Benefit Manager (PBM) since 2004. This includes providing Medicare Part D benefits through an Employer Group Waiver Plan (EGWP) and additional wrap-around benefit since 2012.

The uniform dental benefit program is also self-insured as of 2016. Participants of the GHIP may opt out of dental coverage during the annual open enrollment period. Local employers that participate in the WPE program choose whether to offer the uniform dental benefit program to their group.

Medicare-Specific Options

Below is a description of the current plans available to Medicare-enrolled Members:

IYC Health Plan – Medicare

The IYC Health Plan – Medicare is the same health plan active employees enroll in but, for Medicare enrollees, the plan coordinates with Medicare coverage, meaning Medicare pays first and IYC Health Plan - Medicare pays second. Often, enrollees on this plan were enrolled in the plan prior to becoming eligible for Medicare. The IYC Health Plan – Medicare plan is available through each of the 10 competing, fully-insured contracted health plans.

IYC Medicare Advantage

In 2017, Humana administers the program's only Medicare Advantage offering. The current offering matches the Uniform Benefits offered by the other insurers under the IYC Health Plan – Medicare, with minor exceptions. This plan is a nationwide passive preferred provider option (PPO) product that allows participants to use any healthcare provider in the country that accepts Medicare. In 2018, the program will have no Medicare Advantage offering.

IYC Medicare Plus

This is a Medicare Supplement plan currently offered through the program on a self-insured basis through WPS Health Insurance, Inc. through December 31, 2017. Starting January 1, 2018, the IYC Medicare Plus plan will be administered by WEA Trust on a fully-insured basis. This plan is available to eligible retirees enrolled in Medicare and generally only pays Medicare deductibles and coinsurance. This plan permits participants to receive care from any qualified healthcare provider nationwide, or during worldwide travel, for treatment covered by the plan.

For more information on benefits for ETF's Medicare-enrolled Members, see the [Retiree Decision Guide](#).

Table 1 shows the number of Medicare-enrolled members for both GHIP and WPE by Medicare plan for 2017.

Table 1. 2017 Enrollment in Medicare Plan Options

	Number of Medicare-Enrolled Members		
	State	WPE	Total
IYC Medicare Plus	8,062	180	8,242
IYC Medicare Advantage	2,623	112	2,735
IYC Health Plan – Medicare			
Dean Health Plan	5,996	407	6,403
Unity Health Plan	4,651	438	5,089
Physicians Plus	2,782	137	2,919
WEA Trust	1,751	43	1,794
GHC - South Central Wisconsin	1,196	60	1,256
All others	4,695	369	5,064
Total	31,756	1,746	33,502

Current Benefit Design

Medical Benefits

Below is a description of the IYC Medicare Advantage Plan benefit design available to Medicare-enrolled Participants in 2017:

Table 2. 2017 Medicare Advantage Benefit Design

IYC Medicare Advantage Benefit Design	
Annual Medical Deductible	Plan pays: Part A inpatient hospital deductible of \$1,316 and Part B deductible of \$183
	Participant pays: \$0
Annual Medical Coinsurance	Plan pays: Part A-varying coinsurance for hospital inpatient and skilled nursing facility care Part B deductible and 20% coinsurance
	Participant pays: \$0 except as listed below
Annual Medical Out-of-Pocket Limit	None
Outpatient illness/injury related services	Plan pays: Part B deductible and 20% coinsurance
	Participant pays: \$0
Emergency Room Copayment	Plan pays: Part B deductible and 20% coinsurance
	Participant pays: \$60 copayment (waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer)
Hospital	Plan pays: 100% as medically necessary, plan providers only. No day limit
	Participant pays: \$0

<p>Licensed Skilled Nursing Facility</p> <p>Medicare covered services in a Medicare approved facility</p>	<p>Plan pays: After Medicare, 100% as medically necessary, for the first 120 days per benefit period, plan providers only</p> <p>Beyond 120 days, \$0</p> <p>Participant pays: \$0 for the first 120 days, full cost after 120 days</p>
<p>Licensed Skilled Nursing Facility</p> <p>(Non-Medicare approved facility licensed in a state) If admitted within 24 hours following a hospital stay</p>	<p>Plan pays: 100% as medically necessary for the first 120 days per benefit period</p> <p>Participant pays: 0% for the first 120 days per benefit period. 100% after 120 days</p>
<p>Medical Supplies, Durable Medical Equipment and Durable Diabetic Equipment and Related Supplies</p>	<p>Plan pays: If Participant has not met the Part B deductible, 80% If Participant has met the Part B deductible but has not met the \$500 out-of-pocket limit (OOPL) per participant, 0% If Participant has met the Part B deductible and the \$500 OOPL per participant, 20%</p> <p>Participant pays: 20% up to \$500 OOPL per participant; after OOPL, \$0</p>
<p>Home Health Services</p> <p>Under an approved plan of care, part-time services of an RN, LPN or home health aide; physical, respiratory, speech or occupational therapy; medical supplies, drugs, lab services and nutritional counseling.</p>	<p>Plan pays: 100% for reasonable and necessary visits</p> <p>Participant pays: Full cost of visits not covered by Medicare</p>
<p>Hearing Exam</p> <p>For routine exams</p>	<p>Plan pays: 100%</p> <p>Participant pays: \$0</p>

Hearing Exam For illness or injury	Plan pays: Part B deductible and 20% coinsurance
	Participant pays: \$0
Hearing Aid (per year)	Plan pays: 80% for adults up to plan paid of \$1,000 every three years (does not count toward OOPL)
	Participant pays: 20% coinsurance and 100% of costs exceeding plan payment of \$1,000

Pharmacy Benefits

Pharmacy benefits are based on a four-tier design with various cost-sharing levels and applicable out-of-pocket limits (OOPL). This benefit is available to all GHIP and WPE Members in 2017 including Members enrolled in the IYC Medicare Advantage plan.

Table 3. 2017 Plan Year Pharmacy Benefit Plan Design

Copayments/Coinsurance		
Level 1	\$5 Copayment	Preferred Generic Drugs and certain lower-cost Preferred Brand Name Drugs.
Level 2	20% Coinsurance (\$50 max)	Preferred Brand Name Drugs and certain higher-cost Preferred Generic Drugs.
Level 3	40% Coinsurance (\$150 max)	Non-covered, Non-Preferred Drugs for which alternative/equivalent Preferred Generic & Brand Name Drugs are covered.
Level 4 (Preferred)	\$50 Copayment	Includes only Preferred Specialty Drugs filled at a Preferred Specialty Pharmacy.
Level 4 (Non-Preferred)	40% Coinsurance (\$200 max)	Non-Preferred Specialty Drugs filled at a Preferred Specialty Pharmacy and all Specialty Drugs filled at a pharmacy other than a Preferred Specialty Pharmacy.
Out-of-Pocket Limits*		
Level 1 & 2	\$600 individual / \$1,200 family	
Level 3	\$6,850 individual / \$13,700 family	
Level 4 (Preferred)	\$1,200 individual / \$2,400 family	
Level 4 (Non-Preferred)	No Out-of-Pocket Limit*	

*In addition to the out-of-pocket limit (OOPL), all copayments/coinsurance apply toward the federal Affordable Care Act (ACA) annual combined medical and prescription drug maximum out-of-pocket (MOOP) limits; \$7,150 for an individual and \$14,300 for a family in 2017.

Participants have creditable coverage through an EGWP program administered by the current PBM and are also provided with a wraparound benefit to supplement the EGWP.

Premium Payments

State retirees are solely responsible for payment of their health insurance premiums. The State offers three ways for retirees to pay: 1) if eligible, they can use their accumulated sick leave credits; 2) deductions from their monthly annuity payments; or 3) direct payments to the health plan. Life insurance may also be converted to pay for health insurance premiums under certain circumstances. Previous research has shown that State employees can retire with sizable sick leave balances that will typically last 6-10 years into retirement.

Retirees from local public employers may have their premiums paid in one of the following ways: 1) their employer may contribute towards the premium; 2) they may have deductions taken from their annuity payment; or 3) they may make direct payments to the health plan.

Open Enrollment

Dates for the annual open enrollment period, known as “It’s Your Choice” (IYC), are set by the Board each year and are typically in October - November. The 2018 open enrollment period runs from October 2-27, 2017. Program and benefit changes are primarily disseminated to employees and Participants via employer groups and the ETF website.

Benefit Consultant’s Report on Program Reforms

In November 2015, the Board’s benefit consultant, The Segal Company (Segal), presented a report containing analysis of the current GHIP and WPE programs and recommended strategies for program design that would contain future cost increases and improve health outcomes while increasing the efficient delivery of quality healthcare to Participants. A significant component of the report is a recommendation for a “total health management” model that includes driving engagement in wellness and disease management programming.

In addition, Segal’s report recommended that the Board pursue an expansion of the Medicare Advantage model through both national and regional health plans to reduce costs for Medicare retirees while maintaining provider choice.

In response to these recommendations, in 2016, the Board approved solicitations for a third-party administrator of wellness and disease management programs, the development of a data warehouse, and proposals to evaluate self-insurance and regionalizing the health insurance program. Many of these initiatives have been implemented, or are in the process of being implemented. The exception is that in 2017, the Board approved a program restructuring that would have moved the program to a self-insurance and regionalization model. However, this model was rejected by the State Legislature.

Segal’s November 2015 report can be found here: <http://etf.wi.gov/boards/agenda-items-2015/qib1117/item3ar.pdf>

Wellness Benefits

In 2013, the Group Insurance Board approved implementation of a uniform wellness incentive as part of the 2014 health plan contracts, which is referred to as the Well Wisconsin Program. A Member can earn a \$150 incentive from their health plan after completing a health screening and

health survey. The primary subscriber and their enrolled spouse were both eligible to receive the incentive.

Due to the Centers for Medicare & Medicaid Services (CMS) restrictions that were in place at the inception of the incentive program, Medicare Advantage enrollees have not been eligible for the \$150 incentive. In December 2014, CMS issued guidance which allowed greater flexibility for rewards and incentive programs. ETF has opted to continue excluding Medicare Advantage enrollees from being eligible for the \$150 incentive due the complexity of aligning an incentive program primarily used by active employees with CMS restrictions.

In 2017, the Well Wisconsin Program has transitioned to a single wellness and disease management vendor, The StayWell Company, LLC (StayWell). StayWell manages all aspects of the incentive program and provides lifestyle and disease management programs to all non-Medicare Advantage subscribers and enrolled spouses. Medicare Advantage enrollees are currently allowed access to the StayWell Well Wisconsin wellness portal, but they are not eligible to participate in the health screenings, health coaching or to receive the \$150 incentive.

Data Warehousing / Business Intelligence Vendor

As stated above, the Board approved the procurement for the purchase of a data warehouse solution in 2017, and the Board subsequently contracted with Truven Health Analytics to develop data warehouse and business intelligence tools. These tools are anticipated to be available in early 2018. Section 150 of Exhibit 1 State of Wisconsin Medicare Advantage Program Agreement, includes requirements related to data submissions and data integration with the data warehouse and business intelligence tools.

1.2.2 Additional Background Information

Table 4 provides links to additional background information. This information is provided to assist Proposers in completing an RFP response.

Table 4. Background Information

Title	Web Address
It's Your Choice Open Enrollment Materials	http://www.etf.wi.gov/members/IYC2018/IYC_home.asp
It's Your Choice 2018 Decision Guide for Retired State Employees	http://www.etf.wi.gov/publications/18et2108.pdf
Benefit Consultant November 10, 2015 Report to the Board (Second Report)	http://etf.wi.gov/boards/agenda-items-2015/gib1117/item3ar.pdf
Office of Strategic Health Policy February 9, 2016 Memo to the Board for Implementation of Benefit Consultant Recommendations	http://etf.wi.gov/boards/agenda-items-2016/gib0217/item5c.pdf

Office of Strategic Health Policy April 28, 2017 Memo to the Board on Medicare Advantage Proposals	http://etf.wi.gov/boards/agenda-items-2017/qib0524/item3e.pdf
Wisconsin Administrative Code: Chapter ETF 11 Appeals	http://docs.legis.wisconsin.gov/code/admin_code/etf/11
Wisconsin State Statutes Chapter 40	http://www.legis.state.wi.us/statutes/Stat0040.pdf
ETF Insurance Complaint Information	http://etf.wi.gov/publications/et2405.pdf
Information regarding registration and the sign-in process for the Wisconsin Department of Administration's eSupplier portal	https://vendornet.wi.gov/GenProcurement/StrategicSourcing.aspx

1.3 FUTURE STATE: PROJECT SCOPE AND OBJECTIVES

The objectives of this RFP are to find health plans that will be strategic partners in providing services to our Members and to accomplish the following:

- Expand offerings to our Medicare-enrolled Members that have lower monthly premium costs;
- Deliver high quality, high value services;
- Offer excellent benefit packages; and
- Provide Participant choice.

The Proposer must be a partner with the Department in developing strategies to improve health among Members and must actively educate and engage Members in preventive healthcare, healthcare utilization, and wellness.

Proposals are being requested for health plans to administer an Employer Group Waiver Program (EGWP) Medicare Advantage plan and possibly a Medicare Part D prescription drug benefit program for Medicare-enrolled Members in the GHIP and WPE programs. An award will not be made for prescription drug benefits only.

Service Areas

Services are to be available in any of the following service areas:

- 1) Nationwide service area; or
- 2) Regional service areas within Wisconsin.

ETF's expectation is to obtain services, as specified in this RFP, with a Contract(s) between the selected Proposer(s) and the Board. The Board may award one Contract to serve the nationwide service area, and may also award multiple Contracts for a regional service area as a result of this RFP. An award is not guaranteed.

Proposals for the national passive PPO for the nationwide service area may include multiple pricing options. Proposers are encouraged to provide competitive quotes as a full replacement solution as well as a component of the overall program strategy. The Board will determine the overall program strategy based on RFP results, which could include one nationwide Medicare Advantage plan or one nationwide Medicare Advantage plan with regional Medicare Advantage plans and/or regional current plans.

Medicare Advantage Benefit Plan Proposals

All Proposers must be able to provide all services under Uniform Benefits, the current standard benefits package available to Medicare-enrolled Members described in Table 2 – 2017 Medicare Advantage Benefit Design, and further described in Section 400 of Exhibit 1 State of Wisconsin Medicare Advantage Program Agreement or as approved by the Board prior to January 1, 2019.

Pharmacy Benefit Plan Proposals

Proposers submitting a proposal for a nationwide service area must also be able to provide the pharmacy benefit plan available under Uniform Benefits described in Table 3 – 2018 Plan Year Pharmacy Benefit Plan Design, and further described in Section 400 of Exhibit 1 State of Wisconsin Medicare Advantage Program Agreement or as approved by the Board prior to January 1, 2019. Attachment D – Cost Proposal submitted under Section 8 must reflect this requirement.

Proposers submitting a Proposal for a regional service area within Wisconsin have the **option** of offering a pharmacy benefit. If a Proposer includes a proposal to offer a pharmacy benefit, it must be able to provide the pharmacy benefit plan available under Uniform Benefits described in Table 3 – 2018 Plan Year Pharmacy Benefit Plan Design, and further described in Section 400 of Exhibit 1 State of Wisconsin Medicare Advantage Program Agreement or as approved by the Board prior to January 1, 2019, and be able to match the current formulary. If offering such a benefit, Attachment D – Cost Proposal submitted under Section 8.3 must reflect this requirement.

Alternative Benefit Design Proposals

In addition, as described in Section 8.2, vendors *must* submit proposals to provide two alternative benefit designs that the vendor has found are most popular with Medicare beneficiaries.

The Proposer must be able to administer any alternative benefit design it proposes. However, the Board will decide what, if any, alternative benefit designs will be available to Participants starting in 2019 based on all available input from Proposers and other sources. The Board is not limited to the benefit designs proposed by the Proposer.

Proposers must be able to provide all other requirements requested in this RFP and shall remain responsible for Contract performance regardless of any work performed by the Proposer's Subcontractors.

The selected Proposal(s) will become part of the Contract. Information described in the Proposal response regarding programming and capabilities must be available to all eligible Participants unless otherwise noted in the Proposal. For example, a small pilot program shall be clearly described as such.

1.4 PROCURING AND CONTRACTING AGENCY

This RFP is issued for the State of Wisconsin by the Department of Employee Trust Funds on behalf of the State of Wisconsin Group Insurance Board. ETF is the sole point of contact for the State of Wisconsin in the selection process. The terms "State," "ETF," and "Department" may be used interchangeably in this RFP and its attachments.

Prospective Proposers are prohibited from contacting any person other than the individual listed below regarding this RFP. Violation of this requirement may result in the Proposer being disqualified from further consideration.

Express delivery:

Beth Bucaida
RFP ETH0020
Dept. of Employee Trust Funds
801 West Badger Road
Madison, WI 53713-2526

USPS Mail delivery:

Beth Bucaida
RFP ETH0020
Dept. of Employee Trust Funds
PO Box 7931
Madison, WI 53707-7931

Telephone: 608-266-2586

E-mail: ETFsmbProcurement@etf.wi.gov

1.5 DEFINITIONS AND ACRONYMS

Words and terms shall be given their ordinary and usual meanings. Where capitalized in this RFP, the following definitions and acronyms shall have the meanings indicated unless otherwise noted. The meanings shall be applicable to the singular, plural, masculine, feminine, and neuter forms of the words and terms.

Business Day means each Calendar Day except Saturday, Sunday, and official State of Wisconsin holidays (see also: Calendar Day, Day).

Calendar Day refers to a period of twenty-four (24) hours starting at midnight.

Calendar of Events means the schedule of events in RFP Section 1.9.

Confidential Information means all tangible and intangible information and materials being disclosed in connection with the Contract, in any form or medium without regard to whether the information is owned by the State of Wisconsin or by a third party, which satisfies at least one of the following criteria: (i) Personally Identifiable Information; (ii) Protected Health Information under HIPAA, 45 CFR 160.103; (iii) Proprietary Information; (iv) non-public information related to the State of Wisconsin's employees, customers, technology (including data bases, data processing and communications networking systems), schematics, specifications, and all information or materials derived therefrom or based thereon; (v) information expressly designated as confidential in writing by the State of Wisconsin; (vi) all information that is restricted or prohibited from disclosure by State or federal law, including Individual Personal Information and Medical Records as governed by Wis. Stat. § 40.07, Wis. Admin. Code ETF 10.70(1) and 10.01(3m); (vii) any material submitted by the Proposer in response to this RFP that the Proposer designates confidential and proprietary information and which qualifies as a trade secret, as provided in Wis. Stat. § 19.36 (5) or material which can be kept confidential under the Wisconsin public records law, and identified on a Designation of Confidential and Proprietary Information form (DOA-3027). Cost proposals cannot be held confidential unless there are extenuating circumstances, e.g. government regulations or case law prohibit such release.

Contract means the written agreement resulting from the successful Proposal and subsequent negotiations that shall incorporate, among other things, this RFP and the successful Proposer's Proposal, and all modifications to the agreement, and in addition shall contain such other terms and conditions as may be required by the State of Wisconsin.

Contractor means the Proposer that is awarded the Contract.

CDT means Central Daylight Time covering a time period of mid-March to early November each calendar year.

CST means Central Standard Time covering all time periods not CDT.

Day means Calendar Day unless otherwise indicated.

Department or **ETF** means the Wisconsin Department of Employee Trust Funds.

Employer Group Waiver Program or EGWP refers to employer group sponsored Medicare Advantage and Medicare Prescription Drug programs for which the Centers for Medicare & Medicaid Services (CMS) have waived certain program requirements that do not apply.

GHIP means the State of Wisconsin Group Health Insurance Program.

GIB means the State of Wisconsin Group Insurance Board.

HIPAA means the Health Insurance Portability and Accountability Act of 1996.

Individual Personal Information or **IPI** is defined in Wisconsin Administrative Code § ETF 10.70(1), and means all information in any individual record of the Department, including the date of birth, earnings, contributions, interest credits, beneficiary designations, creditable service, marital or domestic partnership status, address, and social security number, but does not include information in any statistical report, other report or summary in which individual identification is not possible.

Mandatory means the least possible threshold, functionality, degree, performance, etc. needed to meet the mandatory requirement.

Member or **Participant** means subscriber or any of the subscriber's dependents who are enrolled in both Medicare Parts A and B, are entitled to benefits under the GHIP and WPE programs, and are eligible to be enrolled in a Medicare Advantage plan included in this RFP.

Personally Identifiable Information or **PII** means information that is capable of identifying a particular individual through one or more identifiers or other information or circumstances.

Proposal means the complete response of a Proposer submitted on the approved forms and setting forth the Proposer's pricing for providing the Services described in this RFP, which includes all attachments, exhibits, appendices and all other documents referenced herein.

Proposer means any individual, company, corporation, or other entity that responds to this RFP. Used interchangeably with "Vendor," Proposer means a firm or individual submitting a Proposal in response to this RFP.

Protected Health Information or **PHI** is health information protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Title 45 of the Code of Federal Regulations, Section 160.103.

RFP means Request for Proposal.

Services means all work performed, and labor, actions, recommendations, plans, research, and documentation provided by the Contractor necessary to fulfill that which the Contractor is obligated to provide under the Contract.

State means the State of Wisconsin.

State Statutes or **ss** or **Wisconsin Statutes** or **Wis. Stat.** means Wisconsin State Statutes referenced in this RFP, viewable at: <http://www.legis.state.wi.us/rsb/stats.html>.

Subcontractor means a person or company hired by the Contractor to perform a specific task or provide program content as part of the Contract.

USPS means the United States Postal Service.

UW means the University of Wisconsin System with 13 four-year campuses and 13 two-year campuses with locations throughout the State.

Vendor means a person or company that sells goods or provides services. Used interchangeably with "Proposer," Vendor means a firm or individual submitting a Proposal in response to this RFP.

WPE means Wisconsin Public Employer as defined under Wis. Stat. § 40.02 (28), other than the State, which has acted under Wis. Stat. § 40.51 (7), to make healthcare coverage available to its Employees.

See ETF's glossary at: <http://etf.wi.gov/glossary.htm> for additional definitions.

In addition, see all definitions located in Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement.

1.6 CLARIFICATION OF THE SPECIFICATIONS AND REQUIREMENTS

Proposers must submit any questions concerning this RFP via e-mail (no phone calls) to ETF SMBProcurement@etf.wi.gov. The subject line of the e-mail must state "**RFP ETH0020**" and the e-mail must be received on or before the date identified in Section 1.9 Calendar of Events for Proposer Questions. Proposers are expected to raise any questions they have concerning this RFP at this point in the process. Do not include any information within your questions that would identify your company as all submitted questions will be shared with all vendors who submit questions.

It is encouraged that Proposers submit any assumptions or exceptions during the above process. Any assumption or exception listed must contain a rationale as to the basis for the assumption/exception. The Department will inform the Proposers what assumptions or exceptions would be acceptable.

Questions must be submitted as a Microsoft Word document (not a .pdf or scanned image) using the format specified below:

Table 5. Format for Submission of Clarification Questions

No.	RFP Section	RFP Page	Question/Rationale
Q1			
A1			
Q2			
A2			

Q = Proposer's question; A = ETF's answer

Proposer's e-mail must include the name of the Proposer's company and the person submitting the question(s). A compilation of all questions and answers, along with any RFP updates, will be posted to **ETF's Extranet** (<https://etfonline.wi.gov/etf/internet/RFP/rfp.html>) on or about the date indicated in Section 1.9, Calendar of Events, for ETF Posts Responses to Proposer Questions.

If a Proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the Proposer should immediately notify the individual identified in Section 1.4 of such error and request modification or clarification of this RFP document.

If it becomes necessary to update any part of this RFP, updates will be published on ETF's Extranet at the URL listed above, which is part of ETF's website, and will not be mailed. Electronic versions of this RFP and all appendices and exhibits are available on ETF's Extranet.

1.7 PROPOSER CONFERENCE

There is no scheduled Proposer conference. A Proposer conference is an opportunity for Proposers to ask questions. If ETF decides to hold a Proposer conference, a notice will be posted on ETF's Extranet at <http://etfextranet.it.state.wi.us/etf/internet/RFP/rfp.html>. Note, unless this notice is posted, no conference will be held.

1.8 REASONABLE ACCOMMODATIONS

ETF will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities, upon request.

1.9 CALENDAR OF EVENTS

Listed below are the important dates by which actions related to this RFP must be completed. If the Department finds it necessary to change any of the specific dates and times in the Calendar of Events listed below, it will do so by issuing a supplement to this RFP via the ETF Extranet listed in Section 1.6. No other formal notification will be issued for changes in the estimated dates. Note the Contract start date is May 15, 2018, while the benefit period will begin January 1, 2019. This is intentional, as the Contractor will assist with the implementation, transition, and Member communication involved with any program structure change.

ETF recognizes that the Proposals are due prior to the release of the CMS Final Call Letter in April 2018. Selected Proposers will be asked to submit an updated Premium Submission once the Final Call Letter is released, as described in Section 8.6.

Table 6. Calendar of Events*

Date	Event
October 17, 2017	ETF Issues RFP
October 31, 2017	Proposer Questions and FORM F – ETH0020 Non-Disclosure Agreement with ETF and The Segal Company Due Date
November 14, 2017	ETF Posts Responses to Proposer Questions

November 28, 2017 2:00 PM CDT	Proposal Due Date and Time
March, 2018	Group Insurance Board meeting
April 30, 2018 2:00 PM CDT	Revised Premium Submission Due Date and Time
May 15, 2018	Contract Start Date

****All dates are estimated except the submission dates for Proposer Questions, FORM F and Proposals.***

1.10 CONTRACT TERM

The Contract term for providing services for group Medicare Advantage health coverage will commence on the Contract start date and shall extend through December 31, 2021. The Board retains the option, by mutual agreement of the Board and the Contractor, to renew the Contract for two (2) additional two (2) year periods extending the Contract through December 31, 2025, subject to the satisfactory negotiation of terms, including pricing. Premiums will be reviewed and negotiated annually. See Section 130B of Exhibit 1 State of Wisconsin Medicare Advantage Program Agreement.

1.11 NO OBLIGATION TO CONTRACT

The Board reserves the right to cancel this RFP for any reason prior to the issuance of a notice of intent to award a Contract. The Board does not guarantee to purchase any specific dollar amount. Proposals that stipulate that the Board shall guarantee a specific quantity or dollar amount will be disqualified.

1.12 WI DEPARTMENT OF ADMINISTRATION eSUPPLIER REGISTRATION

The Wisconsin Department of Administration's eSupplier Portal is available to all businesses and organizations that want to do business with the State. The eSupplier Portal allows vendors to see details about pending invoices and payments, allows vendors to receive automatic, future official notices of bid opportunities, and, in some cases, allows vendors to respond to State solicitations. Note: the eSupplier Portal is not being used for this solicitation for Proposer responses.

For more information on the eSupplier Portal, go to:

https://esupplier.wi.gov/psp/esupplier/SUPPLIER/ERP/h/?tab=WI_BIDDER

1.13 RETENTION OF RIGHTS

All Proposals become the property of ETF upon receipt. All rights, title and interest in all materials and ideas prepared by the Proposer for the Proposal to ETF shall be the exclusive property of ETF and may be used by the State of Wisconsin at its discretion.

2 PREPARING AND SUBMITTING A PROPOSAL

2.1 GENERAL INSTRUCTIONS

The evaluation and selection of a Contractor(s) will be based on the information received in the submitted Proposal(s) plus the following optional review methods, at ETF's discretion: reference checks, Proposer presentations, interviews, demonstrations, responses to requests for additional information or clarification, any on-site visits, and/or best and final offers (BAFOs), where requested. Such methods may be used to clarify and substantiate information in the Proposals.

Failure to respond to each of the requirements in this RFP may be the basis for rejecting a Proposal. Failure to provide a complete response to Section 8, Network Submission Requirements, Alternative Benefit Design, and Cost Proposal, may result in rejection of a Proposal.

Elaborate Proposals (e.g., expensive artwork), beyond that sufficient to present a complete and effective Proposal, are neither necessary nor desired. Marketing or promotional materials should only be provided where specifically requested. If providing such materials, please indicate which question the materials apply to.

All Proposals must be in English.

2.2 INCURRING COSTS

The State of Wisconsin and ETF are not liable for any costs incurred by Proposers in replying to this RFP, making requested oral presentations, or demonstrations.

2.3 SUBMITTING THE PROPOSAL

Proposers must submit the following, including all materials required for acceptance of their Proposal:

- One (1) original hard copy Proposal, clearly labeled "ORIGINAL;"
- Five (5) identical hard copy/paper copies of the original paper Proposal, marked as "COPY." Indicate the copy number on the cover of each copy (for example: 1 of 5, 2 of 5, etc.); and
- One (1) USB flash drive, which includes the following:
 - One (1) file folder of all electronic Proposal files in Microsoft Word/Microsoft Excel, and/or Adobe Acrobat 9.0 (or above) format. The Department requires that all files have optical character recognition (OCR) capability (not a scanned image). OCR is the conversion of all images typed, handwritten or printed text into machine-encoded text. The file folder must be labeled "[Proposer Name] PROPOSAL". **Exclude all Section 8 attachments from this file folder.**
 - One (1) file folder of all electronic Proposal files in Microsoft Word/Microsoft Excel, and/or Adobe Acrobat 9.0 (or above) format **EXCLUDING or REDACTING** all confidential and proprietary information/documents. This file folder must be labeled "[Proposer Name] REDACTED PROPOSAL." This is the file that will be submitted to requestors for open records requests. Note that no matter what the method the

Proposer uses to redact, ETF is not responsible for checking that the redactions match the Proposer's **FORM E – ETG0013 Designation of Confidential and Proprietary Information**. Proposers should be aware that ETF may need to electronically send the redacted materials to members of the public and other Proposers when responding appropriately to open records requests. ETF is not responsible for checking that redactions, when viewed on-screen via electronic file, cannot be thwarted. ETF is not responsible for responding to open records requests via printed hard copy, even if redactions are only effective on printed hard copy. ETF may post redacted Proposals on ETF's public website in exactly the same file format the Proposer provides, and ETF is not responsible if the redacted file is copied and pasted, uploaded, e-mailed, or transferred via any electronic means, and somehow loses its redactions in that process. **Exclude all submissions required in Section 8 from this file folder.** In addition to the above:

- Redact only material the Proposer authored. For example, do not redact the question the Proposer is responding to, only the answer.
 - Do not redact page numbers. Page numbers should remain visible at all times, even if the whole page is being redacted.
 - All electronic files, including the redacted electronic file, must have the same pagination as Proposer's original hard copy Proposal.
 - Sign Form E – Designation of Confidential and Proprietary Information only once. Add as many lines/pages as necessary.
- Clearly mark the exterior of the USB flash drive with Proposer's name and the RFP number.
 - Do not password protect the USB flash drive. Flash drives must be free of all malware, ransomware, viruses, spyware, worms, Trojans, or anything that is designed to perform malicious operations on a computer.

Proposers must submit the Proposal to the address listed in Section 1.4, Procuring and Contracting Agency, by the due date and time listed in Section 1.9, Calendar of Events. Refer to Section 8 for instructions on submitting Section 8 attachments. **Do not submit Section 8 attachments with your Proposal.**

Proposals received after the date and time specified in Section 1.9 Calendar of Events will not be accepted and shall be disqualified. Receipt of a Proposal by the State of Wisconsin mail system does not constitute receipt of a Proposal by ETF, for the purposes of this RFP. All required parts of the Proposal must be submitted by the specified due date and time; if any portion of the Proposal is submitted late, the entire Proposal will be disqualified. Proposers may request, via an email to the address listed in Section 1.4, the time and date their Proposal was received by ETF.

Proposals submitted via fax or e-mail will not be accepted.

The Proposal must be packaged, sealed and show the following information on the outside of the package:

- Proposer's Company Name and Address;
- Title: ETH0020 Medicare Advantage Plans; and
- Proposal Due Date specified in Section 1.9, Calendar of Events.

Refer to Section 8 for instructions on submitting Section 8 attachments.

2.4 PROPOSAL ORGANIZATION AND FORMAT

Proposers responding to this RFP must comply with the following format requirements. ETF reserves the right to exclude any Proposals from consideration that do not follow the required format as instructed below.

Proposals must be typed and submitted on 8.5 by 11-inch paper and bound securely.

Only provide promotional materials if they are relevant to a specific requirement of this RFP. If provided, all materials must be included in the Proposal section with the response to the relevant requirement and clearly identified as “promotional materials.” Electronic access to such materials is preferred, which includes flash drives and web links.

Proposers responding to this RFP must comply with the following format requirements:

Front Cover Front Cover Requirements

Include at a minimum the following information:

- Proposer's Company Name; and
- Title of the following: *Proposal Response for the Wisconsin Department of Employee Trust Funds RFP ETH0020 Medicare Advantage Plans.*

TABLE OF CONTENTS Table of Contents Requirements

Include at a minimum the following information:

- Listing of each TAB number;
- Listing of each TAB description; and
- Listing of each TAB page number.

TAB 1 General Information and Forms

Provide the following in the following order:

- TRANSMITTAL LETTER: A signed transmittal letter must accompany the Proposal. The transmittal letter must be written on the Proposer's official business stationery and signed by an official that is authorized to legally bind the Proposer. Include in the letter:
 - 1) Name, title, and signature and of Proposer's authorized representative;
 - 2) Name and address of firm;
 - 3) Telephone number and e-mail address of representatives who will be responsible for providing Services under this RFP;
 - 4) RFP number and title: ETH0020 Medicare Advantage Plans; and,
 - 5) Executive Summary.
- FORM A – Proposal Checklist
- FORM B – Mandatory Proposer Qualifications
- FORM C – Subcontractor Information

- FORM D – Proposer Verification of Data Submission to Board Actuary (must also be emailed to ETF at ETF_SMBProcurement@etf.wi.gov upon submission of the Section 8 Attachments to Segal)
- FORM E – Designation of Confidential and Proprietary Information
- FORM F – Non-Disclosure Agreement with ETF and The Segal Company (must also be emailed to ETF via e-mail to ETF_SMBProcurement@etf.wi.gov to gain access to Section 8 attachments and data files)
- FORM G – Request for Proposal
- FORM H – Vendor Information
- FORM I – Vendor References
- FORM J – Non-Disclosure Agreement with Truven Health Analytics
- Current Form W-9 Request for Taxpayer Identification Number and Certification (obtain form from the Department of the Treasury, Internal Revenue Service: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)

TAB 2 Response to Sections 6 (GENERAL QUESTIONNAIRE) and 7 (TECHNICAL QUESTIONNAIRE)

Provide a point-by-point response to each and every statement in Section 6 and Section 7. The response must follow the same numbering system, use the same headings, and address each point or sub-point listed in this RFP.

Include the documents requested in Sections 6 and 7 at the end of the section in your Proposal that corresponds to the Section in the RFP in which the document is requested. Label the document provided with the section number it applies to.

TAB 3 Assumptions and Exceptions

If the Proposer has no assumptions or exceptions to any RFP term, condition, exhibit, appendix, form or attachment, provide a statement in Tab 3 to that effect.

If the Proposer has assumptions and/or exceptions to any RFP term, condition, exhibit, appendix, form or attachment, follow the following instructions:

Instructions:

- Regardless of any proposed assumption or exception, the Proposal as submitted must reflect all Services under the Contract.
- If the Proposer cannot agree to a term or condition as written, the Proposer must make its specific required revision to the language of the provision by striking out words or inserting required language to the text of the provision. Any new text and deletions of original text must be clearly color coded or highlighted, which requires the Proposer's response be printed in color. Proposers shall avoid complete deletion and substitution of entire provisions, unless the deleted provision is rejected in its entirety and substituted with substantively changed

provisions. Wholesale substitutions of provisions shall not be made in lieu of strategic edits required to reflect Proposer-required modifications.

- Immediately after a proposed revision, the Proposer shall add a concise explanation concerning the reason or rationale for the required revision. Such explanations shall be separate and distinct from the marked-up text and shall be bracketed, formatted in italics and preceded with the term “[*Explanation.*]”
- All provisions on which no changes are noted shall be assumed accepted by the Proposer as written and shall not be subject to further negotiation or change of any kind unless otherwise proposed by ETF.
- Submission of any standard Proposer contracts as a substitute for language in the terms and conditions is not a sufficient response to this requirement and may result in rejection of the Proposal. An objection to terms or conditions without including proposed alternative language will be deemed to be an acceptance of the language as applicable.
- ETF reserves the right to negotiate contractual terms and conditions other than those in the Contract when it is in the best interest of the State of Wisconsin to do so.
- Exceptions to any RFP terms and conditions may be considered by ETF during Contract negotiations if it is beneficial to ETF.
- ETF may or may not consider any of the Proposer’s suggested revisions. ETF reserves the right to reject any proposed assumptions or exceptions.
- Clearly label each assumption and exception with one of the following labels:
 - Terms and Conditions Assumptions and Exceptions
 - RFP (Excluding Section 8) Assumptions and Exceptions
 - Section 8 Assumptions and Exceptions

Supplemental Information – IMPORTANT

ETF will not allow any assumptions or exceptions by the Proposer to any of the items listed in Table 7 below. Any Proposal with an assumption or exception to any of the items listed in Table 7 may be rejected.

Table 7. No Assumptions or Exceptions Allowed

No.	Document	Item/Section
1	Exhibit 1	155B and 315 Performance Standards and Penalties
2	Exhibit 1	155D Audit and Other Services
3	Exhibit 1	155F Privacy Breach Notification
4	Exhibit 1	155H Contract Termination

5	Exhibit 1	220 Benefits
6	Exhibit 1	250 Grievances
7	Exhibit 1	400 Uniform Benefits
8	Exhibit 2	15.0 Applicable Law and Compliance
9	Exhibit 2	17.0 Assignment
10	Exhibit 2	32.0 Hold Harmless
11	Exhibit 4	6.0 Audit Provision
12	Exhibit 4	13.0 Contract Dispute Resolution
13	Exhibit 4	14.0 Controlling Law
14	Exhibit 4	16.0 Termination of this Contract
15	Exhibit 4	17.0 Termination for Cause
16	Exhibit 4	18.0 Remedies of the State
17	Exhibit 4	22.0 Confidential Information and HIPAA Business Associate Agreement
18	Exhibit 4	23.0 Indemnification
19	Exhibit 4	28.0 Data Security and Privacy Agreement
20	Form J	Non-Disclosure Agreement with Truven Health Analytics (entire documents)

2.5 WITHDRAWAL OF PROPOSALS

Proposals shall be irrevocable until the Contract is awarded unless the Proposal is withdrawn. Proposers may withdraw a Proposal in writing at any time up to the date and time listed in Section 1.9, Calendar of Events, for the Proposal Due Date or upon expiration of three (3) Calendar Days after the Proposal Due Date and time, if received by ETF. To accomplish this, the written request must be signed by an authorized representative of the Proposer and submitted to the contact listed in Section 1.4, Procuring and Contracting Agency. If a previously submitted Proposal is withdrawn before the Proposal Due Date, the Proposer may submit another Proposal at any time up to the Proposal Due Date and time.

3 PROPOSAL SELECTION AND AWARD PROCESS

3.1 PRELIMINARY EVALUATION

Proposals will initially be reviewed to determine if Mandatory requirements are met and if all required Proposal components are received. Failure to submit a complete Proposal may result in rejection of the entire Proposal. Failure to meet Mandatory requirements as stated in FORM B - Mandatory Proposer Qualifications, or failure to follow the required instructions for completing the Proposal as specifically outlined in this RFP may result in rejection of the Proposal. Failure to provide a complete response to Section 8 in this RFP will result in rejection of a Proposal.

3.2 CLARIFICATION PROCESS

ETF may request Proposers to clarify ambiguities or answer questions related to information presented in their Proposal. Clarifications may occur throughout the Proposal evaluation process. Clarification requests will include appropriate references to this RFP or the Proposal. Responses shall be submitted to ETF in writing within the time required. Failure to provide responses as instructed may result in rejection of a Proposal.

3.3 PROPOSAL SCORING

Proposals that pass the preliminary evaluation may be reviewed by an evaluation committee. The evaluation committee may review written Proposals, references, additional clarifications, oral presentations, site visits and other information to score Proposals. ETF may request reports on a Proposer's financial stability, (this includes ETF's request for Proposers to furnish audited financial statements), and if financial stability is not substantiated, may reject a Proposer's Proposal. ETF may request demonstrations of the Proposer's proposed products(s) and/or service(s), and review results of past awards to the Proposer by the State.

A Proposer may not contact any member of the RFP evaluation committee.

The evaluation committee's results will be tabulated and Proposals will be ranked based on the numerical scores received.

The evaluation committee reserves the right to stop reviewing a Proposal at any point during the evaluation process and remove the Proposal from further consideration.

3.4 EVALUATION CRITERIA

Proposals will be evaluated based upon the proven ability of the Proposer to satisfy the requirements specified in this RFP in an efficient, cost-effective manner, taking into account quality of service. Proposals will be scored using the following criteria:

Table 8. Evaluation Criteria

RFP SECTION	DESCRIPTION	TOTAL POINTS	%
6	General Questionnaire	300	30%

RFP SECTION	DESCRIPTION	TOTAL POINTS	%
7	Technical Questionnaire	500	50%
8.3-8.5	Uniform Benefit Cost Proposal	200	20%
	Total	1,000	100%
TOP PROPOSERS ONLY	DESCRIPTION	TOTAL POINTS	%
	Proposer Demonstration	500	-

The Network Submissions component of Section 8 will not be scored. Proposers whose Network submissions do not meet the access standards specified in Section 8.1 will not be passed on to the Board for consideration.

3.5 METHOD TO SCORE COST PROPOSALS

For nationwide service area Proposals, the lowest Cost Proposal for the Uniform Benefit Design will receive the maximum number of points available for the cost category. Cost Proposals from other nationwide service area Proposers for the Uniform Benefit Design will receive prorated scores based on the proportion that the costs of the Proposals vary from the lowest Cost Proposal. The scores for the cost category will be calculated with a mathematical formula.

For regional service area Proposals, costs will be evaluated against a benchmark of non-Medicare Advantage offerings already available in the area for Participants using a mathematical formula.

Scoring of the Cost Proposals will be performed by the Board’s consulting actuary.

3.6 ORAL PRESENTATIONS, DEMONSTRATIONS, AND/OR SITE VISITS

The top scoring Proposers, based on the evaluation of their written Proposal in the general and technical questions of this RFP only (Sections 6 and 7), may be required to participate in oral presentations, interviews and/or site visits to supplement the Proposals, if requested by ETF. This may include demonstrations of Proposer’s key tools, reporting capabilities and interviews with key ETF staff, evaluation committee members, and Board members.

Not all Proposers may be invited for oral presentations, demonstrations, and/or site visits. ETF will make every reasonable attempt to schedule each oral presentation or demonstration at a time and location that is agreeable to the Proposer. Failure of a Proposer to interview or permit a site visit on the date scheduled may result in rejection of the Proposer's Proposal.

By submitting a Proposal in response to this RFP, the Proposer grants rights to ETF to contact or arrange a visit with any or all of the Proposer’s clients, Subcontractors, and/or references.

3.7 CONTRACT AWARD

Proposals will be presented to the Board for award based on the results of the technical and initial cost evaluations. The Proposal(s) determined to best meet the goals of the State’s insurance program may be selected by the Board for further action. The Board reserves the right not to award a Contract. If Contract negotiations with the Proposer selected for the nationwide service

area cannot be concluded successfully, the Board may negotiate a Contract with another Proposer(s). Contract negotiations will include revised premium bids based on the CMS Final Call Letter as described in Section 8.6 and any proposed benefit designs approved by the Board. If Contract negotiations with a Proposer selected for a regional service area cannot be concluded successfully, that Proposer's plan will not be available in that service area.

3.8 BEST AND FINAL OFFER (BAFO)

ETF reserves the right to solicit a BAFO and conduct Proposer discussions, request more competitive pricing, clarify Proposals, and contact references from the finalists, should it be in the State's best interest to do so. ETF is the sole determinant of its best interests.

If a BAFO is solicited, it will contain the specific information on what is being requested, as well as submission requirements and a timeline with due date for submission. Any BAFO responses received by ETF after the stated due date may not be accepted. Proposers that are asked to submit a BAFO may refuse to do so by submitting a written response, indicating their response remains as originally submitted. Refusing to submit a BAFO will not disqualify the Proposer from further consideration.

3.9 RIGHT TO REJECT PROPOSALS AND NEGOTIATE CONTRACT TERMS

This RFP does not commit the Board to awarding a Contract, or paying any cost incurred in the preparation of a Proposal in response to this RFP. The Board retains the right to accept or reject any or all Proposals, or accept or reject any part of a Proposal deemed to be in the best interest of the Board. The Board shall be the sole judge as to compliance with the instructions contained in this RFP.

The Board may negotiate the terms of the Contract, including the award amount and the Contract length, with the selected Proposer prior to entering into a Contract. The Board reserves the right to add contract terms and conditions to the Contract during contract negotiations and subsequent renewals.

3.10 NOTIFICATION OF INTENT TO AWARD

All Proposers who respond to this RFP will be notified in writing of the Board's intent to award a Contract as a result of this RFP. All decisions and actions under this RFP are solely under the authority of the Board. This procurement is authorized under Chapter 40 of the Wisconsin State Statutes. Procurement statutes and rules that govern other State agencies may not be applicable.

3.11 APPEALS PROCESS

Protests of the Board's intent to award a contract must be made in writing. The appeal must state the RFP number, detailed factual grounds for the objection to the Contract award, and must identify any Wisconsin Statutes and/or Wisconsin Administrative Codes that are alleged to have been violated. Protestors can only submit one appeal per award.

A written notice of intent to protest the notice of intent to award the contract must be filed with:

Express/Common Carrier Delivery:

Group Insurance Board
c/o Robert J. Conlin, Secretary
Wisconsin Department of Employee Trust Funds
801 West Badger Road
Madison, WI 53713-2526

USPS Delivery

Group Insurance Board
c/o Robert J. Conlin, Secretary
Wisconsin Department of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931

This notice must be received in the ETF office no later than five (5) Business Days after the Notice of Intent to Award is issued. Fax and e-mail documents will not be accepted. The written protest must be received within ten (10) Business Days after the Notice of Intent to Award the Contract is issued.

The decision of the Group Insurance Board regarding any protests or appeals is final and the subjective judgment of evaluators is not appealable.

4 MANDATORY PROPOSER QUALIFICATIONS

This section is pass/fail. (0 points)

Use FORM B – Mandatory Proposer Qualifications to respond.

The following requirements are Mandatory for any Proposer who submits a Proposal. Failure to comply with one or more of the Mandatory qualifications may disqualify the Proposer. A response to each item in FORM B – Mandatory Proposer Qualifications is a Mandatory qualification.

Conditions of the Proposal that have the word “must” or “shall” describe a Mandatory qualification.

If the Proposer cannot agree to each item listed, the Proposer must so specify and provide the reason for the disagreement in Tab 3 – Assumptions and Exceptions – of Proposer’s response.

- 4.1 Pursuant to Wis. Stat. § 16.705 (1r), the Services must be performed within the United States.
- 4.2 Proposer agrees that any work products developed by Proposer as part of the project described in this RFP (e.g. all written reports, drafts, presentations and meeting materials, etc.) shall become the property of ETF.
- 4.3 The Proposer shall have no conflict of interest with regard to any other work performed by Proposer for the State of Wisconsin.
- 4.4 The Proposer shall not be suspended or debarred from performing federal or State government work.
- 4.5 During the past five (5) years, the Proposer must not have been in bankruptcy or receivership or been involved in any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct. If the Proposer provides a response of “DISAGREE,” provide details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Proposer.

5 PROGRAM SPECIFICATIONS

This section is NOT scored. (0 points)

ETF will execute Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement with the awarded Contractor(s).

All terms, standards, specifications and conditions listed in the Contract are **Mandatory** requirements.

Failure to comply with any term, standard, specification or condition within the Contract may disqualify the Proposer.

If the Proposer cannot agree to each item listed, the Proposer must so specify and provide the reason for the disagreement in Tab 3 – Assumptions and Exceptions – of Proposer’s response.

6 GENERAL QUESTIONNAIRE

This section is scored. (300 total points)

The purpose of this section is to provide ETF and the Board with a basis for determining the Proposer’s capability to undertake the Contract.

All Proposers must respond to the following by restating each question or statement and providing a detailed written response. Instructions for formatting the written response to this section are found in Section 2.4, Proposal Organization and Format.

The Proposer must be able to perform Services according to the requirements contained in this RFP.

Information described in the Proposal response regarding programming and capabilities must be available to all eligible Participants unless otherwise noted in the Proposal.

The Proposer must provide sufficient detail for the evaluation committee, the Board, and ETF to understand how the Proposer will comply with each requirement. If the Proposer believes that the Proposer’s qualifications go beyond the minimum requirements or add value, the Proposer should indicate those capabilities in the appropriate section of the Proposal. **Fees related to any Services specified in your Proposal must be noted in Attachment D – Cost Proposal only. Do not include cost/pricing information in any other section of the Proposal.**

6.1 EXPERIENCE

The Proposer’s Proposal package, at a minimum, must address the following items, organized as indicated below:

6.1.1	Provide a general description of your organization/company, including: 1) Primary line of business. 2) Description of experience in primary line(s) of business. 3) Number of employees.
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	<p>4) City and state locations of the following: headquarters, account manager, customer service, claims processing, IT support, implementation team, and other key staff.</p> <p>5) Description of experience with public and private large group accounts ($\geq 10,000$ covered lives), including complex groups and/or groups with multiple locations/subgroups.</p> <p>6) Description of experience in administering group Medicare Advantage plans and, for Medicare Part D prescription drug benefits if submitting a Medicare Part D alternative benefit design Proposal.</p> <p>7) Provide the same information above for any Subcontractor that will be providing Medicare Part D benefits as part of your Proposal, if appropriate.</p>																														
<p>6.1.2</p>	<p>Describe any acquisitions, and/or mergers or other material developments (e.g., changes in ownership, personnel, business, etc.) pending now or that occurred in the past five (5) years with your organization/company. Disclose any potential mergers or acquisitions that have been recently discussed by senior officials, and could potentially take place within the next three (3) years after the Contract start date.</p>																														
<p>6.1.3</p>	<p>Submit your company's audited financial statements for the two (2) most recent fiscal years including the audit opinion, balance sheet, statement of operations, and notes to the financial statements.</p>																														
<p>6.1.4</p>	<p>1) Provide the names of your two largest employer groups that offer Medicare Advantage plans.</p> <p>2) Complete the tables below illustrating your organization's enrollment and clients as of July 1, 2017. For clients that are comprised of multiple employer groups, count them as one employer in your response.</p> <p style="text-align: center;">Group Medicare Advantage Book of Business:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Total # of Covered Lives</th> <th style="text-align: center;"># of Public Sector Employers</th> <th style="text-align: center;"># of Private Sector Employers</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Less than 500</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">$\geq 500 < 2,000$</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">$\geq 2,000 < 10,000$</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">$\geq 10,000$</td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">Group Medicare Part D Book of Business:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Total # of Covered Lives</th> <th style="text-align: center;"># of Public Sector Employers</th> <th style="text-align: center;"># of Private Sector Employers</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Less than 500</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">$\geq 500 < 2,000$</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">$\geq 2,000 < 10,000$</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">$\geq 10,000$</td> <td></td> <td></td> </tr> </tbody> </table>	Total # of Covered Lives	# of Public Sector Employers	# of Private Sector Employers	Less than 500			$\geq 500 < 2,000$			$\geq 2,000 < 10,000$			$\geq 10,000$			Total # of Covered Lives	# of Public Sector Employers	# of Private Sector Employers	Less than 500			$\geq 500 < 2,000$			$\geq 2,000 < 10,000$			$\geq 10,000$		
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Individual Medicare Advantage Book of Business:		
	Wisconsin	United States
Total Covered Lives		

6.2 CMS APPROVAL AND OVERSIGHT

6.2.1	Provide documentation that shows your organization is approved by the U.S. Centers for Medicare & Medicaid Services (CMS) to provide employer group waiver programs for Medicare Part C (and Part D, if appropriate) in Wisconsin, or that you are in the process of applying to CMS to provide such programs starting in the 2019 plan year. If not approved to provide services statewide in Wisconsin, identify the specific counties in which you are CMS-approved or have applied for approval.
6.2.2	Provide the findings of any CMS Part C or D audits conducted in the last five (5) years, including the overall audit score and any enforcement actions applied.
6.2.3	Indicate if your organization has been identified as “poor performing” or an “outlier” by CMS as part of a past performance review in the last five (5) years. If so, explain why and indicate whether CMS denied any part of your organization’s application to expand Medicare Advantage or Medicare Part D services as a result.
6.2.4	Provide a list of all the reports your organization provides to CMS for the plan you are offering under your Proposal, including enrollment, network access, quality performance, compliance, customer service, risk adjustment, service utilization or other reports. Identify what types of information are included in those reports, the frequency and format of those reports and an indication of whether those reports would be available to ETF.

6.3 STAFF QUALIFICATIONS

6.3.1	<p>Describe the qualifications of the dedicated Account Manager who will be assigned to the Contract and provide his/her resume. In your description, include:</p> <ol style="list-style-type: none"> 1) The skills and attributes of the Account Manager that will ensure that the requirements of the Contract will be met; 2) Information about the Account Manager’s professional qualifications; 3) A detailed description of the types of group Medicare Advantage or group Medicare Part D accounts that the Account Manager has been, or currently is, managing. Include the total number of group Medicare Advantage and Medicare Part D groups along with the number of years of experience in managing these types of accounts; 4) Number of other accounts, and their size, for which the Account Manager will be overseeing when also assigned to manage the GHIP/WPE Group Medicare Advantage and Medicare Part D program; and
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	5) A specific example of how the Account Manager has resolved a general administrative problem identified by a client.
6.3.2	<p>1) Provide a list of the key, qualified staff who will assist in fulfilling the requirements of the Contract. At a minimum, include the back-up to the Account Manager and at least one staff person in enrollment, customer service, claims, medical management, provider relations, and other key areas. For each staff person, list the following:</p> <ul style="list-style-type: none"> a) Name, job title, and location (city, state); b) Primary responsibilities; c) Years of related experience; and d) Top two (2) strengths. <p>2) Provide an organizational chart that shows the reporting structure for the key staff.</p>

6.4 CUSTOMER SERVICE

6.4.1	Explain how your company plans to meet the customer service requirements as specified in Sections 270C and 315C of Exhibit 1 State of Wisconsin Medicare Advantage Program Agreement.
6.4.2	Provide examples of reports that demonstrate how your organization would meet the requirements specified in Sections 270C and 315C of Exhibit 1 State of Wisconsin Medicare Advantage Program Agreement.
6.4.3	Describe your organization’s policies and procedures for handling member contacts (e.g., calls, emails, etc.) during times of peak volume (e.g., open enrollment, new plan year). Describe how your organization handles after-hour member contacts.
6.4.4	<p>Patients demonstrate a wide range of understanding and ability with regard to understanding their benefits, using their health coverage, choosing providers, and engaging with care. Describe your organization’s efforts to address health literacy issues and promote informed decision-making skills and active patient participation in their healthcare. Responses should address the following topics:</p> <ul style="list-style-type: none"> 1) Health literacy policies and practices; 2) Evaluation of effectiveness of oral, printed, and web communications (including billing statements, benefit and enrollment materials, and information on provider network); and 3) Initiatives to increase patient engagement. Provide at least one (1) example.
6.4.5	The Medicare population is more likely to have different customer service needs than a commercial population. Describe your understanding of the different needs of this population. Describe how your organization’s customer service staff are trained to meet the needs of the Medicare population and how your technology, policies, and procedures are specifically designed to meet those needs.

6.4.6	Describe how your organization meets the communication needs of your visually and hearing impaired Medicare members. Specifically address how your customer service staff are trained to meet their needs and how you make your written and electronic materials, including your website available to meet their needs.
6.4.7	Confirm you will provide one full-time employee to work in ETF's office at your expense to work with ETF staff to resolve Participants' escalated eligibility, enrollment, premium, and claim issues and to assist with communications and training, and resolve operational issues by being a liaison with the main office. This person should be solely dedicated to ETF.

6.5 IMPLEMENTATION

6.5.1	Submit a detailed implementation plan identifying the tasks necessary to fulfill the requirements of the Contract, such as staff roles, programming changes, Subcontractors involved, timeline, etc. Refer to Sections 270 and 315A of Exhibit 1 State of Wisconsin Medicare Advantage Program Agreement.
6.5.2	Provide a detailed explanation of how your organization will be available to support ETF staff during implementation.
6.5.3	Indicate whether you plan to implement any major computer system upgrades or conversions, major staff relocations, or telephone system changes during 2018 or the first six months of 2019. If any are planned, identify the specific measures you will be taking to ensure that such changes will not affect the implementation of the Contract. What assurances can you provide that no unanticipated changes will develop between submission of your Proposal and Contract implementation that could impact the implementation.

6.6 ENROLLMENT AND COMMUNICATION

The Board expects the Awarded Proposer(s) to provide a significant multi-faceted effort to educate Participants about: the enrollment process leading up to and during open enrollment, Medicare Advantage plans in general, their specific organization and the benefits and providers available under the specific plans being offered, and the various methods Members can use to get more information.

6.6.1	Submit a detailed communication and enrollment plan for Members that includes a timeline starting prior to open enrollment through enrollment and payment of premiums.
6.6.2	Provide examples of Member communication materials that explain the enrollment process, covered benefits and cost-sharing, available providers, and methods for obtaining more information. Include any materials CMS requires you to send to Members during enrollment, a sample Subscriber identification card, explanation of benefits statement, and a billing invoice for Participants that are direct billed. If proposing an alternative pharmacy benefit, communication materials should include any materials related to that benefit as well.

6.6.3	Describe how your organization can support the Department handling of split-family contracts where some family members are Medicare enrolled and some family members are not.
6.6.4	<p>Describe what happens to medical and prescription drug coverage for Participants who:</p> <ol style="list-style-type: none"> 1) Have Medicare Part A but do not have Medicare Part B coverage. 2) Drop Part B coverage after enrolled in your plan. 3) Enroll in another Medicare Part D plan. 4) Enroll in Medicare late and fail to enroll when that member turns 65 years of age. Identify who is responsible for any associated late penalties? <p>How do you ensure such individuals do not have a gap in coverage?</p> <p>In your answers, be sure to describe how your organization verifies Medicare enrollment and describe all communications to the Participant and to the Department.</p>
6.6.5	Describe your process for applying a Participant’s Late Enrollment Penalty (LEP). In your response, include how the LEP will be billed and how this will be communicated to the Department and to the Participant.
6.6.6	Describe your low income premium subsidy (LIPS) reimbursement process. How do you propose to assist ETF with LIPS reimbursements? Please outline what you would require of ETF as part of this this process.
6.6.7	Please describe in detail your plan to address and manage the elimination of Health Insurance Claim Numbers (HICN) and replacement with Medicare billing identifiers (MIB) through the transition period and effective date.
6.6.8	Describe your ability to co-brand Member communication materials, including web, print and any other electronic/digital materials. Describe any limits, including colors, logo size and format, etc.

6.7 DATA SECURITY

6.7.1	<p>Hosting Environment</p> <ol style="list-style-type: none"> 1) Provide a detailed description of the hardware, software, communication mediums, and other infrastructure necessary to support the information technology requirements for the Contract, excluding any features not included in the Cost Proposal. 2) Provide a description of the physical security controls, such as, but not limited to, cameras, guards, doors, locks, authentication types, procedures, etc., that are enforced at the privately hosted datacenter(s) or the datacenter(s) hosted by a third-party cloud provider that will be used to provide Services under the Contract. 3) Describe in detail how your network is architected to secure the data and thwart unwanted/unknown access to your applications or systems. At a minimum, cover:
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	<ul style="list-style-type: none"> a) Overview of network access controls such as, Virtual Local Area Networks (VLANs), subnets, and firewall controls; b) Security devices used to protect the infrastructure; c) Change control processes for all systems; d) Security updates and patch management for all systems; e) Explanation of how much of the infrastructure/systems is owned and managed by the Proposer and if it is hosted, how much control the Proposer has or does not have to change the configuration on each system (servers, switches, routers, firewalls, Security Information Event Management (SIEM), Intrusion Protection Systems (IPS), Intrusion Detection System (IDS), etc.); and f) Encryption between systems and any Public Key Infrastructure (PKI).
<p>6.7.2</p>	<p>Application Architecture</p> <ul style="list-style-type: none"> 1) Provide a description of the high-level architecture for the solution, supported with diagrams depicting the interactions among the system components. The purpose of these diagrams is to ensure that ETF understands the essential design of the proposed solution and can determine that the design is generally consistent with the budget, scope, and capabilities represented in this RFP. Diagrams should include architectural views that reflect the application architecture, information architecture and related data models, and corresponding software and hardware architectures. 2) Include a discussion of the specific industry standards that are incorporated in the application architecture. If proprietary standards or interfaces are used, include the rationale and describe the advantage over current industry standards. 3) Include a discussion of the standard web technologies, frameworks and software platforms adopted in the development of the web user interface (e.g. JQuery, JavaScript, Hypertext Preprocessor (PHP), Ajax, Python, C#, Java, .Net). 4) Include a discussion of the Software Development Life Cycle (SDLC) process for the system. Identify methodologies that you employ and tools you use for operations in your software development processes, including, but not limited to, the following: <ul style="list-style-type: none"> a) Unit testing; b) Code coverage; c) Static code analysis; d) Code reviews; e) Development standards; f) Continuous integration; g) Build and deployment strategies; h) Integration testing; i) Stress testing; and, j) Performance testing.

	<p>5) Include a discussion of the how the SDLC incorporates the application security principles outlined by Open Web Application Security Project (OWASP) (http://www.owasp.org) to protect against common web application vulnerabilities which include, but are not limited to:</p> <ul style="list-style-type: none"> a) Cross-Site Scripting (XSS); b) Cross-Site Request Forgery (CSRF); c) Remote Code Execution; and d) Structured Query Language (SQL) Injection.
<p>6.7.3</p>	<p>User Cyber Security Awareness Training</p> <p>1) Provide details to explain your policies and procedures for user cyber security awareness training for all your staff. This is a separate question from HIPAA training policies and procedures. At a minimum, cover:</p> <ul style="list-style-type: none"> a) Programs used to train employees and content of the programs; b) How often trainings occur; and, c) Any processes used to validate that employees are retaining what they learned.
<p>6.7.4</p>	<p>Account/Identity Management</p> <p>1) Describe how the solution will provide for secure access for Participants in the system. Describe the user registration process, the association of user accounts to Participant information provided by ETF. Describe how you would prevent users from intentionally or unintentionally accessing other Participants' information. Describe how the solution is designed to prevent accidental or incidental access.</p> <p>2) Describe the account management and account recovery process.</p> <p>3) Provide details to explain how passwords and user accounts are managed to protect against unauthorized access to any systems or applications. At a minimum, cover:</p> <ul style="list-style-type: none"> a) Password complexity requirements for all accounts (web-portal administrator accounts, Proposer employee accounts, administrator accounts and service/shared accounts); b) Onboarding process for employees and contractors; and c) Off boarding process for employees and contractors. <p>4) Describe the technical solution and the authentication standards that will be implemented to integrate with other third party providers.</p>
<p>6.7.5</p>	<p>Auditing and Logging</p> <p>6) Describe in detail your logging and auditing policies and procedures. At a minimum, cover:</p> <ul style="list-style-type: none"> a) What fields are recorded; b) Log retention; c) Logging practices;

	<ul style="list-style-type: none"> d) Syslog or SIEM; e) Auditing practices and procedures in each area of technology (web, application, operating system, database); f) User and administrator auditing; g) Service or shared account auditing; h) Audit history reporting practices to clients, such as ETF; and, i) Cooperation practices with clients to do forensics for security incident response situations.
6.7.6	<p>Vulnerability Management and Penetration Testing</p> <ul style="list-style-type: none"> 1) Provide details on your vulnerability management program and penetration testing practices and procedures. At a minimum, cover: <ul style="list-style-type: none"> a) Vulnerability scanning practices; b) Vulnerability scanner tools; c) Remediation practices; d) Vulnerability reporting policy and practices to clients, such as ETF; e) Penetration testing practices; f) Depth of the penetrating tests, such as, how much is done (social engineering, password cracking, Denial of Service (DOS), etc.); and, g) Penetration testing reporting policy and practices to clients, such as ETF.
6.7.7	<p>HIPAA Security</p> <ul style="list-style-type: none"> 1) Describe how your company will maintain confidentiality and comply with HIPAA security, privacy, and electronic data interchange requirements. Address the data security of data centers, networks, the web-portal, vendor to vendor transfers, and at onsite events. 2) Describe any incidents of a breach of PII and/or PHI in the past three (3) years that impacted at least twenty-five (25) Participants. For each incident, list a summary of the incident, the root cause, action taken to rectify, and steps taken to prevent future occurrences. Describe the applicable communication policies and procedures and to what degree they were followed.
6.7.8	<p>Corporate and Remote Networks</p> <ul style="list-style-type: none"> 1) It is as important to secure the corporate networks or remote networks that have direct access to the datacenter infrastructure as it is the datacenter(s) itself. Describe how you have implemented security practices for your corporate or remote networks that have direct access to the datacenter(s). At a minimum, cover: <ul style="list-style-type: none"> a) Network segregation controls (VLANs, subnets, firewalls) for all users (business, administrators, contractors, and guests); b) Host-based firewall protection for employee workstations; c) Anti-malware protection for employee workstations;

	<ul style="list-style-type: none"> d) Bring your own device (BYOD) or any non-Proposer owned and managed devices; e) Email security protecting PII/PHI; f) Type of wireless networks (Line of Business (LOB), administrators, guests, etc.) and wireless security; and, g) Network access controls (NAC), 802.1x authentication, etc.
6.7.9	<p>Information Security Controls Standards</p> <ul style="list-style-type: none"> 1) Indicate if your organization uses a set of industry standard information security controls to inform its approach to system security? (Applicable publications include NIST CyberSecurity Framework, ISO 27001/27002, and the Twenty Critical Security Controls for Effective Cyber Defense.) If yes, which security control set is used? And, how often does your organization assess or audit itself against your chosen information security control set? 2) Indicate if the audits are internally administered, or if they are conducted by a third party. If a third party is used for audits, which organization has been most recently used?

7 TECHNICAL QUESTIONNAIRE

This section is scored. (500 total points)

The purpose of this section is to provide ETF and the Board with a basis for determining the Proposer’s capability to undertake the Contract.

All Proposers must respond to the following by restating each question or statement and providing a detailed written response. Instructions for formatting the written response to this section are found in Section 2.4 Proposal Organization and Format.

The Proposer must be able to perform Services according to the requirements contained in this RFP.

Information described in the Proposal response regarding programming and capabilities must be available to all eligible Participants unless otherwise noted in the Proposal.

The Proposer must provide sufficient detail for the Board and ETF to understand how the Proposer will comply with each requirement. If the Proposer believes their qualifications go beyond the minimum requirements or add value, the Proposer should indicate those capabilities in each section. Associated costs should be listed in the Cost Proposal only.

7.1 PROVIDER MANAGEMENT

The Proposer must provide strong network management that not only provides the necessary network oversight, but that also demonstrates leadership in network development, innovation, collaboration, and overall patient quality of care. Because Medicare Advantage plans service a particular population, Proposers are also expected to provide networks that meet the needs and expectations of this population, including having a sufficient choice of providers, and particular types of providers.

7.1.1	Explain the approach for determining the breadth of the provider network to be offered so that provider access standards in Section 230A of Exhibit 1 State of Wisconsin Medicare Advantage Program Agreement are met. Describe the current approach to developing high quality, cost-competitive provider networks, including a description of the specific quality and cost criteria used and plans to expand or enhance.
7.1.2	<p>Describe efforts to leverage data and technology and/or collaborate with providers on initiatives and pilot programs to address current population health issues.</p> <ol style="list-style-type: none"> 1) Include in the description any collaboration and data sharing with external vendors (e.g., pharmacy benefit manager(s), data warehouse vendor(s), etc.). 2) Include how you track and evaluate the success of the programs. 3) Provide a specific example in which a troubling trend was identified, the action taken, and the results of the action taken; include the results of any such actions to date. 4) If the initiative or pilot was part of a CMS pilot or demonstration, provide a copy of any reports provided to CMS on the outcomes of the initiative or pilot, if available.
7.1.3	Describe the methods (e.g., benefit design, data and technology, communications, etc.) to steer care toward providers that achieve the best outcomes in terms of quality and cost.
7.1.4	<p>Provide a detailed explanation of the process to track, compare, and give feedback to providers regarding practice patterns relative to their peers and best practices for the categories listed below. Include frequency, communication method(s), and the types of providers (e.g., specialty, certain provider groups versus all providers, etc.) to which the process applies. If applicable, include:</p> <ol style="list-style-type: none"> 1) Prescription drug prescribing patterns; 2) Rates of diagnostic procedures ordered (e.g., lab, imaging, etc.); 3) Rates of high cost procedures; 4) Rates of infection (e.g. pneumonia, urinary tract infections, cellulitis and other skin infections); and 5) Repeat procedures within given timeframes.
7.1.5	<ol style="list-style-type: none"> 1) Provide a detailed description of your model for engaging primary care providers to improve patients' quality of care, including a description of any innovative payment methods used. 2) How do you measure success with your model? 3) Describe any planned initiative to improve your model. 4) Include specific outcomes associated with your model (e.g., increase in appropriate preventive screenings/vaccinations/visits, patient satisfaction, etc.).
7.1.6	<ol style="list-style-type: none"> 1) Provide a detailed description of your model for ensuring adequate access to specialists that focus on the needs of the Medicare-enrolled population, including geriatricians, palliative care, and behavioral health as well as home health providers.

	<ol style="list-style-type: none"> 2) How do you measure success with your model? 3) Describe any planned initiatives to improve your model. 4) Describe any innovative payment models used to improve costs and outcomes for Participants seen by these specialists.
7.1.7	Describe any innovative approaches to network management that you have implemented that were not yet addressed in this subsection, and specifically describe how those efforts have improved the quality of care and/or reduced costs.

7.2 PROVIDER REIMBURSEMENT

7.2.1	<p>Identify the percentage of your Medicare Advantage contracts paid under the reimbursement methods listed below. Describe a) the reimbursement method in detail, b) the length of time the reimbursement method has been in force, c) the impact on the quality and efficiency of care delivered, d) how it is anticipated to impact plan costs, and e) the criteria to determine payment and/or evaluate success. Specify any methods that are not currently in place, but are planned for implementation prior to January 1, 2019. Indicate if you believe any of these payment arrangements are not allowed under a Medicare Advantage program.</p> <ol style="list-style-type: none"> 1) Tiered/narrow provider networks; 2) Bundled payments; 3) Reference value/pricing; 4) Pay for performance (describe specific performance measure(s) used); 5) Patient Centered Medical Homes (PCMH); 6) Risk sharing; 7) Capitation (partial or global); 8) Centers of Excellence (COE); 9) Retrospective episode-based reimbursement; 10) Shared savings/incentives for health outcomes; and 11) Other.
7.2.2	Describe specific provisions in your provider contracts used to incent providers to contribute towards improvement in your ratings in the CMS Star Ratings. Indicate whether such incentives are awarded at the system, clinic or practitioner level. Identify the percent of providers under such contract incentives.
7.2.3	Indicate the percentage of providers in your network that accept Medicare assignment. Describe your method for ensuring that Participants are not responsible for any balance billing.
7.2.4	<ol style="list-style-type: none"> 1) Identify the percentage of claims that are reimbursed out-of-network. 2) Describe your out-of-network reimbursement methodology (e.g., percentage of Medicare, percentile of Usual and Customary). For the methodology used, provide

	<p>the appropriate percentage or percentile used and the most recent year on which the rates are based.</p> <p>3) For urgent and emergent out-of-network claims, how do you ensure that Participants are not responsible for balance billing from network providers.</p>
7.2.5	Describe any innovative approaches to provider reimbursement that you have implemented that were not yet addressed in this subsection and specifically describe how those efforts have improved the quality of care and/or reduced costs.

7.3 MEDICAL MANAGEMENT AND QUALITY OF CARE

The Board is committed to the concept of effective cost containment for which documented savings can be provided and to improvement in the quality of care which improves Participants' health. Each Proposal must contain a detailed description of the medical management programs you administer, which include case management, complex case management, and other initiatives to improve the quality of care.

7.3.1	<p>1) Describe all case and complex case management programs you currently administer, including:</p> <ul style="list-style-type: none"> a) How long the programs have been operating; b) How your programs have been specifically tailored to meet the needs of the Medicare population; c) The elements or triggers to identify and screen potential candidates (e.g., predictive modeling, risk stratification, etc.); d) The enrollment and/or outreach process for potential candidates; e) The activities and interventions provided to enrollees; f) Where the case management primarily takes place (e.g., phone, clinic, home, etc.); g) How the program is integrated with behavioral health management; and h) The criteria used for discharging/graduating an enrollee from the program. <p>2) Provide one specific de-identified actual example for complex case management including its documented outcome.</p>
7.3.2	<p>For each program described in 7.3.1, provide the following outcomes:</p> <ul style="list-style-type: none"> 1) Percent of enrollment of those targeted for participation; 2) Percent of completion; 3) Impact on health status; and 4) Return on investment (ROI) and how it was calculated.
7.3.3	For each program described in 7.3.1, indicate whether your programs are accredited by a nationally recognized body, such as Utilization Review Accreditation Commission (URAC) or the National Committee for Quality Assurance (NCQA). If accreditation is currently being sought, provide the status.

7.3.4	Provide your Star ratings for each measure and domain included in the CMS Star Rating for each of the last three years and your overall Star Rating for the plan you are offering in your Proposal.
7.3.5	Describe your organization’s Star Maximization program in detail, including a description of the data and tools you use to drive your strategy and how it has changed over time.
7.3.6	Describe any initiatives you have implemented specifically to communicate with members about, and educate them on the use of, advanced care plans. Describe the goals of the initiative, how long it has been in operation, how it has changed over time, provide any participation statistics and results to date.
7.3.7	Describe any initiatives or programs you have implemented that are specifically related to supporting palliative care. Describe the goals of the initiative/program, and what services are available, how patients are identified as eligible for the program, what training is provided to staff, and how long the program has been in operation and how it has changed over time. Provide any participation statistics and results to date.
7.3.8	Describe, in detail, any CMS Medicare pilots or demonstrations your organization is currently participating in related to cost containment and/or quality of care involving providers or members in Wisconsin. Indicate whether Participants in the plan you are proposing would be eligible to participate in such pilots or demonstrations. Include the results of any such initiatives to date.
7.3.9	Confirm that you will provide a designated clinical manager at no cost to the Department for both medical and pharmacy programs for this population, who will have full knowledge of all clinical programs in effect as well as all clinical programs offered by your organization. Confirm that the clinical managers will have sufficient resources to efficiently and effectively handle the workload.
7.3.10	Describe any innovative approaches to medical management and quality of care improvement that you have implemented that were not yet addressed in this subsection and specifically describe how those efforts have improved the quality of care and/or reduced costs.

7.4 TOTAL HEALTH MANAGEMENT AND WELLNESS

The Board seeks Vendors to assist in further engaging Participants in the management of their health. This includes education and outreach by the Proposer, with transparency tools to help Participants select quality, efficient care, and engage Participants in their health and well-being.

7.4.1	Describe the tools available to Participants to support healthcare decisions, such as self-management of at least one chronic condition, cost estimators, tools to find less expensive drug options (when providing a drug benefit), provider selection, quality comparisons, and shared decision making tools. If you work with a Subcontractor to provide these tools, include Subcontractor information in your response. For each tool, provide the following information:
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	<ol style="list-style-type: none"> 1) Identify the specific services included on the tool, if appropriate; 2) Provide the percentage of your members that have access to the tools and currently use them; 3) Explain how the effectiveness of the tool evaluated; 4) For any comparison tool, provide the methodology used; 5) Describe how such tools are enabled for mobile devices and integrated with your other platforms (e.g., web-portal, provider locator, etc.); and 6) Explain how the tools are promoted to participants, specifically Medicare-enrolled participants. 7) Indicate whether Participants under the plan you are proposing would be eligible for the tools described.
7.4.2	<p>Describe any participant financial incentive programs you currently offer to encourage participants to get appropriate and timely care, steer patients to certain providers, or other desired behavior. Describe how these efforts improved health outcomes and how such programs are tailored to Medicare beneficiaries in particular. Indicate whether Participants under the plan you are proposing would be eligible for these incentive programs.</p>
7.4.3	<p>Describe your wellness and disease management programs(s) that would be available to Participants under the plan you are proposing. In your response, detail each of the following;</p> <ol style="list-style-type: none"> 1) Available Participant incentives and rewards; 2) Discount programs available to Participants; 3) Engagement strategies; 4) Participation rates of your Medicare Advantage participants; and 5) Program evaluation methods to measure health outcomes. <p>Be sure to indicate if your Proposal includes the Silver Sneakers® program and to include this cost in your premium submission described in Section 8.</p>
7.4.4	<p>Describe your strategies for Participant education and access to: a) preventive services and annual wellness visits; and b) disease management services and programs. Provide samples of educational materials available to Medicare Advantage participants.</p>
7.4.5	<p>Describe any CMS demonstrations or pilot programs related to wellness, disease management or healthcare utilization your organization is currently participating in. In your description, provide the following:</p> <ol style="list-style-type: none"> 1) The purpose; 2) When it started and when it is expected to end; 3) Who is eligible to participate; 4) Whether Participants in the plan you are proposing will be included in the program; and

	5) Outcome of the demonstration or pilot to date, if available.
7.4.6	Describe any innovative approaches to “total health management” or wellness that you have implemented that were not yet addressed in this Section 7.4 and specifically describe how those efforts have improved the quality of care, improved health and/or reduced costs.

7.5 PHARMACY PROGRAMS

7.5.1	Provide details on any wrap products that your organization offers as a standard benefit to Medicare Part D-enrolled members. Describe your ability to customize these products to meet GHIP/WPE program specifications. See Section 220M and 220N of Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement for program requirements.
7.5.2	Identify any Subcontractor that would be used to provide Medicare Part D coverage to Participants. Note that the Board reserves the right to approve the Subcontractor. Describe your ability to work with other subcontractors if the Board rejects your proposed subcontractor.
7.5.3	Describe how your organization integrates the medical and pharmacy benefits and program administration to improve the Participant’s health and overall experience.
7.5.4	Describe your communication policy regarding formulary changes and your procedures for notifying and educating members and prescribers. Include the frequency of formulary changes and the minimum amount of notification time provided to affected individuals. Provide a sample of a formulary change notification/educational communication materials.
7.5.5	Describe the prescriber engagement strategies your organization employs to encourage adherence to formulary design. Include your methods and means of outreach to prescribers, frequency of contact, and any direct opportunities for engagement given to prescribers and/or responsible prescriber team members (e.g. meetings, conferences, direct outreach, etc.). Describe the impact on prescribing adherence trends and quantify impact on program costs.
7.5.6	Describe the member engagement strategies your organization employs to encourage members to utilize medications in the lowest possible cost sharing tier and to take non-covered medications as little as possible. Include means of contact, timing, level of detail provided, and any other information communications strategies that your organization has found successful. Include an example of such member communication for smoking cessation, diabetes, rheumatoid arthritis, multiple sclerosis, and any other conditions for which you have programs, and describe the impact on member engagement, outcomes, and cost savings for members and the plan administrator.
7.5.7	Describe your Drug Utilization Review program including retrospective, concurrent and prospective. Include in your description the program enables the pharmacist to work with other health professionals and Members work together to achieve the Members’ targeted outcomes and the goal of safe and effective use of medications.

	Provide a specific example of the outcomes the program assists the Participants in achieving both in terms of health and program cost objectives.
7.5.8	Describe your Medication Therapy Management program and include how the program enables the pharmacist to work with other health professionals and members to achieve the members' targeted outcomes and to achieve the goals of safe and effective use of medications. Provide a specific example of the outcomes the program assists the Participants in achieving both in terms of health and program cost objectives.
7.5.9	Describe any additional clinical or member engagement programs designed to help members manage their drug utilization and costs and improve their health. Provide specific examples for each that demonstrates how the program achieves its objectives.
7.5.10	Describe how your organization uses network incentives to reward quality, safety, patient satisfaction, and achieving established clinical measures, such as improved generic utilization or consultation provided for specific drug classes. Provide specific program examples and program outcomes.
7.5.11	Describe your organization's approach to managing Member use of specialty drugs, including formulary and plan design approaches. Highlight any specific disease states you have addressed using separate formulary or plan design and outcomes of your approach. Describe the impact on cost and adherence.
7.5.12	Describe the specialty pharmacy network that will be available to Participants. Explain the organizational structure of these pharmacies, including ownership, and detail how these pharmacies handle first fill of specialty drugs and/or immediate access needs. Include whether access to these pharmacies is exclusive, or if not how access to other, non-preferred specialty pharmacies is provided.
7.5.13	Describe any limitations on access to compound medications. If your organization limits access, describe the impact on cost and the access and outreach strategy to Members regarding those limitations. If there is a path to coverage of compound medications, specify what pricing methodology is used to determine Member cost sharing and plan cost.
7.5.14	Provide your clinical prior authorization criteria for specialty drugs in the following categories: <ul style="list-style-type: none"> • Anti-TNF Inhibitors; • Hepatitis C; and • PCSK9s.
7.5.15	Describe, in detail, any CMS Medicare Part D pilots or demonstrations your organization is currently participating in related to pharmacy programs and indicate whether Participants in the plan you are proposing would be eligible to participate in such pilots or demonstrations. Include the results of any such initiatives to date.

7.6 DATA INTEGRATION AND COLLABORATION

7.6.1	Describe your experience working collaboratively with your plan sponsor clients, providers, pharmacy benefit managers, wellness vendors and other health plans on strategic initiatives using data-driven insights to improve population health, clinical quality, and member engagement. Describe the attributes of such collaborations that are necessary for success. Describe any attributes of such collaborations that provide challenges or hinder progress. Provide a specific example of a particularly successful initiative that was the result of such a collaboration. Include in your description, the team members that would work with ETF on such collaborations.
7.6.2	Describe your ability to integrate information from electronic medical records (EMR) and electronic health records (EHR) into the data used for predictive modeling, risk stratification, and identification for medical management services. 1) Include the percentage of your providers' EMRs/EHRs that are currently integrated into your data analytics systems. 2) Include a description to any barriers to integration and how your organization will overcome them within the first year of the Contract. 3) How is the integrated information used? Describe how it has improved the quality of care and the impact on costs.
7.6.3	Describe the accessibility and compatibility of EMRs/EHRs across providers in your network and providers referred to, whether within your network or outside your network, in order to coordinate care for Participants. Describe any barriers and how your organization will overcome them within the first year of the Contract.
7.6.4	Describe the accessibility to EMRs/EHRs from providers <u>outside</u> your network, which are required to coordinate care for Participants (e.g. via partnerships such as the Wisconsin Statewide Health Information Network). Describe any barriers and how your organization will overcome them within the first two years of the Contract.
7.6.5	Describe how your organization will be able to leverage access to integrated, detailed, identified pharmacy, dental, and medical claims data with wellness data through the ETF's data warehouse and visual business intelligence tools. Describe how Member health outcomes will be improved or how you will be able to better manage costs. Describe specific uses or programs that will be enhanced by having access to such data.
7.6.6	Describe any innovative approaches to data integration and technology that you have implemented that were not yet addressed in this subsection, and specifically describe how those efforts have improved the quality of care and/or reduced costs.
7.6.7	Confirm that your organization will cooperate with ETF's data warehouse vendor to submit the required claims and provider data as required by ETF. See requirements in Section 150B of Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement.

7.7 COST CONTAINMENT AND REVENUE MAXIMIZATION STRATEGIES

7.7.1	Describe your approaches to risk adjustment for both your medical and pharmacy programs, if appropriate. Include in your response any innovative programs you use to improve the accuracy of your risk scores. Be sure to include in your response how you maximize risk scores for individuals aging into Medicare. Include in your response any increase in scores you have been able to achieve in the last three years.
7.7.2	Describe any initiatives your organization has to educate providers on the importance of complete medical record documentation to support the data used for risk adjustment.
7.7.3	For plans submitting a pharmacy benefit proposal, describe strategies that your organization would employ to help maximize available funds from the Medicare Part D catastrophic phase without unduly burdening Members financially. Include the impact that these strategies have had on Member populations, both in terms of Member cost and access. Be sure to address impact on program costs.
7.7.4	Describe the controls that are in place to ensure the following related to the data submitted to CMS: <ol style="list-style-type: none"> 1) All required data is sent for each data collection period; 2) Only valid risk adjustment codes are submitted; 3) Only valid provider types are submitted; and 4) Ineligible duplicate transactions are not submitted.
7.7.5	For plans submitting a pharmacy benefit proposal, provide your book of business prescription drug event (PDE) error rate for the last two years.

7.8 PLAN DESIGN

Proposers must be able to provide all services under Uniform Benefits, the current standard benefits package available to Medicare-enrolled Members described in Table 2 – 2017 Medicare Advantage Benefit Design and Table 3 - 2017 Plan Year Pharmacy Benefit Plan Design, and further described in Section 400 of Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement or as approved by the Board prior to January 1, 2019.

The national service area plans should function as a passive PPO that provides the same level of benefits for Participants when they see a provider outside the network that accepts Medicare. Both the national and regional plans must meet all CMS requirements, and any benefits not delineated in the plan design must be covered at least at the minimum requirement set by CMS. Proposers may not deviate downward from these plan designs in any manner other than to meet CMS requirements. Any supplemental benefits and/or enhanced benefits available no cost to the Department and Participants should be identified in Section 8.2 under Alternative Benefit Designs.

7.8.1	If offering a national service area proposal, confirm that your organization will be able to replicate Uniform Benefits, the current medical and pharmacy standard benefits
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	package described in Table 2 – 2017 Medicare Advantage Benefit Design, and Table 3 - 2017 Plan Year Pharmacy Benefit Plan Design, and further described in Section 400 of Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement, with the same benefits for services rendered in-network and out-of-network.
7.8.2	If offering a regional service area proposal, confirm that your organization will be able to replicate Uniform Benefits, the current standard benefits package described in Table 2 – 2017 Medicare Advantage Benefit Design, and, if proposing a pharmacy benefit, the pharmacy Uniform Benefit as described in Table 3 - 2017 Plan Year Pharmacy Benefit Plan Design, and further described in Section 400 of Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement.
7.8.3	Are there any CMS filing limitations that would impact benefit coverage levels for any benefit design elements? If yes, please explain in detail.
7.8.4	If proposing a pharmacy benefit plan, are there any CMS filing limitations that would impact ETF's current formulary? If yes, please explain in detail.
7.8.5	Describe how your plan covers emergency services incurred outside of the U. S.

8 NETWORK SUBMISSION REQUIREMENTS, ALTERNATIVE BENEFIT DESIGN, AND COST PROPOSAL

Only the Uniform Benefit Cost Proposal in this section is scored. (200 total points)

This section contains the submission requirements required to be submitted by the Proposer.

Submission of FORM F – Non-Disclosure Agreement with ETF and The Segal Company is Required for Access to Section 8 Attachments and Data Instructions

Each Proposer must submit a signed **FORM F – ETH0020 Non-Disclosure Agreement with ETF and The Segal Company** to ETF to gain access to Section 8 attachments and data files. FORM F must be sent via e-mail to ETF SMBProcurement@etf.wi.gov. The e-mail subject line must be in the following format: *RFP ETH0020 - NDA: [Vendor's name]*. The e-mail must contain the name and e-mail address of the individual designated to receive the Section 8 attachments and data.

FORM F must be received by ETF up to and by the due date listed in Section 1.9, Calendar of Events for FORM F – ETH0020 Non-Disclosure Agreement with ETF and The Segal Company Due Date.

ETF will inform Segal of NDA receipt. Segal will issue to the Proposer's designated recipient, a secure link to Segal's Secure File Transfer system. The designated recipient may access the secure site and download Section 8 attachments and data. Segal will not release any worksheets or data files to the Proposer without a signed FORM F – ETH0020 Non-Disclosure Agreement with ETF and The Segal Company.

For informational purposes, the Segal point of contact is as follows:

Jennifer Slutzky
JSlutzky@segalco.com

Submission of Section 8 Attachments and Proposer Verification Submission Form Instructions

Each Proposer must submit **Attachment A – Network Access, Attachment D – Cost Proposal, and Attachment E – Performance Guarantees** through Segal’s Secure File Transfer system up to and by the due date and time listed in Section 1.9, Calendar of Events for Proposal Due Date and Time.

Upon submission of **Attachment A – Network Access, Attachment D – Cost Proposal, and Attachment E – Performance Guarantees** to Segal, each Proposer must submit **FORM D – Proposer Verification of Data Submission to Board Actuary** to ETF at ETF SMBProcurement@etf.wi.gov. The e-mail subject line shall be in the following format: *RFP ETH0020 – FORM D: [Vendor’s name]*. The form must be received by ETF up to and by the due date listed in Section 1.9, Calendar of Events for Proposal Due Date and Time.

8.1 NETWORK SUBMISSION (PASS/FAIL)

The Board is interested in meeting Participant’s needs for cost-effective plans that meet their expectations for provider choice. ETF will accept proposals for HMO networks which are provided with regional service area submissions, or a national passive preferred provider option (PPO) network, as approved by CMS, which are provided with nationwide service area proposals.

Responses to the Network Submissions questions will be reviewed and evaluated on a pass/fail basis. Responses that do not meet the access criteria identified below will not be passed on to the Board for consideration.

8.1.1 Access Reports

Proposers are required to submit an accessibility report (Optum™.GeoAccess®, GeoNetworks or comparable software) for each program being proposed. For national passive PPO services, report on a national basis for contracted providers only (i.e., do not include all providers that accept Medicare). For regional HMO service area proposals, the report must be submitted by county.

Proposers are required to provide a summary of Participants with and without access to network providers/facilities within the established mileage parameters listed below:

Provider Type	Urban	Non-Urban
Facilities		
<i>Hospitals</i>	<i>1 within 20-mile radius</i>	<i>1 within 35-mile radius</i>
<i>Ambulatory Surgical Centers</i>	<i>1 within 20-mile radius</i>	<i>1 within 35-mile radius</i>
<i>Urgent Care facilities</i>	<i>1 within 20-mile radius</i>	<i>1 within 35-mile radius</i>
<i>Imaging Centers</i>	<i>1 within 20-mile radius</i>	<i>1 within 35-mile radius</i>

<i>Inpatient Behavioral Health Facilities</i>	<i>1 within 20-mile radius</i>	<i>1 within 35-mile radius</i>
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Professional Services		
Primary Care		
<i>General/Family Practitioner (includes Internal Medicine, Family Medicine, and General Medicine)</i>	<i>2 within 10-mile radius</i>	<i>2 within 20-mile radius</i>
<i>OB/GYN (female Members, age 12 and older)</i>	<i>2 within 10-mile radius</i>	<i>2 within 20-mile radius</i>
<i>Pediatrician (birth through age 18)</i>	<i>2 within 10-mile radius</i>	<i>2 within 20-mile radius</i>
Specialists		
<i>Endocrinologist</i>	<i>2 within 20-mile radius</i>	<i>2 within 35-mile radius</i>
<i>Urologist</i>	<i>2 within 20-mile radius</i>	<i>2 within 35-mile radius</i>
<i>Cardiologist</i>	<i>2 within 20-mile radius</i>	<i>2 within 35-mile radius</i>
<i>Dermatologist</i>	<i>2 within 20-mile radius</i>	<i>2 within 35-mile radius</i>
<i>Allergist</i>	<i>2 within 20-mile radius</i>	<i>2 within 35-mile radius</i>
<i>Psychologist/Psychiatrist</i>	<i>2 within 20-mile radius</i>	<i>2 within 35-mile radius</i>
<i>General Surgeon</i>	<i>2 within 20-mile radius</i>	<i>2 within 35-mile radius</i>
<i>Hematologist/Oncologist</i>	<i>2 within 20-mile radius</i>	<i>2 within 35-mile radius</i>
<i>Chiropractor</i>	<i>2 within 20-mile radius</i>	<i>2 within 35-mile radius</i>

The submitted access reports (mapping and accessibility analysis) must demonstrate provider availability for EACH provider group type listed above in the provider network access standard table. In the production of the reports, note the following: Proposer must utilize Optum™, GeoAccess®, GeoNetworks or comparable software.

- The access report must indicate those Participants with access and those without access according to provider network access standards above, by county.

Proposer must submit the summary grids, included in Attachment A – Network Access, along with the actual access report(s). The summaries are separate for counties defined as Urban or Non-Urban, as applicable.

8.1.2 Access for National Passive PPO Service Area Proposals

8.1.2.1	Does your organization meet CMS's MA coordinated care network adequacy requirement for ETF's Medicare-eligible retiree membership (the 51% rule)? Discuss how you are able to meet this requirement.
8.1.2.2	What is your percentage of network adequacy with regard to the 51% rule based on ETF's membership?
8.1.2.3	In which counties in Wisconsin are you filed as an EGWP?

8.1.3 Access for Regional HMO Service Area Proposals

8.1.3.1	Proposers offering a regional HMO service area proposal are required to submit a summary of the number of providers by county and category, consistent with the accessibility reports from 8.1 in Attachment A.
8.1.3.2	Proposers offering a regional HMO service area proposal are required to submit a listing of the entire proposed provider network in Attachment A – Network Access.
8.1.3.3	In which counties in Wisconsin are you filed as an EGWP?

8.2 ALTERNATIVE BENEFIT DESIGNS (NOT SCORED)

Proposers will be evaluated based on their bid for the Uniform Benefit design identified in Table 2 and Table 3 and as described in Section 400 of Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement. Benefits may not deviate from this plan design other than to meet CMS requirements. In addition, proposers are required to submit bids for two alternative benefit designs. The alternative benefit designs must meet the goals of this RFP; lower monthly premium costs; high quality, high value services; excellent benefit packages; and participant choice. Proposers will not be evaluated on their Alternative Benefit Design submissions.

8.2.1	<p>Alternative Medical Benefit</p> <p>Identify your proposed alternative medical benefit designs as Alternative Medical Benefit 1 and Alternative Medical Benefit 2. The description should include a comparison for each alternative benefit design that identifies all differences with the Uniform Benefits identified in Table 2 of this RFP and Section 400 of Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement. The comparison should be presented in a table in the following format:</p> <table border="1" data-bbox="310 1268 1360 1503"> <thead> <tr> <th data-bbox="310 1268 513 1346">Benefit Description</th> <th data-bbox="513 1268 776 1346">Uniform Benefit</th> <th data-bbox="776 1268 1073 1346">Alternative Medical Benefit 1</th> <th data-bbox="1073 1268 1360 1346">Alternative Medical Benefit 2</th> </tr> </thead> <tbody> <tr> <td data-bbox="310 1346 513 1423"></td> <td data-bbox="513 1346 776 1423"></td> <td data-bbox="776 1346 1073 1423"></td> <td data-bbox="1073 1346 1360 1423"></td> </tr> <tr> <td data-bbox="310 1423 513 1503"></td> <td data-bbox="513 1423 776 1503"></td> <td data-bbox="776 1423 1073 1503"></td> <td data-bbox="1073 1423 1360 1503"></td> </tr> </tbody> </table> <p>Only differences should be included in the table. If coverage is the same across the plans, do not include in the table.</p>	Benefit Description	Uniform Benefit	Alternative Medical Benefit 1	Alternative Medical Benefit 2								
Benefit Description	Uniform Benefit	Alternative Medical Benefit 1	Alternative Medical Benefit 2										
8.2.2	<p>Alternative Pharmacy Benefit</p> <p>For Proposers offering a pharmacy benefit, identify your Alternative Pharmacy Benefit 1 and Alternative Pharmacy Benefit 2. Provide a comparison for how this benefit compares to the current Uniform Pharmacy Benefit identified in Table 3.</p> <table border="1" data-bbox="310 1799 1360 1877"> <thead> <tr> <th data-bbox="310 1799 513 1877">Benefit Description</th> <th data-bbox="513 1799 776 1877">Uniform Benefit</th> <th data-bbox="776 1799 1073 1877">Alternative Pharmacy Benefit 1</th> <th data-bbox="1073 1799 1360 1877">Alternative Pharmacy Benefit 2</th> </tr> </thead> <tbody> <tr> <td data-bbox="310 1877 513 1877"></td> <td data-bbox="513 1877 776 1877"></td> <td data-bbox="776 1877 1073 1877"></td> <td data-bbox="1073 1877 1360 1877"></td> </tr> </tbody> </table>	Benefit Description	Uniform Benefit	Alternative Pharmacy Benefit 1	Alternative Pharmacy Benefit 2								
Benefit Description	Uniform Benefit	Alternative Pharmacy Benefit 1	Alternative Pharmacy Benefit 2										

	<p>Only differences should be included in the table. If coverage is the same across the plans, do not include the benefit in the table.</p> <p>Identify any differences between the formulary you are offering and the current formulary included in Attachment B – EGWP Formulary for Medicare Enrolled Participants as of September 1, 2017, including any prescription drugs that are included in your formulary that are not available in the current formulary, any prescription drugs in the current formulary that are not on your formulary and any differences in the tiering.</p>			
8.2.3	ETF expects the Contractor to negotiate discounted benefits on its behalf, at the member's expense. Describe any discount programs your organization is able to offer on services such as vision or dental programs.			
8.2.4	Are you able to provide coverage for medical tourism either as a supplemental benefit or a separate rider? If so, be sure to include the per member per month cost in your Cost Proposal in Section 8.3.			

8.3 COST PROPOSAL

The Board intends to award contract(s) to Proposers that offer lower monthly premiums with high quality benefits and services to Participants. A Proposers' Cost Proposal will be comprised of its premium bid for the first year of the Contract, its rate guarantees for the second and third year of the Contract and any implementation credits it proposes. A Proposer's premium bid must include rates for Uniform Benefits as described in Table 2 and Table 3 and Section 400 of Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement, any Wellness programs it proposes to offer Participants, and the Alternative Benefit Designs described in Section 8.4. Proposers will not be evaluated on their premium bids for their Alternative Benefit Designs.

8.3.1 Preliminary Premium Bid

Proposers shall submit pricing in the format described below, based on the terms and conditions set forth in this RFP. Failure to submit pricing as provided in this section may render Proposer's entire offer non-responsive and ineligible for award.

Pricing shall be submitted in the following format: Provide the fully-insured per member monthly premium rates for 2019 (first year of the Contract: January 1, 2019 - December 31, 2019) based on the services required as specified in this RFP by completing Attachment D – Cost Proposal. It is understood that if CMS requires a certain benefit level that is superior to what is listed in this RFP, then the CMS benefit should be applied and noted. The premium rate quoted is to cover all services Proposer must provide as described in this RFP.

Proposer is required to break out its price between the medical (MA) and prescription drug (PD) components of the plan. Plans not submitting a prescription drug proposal should ignore the prescription drug component of Attachment D – Cost Proposal. Proposer must further break out the two components into the claims components and the non-claims components as described in the Cost Proposal instructions included in Attachment D.

Proposers should also identify in the Cost Proposal any pricing implications of CMS filing limitations identified under 7.8.3 or 7.8.4 above.

Proposer's Cost Proposal: Attach additional pages if necessary or if the format of pricing specified requires additional pages.

Proposer's price for calendar year 2019: Proposer must complete Attachment D - Cost Proposal.

ETF is seeking a partner to provide Medicare Advantage and Prescription Drug services as a viable long-term solution for its Medicare population. This requires pricing throughout the Contract term that recognizes the need for reasonable year over year increases in premiums. While ETF recognizes certain provisions of the pricing is dependent on CMS pricing terms released annually, ETF also believes organizations should be able to price for such fluctuations in a three-year contract. Therefore, ETF requests Proposers to provide annual total premium rate guarantees for each succeeding year under the Contract.

Subsequent annual premium rates will be based on claims experience of those enrolled in each plan, verified demographics, other documented actuarial factors, and projected health care cost trends. Subsequent annual premium rates will be negotiated annually and reflected in a written amendment to the Contract executed by both parties. See Section 130B of Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement.

This RFP requires that pricing be based on ETF's actual Medicare allowed claims data as provided in Attachment G – Medical Claims and Attachment H – Pharmacy Claim (claims line detail) as well as ETF's Uniform Benefit plan, Section 400 of Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement. Data included in Attachment G and H are based on current financial and utilization data submitted by current health plans during annual renewal submissions (see Appendix 9 – Current Financial and Utilization Data Submissions). Proposals based upon manual rates will not be accepted. In your Proposal, confirm your agreement with this requirement.

In your Proposal, confirm your pricing is based on ETF's current medical and prescription drug Uniform Benefits plan design as well as ETF's current formulary.

In your Proposal, confirm that pricing will not include any taxes unless accompanied by proof that ETF is subject to the tax. If necessary, Proposers may request ETF's tax exemption number and federal tax exemption information.

8.4 IMPLEMENTATION CREDITS

Are you willing to provide a one-time implementation allowance to fund, as approved by ETF, implementation support, pre-implementation audits, readiness assessments, communication plans, outside printing costs, etc.? What dollar amount are you willing to provide?

8.5 PERFORMANCE GUARANTEES

ETF is interested in negotiating performance standards on financial performance results with the selected Proposer(s) to encourage the Proposer to provide superior performance. Proposer's failure to meet the performance guarantee(s) would result in financial penalties. Please review and complete Attachment E – Performance Guarantees. Higher assessments than required are encouraged.

In your Proposal, confirm your agreement with the proposed service level targets and associated guarantees.

8.6 FINAL PREMIUM BID

If the Board elects to make an award, and if any Alternative Benefit Design(s) are selected for 2019, the selected Proposer(s) must submit final premium bids for the final benefit designs by the date and time listed in Section 1.9, Calendar of Events, for Revised Premium Submission. Segal will provide the spreadsheet for submitting the final premium submission to the selected Proposers.

8.7 ADDITIONAL ATTACHMENTS

The following Attachments are specifically for use with Section 8, and will be made available to Proposers by Segal after ETF receives Proposer's FORM F – Non-Disclosure Agreement with ETF and The Segal Company:

Attachment A – Network Access

Attachment B – EGWP Formulary for Medicare Enrolled Participants as of September 1, 2017

Attachment C – Formulary Companion Guide

Attachment D – Cost Proposal

Attachment E – Performance Guarantees

Attachment F – Census

Attachment G – Medical Claims

Attachment H – Pharmacy Claims

Attachment I – Monthly Claims Totals

Attachment J – Pharmacy EGWP Risk Scores

Note: only Attachments A, D, and E must be returned to Segal.

9 CONTRACT TERMS AND CONDITIONS

This section is NOT scored. (0 points)

The Department will execute a Contract with the awarded Contractor(s). A Pro Forma State of Wisconsin Contract is located in Exhibit 2. Exhibit 1 – State of Wisconsin Medicare Advantage Program Agreement becomes part of the Contract. The Contract and any subsequent renewal(s) will incorporate all terms and conditions in this RFP including the following documents listed below, and Contractor's Proposal.

- Exhibit 2 - Standard Terms and Conditions (DOA-3054);
- Exhibit 3 - Supplemental Standard Terms and Conditions for Procurement for Services (DOA-3681); and
- Exhibit 4 – Department Terms and Conditions.

9.1 BOARD AND DEPARTMENT AUTHORITY

This solicitation is authorized under Chapter 40 of the Wisconsin State Statutes. All decisions and actions under this RFP are solely under the authority of the State of Wisconsin Group Insurance Board. Procurement statutes and rules that govern other State agencies may not be applicable. The Department is acting as an agent of the Board in carrying out any directives or decisions relating to this RFP, the Contract and subsequent awards. All references to the "Department", "ETF," "State of Wisconsin," "State" or "Board" in any term, condition, or specification shall have the same authority as one entity. The Department is the sole point of contact for Board contracting.

ETF is the sole point of contact for Board contracting.

9.2 PAYMENT TERMS

By the end of each month, ETF will transmit payment to the Contractor for that month's premium based on the number of enrolled subscribers per ETF's records. ETF will deduct any premium for pharmacy benefits, unless the Contractor is administering pharmacy benefits for that enrollee and his/her dependents, dental premium if applicable, and other fees required by the Board.

EXHIBIT 1



State of Wisconsin
Medicare Advantage Program Agreement

**Issued by the State of Wisconsin
Department of Employee Trust Funds
On behalf of the Group Insurance Board**

October 17, 2017

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000 DEFINITIONS

Unless otherwise defined herein, any term needing definition shall have the definition found in UNIFORM BENEFITS (of this AGREEMENT) or in applicable Wisconsin law. These terms, when used and capitalized in this AGREEMENT are defined and limited to that meaning only:

AGREEMENT means this State of Wisconsin Medicare Advantage Program Agreement, which is the binding agreement between the BOARD and CONTRACTOR for the administration of the HEALTH BENEFIT PROGRAM.

ALTERNATIVE BENEFIT DESIGN as defined in UNIFORM BENEFITS

ANNUITANT

When not specified, ANNUITANT means all ANNUITANTS, including state and LOCAL.

STATE ANNUITANT means any retired EMPLOYEE of the State of Wisconsin: receiving an immediate annuity under the Wisconsin Retirement System, a currently insured recipient of a long-term disability benefit under [Wis. Adm. Code § ETF 50.40](#), a currently insured recipient of a disability benefit under [Wis. Stat. § 40.65](#); or a terminated EMPLOYEE with twenty (20) years of creditable service.

LOCAL ANNUITANT means:

- 1) Any currently insured retired EMPLOYEE of a participating EMPLOYER: receiving an immediate annuity under the Wisconsin Retirement System, or a long-term disability benefit under [Wis. Adm. Code § ETF 50.40](#), or a disability benefit under [Wis. Stat. § 40.65](#), or a person with twenty (20) years of creditable service who is eligible for an immediate annuity but defers application, or a person receiving an annuity through a program administered by the DEPARTMENT under [Wis. Stat. § 40.19 \(4\) \(a\)](#).
- 2) A retired public employee under [Wis. Stat. § 40.02 \(25\) \(b\) 11](#), who is receiving an annuity under the Wisconsin Retirement System (but not a disability benefit under [Wis. Stat. § 40.65](#) or Long-Term Disability Insurance (LTDI)), or any DEPENDENT of such an employee, who is receiving a continuation of the employee's annuity, and, if eligible, and who has acted under [Wis. Stat. § 40.51 \(10\)](#) to elect the Local Annuitant Health Program (LAHP).

BALANCE BILLING means an OUT-OF-NETWORK provider's practice of billing a patient for the difference between what the patient's health plan's standard reimbursement for a covered service and that provider's usual charge if the health plan's standard reimbursement is less than the provider's usual charge.

BENEFITS means those items and services as listed in UNIFORM BENEFITS. A PARTICIPANT'S right to BENEFITS is subject to the terms, conditions, limitations and exclusions of the HEALTH BENEFIT PROGRAM.

BOARD means the Group Insurance Board.

BUSINESS DAY means each calendar DAY except Saturday, Sunday, and official State of Wisconsin holidays (see also: DAY).

CMS means Centers for Medicare & Medicaid Services in the U.S. Department of Health and Human Services

CONFINEMENT as defined in UNIFORM BENEFITS.

CONTINUANT means any SUBSCRIBER enrolled under the federal or state continuation provisions as described in the HEALTH BENEFIT PROGRAM.

CONTRACT means this document which includes all exhibits, attachments, supplements, and endorsements or riders.

CONTRACTOR means the licensed insurer who is the legal signatory to this AGREEMENT.

COVERED PRODUCTS means those PRODUCTS that are covered under the PHARMACY BENEFIT PLAN. COVERED PRODUCTS may include, but are not limited to, brand or generic prescription medications, medications not requiring a prescription, and/or medical supplies and equipment.

DAY means calendar DAY unless otherwise indicated.

DEPARTMENT means the State of Wisconsin Department of Employee Trust Funds.

DEPENDENT as defined in UNIFORM BENEFITS.

EFFECTIVE DATE as defined in UNIFORM BENEFITS.

EGWP or “800 SERIES” EGWP means **Employer Group Waiver Plan as defined by CMS.**

ELIGIBLE PRODUCT means the brand name or generic PRODUCT that is included in the CONTRACTOR-recommended and BOARD-approved formulary and for which a PRODUCT manufacturer and CONTRACTOR have entered into a contractual REBATE agreement

EMPLOYEE

When not specified, EMPLOYEE means all EMPLOYEES, including state and LOCAL.

STATE EMPLOYEE means an eligible EMPLOYEE of the State of Wisconsin as defined under [Wis. Stat. § 40.02 \(25\) \(a\), 1., 2., or \(b\), 1m., 2., 2g., or 8.](#)

LOCAL EMPLOYEE means an eligible EMPLOYEE as defined under [Wis. Stat. § 40.02 \(46\)](#) or [40.19 \(4\) \(a\)](#), of an EMPLOYER as defined under [Wis. Stat. § 40.02 \(28\)](#), other

than the state, which has acted under [Wis. Stat. § 40.51 \(7\)](#), to make health care coverage available to its EMPLOYEES.

EMPLOYER

When not specified, EMPLOYER means all EMPLOYERS, including state and LOCAL.

STATE EMPLOYER means an eligible State of Wisconsin agency as defined in [Wis. Stat. § 40.02 \(54\)](#).

LOCAL EMPLOYER means an employer who has acted under [Wis. Stat. § 40.51 \(7\)](#), to make health care coverage available to its EMPLOYEES.

HEALTH BENEFIT PROGRAM means the group MEDICARE ADVANTAGE Program that provides group MEDICARE ADVANTAGE BENEFITS to Medicare PART A and B-enrolled State of Wisconsin and participating LOCAL ANNUITANTS and CONTINUANTS and their Medicare-enrolled DEPENDENTS participating in the Group Health Insurance Program and Wisconsin Public Employers Program in accordance with Chapter 40, Wisconsin Statutes. This program is established, maintained and administered by the BOARD.

HOSPITAL as defined in UNIFORM BENEFITS.

IN-NETWORK refers to a provider who has agreed in writing by executing a participation agreement to provide, prescribe or direct health care services, supplies or other items covered under the policy to PARTICIPANTS. The provider's written participation agreement must be in force at the time such services, supplies or other items covered under the policy are provided to a PARTICIPANT. The CONTRACTOR agrees to give PARTICIPANTS lists of affiliated providers. Some providers require prior authorization by the CONTRACTOR in advance of the services being provided.

INPATIENT means a PARTICIPANT admitted as a bed patient to a health care facility or in twenty-four (24)-hour home care.

IT'S YOUR CHOICE OPEN ENROLLMENT means the enrollment period referred to in the DEPARTMENT materials as the It's Your Choice enrollment period that is available at least annually to insured SUBSCRIBERS allowing them the opportunity to change CONTRACTORS and/or coverage and also to eligible individuals to enroll for coverage in any CONTRACTOR offered by the BOARD.

LOCAL means a Wisconsin Public Employer who has acted under [Wis. Stat. § 40.51 \(7\)](#), to participate in the HEALTH BENEFIT PROGRAM for its EMPLOYEES.

MINIMUM PROVIDER ACCESS STANDARDS means those as defined under [Wis. Stat. § 609.22](#) and [Wis. Admin. Code INS 9.32](#).

MEDICARE ADVANTAGE means a program defined under Title 18, Part C of the U.S. Social Security Act of 1965, as amended.

MEDICARE PART A means the hospital insurance program defined under Title 18, Part A of the U.S. Social Security Act of 1965, as amended and covers inpatient care covered under Medicare.

MEDICARE PART B means the medical insurance program defined under Title 18, Part B of the U.S. Social Security Act of 1965, as amended and covers most outpatient care covered under Medicare.

MEDICARE PART D means the prescription drug insurance program defined under Title 18, Part D of the U.S. Social Security Act of 1965, as amended and partially covers the cost of many outpatient prescription drugs for enrolled individuals.

OUT-OF-NETWORK refers to a provider who does not have a signed participating provider agreement and is not listed on the most current edition of the CONTRACTOR'S professional directory of providers. Care from an OUT-OF-NETWORK provider may require prior-authorization from the CONTRACTOR unless it is an emergency or urgent care.

PARTICIPANT means the SUBSCRIBER or any of the SUBSCRIBER'S DEPENDENTS who have been specified by the DEPARTMENT for enrollment and are entitled to BENEFITS.

PARTICIPATING PHARMACY means a pharmacy or a company that is authorized to represent one or more subsidiary, affiliated, or franchised pharmacies, that has entered into a PARTICIPATING PHARMACY agreement with CONTRACTOR to provide COVERED PRODUCTS to PARTICIPANTS.

PARTICIPATING PRESCRIBER means those prescribers who are authorized to prescribe medication to participants under the PHARMACY BENEFIT PLAN.

PHARMACY BENEFIT MANAGER (PBM) as defined in UNIFORM BENEFITS.

PHARMACY BENEFIT PLAN means the portion of the HEALTH BENEFIT PROGRAM that provides for the coverage of certain pharmacological and related COVERED PRODUCTS subject to certain COPAYMENTS, DEDUCTIBLES, or COINSURANCE requirements, limitations and exclusions as described in UNIFORM BENEFITS.

PREMIUM means the rates shown in the It's Your Choice materials that includes the medical, pharmacy, and dental (when applicable) components, and administration fees required by the BOARD. Those rates may be revised by the BOARD annually, effective on each succeeding January 1 following the effective date of this AGREEMENT. The PREMIUM includes the amount paid by the EMPLOYER when the EMPLOYER contributes toward the PREMIUM.

PRODUCT means a brand or generic prescription medication, a medication not requiring a prescription, and/or medical supplies and equipment.

QUARTERLY means a period consisting of every consecutive three (3) months beginning January 2018.

REBATE means the total dollar amount paid by a PRODUCT manufacturer to CONTRACTOR for ELIGIBLE PRODUCT utilization. This includes any revenue offered by a PRODUCT manufacturer for administrative services.

RETIREE HEALTH INSURANCE UNIT is a business unit within the ETF Employer Services Section that handles health insurance enrollment and premium issues for PARTICIPANTS in the HEALTH BENEFIT PROGRAM.

SECURE means the confidentiality, integrity, and availability of the DEPARTMENT'S data is of the highest priority and must be protected at all times. All related hardware, software, firmware, protocols, methods, policies, procedures, standards, and guidelines that govern, store, or transport the data must be implemented in manners consistent with current industry standards, such as, but not limited to the Health Insurance Portability and Accountability Act (HIPAA), Genetic Information Nondiscrimination Act (GINA), National Institute of Standards and Technology (NIST) 800-53, and Center for Internet Security (CIS) Critical Security Controls to ensure the protection of all DEPARTMENT data.

SPECIALTY DRUGS means high-cost, large-molecule prescription medications used to treat complex and/or chronic conditions (e.g. cancer, rheumatoid arthritis, multiple sclerosis). These drugs often require special handling and administration.

SUBSCRIBER means an ANNUITANT, or his or her surviving DEPENDENTS, who have been specified by the DEPARTMENT to the CONTRACTOR for enrollment and who is entitled to BENEFITS.

UNIFORM BENEFITS means the BENEFITS described in [Section 400](#) that are administered to PARTICIPANTS enrolled in the HEALTH BENEFIT PROGRAM.

WRAP PLAN means the benefits coverage made additionally available to PARTICIPANTS in the BOARD's EGWP plan. This additional coverage supplements the Medicare Part D coverage and seeks to align PARTICIPANT coverage with the coverage experienced during employment.

100 GENERAL

105 Introduction

This State of Wisconsin Health Benefit Program Agreement (“AGREEMENT”) is for the purposes of administering the HEALTH BENEFIT PROGRAM. The HEALTH BENEFIT PROGRAM is the umbrella term used to describe the program in whole, including the State of Wisconsin Group Benefits Program and the Wisconsin Public Employers Group Benefits Program, herein referred to as “state” and “LOCAL”, respectively. The HEALTH BENEFIT PROGRAM is administered for the Group Insurance Board (BOARD) by the State of Wisconsin Department of Employee Trust Funds (DEPARTMENT).

By statute, the BOARD has the authority to negotiate the scope and content of the HEALTH BENEFIT PROGRAM for EMPLOYEES and ANNUITANTS of the State of Wisconsin, as well as for local units of government who choose to participate. The DEPARTMENT regularly provides the most current rosters for state agencies and authorities as well as the local employer roster (appendices ET-1404 and ET-1407, respectively).

Eligible PARTICIPANTS have the opportunity to choose a benefit plan design. A minimum of two (2) competing benefit plans is required per [Wis. Stat. § 40.51 \(6\)](#).

Throughout this AGREEMENT, provisions and requirements that apply specifically to the provision of the PHARMACY BENEFIT PLAN only apply if the BOARD has elected to contract with the CONTRACTOR to provide the PHARMACY BENEFIT PLAN to PARTICIPANTS.

110 Objectives

The BOARD's objectives of the HEALTH BENEFIT PROGRAM include, but are not limited to the following:

- 1) To deliver high-quality, high value services to PARTICIPANTS at a competitive price.
- 2) To provide PARTICIPANTS a choice of excellent benefit options.
- 3) To provide excellent customer service to PARTICIPANTS.
- 4) To offer networks of high value providers, and to incent PARTICIPANTS to choose benefit plan designs with high value providers.
- 5) Management and delivery of health care services to PARTICIPANTS through contracted networks that provide for high-quality, cost-effective care.
- 6) Accurate, timely and responsive administration of health care and pharmacy claims.
- 7) Assist the BOARD in achieving strategy goals of:
 - a) Managing total costs.

- b) Supporting PARTICIPANTS by providing them with tools and resources needed to manage their health and health purchasing decisions.
 - c) Promoting behavior change and accountability.
 - d) Retain managed care elements that provide value.
- 8) To offer tools for PARTICIPANTS to increase engagement, including:
- a) Knowledge of provider cost and quality.
 - b) Wellness and disease management.
 - c) Self-responsibility.
- 9) To ensure quality population health programs, including case management and disease management, which promote proactive management of PARTICIPANT health concerns.
- 10) To continuously evaluate and incorporate innovative approaches to health care delivery.

115 General Requirements

The CONTRACTOR must meet the minimum requirements of [Wis. Stat. § 40.03 \(6\) \(a\)](#) and this AGREEMENT. The CONTRACTOR must:

- 1) Share data, claims information and other operational information as necessary for the smooth functioning of the program, for example to the BOARD'S Pharmacy Benefit Manager (PBM), consulting actuary, DEPARTMENT'S data warehouse and the wellness and disease management vendor, using the most recent file and data specifications provided by the DEPARTMENT.
- 2) Administer deductibles and out-of-pocket maximums that depend upon information sharing from one CONTRACTOR, or vendor specified by the DEPARTMENT, to another. Also, assist with the transferring of accumulations towards PARTICIPANTS' meeting deductibles, BENEFIT maximums, and out-of-pocket limits (OOPL).
- 3) Cooperate with the DEPARTMENT to develop procedures and protocols for sharing information as necessary.
- 4) Provide, in a format acceptable to the DEPARTMENT, at no cost and in a timely manner, all data and written or recorded material pertaining to this AGREEMENT.
- 5) Provide the specified level of services as indicated in this AGREEMENT to PARTICIPANTS.
- 6) Comply with all CMS MEDICARE ADVANTAGE and MEDICARE PART D requirements, including provider network access, care utilization review, grievances and appeals, the quality

improvement program, eligibility and enrollment, customer service, marketing, and claims processing, except as waived by CMS for EGWP plans. In cases where CMS requirements and the non-Medicare requirements of this AGREEMENT differ, the more rigorous standard shall supersede.

- 7) Assist the DEPARTMENT with the administration of this AGREEMENT, including PARTICIPANT enrollment, record keeping, and general operations.
- 8) Have a mechanism for accurately maintaining records for a minimum of seven (7) years on each PARTICIPANT, including but not limited to, initial determination of eligibility for DEPENDENTS for disabled and full-time student status.
- 9) Apply effective methods for containing costs for medical services, HOSPITAL CONFINEMENTS or other BENEFITS to be provided with effective peer and utilization review mechanisms for monitoring health care costs and the administration of Coordination of Benefit (COB) provisions.
- 10) Have a mechanism, as approved by the DEPARTMENT, for handling complaints and grievances made by PARTICIPANTS.
 - a) This includes a formal grievance procedure, which at a minimum complies with applicable federal or state law, whereby the individual is provided the opportunity to present a complaint to the CONTRACTOR and the CONTRACTOR will consider the complaint and advise the PARTICIPANT of its final decision. PARTICIPANTS must be advised of the grievance process when a claim or referral is denied or if the enrollee expresses, in writing, dissatisfaction with the administration or claims practices or provision of services by the CONTRACTOR. In all final grievance decision letters, the CONTRACTOR shall cite the specific Uniform Benefit contractual provision(s) upon which the CONTRACTOR bases its decision and relies on to support its decision.
 - b) When necessary, the BOARD intends to take a proactive approach in resolving complaints. The CONTRACTOR must cooperate fully with the efforts of the DEPARTMENT in resolving complaints. Adverse decisions are subject to review by the BOARD for contractual compliance if the PARTICIPANT is not satisfied with the CONTRACTOR'S action on the matter.
 - c) The CONTRACTOR must retain records of grievances and submit an annual summary to the DEPARTMENT of the number, types of grievances received, and the resolution or outcome. The annual summary report will contain data and be in a format established by the DEPARTMENT.
- 11) Submit to the DEPARTMENT or its designee, as required by the DEPARTMENT, statistical report(s) showing financial and utilization data that includes claims and enrollment information.

- 12) Have a process for managing services and charges in the event a PARTICIPANT incurs claims in an emergency or urgent situation that results in care from OUT-OF-NETWORK providers.
- 13) Comply with state and federal regulations pertaining to mandated or minimum BENEFITS which may be applicable to the CONTRACTOR under insurance statutes or as directed by the BOARD.
- 14) Provide DEPARTMENT approved materials to PARTICIPANTS as required under this AGREEMENT.
- 15) Provide notification of all significant events:
 - a) Each CONTRACTOR shall notify the BOARD in writing of any "Significant Event" within ten (10) calendar DAYS after the CONTRACTOR becomes aware of it. (In the event of insolvency, the BOARD must be notified immediately.) As used in this provision, a "significant event" is any occurrence or anticipated occurrence that might reasonably be expected to have a material effect upon the CONTRACTOR'S ability to meet its obligations under this AGREEMENT, including, but not limited to, any of the following: disposal of major assets; loss of fifteen percent (15%) or more of the CONTRACTOR'S membership; termination or modification of any contract or subcontract if such termination or modification will have a material effect on the CONTRACTOR'S obligations under this AGREEMENT; the imposition of, or notice of the intent to impose, a receivership, conservatorship or special regulatory monitoring; the withdrawal of, or notice of intent to withdraw, dissolution of existing relationship, state licensing or certification, United States Department of Health and Human Services (HHS) qualification or any other status under state or federal law; default on a loan or other financial obligations; strikes, slow-downs or substantial impairment of the CONTRACTOR'S facilities or of other facilities used by the CONTRACTOR in the performance of this AGREEMENT.
 - b) In addition, any change in the ownership of or controlling interest in the CONTRACTOR, any merger with another entity or the CONTRACTOR'S acquisition of another organization that participates in the HEALTH BENEFIT PROGRAM is a "significant event." A change in ownership or controlling interest means any change in ownership that results in a change to or acquisition of majority (fifty-one percent (51%)) interest in the CONTRACTOR or any transfer of ten percent (10%) or more of the indicia of ownership, including but not limited to shares of stock. The CONTRACTOR agrees to provide to the BOARD at least sixty (60) DAYS advance notice of any such event. The BOARD may accept a shorter period of notice when it determines the circumstances so justify.
 - c) The BOARD requires the information concerning any change in ownership or controlling interest, any merger or any acquisition of another entity in order to fulfill the BOARD's responsibility to assess the effects of the pending action upon the best interests of the HEALTH BENEFIT PROGRAM and its PARTICIPANTS. The BOARD agrees to keep the information disclosed as required under paragraph (b) above, confidential under [Wis. Stat. § 19.36 \(5\)](#) of the Wisconsin Public Records Law until the earliest of one of the dates noted

below unless the CONTRACTOR waives confidentiality or a court orders the DEPARTMENT or BOARD to disclose the information or the DEPARTMENT or BOARD determines that under the particular circumstances, any harm to the public interest that would result from permitting inspection is outweighed by the public interest in immediate inspection of the records.

The BOARD also agrees to notify the CONTRACTOR of a request to disclose the information as a public record prior to making such disclosure, so as to permit the CONTRACTOR to defend the confidentiality of the information. Information disclosed by a CONTRACTOR concerning any change in ownership or controlling interest, any merger or any acquisition of another entity will be disclosed by the BOARD as a public record beginning on the earliest of the following dates:

- i) The date the pending change in ownership or controlling interest, any merger or any acquisition of another entity becomes public knowledge, as evidenced by public discussion of the action including but not limited to newspaper accounts.
 - ii) The date such action becomes effective.
 - iii) Sixty (60) DAYS after the BOARD receives the information.
- d) The BOARD shall reserve the right to institute action as it deems necessary to protect the interests of the PARTICIPANTS of the HEALTH BENEFIT PROGRAM as the result of a "significant event."
- 16) Agree to utilize identification numbers (group and SUBSCRIBER) according to the system established by the DEPARTMENT. Identification numbers must not correlate to Social Security numbers. Social Security numbers may be incorporated into the SUBSCRIBER'S data file and may be used for identification purposes only and not disclosed or used for any other purpose. CONTRACTORS must always keep record of Social Security numbers for providing data and other reports to the DEPARTMENT or its authorized vendors and track the eight (8)-digit unique member identification number that is assigned by the DEPARTMENT. Any costs incurred by the DEPARTMENT because of CONTRACTORS failure to comply with this requirement will be paid by the CONTRACTOR.
- 17) Comply with the provider network access standards set forth in [WI Adm. Code § INS 9.32](#).
- 18) Provide coverage for both state and LOCAL PARTICIPANTS deemed eligible and enrolled by the DEPARTMENT.
- 19) Have legal and technical staff available to the DEPARTMENT for consultation as needed for program administration, and for assistance with any appeals processes. The CONTRACTOR shall monitor the development of and provide notification and information to the DEPARTMENT in a timely manner concerning state or federal regulations or legislation that may affect the HEALTH BENEFITS PROGRAM.

- 20) Shall not use or disclose names, addresses, or other data for any purpose other than specifically provided for in the CONTRACT.
- 21) Comply with all applicable requirements and provisions of the [Americans with Disabilities Act \(ADA\) of 1990](#). Evidence of compliance with ADA shall be made available to the DEPARTMENT upon request.

120 Board Authority

- 1) [Wis. Stat. § 40.03 \(6\) \(a\)](#), provides authority for the BOARD to enter into contracts with insurers authorized to transact insurance business in this state for the purpose of providing the group insurance plans, or, provide any group insurance plan on a self-insured basis in which case the BOARD shall approve a written description setting forth the terms and conditions of the plan, and may contract directly with providers of HOSPITAL, medical or ancillary services to provide eligible and enrolled EMPLOYEES with the BENEFITS.
- 2) The BOARD shall establish enrollment periods, known as the IT'S YOUR CHOICE OPEN ENROLLMENT period, which shall permit eligible EMPLOYEES, ANNUITANTS, and CONTINUANTS to enroll or transfer coverage to any benefit plan offered by the BOARD as required by [Wis. Stat. § 40.51](#). Unless otherwise provided by the BOARD, the IT'S YOUR CHOICE OPEN ENROLLMENT period shall be held once annually in the fall of each year with coverage effective the following January 1.
- 3) The BOARD reserves the right to change to a fiscal year or to some other schedule that it deems appropriate.
- 4) In cases where data submitted by the CONTRACTOR is deemed to be inadequate by the BOARD, DEPARTMENT, or the BOARD'S consulting actuary, the BOARD may take any action up to and including limiting new enrollment into the benefit plan administered by the CONTRACTOR.
- 5) In the event a CONTRACTOR becomes or is at risk for becoming insolvent, experiences a significant event or significant loss of primary providers and/or HOSPITALS, or no longer meets the MINIMUM PROVIDER ACCESS STANDARDS in this AGREEMENT, or if the BOARD so directs due to a significant event as described in [Section 115](#), the BOARD may do any of the following, including any combination of the following:
 - a) Terminate the CONTRACT upon any notice it deems appropriate, including no notice.
 - b) Authorize a special enrollment period and require that each SUBSCRIBER enrolled in a benefit plan administered by the CONTRACTOR change to another benefit plan.
 - c) Authorize a special enrollment period so that a SUBSCRIBER enrolled in a benefit plan administered by the CONTRACTOR may voluntarily change to another benefit plan.
 - d) Close the benefit plan administered by the CONTRACTOR to any new enrollments for the remainder of the CONTRACT period.

- e) Require that prior to making a selection between benefit plans, prospective SUBSCRIBERS be given a written notice describing the BOARD'S concerns.
 - f) Take no action.
- 6) The BOARD may forfeit a SUBSCRIBER'S rights to the HEALTH BENEFIT PROGRAM if a PARTICIPANT fraudulently or inappropriately assigns or transfers rights to an ineligible individual(s), or aids any other person in obtaining BENEFITS to which they are not entitled, or otherwise fraudulently attempts to obtain BENEFITS. The DEPARTMENT may at any time request such documentation as it deems necessary to substantiate SUBSCRIBER or DEPENDENT eligibility. Failure to provide such documentation upon request shall result in the suspension of BENEFITS.
 - 7) The BOARD may initiate disenrollment efforts in situations where a PARTICIPANT has committed acts of physical or verbal abuse, or is unable to establish/maintain a satisfactory physician-patient relationship with the current or alternate primary care provider. The SUBSCRIBER'S disenrollment is effective the first of the month following completion of the grievance process and approval of the BOARD. The BOARD may limit re-enrollment options in the HEALTH BENEFITS PROGRAM.
 - 8) The BOARD shall determine all policy for the HEALTH BENEFIT PROGRAM. In the event that the CONTRACTOR requests, in writing, that the BOARD issue program policy determinations or operating guidelines required for proper performance of the AGREEMENT, the DEPARTMENT shall acknowledge receipt of the request in writing and respond to the request within a mutually agreed upon time frame.
 - 9) The BOARD must be notified of any major system changes to the CONTRACTOR'S administrative and/or operative systems.

125 Eligibility

125A General

For HEALTH BENEFIT PROGRAM purposes, eligible SUBSCRIBERS are ANNUITANTS and CONTINUANTS who are enrolled in MEDICARE PARTS A and B and are eligible for enrollment in a MEDICARE ADVANTAGE plan. Eligible DEPENDENTS must also be enrolled in MEDICARE PARTS A and B and eligible for enrollment in a MEDICARE ADVANTAGE plan.

EMPLOYEES include:

- 1) General state EMPLOYEES: active state and university EMPLOYEES participating in the Wisconsin Retirement System (WRS), as described in [Wis. Stat. § 40.02 \(25\) \(a\)](#).
- 2) Elected state officials ([Wis. Stat. § 40.02 \(25\) \(a\) 2](#)).
- 3) Members or EMPLOYEES of the legislature ([Wis. Stat. § 40.02 \(25\) \(a\) 2](#)).

- 4) Any blind EMPLOYEES of the Beyond Vision (aka WISCRAFT) authorized under [Wis. Stat. § 40.02 \(25\) \(a\) 3.](#)
- 5) Any EMPLOYEE on leave of absence who has chosen to continue their insurance, as described in [Wis. Stat. § 40.02 \(40\).](#)
- 6) Any EMPLOYEE on layoff whose PREMIUMS are being paid from accumulated unused sick leave as described in [Wis. Stat. § 40.02 \(40\).](#)
- 7) The following in the University of Wisconsin (UW) System and UW Hospital and Clinics Authority ([Wis. Stat. § 40.02 \(25\) \(b\)](#)):
 - a) Any teacher (employment category 40) who is employed by the university for an expected duration of not fewer than six (6) months on at least a one-third (33%) full-time appointment.
 - b) Any teacher who is a participating EMPLOYEE and who is employed by the UW System for an expected duration of not fewer than six (6) months on at least a one-third (33%) full-time appointment.
 - c) Certain visiting faculty members in the UW System.
 - d) Graduate student assistants (research assistants, fellows, advanced opportunity fellows, scholars, trainees, teaching assistants and project/program assistants) holding a combined one-third (33%) or greater appointment of at least one (1) semester per academic year (nine month) appointments or six (6) months for annual (twelve month) appointments.
 - e) Employees-in-training (research associates, post-doctoral fellows, post-doctoral trainees, post-graduate trainees 1 through 7, interns (non-physician), research interns, and graduate interns/trainees) holding a combined one-third time (33%) or greater appointment of at least one (1) semester for academic year (nine (9) month) or six (6) months for annual (twelve (12) month) appointments.
 - f) Short-term academic staff who are employed in positions not covered under the Wisconsin Retirement System (WRS) and who are holding a fixed-term terminal, acting/provisional or interim (non UW-Madison) appointment of twenty-eight percent (28%) or more with an expected duration of at least one (1) semester but less than one (1) academic year if on an academic year (nine (9) month) appointment or have an appointment of twenty-one percent (21%) or more with an expected duration of at least six (6) months but fewer than twelve (12) months if on an annual (twelve (12) month) appointment.
 - g) Visiting appointees (e.g., visiting professors, visiting scientists, visiting lecturers) may be eligible.

- h) Any person employed as a graduate assistant and other employees-in-training as designated by the board of directors of the UW Hospital and Clinics Authority who are employed on at least a one-third full-time appointment with an expected duration of employment of at least six (6) months.
- 8) LOCAL EMPLOYEES as described in [Wis. Stat. § 40.02 \(46\)](#) or 40.19 (4) (a).
- 9) ANNUITANTS and CONTINUANTS ([Wis. Stat. § 40.02 \(25\) \(b\)](#)), which includes the following:
- a) Any covered EMPLOYEE who is retired on an immediate annuity or disability annuity, or who receives a lump sum payment under WRS which would have been an immediate annuity if paid as an annuity under [Wis. Stat. § 40.25 \(1\)](#).
 - b) The surviving spouse of a SUBSCRIBER.
 - c) The surviving insured domestic partner of a SUBSCRIBER.
 - d) Covered EMPLOYEES who terminate employment, have attained minimum retirement age (fifty (50) for protective services or fifty-five (55) for all other categories), have twenty (20) years of WRS creditable service and defer their annuity are eligible to continue in the HEALTH BENEFIT PROGRAM if a timely application is submitted.
 - e) Any participating STATE EMPLOYEE who terminates employment after attaining twenty (20) years of WRS creditable service, remains an inactive WRS participant and is ineligible for an immediate annuity (that is, under the minimum retirement age) may enroll in the HEALTH BENEFIT PROGRAM at a later date. Enrollment is restricted to the IT'S YOUR CHOICE OPEN ENROLLMENT period in the fall for coverage effective the following January 1, unless there is a HIPAA qualifying event.
 - f) Any rehired ANNUITANT electing to return to active WRS participation is immediately eligible to apply for coverage through the EMPLOYER.
 - g) Any retired LOCAL EMPLOYEE under [Wis. Stat. § 40.02 \(25\) \(b\) 11](#), who is receiving an annuity under the Wisconsin Retirement System (but not those only receiving a duty disability benefit under [Wis. Stat. § 40.65](#) or Long Term Disability Insurance (LTDI)), or any DEPENDENT of such an employee, who is receiving a continuation of the employee's annuity, and, if eligible, and who has acted under [Wis. Stat. § 40.51 \(10\)](#) to elect the Local Annuitant Health Program (LAHP).
 - h) Any LOCAL ANNUITANT receiving an annuity through a program administered by the DEPARTMENT under [Wis. Stat. § 40.19 \(4\) \(a\)](#).
 - i) PARTICIPANTS who meet federal or state continuation provisions. See [Section 260](#).
- 10) Disabled persons entitled to benefits under [Wis. Adm. Code § ETF 50.40](#) or [Wis. Stat. § 40.65](#) include:

- a) Insured EMPLOYEES or former EMPLOYEES who choose to continue coverage when the EMPLOYEE'S Long-Term Disability Insurance (LTDI) benefit under [Wis. Adm. Code § ETF 50.40](#) or a duty disability benefit under [Wis. Stat. § 40.65](#) is approved.
- b) Previously insured EMPLOYEES or former EMPLOYEES whose coverage lapsed and who are eligible and apply for an LTDI benefit under [Wis. Adm. Code § ETF 50.40](#), or a duty disability benefit under [Wis. Stat. § 40.65](#).

125B Medicare-Eligible but not enrolled PARTICIPANTS

CONTRACTOR shall ensure that all PARTICIPANTS are enrolled in both MEDICARE PARTS A and B by the PARTICIPANT'S coverage EFFECTIVE DATE. If a PARTICIPANT disenrolls from MEDICARE PARTS A or B after the EFFECTIVE DATE, the CONTRACTOR shall notify the DEPARTMENT on the day the CONTRACTOR identifies the PARTICIPANT as having disenrolled from PARTS A or B and the effective date.

125C Dependent Coverage Eligibility

Individual coverage covers only the SUBSCRIBER. All eligible DEPENDENTS listed on the application are covered under a family contract. A SUBSCRIBER cannot choose to exclude any eligible DEPENDENT from family coverage, unless that DEPENDENT is already covered under the HEALTH BENEFIT PROGRAM. Any eligible DEPENDENTS not eligible for a MEDICARE ADVANTAGE plan will not be enrolled in the CONTRACTOR'S plan under this AGREEMENT. The CONTRACTOR is required to notify the DEPARTMENT on the day the CONTRACTOR determines that an eligible DEPENDENT is not eligible for a MEDICARE ADVANTAGE plan.

125D Change to Family Coverage

An ANNUITANT or CONTINUANT eligible for and enrolled in individual coverage only may change to family coverage effective on the date of change to family status, including transfer of custody of eligible DEPENDENTS, if an application is received by the DEPARTMENT or EMPLOYER within thirty (30) DAYS after the date of the change to family status. The difference in PREMIUM between individual and family coverage for that month shall be due only if the change is effective before the 16th of the month. LOCAL ANNUITANTS and CONTINUANTS for whom their former employer makes a premium contribution must submit the application to their EMPLOYER.

125E No Double Coverage

A DEPENDENT or SUBSCRIBER cannot be covered at the same time by two separate SUBSCRIBERS of the HEALTH BENEFIT PROGRAM (including state and LOCAL). In the event it is determined that a DEPENDENT is covered by two (2) separate SUBSCRIBERS, the SUBSCRIBERS will be notified and will have thirty (30) DAYS to determine which SUBSCRIBER will remove coverage of the DEPENDENT and submit an application to remove the DEPENDENT. The EFFECTIVE DATE will be the first of the month following receipt of the application.

125F Local Annuitants

LOCAL ANNUITANTS who cancel coverage for any reason are not eligible to reenroll in the program as a SUBSCRIBER.

125G Notice of Qualifying Event

Upon discovery, the CONTRACTOR shall report to the DEPARTMENT any qualifying event that makes a PARTICIPANT ineligible for BENEFITS, such as divorce. The CONTRACTOR must provide information including aggregate claim amounts or other documentation, as requested by the DEPARTMENT.

130 Premiums

For most ANNUITANTS, SUBSCRIBER PREMIUM payments will be arranged through deductions from, accumulated sick leave account (STATE EMPLOYEES only), annuity, or conversion of life insurance under certain circumstances. For all other SUBSCRIBERS, PREMIUMS will be paid directly to the CONTRACTOR and the CONTRACTOR must notify the DEPARTMENT of SUBSCRIBERS who terminate or reinstate coverage. Also see [Section 255](#). For changes in coverage effective after the 1st of the month, the difference in PREMIUM between individual and family coverage for that month shall be due only if the change is effective before the 16th of the month.

130A Medicare Participant Premiums

A reduction in PREMIUM shall be effective on the first DAY of the calendar month, which begins on or after the date the PARTICIPANT is eligible for MEDICARE PARTS A and B BENEFITS as the primary payer and coverage is provided under an ANNUITANT group number, or under an EMPLOYER group number in the case of a LOCAL EMPLOYER paid ANNUITANT.

If a Medicare coordinated family PREMIUM category has been established for a family, and one or more family members enrolled in both parts of Medicare dies, the family PREMIUM category in effect shall not change solely as a result of the death.

Except in cases of fraud which shall be subject to [Section 155F](#), coverage for any PARTICIPANT enrolled in Medicare coverage who does not enroll in Medicare Part B when it is first available as the primary payer, or who subsequently cancels Medicare coverage, shall be limited in accordance with UNIFORM BENEFITS and shall be disenrolled from the HEALTH BENEFITS PROGRAM covered in this AGREEMENT per procedures developed by the DEPARTMENT. However, retrospective adjustments to PREMIUM or claims for coverage not validly in force shall be limited to the shortest retroactive enrollment limit set by Medicare for either medical or prescription drug claims, not to exceed six (6) months. In such a case, the PARTICIPANT must enroll in Medicare Part B at the next available opportunity.

Also see Section [220H](#).

130B Annual Rate-Setting Process

The CONTRACTOR must submit rates for each following benefit year as directed by the DEPARTMENT. The CONTRACTOR's sealed rates are submitted in the format as specified by the DEPARTMENT. The rates will be reviewed for reasonableness, considering plan utilization,

experience and other relevant factors. Rates are subject to negotiation by the BOARD and the rate guarantees included in this AGREEMENT. The BOARD reserves the right to reject any rate or take other action up to and including limiting new enrollment with the CONTRACTOR when the BOARD'S consulting actuary determines the CONTRACTOR has failed to include adequate documentation on the development of rates.

The CONTRACTOR must submit statistical report(s) showing utilization and claims data on the plan as a whole (if community rated), or specifically the STATE and LOCAL PARTICIPANTS covered thereunder if experience rated. See Appendix 6. If the premium is community-rated then the CONTRACTOR should give some indication of the percentage the STATE and LOCAL EMPLOYEE groups represent of the total covered community. The BOARD will require each CONTRACTOR to provide an explanation of rate methodology and the rate calculation developed by the CONTRACTOR'S actuary or consultant along with supporting documentation deemed necessary by the BOARD's consulting actuary.

Rates shall be uniform statewide, or nationwide if appropriate, except that CONTRACTORS may submit different rates which result from separate plan designs. The state and LOCAL groups must be separately rated in accordance with generally accepted actuarial principles.

The DEPARTMENT reserves the right to audit, at the expense of the CONTRACTOR, the financial and utilization data and other data the organization uses to support its rate. A rate based on data which an audit later determines is unsupported is subject to re-opening and re-negotiating downward.

Rate adjustments, if any, required for a benefit mandated by applicable state or federal law will occur on January 1 after the next benefit period begins unless otherwise mutually agreed to in writing.

The BOARD will assess administration fees to cover expenses of the DEPARTMENT. This charge is added by the BOARD to the rates quoted by each CONTRACTOR and is collected prior to transmittal of the premiums to the CONTRACTOR.

135 Financial Administration

By the end of each month, the DEPARTMENT will transmit payment to the CONTRACTOR for that month's premium based on the number of enrolled SUBSCRIBERS per the DEPARTMENT'S records. The DEPARTMENT will deduct the pharmacy premium if applicable, dental premium if applicable, and other fees required by the BOARD.

135A Prohibited Fees

The CONTRACTOR is prohibited from including in their premium rates:

- 1) The cost to handle any claims paid outside of UNIFORM BENEFITS.
- 2) The cost to administer any optional health and wellness benefit(s) beyond UNIFORM BENEFITS, except as approved by the DEPARTMENT

- 3) Any fees that are not pre-approved by the BOARD, including, but not limited to travel and meal expenses.

135B Included Services

The CONTRACTOR may not charge an additional fee for the following services:

- 1) Expert services. At the request of the DEPARTMENT, the CONTRACTOR shall make available qualified medical consultants to assist the DEPARTMENT in its reviews of questionable claims, claims recommended for denial for medical reasons, reconsiderations and appealed claim determinations.
- 2) Mailing & Postage. The CONTRACTOR will pay for all mailing, postage and handling costs for the distribution of materials as required by [Section 140](#), or by other express provisions of this CONTRACT.
- 3) Pilot Programs. At the request of the DEPARTMENT, the CONTRACTOR shall enter into a pilot or limited-term trial. See [Section 215C](#).

135C Recovery of Overpayments

The CONTRACTOR shall have procedures to recover or collect overpayments made under this AGREEMENT, including those payments made for an ineligible person.

135D Subrogation and Other Payers

The CONTRACTOR shall correspond with PARTICIPANTS to obtain any required additional information and to determine whether other coverage for the claim exists under subrogation rights or other payers such as worker's compensation, insurance contracts, or government-sponsored benefit programs.

135E Amounts Owed by Contractor

Funds owed to the BOARD must be paid within thirty (30) calendar DAYS from notification of penalties or monies owed. The CONTRACTOR has thirty (30) calendar DAYS to document any dispute of amounts owed. After thirty (30) DAYS, the DEPARTMENT may collect owed funds by deducting the amounts from the payments made to the CONTRACTOR, and the CONTRACTOR may be subject to further penalties.

135F Automated Clearinghouse (ACH)

The CONTRACTOR shall support an ACH mechanism that allows for the DEPARTMENT to submit premium payments.

140 Participant Materials and Marketing

140A Informational / Marketing Materials

- 1) All materials and communications shall be pre-approved by the DEPARTMENT prior to distribution to PARTICIPANTS, potential PARTICIPANTS, and EMPLOYERS of the HEALTH BENEFIT PROGRAM. This includes written and electronic communication, such as

marketing, informational, letters, explanation of BENEFITS, summary plan descriptions, claim denials and appeals, and summary of BENEFITS and coverage.

All HEALTH PLANS must comply with [Section 1557](#) of the Affordable Care Act (ACA) and Federal civil rights laws. Upon request, the HEALTH PLAN will provide information on programs, services, and activities in alternate formats to PARTICIPANTS with qualified disabilities as defined by the Americans with Disabilities Act (ADA) of 1990, as well as those whose primary language is not English.

The notice in Appendix A of the federal [Section 1557](#) ACA regulations must be published in conspicuously-visible font size in all significant communications and significant publications, both print and web, related to the State of Wisconsin Group Health Benefits Program. The CONTRACTOR must use the notice as provided below, or a significantly similar version that meets the regulation requirements.

“Significant communications” and “significant publications,” while not defined in the law, are interpreted broadly to include the following:

- a) Documents intended for the public, such as outreach, education, and marketing materials;
- b) Written notices requiring a response from an individual; and,
- c) Written notices to an individual, such as those pertaining to rights and benefits.

The notice is as follows:

“[Name of CONTRACTOR] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. [Name of covered entity] does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

[Name of CONTRACTOR]:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact [Name of CONTRACTOR’S Civil Rights Coordinator].

If you believe that [Name of covered entity] has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or

sex, you can file a grievance with: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, [Name and Title of Civil Rights Coordinator] is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.”

Wherever the above notice in Appendix A. appears, it is also required to contain the tagline in Appendix B., translated into at least the top fifteen (15) languages spoken by individuals with limited English proficiency in the State of Wisconsin. That tagline reads:

“ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).”

For purposes of consistency with the DEPARTMENT’S It’s Your Choice (IYC) materials, it is required to use the [top fifteen \(15\) list](#) provided on the Centers for Medicare and Medicaid Services’ [website](#). The CONTRACTOR shall use the [translations](#) of the above-referenced tagline as provided by the federal Department of Health and Human Services.

- 2) The CONTRACTOR must ensure that its marketing and communication materials are culturally sensitive and professional in content, appearance, and design. At the request of the DEPARTMENT, the CONTRACTOR must replace images or artwork on the dedicated website, web-portal, or promotional materials within seven (7) BUSINESS DAYS of the CONTRACTOR’S receipt of the DEPARTMENT’S request. The DEPARTMENT reserves the right to require removal of any objectionable content sooner.
- 3) The CONTRACTOR’S costs for developing and distributing communications to PARTICIPANTS in order to correct an error in previous CONTRACTOR communication(s) that was the result of a CONTRACTOR error will be at the cost of the CONTRACTOR.
- 4) The DEPARTMENT reserves the right to require the CONTRACTOR to provide notification to PARTICIPANTS as directed.

140B It’s Your Choice Open Enrollment Materials

Each CONTRACTOR will be required to prepare informational materials in a form and content acceptable to the BOARD, as determined by the DEPARTMENT, and clearly indicate any changes from the previous year’s materials when submitting draft materials to the DEPARTMENT for review and approval.

- 1) The CONTRACTOR shall issue written notice to PARTICIPANTS enrolled in its benefit plan(s) prior to the IT’S YOUR CHOICE OPEN ENROLLMENT period identifying those providers

(individual and groups or clinics, HOSPITALS, and other facilities) that will not be IN-NETWORK for the upcoming benefit period and include any specific language directed by the DEPARTMENT summarizing any BENEFIT or other HEALTH BENEFIT PROGRAM changes. This notification cannot be combined with informational materials sent to non-PARTICIPANTS. The CONTRACTOR shall send a written confirmation to the DEPARTMENT Program Manager indicating the date(s) this written notice was issued.

- 2) The CONTRACTOR shall submit the following information to the DEPARTMENT, in the format as determined by the DEPARTMENT, for inclusion in the communications from the DEPARTMENT for the IT'S YOUR CHOICE OPEN ENROLLMENT period:
 - a) CONTRACTOR information, including address, toll-free customer service telephone number, twenty-four (24)-hour nurse line telephone number, and website address.
 - b) Content for the CONTRACTOR'S plan description page, including available features.
 - c) Information for PARTICIPANTS to access the CONTRACTOR'S provider directory on its web site, including a link to the provider directory and pharmacy network, if appropriate.
- 3) The CONTRACTOR shall submit all informational materials intended for distribution to PARTICIPANTS during the IT'S YOUR CHOICE OPEN ENROLLMENT period to the DEPARTMENT for review and approval.
- 4) The CONTRACTOR shall submit three (3) hard copies of all IT'S YOUR CHOICE OPEN ENROLLMENT materials in final format must be provided to the DEPARTMENT at least two (2) weeks prior to the start of the IT'S YOUR CHOICE OPEN ENROLLMENT period.

140C Required PARTICIPANT and PRESCRIBER Outreach for Formulary Changes

When making any changes to the formulary, the CONTRACTOR will be required to send notification a minimum 90 days prior to the change to all PARTICIPANTS who are currently prescribed drugs affected by the change. The notification should include the drug affected, the tier/cost-share level of the drug prior to change, the tier/cost-share level of the drug after change, contact information for the CONTRACTOR's customer service, and information on members' rights to appeal. This does not preclude the CONTRACTOR from implementing the formulary change immediately for PARTICIPANTS who have a new prescription written for the affected drug.

The CONTRACTOR will also be required to update formulary information on PRESCRIBERS and PARTICIPATING PHARMACIES portal as part of the CONTRACTOR's standard formulary notification process. In addition, CONTRACTOR will be required to send notification of any negative formulary updates directly to frequent PRESCRIBERS. Portal updates and direct notification to frequent PRESCRIBERS should be made no less than 90 days prior to the change in formulary.

140D Required PARTICIPANT Educational Materials

Each CONTRACTOR will be required to prepare informational materials in a form and content acceptable to the BOARD, as determined by the DEPARTMENT, to educate PARTICIPANTS on the following:

- 1) The availability and importance of getting preventive services and use of primary care;
- 2) Self-management of chronic conditions; and
- 3) The importance and value of Advance Care Planning.

These materials should be made available to PARTICIPANTS through multiple channels, such as in-person meetings, mailings, and on-line throughout the plan year and targeted to PARTICIPANTS as appropriate. The CONTRACTOR shall keep records of its distribution of such materials and provide documentation of distribution to the DEPARTMENT upon request.

145 Information Systems

- 1) The CONTRACTOR'S systems must have the capability of adapting to any future changes that become necessary as a result of modifications to the state and LOCAL programs and its requirements. The CONTRACTOR'S systems shall be scalable and flexible so they can be adapted as needed, within negotiated timeframes, as requirements may change.
- 2) If the CONTRACTOR has plans to migrate to a different data or web platform, the DEPARTMENT must be notified no less than six (6) months in advance of the migration.
- 3) The CONTRACTOR must transmit data SECURELY using current industry standard SECURE transmission protocols, e.g., sFTP/SSH or SSL/TLS. This may require software on desktops or an automated system that collects files from the CONTRACTOR'S repository and SECURELY transmits data.
- 4) The CONTRACTOR'S data centers, network, web-portal and personal computers (PCs) must be protected by an up-to-date firewall. PCs and applications must be updated with the latest security fixes and continually maintained and up-to-date. Servers must be SECURED with only authorized staff allowed access to servers. Data that is at rest must be encrypted using strong industry standard encryption. The CONTRACTOR must have a password policy with a complex password scheme, which, at a minimum, meet these criteria:
 - a) A minimum of eight (8) characters,
 - b) Does not use the user's name or user ID in the password,
 - c) Requires users to change passwords at least every sixty (60) DAYS,
 - d) Does not repeat any of the last twenty-four (24) passwords used, and
 - e) The password must contain at least three (3) of these four (4) data types:
 - i) Upper case alphabetic letters (A - Z),

- ii) Lower case alphabetic letters (a - z),
- iii) Numeric (0 - 9),
- iv) Special characters (all special characters available on the keyboard).

Other password complexity rules may be acceptable, if approved by the DEPARTMENT.

An audit program must be in place to ensure above practices are being followed. The CONTRACTOR'S staff must be trained and follow SECURE computing best practices. Wireless networks must be protected using strong encryption and password policies. Connectivity to all networks, wired or wireless, must be protected from unwanted/unknown connections. Any sub-contractors must agree to and abide by all the network and data security requirements.

- 5) All data backups must be handled or transmitted SECURELY. Offsite storage must be audited for compliance (i.e. physical security, all used tapes are accounted for). A business recovery plan must be documented and tested annually, at a minimum, by the CONTRACTOR, and submitted to the DEPARTMENT.
- 6) The CONTRACTOR must be able to confirm that emails sent to program PARTICIPANTS and/or EMPLOYERS have been successfully transmitted and will track failed emails and initiate requests to be whitelisted for EMPLOYER groups that may be blocking the CONTRACTOR'S email communication. The CONTRACTOR must deliver failed messages to PARTICIPANTS in another format), within ten (10) BUSINESS DAYS, (e.g. hard copy mail, phone call) if the email transmission is not successful.
- 7) Upon request by the DEPARTMENT, the CONTRACTOR must be able to generate and provide a listing of all individuals that were electronically sent a particular document or communication by the CONTRACTOR or the CONTRACTOR'S subcontractor, the date and time that the document or communication was generated, and the date and time that it was sent to particular individuals. The CONTRACTOR must also provide a listing of those who were sent the communication piece in another format as required by 6), above.
- 8) The CONTRACTOR shall verify and commit that during the length of the contract, it shall not undertake a major system change or conversion for, or related to, the system used to deliver services for the HEALTH BENEFIT PROGRAM without specific prior written notice of at least one hundred eighty (180) DAYS to the DEPARTMENT. Examples of a major system change include a new platform for enrollment, claims payment or data submission system. This does not apply to any program fixes, modifications and enhancements.

150 Data Requirements

150A Data Integration and Technical Requirements

- 1) The DEPARTMENT is currently in the process of consolidating multiple legacy information technology systems to a single BENEFITS administration system. This new system will become the system of record for enrollment and demographic information. The upgrade to

this new system may impact the formatting or data fields required for transmitting enrollment files and may also impact the way in which enrollment data is communicated to the CONTRACTOR. The CONTRACTOR must make any necessary updates to its system to accommodate changes to the enrollment file, per the most recent 834 Companion Guide as issued by the DEPARTMENT. During 2018, a series of modules are scheduled for implementation. Planning on the next phase of the project will start during 2018, for implementation at a later date.

- 2) The DEPARTMENT'S systems identify PARTICIPANT records using an eight (8)-digit member ID. This member ID is transmitted to and must be stored by the CONTRACTOR to communicate information about PARTICIPANTS. The CONTRACTOR must support use of the DEPARTMENT'S member ID in all interfaces that contain PARTICIPANT data. Further, the CONTRACTOR must supply member ID values on any communication or data transmission that refers to individual PARTICIPANTS, including but not limited to HIPAA 834 file transfers, reports, data extracts, and invoices. Given the ubiquitous and central nature of the member ID in the DEPARTMENT'S systems, it is strongly preferred that the member ID is stored in the CONTRACTOR'S system directly, thereby facilitating ad hoc queries, data integrity, and referential integrity within the CONTRACTOR'S system. Any costs incurred by the DEPARTMENT because of CONTRACTORS failure to comply with this requirement will be paid by the CONTRACTOR.
- 3) The CONTRACTOR must follow the DEPARTMENT'S SECURE file transfer protocols (sFTP) using the DEPARTMENT'S sFTP site to submit and retrieve files from DEPARTMENT or provide another acceptable means for SECURE electronic exchanging of files with the DEPARTMENT, as approved by the DEPARTMENT.
- 4) The CONTRACTOR'S system(s) must be able to accept and accommodate a HIPAA 834 file transfer from the DEPARTMENT, per the most recent 834 Companion Guide (see Appendix 1) as issued by the DEPARTMENT.
 - a) The CONTRACTOR must accept an enrollment file update on a daily basis and accurately process the enrollment file additions, changes, and deletions within two (2) BUSINESS DAYS of the file receipt.

The CONTRACTOR must resolve all enrollment discrepancies (any difference of values between the DEPARTMENT'S database and the CONTRACTOR'S database) as identified within one (1) BUSINESS DAY of notification by the DEPARTMENT or identification by the CONTRACTOR.

- b) The CONTRACTOR shall assist with a full file comparison (FFC) of enrollment data at the frequency as directed by the DEPARTMENT by submitting a file to the DEPARTMENT containing current enrollment data. The DEPARTMENT will verify that data, compare that data with the DEPARTMENT'S data, and generate an exception report. The CONTRACTOR will be responsible for resolving differences between the DEPARTMENT'S data and the CONTRACTOR'S data, updating the CONTRACTOR'S data, and informing the DEPARTMENT, as appropriate.

The CONTRACTOR shall maintain an exception report spreadsheet that includes the error details and final resolution, and submit it to the DEPARTMENT, at the frequency directed by the DEPARTMENT. The CONTRACTOR must correct the differences on the exception report within five (5) BUSINESS DAYS of notification by the DEPARTMENT.

- c) Delays in processing the 834 file must be communicated to the DEPARTMENT Program Manager or designee within one (1) BUSINESS DAY.
- 5) The CONTRACTOR must establish and maintain a SECURE data transfer with the DEPARTMENT'S data warehouse and as otherwise noted in this section. The CONTRACTOR data transfers include, but will not be limited to:
- a) Claims Data - The CONTRACTOR must submit on a monthly basis to the DEPARTMENT'S data warehouse in the file format specified by the DEPARTMENT in the most recent Medical and Pharmacy Claims Data Specifications document (see Appendix 4a and 4b), all claims processed for PARTICIPANTS. At least ninety-five percent (95%) of claims must be submitted to the DEPARTMENT'S data warehouse in the correct file layout within ninety (90) DAYS of the end date of the claims time period. One hundred percent (100%) of the claims must be submitted to the DEPARTMENT'S data warehouse in the correct file layout within one hundred eighty (180) DAYS. Within two (2) BUSINESS DAYS of notification, unless otherwise approved by the DEPARTMENT in writing, the CONTRACTOR shall resolve any data errors on the file as identified by the DEPARTMENT'S data warehouse or the DEPARTMENT.
 - b) Provider Data – The CONTRACTOR must submit on a monthly basis to the DEPARTMENT'S data warehouse in the file format specified by the DEPARTMENT in the most recent Provider Data Specifications document (see Appendix 5), the specified data for all IN-NETWORK providers including subcontracted providers. Within two (2) BUSINESS DAYS of notification, unless otherwise approved by the DEPARTMENT in writing, the CONTRACTOR shall resolve any data errors on the file as identified by the DEPARTMENT'S data warehouse or the DEPARTMENT.
 - c) Pharmacy Claims Data – The CONTRACTOR must establish a data transfer process to retrieve pharmacy claims data from the DEPARTMENT'S data warehouse for its PARTICIPANTS receiving benefits from the Department's PBM and integrate the data as required under [Section 245](#). The pharmacy claims data is based on data provided by the PBM to the DEPARTMENT'S data warehouse. If directed by the DEPARTMENT, the CONTRACTOR must also be able to accept and accommodate a daily file from the DEPARTMENT'S PBM that will be in a file format compliant with the most recent Pharmacy Data Specifications (see Appendix 2) provided by the DEPARTMENT in consultation with the PBM.
 - d) Wellness and Disease Management Data – The CONTRACTOR must establish a data transfer process to retrieve this data from the DEPARTMENT'S data warehouse for its PARTICIPANTS and integrate the data into its medical management program. This data

includes results from biometric screenings, health risk assessments, and unique PARTICIPANT enrollment in wellness health coaching and/or disease management programs as provided by the wellness and disease management vendor to the DEPARTMENT'S data warehouse. If directed by the DEPARTMENT, the CONTRACTOR must also be able to accept and accommodate a weekly file from the wellness and disease management vendor that will include this data. The file format must comply with the most recent Wellness Data Specifications (see Appendix 3a-3d) as provided by the DEPARTMENT.

- e) Dental Claims Data – The CONTRACTOR shall establish a data transfer process to retrieve dental claims data from the DEPARTMENT'S data warehouse for its PARTICIPANTS and integrate the data into its medical management program. This data is based on claims data as provided by the DEPARTMENT'S dental benefits administrator to the DEPARTMENT'S data warehouse.
 - f) Benefit Accumulator Data - On each BUSINESS DAY, the CONTRACTOR must submit and retrieve data files with the vendor designated by the DEPARTMENT for the purpose of calculating the benefit accumulator for medical and pharmacy benefits. The CONTRACTOR must retrieve the pharmacy accumulator data and apply it to any combined deductibles and/or maximum out-of-pocket amounts for PARTICIPANTS. The CONTRACTOR must work with the DEPARTMENT to audit the benefit accumulator against the DEPARTMENT'S PBM to ensure the accumulator amounts are in sync.
- 6) Delays in submitting program data to DEPARTMENT'S data warehouse must be communicated via email to the DEPARTMENT Program Manager or designee within one (1) DAY of the scheduled transfer.
 - 7) For data transfers between vendors of the state and LOCAL program not specified in this AGREEMENT, the CONTRACTOR must establish vendor to vendor data transfers within ninety (90) calendar DAYS of written notification from the DEPARTMENT to do so.
 - 8) All file formats are subject to change, as determined by the DEPARTMENT, to better serve the needs of the HEALTH BENEFIT PROGRAM.
 - 9) The CONTRACTOR data provided to vendors of the state and LOCAL program must be accurate, complete and timely. The CONTRACTOR must not place restrictions on the use of the data provided to the state and LOCAL program vendors.
 - 10) Health information provided to the DEPARTMENT will be de-identified, unless authorized by the PARTICIPANT for the purpose of appeal, issue resolution, or fraud investigation.

150B Data Submission Requirements

The CONTRACTOR shall cooperate with the DEPARTMENT's designated data warehouse vendor by submitting to the vendor all of the following data on a schedule to be determined by the DEPARTMENT:

- 1) Data on payments for BENEFITS provided to PARTICIPANTS under this CONTRACT. Payment data shall include claim payments made or denied, capitation or per-member payments, administrative payments, and payments made after coordinating responsibility with third parties; and
- 2) Data on other financial transactions associated with claim payments, including charged amount, allowed amount, and charges to members as co-payments, coinsurance, and deductibles; and
- 3) Data on the providers of those BENEFITS provided under this CONTRACT; and
- 4) Other data, as specified by the DEPARTMENT.

The CONTRACTOR shall comply with the DEPARTMENT'S specifications for submission of the required data elements in the standard formats attached to this CONTRACT.

To comply with the data submission requirements, the CONTRACTOR must follow the specified data file layout and formatting of all data elements within it and the DEPARTMENT'S specifications for data filtering and extraction. The CONTRACTOR must submit documentation on its data files including a data dictionary. The data files must use the valid values specified in the data dictionary. The claim adjustment data the CONTRACTOR submits must follow the logic the CONTRACTOR defines in the documentation. The CONTRACTOR must provide the DEPARTMENT'S eight (8)-digit member ID on all claim files. On all provider and claim files, the CONTRACTOR must supply the 10-digit National Provider Identifier (NPI) as issued by the US Centers for Medicare and Medicaid Services' National Plan and Provider Enumeration System (NPPES).

The CONTRACTOR must designate someone as a data steward who is knowledgeable of its data and the systems that generate it. The data steward shall attend data submission planning meetings scheduled by the DEPARTMENT'S data warehouse vendor on the DEPARTMENT'S behalf and shall be the key point of contact for the DEPARTMENT'S data warehouse vendor on the submission of data and the correction of data errors should they occur.

The CONTRACTOR shall follow the data transmission instructions provided by the DEPARTMENT'S data warehouse vendor, which shall include industry-standard electronic transmission methods via secure Internet technology.

The quality of CONTRACTOR's data submissions will be assessed by the DEPARTMENT'S data warehouse vendor for timeliness, validity and completeness. If the DEPARTMENT'S data warehouse vendor determines that the data submitted by CONTRACTOR fails to meet the DEPARTMENT'S data warehouse vendor's thresholds for data quality, the CONTRACTOR must cooperate with the DEPARTMENT'S data warehouse vendor in submitting corrected data.

The CONTRACTOR must submit data and corrected data when necessary by the dates indicated by the DEPARTMENT'S data warehouse vendor.

The CONTRACTOR agrees to financial penalties for failure to submit data in accordance with this AGREEMENT, and which are assessed by the DEPARTMENT'S data warehouse vendor on behalf of the DEPARTMENT. Charges or penalties that are the direct result of the CONTRACTOR's failure to meet the DEPARTMENT'S data submission requirements, timelines

or other requirements in this AGREEMENT that impact the DEPARTMENT'S data warehouse will be deducted from a future payment(s) owed the CONTRACTOR.

During the initial implementation of the DEPARTMENT'S data warehouse, the CONTRACTOR will have two chances to submit acceptable data. The DEPARTMENT will charge the CONTRACTOR a penalty for each data file submitted after the second submission not accepted by the DEPARTMENT'S data warehouse vendor and a penalty for each data file submitted more than one (1) BUSINESS DAY after the deadline for data file submission.

During the ongoing operation of the DEPARTMENT'S data warehouse, the DEPARTMENT will charge the CONTRACTOR a penalty for each data file submitted after the first submission not accepted by the DEPARTMENT'S data warehouse vendor and a penalty for each data file submitted after the deadline for submission.

During the ongoing operation of the DEPARTMENT'S data warehouse, the DEPARTMENT will charge the CONTRACTOR a per occurrence penalty for any failure to communicate to the DEPARTMENT'S data warehouse vendor a change to the valid values or data fields in the CONTRACTOR'S next data file submission by ten (10) BUSINESS DAYS before the next data file submission deadline.

The penalties assessed in [Section 150B](#) apply to the penalty maximum described in [Section 315](#).

155 Miscellaneous General Requirements

155A Reporting Requirements and Deliverables:

- 1) The CONTRACTOR must submit all reports and deliverables, and comply with all material requirements set forth in this AGREEMENT.
- 2) Each report submitted by the CONTRACTOR to the DEPARTMENT must:
 - a) Be verified by the CONTRACTOR for accuracy and completeness prior to submission,
 - b) Be delivered on or before scheduled due dates,
 - c) Be submitted as directed by the DEPARTMENT,
 - d) Fully disclose all required information in a manner that is responsive and with no material omission, and
 - e) Be accompanied by a brief narrative that describes the content of the report and highlights significant findings of the report.
- 3) THE DEPARTMENT requirements regarding the frequency of report submissions may change during the term of the CONTRACT. The CONTRACTOR must comply with such changes within forty-five (45) DAYS.
- 4) The CONTRACTOR must notify the DEPARTMENT regarding any significant changes in its ability to collect information relative to required data or reports.

- 5) The CONTRACTOR must fully support the BOARD and the DEPARTMENT in responding timely to informational requests made by the Legislature.
- 6) The CONTRACTOR shall promptly respond to all inquiries from the BOARD and the DEPARTMENT concerning any aspect of the HEALTH BENEFIT PROGRAM and PHARMACY BENEFIT PLAN management.
- 7) The CONTRACTOR shall work cooperatively with BOARD designees on budget and policy implementation.

155B Performance Standards and Penalties

The CONTRACTOR must guarantee performance sufficient to fulfill the needs of the CONTRACT. The CONTRACTOR must meet all performance standards listed in [Section 315](#). After the CONTRACT start date, if additional resources are needed, the CONTRACTOR will bear all costs necessary to satisfy the requirements of the CONTRACT.

Written notification of each failure to meet a performance standard that is listed in [Section 315](#) will be given to the CONTRACTOR prior to assessing penalties. Upon notification by the DEPARTMENT, the CONTRACTOR will have five (5) BUSINESS DAYS to cure the failure, or if agreed to by the DEPARTMENT, to provide an action plan of how the failure will be cured. Additional DAYS can be approved by the DEPARTMENT Program Manager if deemed necessary. If the failure is not resolved within this warning/cure period, penalties may be imposed retroactively to the date of failure to perform. The imposition of penalties is not in lieu of any other remedy available to the DEPARTMENT/BOARD.

If the DEPARTMENT elects to not exercise a penalty clause in a particular instance, this decision shall not be construed as an acceptance of the CONTRACTOR'S performance. The DEPARTMENT retains the right to pursue future assessment of that performance requirement and associated penalties.

The DEPARTMENT shall be the sole determinant as to whether or not the CONTRACTOR meets a performance standard.

155C Nondiscrimination Testing

The CONTRACTOR shall work in conjunction with the DEPARTMENT or its designee to complete [Internal Revenue Code \(IRC\) Sec. 105 \(h\)](#) compliant nondiscrimination testing for the DEPARTMENT at least annually. The DEPARTMENT or its designee will provide a schedule, process for testing, and data requirements. The CONTRACTOR shall complete any necessary requirements by the due date(s) specified by the DEPARTMENT or its designee.

155D Audit and Other Services

The CONTRACTOR shall be required to maintain sufficient documentation to provide for the financial/management audit of its performance under this AGREEMENT. These shall include, but are not limited to, program expenditures, claim processing efficiency and accuracy, and customer service.

At its discretion, the BOARD may require independent third party audit or review of any function relating to the HEALTH BENEFIT PROGRAM, including a pre-implementation configuration audit. The BOARD may also designate a common vendor which shall provide the annual description of BENEFITS and such other information or services it deems appropriate.

The CONTRACTOR shall address any areas for improvement as identified in the audit in the timeframe as determined by the DEPARTMENT. The BOARD shall be notified of all identified areas for improvement and the status of all improvements as necessary.

The BOARD shall make a diligent attempt to select a third party audit firm that is not a competitor of the CONTRACTOR or affiliated with or under the control of a competitor of the CONTRACTOR.

The frequency and extent of such audits shall be determined by the BOARD or DEPARTMENT. Records of paid claims must be maintained in a format and in a media acceptable to the DEPARTMENT.

The CONTRACTOR shall agree to a Service Organization Control (SOC) 1, Type 2 audit of internal controls conducted by an independent CPA firm at the CONTRACTOR'S expense that is in accordance with the Statement of Standard for Attestation Engagements (SSAE) 18 and provide a copy of the CPA's report to the DEPARTMENT. The DEPARTMENT will allow time on a case-by-case basis to provide this information if the CONTRACTOR doesn't currently have a completed SSAE 18 audit. The audit report must be submitted annually.

The CONTRACTOR shall submit a Model Audit Rule (MAR) Certification on an annual basis.

The CONTRACTOR shall submit financial stability documentation on an annual basis, including a balance sheet, statement of operations and financial audit reports (i.e., an annual audited financial statement by a certified public accountant in accordance with generally accepted accounting principles).

The CONTRACTOR must also cooperate fully with audits and/or reviews conducted by the State of Wisconsin Legislative Audit Bureau (LAB). The LAB conducts periodic and other audits at the requests of legislators.

The CONTRACTOR shall make financial records, claims documentation, and all other relevant records available for review or audit as requested by the DEPARTMENT and shall assist as needed in review of these records.

155E Fraud and Abuse

1) Participant Fraud

a) Policy on Participant Fraud

No person other than a PARTICIPANT is entitled to BENEFITS under this AGREEMENT. The SUBSCRIBER or any of his or her DEPENDENTS are not authorized by this

AGREEMENT to assign or transfer their rights under the AGREEMENT, aid any other person in obtaining BENEFITS to which they are entitled or knowingly present or cause a false or fraudulent claim. The SUBSCRIBER'S rights to coverage under the HEALTH BENEFITS PROGRAM are forfeited if a PARTICIPANT assigns or transfers such rights, or aids any other person in obtaining BENEFITS to which they are not entitled, or otherwise falsely or fraudulently attempts to obtain BENEFITS. Coverage terminates the beginning of the month following action of the BOARD. Re-enrollment rights may be limited as determined by the BOARD.

The DEPARTMENT may at any time request such documentation as it deems necessary to substantiate SUBSCRIBER or DEPENDENT eligibility. Failure to provide such documentation upon request shall result in the suspension of BENEFITS.

b) Contractor Responsibility Related to Participant Fraud

Upon discovery, the CONTRACTOR shall report to the DEPARTMENT any suspected or identified PARTICIPANT fraud. The CONTRACTOR must cooperate with the investigation of fraud and provide information including aggregate claim amounts or other documentation, as requested by the DEPARTMENT. Fraud may result in the reprocessing of claims and recovery of overpayments. See [Section 135C](#).

2) CONTRACTOR Provider, Pharmacy and PRESCRIBER Review Requirements

The CONTRACTOR, within thirty (30) DAYS of the execution of this CONTRACT, must submit a fraud and abuse review plan to the DEPARTMENT. Upon the DEPARTMENT'S approval of the plan, the CONTRACTOR must perform QUARTERLY (unless another timeframe is agreed upon by the DEPARTMENT) fraud and abuse reviews and provide results of material findings to the DEPARTMENT.

Examples of potential provider fraud that could be included in QUARTERLY reviews:

- a) Billing for items or services not rendered;
- b) Billing for work already reimbursed by another insurer;
- c) Overcharging for services or supplies;
- d) Completing an unjustified Certificate of Medical Necessity (CMN) form;
- e) Double billing resulting in duplicate payment;
- f) Misrepresenting medical diagnoses or procedures to maximize payments;
- g) Inappropriate use of place of service codes;
- h) Knowing misuse of provider identification numbers resulting in improper billing;

- i) Providing medically unnecessary services;
- j) Routinely waiving deductibles/coinsurances;
- k) Submitting bills exceeding the limiting charge;
- l) Unbundling (billing for each component of the service instead of billing or using an inclusive code);
- m) Up-coding the level of service provided;
- n) Billing for a known work-related injury;
- o) Controlled Substance Prescribing: Identification of PARTICIPANTS who have received multiple prescriptions in drug categories with high potential for abuse (e.g. opioids, benzodiazepines, barbiturates, amphetamines, etc.) from more than one provider and filled at more than one pharmacy;
- p) Duplicate Therapy: Identification of PARTICIPANTS who are prescribed multiple drug regimens of related medications for more than one condition, by more than one provider;
- q) Evidence of claims testing, excessive claim rejections and/or overcharge for cost of drug or PARTICIPANT cost-share amount by a PARTICIPATING PHARMACY; and
- r) Indications of a PARTICIPANT with multi-prescriber, multi-pharmacy and/or multi-prescription instances.

3) **Appeal Process Support.**

- a) The CONTRACTOR shall participate in all administrative hearings under Wis. Admin. Code Ch. ETF 11 to the extent determined to be necessary by the attorney(s) representing the DEPARTMENT.
- b) Participation means providing evidence and testimony necessary to explain the claim decisions made by the CONTRACTOR. The CONTRACTOR shall be responsible for any cost required for participation in the administrative hearings by the CONTRACTOR'S staff and any approved subcontractors, including but not limited to time spent at the hearing and travel time to and from the hearing.
- s)

155F Privacy Breach Notification

The CONTRACTOR shall comply with all state and federal laws regarding patient privacy, as well as the confidentiality provision of the terms and conditions of the CONTRACT. The CONTRACTOR shall comply with all provisions of the Department Terms and Conditions regarding "Contractor Reporting of Breach or Suspected Breach or Disclosure to ETF". This includes but is not limited to, the requirement that the CONTRACTOR shall notify the

DEPARTMENT Program Manager and Privacy Officer within one (1) BUSINESS DAY of discovering that the protected health information (PHI) and/or personally identifiable information (PII) of one (1) or more PARTICIPANTS may have been breached, or has been breached, as defined by state and federal law, including [Wis. Stat. § 134.98](#), HIPAA, and GINA.

Even if the full details are not known, the CONTRACTOR must report all identified information to the DEPARTMENT, then follow up to provide additional information as details are known, and as required by the Department Terms and Conditions.

155G Department May Designate Vendor

At its discretion, the DEPARTMENT may designate a common vendor who shall provide the annual description of BENEFITS and such other information or services it deems appropriate, including audit services.

155H Contract Termination

In addition to the provisions in the Department Standard Terms and Conditions, the following applies if the CONTRACT is terminated:

- 1) Any PARTICIPANT who is receiving BENEFITS as an INPATIENT on the date of termination shall continue to receive all BENEFITS otherwise available to INPATIENTS until the earliest of the following dates:
 - a) The CONTRACT maximum is reached.
 - b) The attending physician determines that CONFINEMENT is no longer medically necessary.
 - c) The end of twelve (12) months after the date of termination.
 - d) CONFINEMENT ceases.
- 2) If the BOARD terminates this CONTRACT, then all rights to BENEFITS shall cease as of the date of termination. The CONTRACTOR will cooperate with the BOARD in attempting to make equitable arrangements for continuing care of PARTICIPANTS who are INPATIENTS on the termination date. Such arrangements may include, but are not limited to: transferring the patient to another facility; billing the BOARD a fee for service rendered; or permitting OUT-OF-NETWORK providers to assume responsibility for rendering care. The overall intent is to be in the best interest of the PARTICIPANT.
- 3) The CONTRACTOR will be required to coordinate turnover and transition planning and activities, subject to the DEPARTMENT'S approval.
- 4) The CONTRACTOR must submit claims data as specified in [Section 150](#) during a six (6) month run-out period following the CONTRACT termination date. The DEPARTMENT will withhold twenty-five percent (25%) of premium payment for the last month of the contract

period, to be paid not later than ninety (90) days following the contract termination date, unless there are issues receiving timely run-out claims data.

- 5) If the CONTRACTOR terminates this CONTRACT, the CONTRACTOR shall not again be considered for participation in the HEALTH BENEFIT PROGRAM under [Wis. Stat. § 40.03 \(6\) \(a\)](#) for a period of three (3) calendar years.

155I Transition Plan

Upon DEPARTMENT request, and prior to CONTRACT termination, the CONTRACTOR must provide a comprehensive transition plan in a mutually agreed upon format that provides a timeline of major tasks and activities, including those identified by the DEPARTMENT. The transition plan must be approved by the DEPARTMENT prior to the transition begin date. Also see the Department Standard Terms and Conditions.

155J Insolvency

The CONTRACTOR shall maintain appropriate bonding and/or reinsurance and shall submit documentation upon request by the DEPARTMENT. The appropriate bonding and/or reinsurance ensures that, in the event the CONTRACTOR becomes insolvent or otherwise unable to meet the financial provisions of this CONTRACT, bonding or reinsurance exists to pay those obligations. Such bonding or reinsurance shall continue BENEFITS for all PARTICIPANTS at least until the end of the calendar month in which insolvency is declared. For a PARTICIPANT then confined as an INPATIENT, BENEFITS shall continue until the CONFINEMENT ceases, the attending physician determines CONFINEMENT is no longer medically necessary, the end of 12 months from the date of insolvency, or the CONTRACT maximum is reached, whichever occurs first. The DEPARTMENT will establish enrollment periods during which SUBSCRIBERS may transfer coverage to another CONTRACTOR.

200 PROGRAM REQUIREMENTS

205 Enrollment

CONTRACTORS must participate in the annual IT'S YOUR CHOICE OPEN ENROLLMENT offering. The IT'S YOUR CHOICE OPEN ENROLLMENT period is scheduled for each fall prior to the covered program year. During the IT'S YOUR CHOICE OPEN ENROLLMENT period, the CONTRACTOR will accept any SUBSCRIBER who transfers from one benefit plan to another without requiring evidence of insurability, or waiting periods, or exclusions as defined in [Wis. Adm. Code INS 3.31 \(3\)](#) and any eligible EMPLOYEE or state retiree under [Wis. Stat. § 40.51 \(16\)](#) who enrolls.

Although the DEPARTMENT is responsible for eligibility determination and enrollment, the CONTRACTOR shall maintain an enrollment/eligibility system to support the HEALTH BENEFIT PROGRAM. The Board expects the CONTRACTOR to play an active role in member education and outreach prior to the IT'S YOUR CHOICE OPEN ENROLLMENT period to ensure that PARTICIPANTS understand the benefits and providers available under the HEALTH BENEFIT PROGRAM and how to access additional information about the program.

205A Enrollment Files

The daily and full file compare of the DEPARTMENT'S HIPAA 834 enrollment files must be fully tested and are ready for program operation no later than forty-five (45) calendar DAYS prior to the effective (i.e., "go-live") date. Also see [Section 150A](#).

The CONTRACTOR shall have flexibility to accommodate the DEPARTMENT'S benefit administration system (BAS) IT upgrade, which the DEPARTMENT anticipates would impact this program starting in year 2018. The BAS system will be the system of record for participant demographic and benefit information, and the upgrade may impact the formatting or data fields required for transmitting enrollment files and may also affect the way in which enrollment is communicated to the CONTRACTOR.

205B Identification (ID) Cards

The CONTRACTOR must provide PARTICIPANTS with ID cards indicating, at a minimum, the EFFECTIVE DATE of coverage, and the emergency room and office visit copayment amounts, if applicable. The CONTRACTOR must issue new ID cards upon enrollment and BENEFIT changes that impact the information printed on the ID cards.

The CONTRACTOR shall issue the ID cards, along with a welcome packet for newly enrolled PARTICIPANTS, within the timeframes described below:

- 1) The CONTRACTOR shall issue ID cards within five (5) BUSINESS DAYS of the generation date of the enrollment file containing the addition or enrollment change, except as noted in item 2) below.
- 2) For elections made during the IT'S YOUR CHOICE OPEN ENROLLMENT period, the CONTRACTOR shall issue ID cards by December 15 (or a later date as approved by the

DEPARTMENT) for enrollment additions or changes effective the following January 1, as submitted on enrollment files generated on the first DAY of the IT'S YOUR CHOICE OPEN ENROLLMENT period through December 10. The CONTRACTOR must notify the DEPARTMENT Program Manager of any delays with issuing the ID cards. The CONTRACTOR shall send a written confirmation to the DEPARTMENT Program Manager in January indicating the date(s) the ID cards were issued.

The CONTRACTOR must provide replacement cards upon request at no cost to the PARTICIPANT. The CONTRACTOR must also have a process to make available a temporary, printable ID card.

205C Participant Information

The CONTRACTOR must provide the following information, at a minimum, to PARTICIPANTS upon enrollment:

- 1) Information about PARTICIPANT requirements, including prior authorizations and referrals.
- 2) Directions on how to access the HEALTH BENEFIT PROGRAM provider directory on the CONTRACTOR'S website and directions on how to request a printed copy of the provider directory.
- 3) Directions on how to change their Primary Care Provider.
- 4) A description of PHARMACY BENEFIT PLAN features, including an overview of benefits, a description of how the formulary is developed, and information about the web site.
- 5) A brochure about mail-order pharmacy benefits.
- 6) The CONTRACTOR'S contact information, including the dedicated toll-free customer service phone number, business hours, twenty-four (24)-hour nurse line, telehealth services, and website address.

The DEPARTMENT reserves the right to require the CONTRACTOR to assist with drafting and mailing the federally required Summary of Benefits and Coverage (SBC) to PARTICIPANTS in a manner similar to the annual IT'S YOUR CHOICE OPEN ENROLLMENT materials mailing process described in [Section 140B](#).

The DEPARTMENT reserves the right to require the CONTRACTOR to assist with developing and mailing the federally required form 1095-Cs.

205D Disabled Child EligibilityThe CONTRACTOR shall report to the DEPARTMENT at least annually the results from its process to verify the eligibility of adult disabled children age twenty-six (26) or older, which includes checking that the:

- 1) Child is incapable of self-support because of a disability that can be expected to be of long-continued or indefinite duration of at least one year, and

2) Support and maintenance requirement is met, and

3) Child is not married.

205E Date of Death

The CONTRACTOR shall collect and track the date of death and report it to the DEPARTMENT as needed.

205F Coordination of Benefits (COB)

The CONTRACTOR shall collect from SUBSCRIBERS COB information necessary to coordinate BENEFITS under the Wisconsin Administrative Code and report this information to the DEPARTMENT at least annually.

210 Primary Care Provider

SUBSCRIBERS and DEPENDENTS shall be required to select a primary care provider (PCP). The PCP may be a physician, physician assistant, nurse practitioner or other provider as approved by the BOARD. Modifications to this list may be approved by the DEPARTMENT. The PCP furnishes primary care-related services, arranges for and coordinates referrals for all medically necessary specialty services, and is available for urgent or emergency care, directly or through on-call arrangements, twenty-four (24) hours a DAY, seven (7) DAYS a week. Primary care includes ongoing responsibility for preventive health care, treatment of illness and injuries, and the coordination of access to needed specialty providers or other services. The PCP shall either furnish or arrange for most of the PARTICIPANT'S health care needs, including well check-ups, office visits, referrals, out-patient surgeries, hospitalizations, and health-related services.

The CONTRACTOR must monitor all PARTICIPANT records to ensure there is an assigned, IN-NETWORK PCP at all times. If a PARTICIPANT does not choose a PCP, or the PCP is no longer available, the CONTRACTOR will assign a PCP, notify the PARTICIPANT in writing, and provide instructions for changing the assigned PCP.

If PARTICIPANTS select a PCP that is OUT-OF-NETWORK, the CONTRACTOR must contact the PARTICIPANTS within five (5) BUSINESS DAYS to assist them in selecting an IN-NETWORK PCP. Also see [Section 265E](#).

The CONTRACTOR must have a process to allow a PARTICIPANT to change PCPs in a reasonable time and to communicate to the PARTICIPANT how to make this change. The CONTRACTOR will assist the PARTICIPANT in selecting a PCP.

215 Medical Management

215A Disease Management / Prior Authorizations / Utilization Review (UR)

The CONTRACTOR shall collaborate and support activities related to population health management as directed by the BOARD.

The CONTRACTOR shall have utilization management processes that are evidence-based and focus on quality, positive PARTICIPANT outcomes, and cost savings. The CONTRACTOR shall use these processes for evidence based medical policy development for coverage of new technologies and to provide input to the DEPARTMENT on benefit design changes, as appropriate. The CONTRACTOR shall provide these policies to PARTICIPANTS upon request.

The CONTRACTOR shall utilize data provided by the PBM, wellness and disease management vendor, and DEPARTMENT'S data warehouse for identifying PARTICIPANTS suitable for case, complex case, and/or disease management programs.

The CONTRACTOR must demonstrate effective and appropriate means of identifying, monitoring and directing PARTICIPANT'S care by providers such as utilization review (UR) and chronic care/disease management, and wellness/prevention programs. The CONTRACTOR shall report annually to the BOARD its utilization and disease management capabilities and effectiveness in improving the health of PARTICIPANTS and encouraging healthy behaviors, demonstrating support for technology and automation (e.g., automated diabetic registry, electronic medical records, etc.) in the format as determined by the DEPARTMENT. The CONTRACTOR shall also include details on the HEALTH BENEFIT PROGRAM'S experience by disease and risk categories, place of services along with comparisons to aggregate benchmarks and any other measures the CONTRACTOR believes will be useful to DEPARTMENT staff and the BOARD in understanding the source of cost and utilization trends in a format as determined by the DEPARTMENT.

Examples of the minimum utilization review UR procedures that CONTRACTORS shall have in place include the following:

- 1) Written guidelines that providers must follow to comply with the CONTRACTOR'S UR program.
- 2) Formal UR program consisting of preadmission review, concurrent review, discharge or transition of care and post-service medical review and individual case management.
- 3) Established procedures for review determinations, including qualified staff (e.g., primary reviewer is licensed nurse), physician reviews of all program denials and PARTICIPANT appeals procedure.
- 4) Authorization procedure for referral to OUT-OF-NETWORK providers and monitoring of physician referral patterns.
- 5) Procedure to monitor emergency admissions to OUT-OF-NETWORK HOSPITALS.
- 6) Retrospective UR procedures to review the appropriateness of care provided, utilization trends and physician practice patterns.
- 7) If PARTICIPANTS are identified as having a disease and/or condition that would place them into a moderate or high risk category, have a process to enroll the PARTICIPANTS into the

appropriate wellness, disease management, or chronic care management programs. The CONTRACTOR must coordinate this effort with the program(s) offered by the DEPARTMENT'S wellness and disease management vendor.

Failure to provide effective UR may be grounds for BOARD action.

Prior Authorizations

The CONTRACTOR must also offer an integrated prior authorization process that provides PARTICIPANTS with a consolidated medical and benefit (such as deductible, coinsurance and copayment) determination. Prior authorizations with out-of-pocket cost sharing information, including the possibility of balance billing if applicable, must be provided to PARTICIPANTS in writing. In urgent situations, prior authorizations may be provided verbally, as long as the PARTICIPANT is notified of cost sharing responsibilities, and it is documented in the PARTICIPANT'S records/file. The CONTRACTOR must still follow up with a written notice. This provision also applies when a provider is seeking the prior authorization on the PARTICIPANT'S behalf.

If the cost sharing is not disclosed at the time of prior authorization, the CONTRACTOR shall hold the PARTICIPANT harmless for out-of-pocket amounts above that of an equivalent IN-NETWORK service, and shall not charge this difference to the DEPARTMENT.

The CONTRACTOR shall work with the DEPARTMENT to develop strategies for OUT-OF-NETWORK costs, including, but not limited to, the use of PARTICIPANT incentives, prior authorization, and negotiating provider fees.

The CONTRACTOR shall be responsible for the full cost of any services not covered under this CONTRACT for which the CONTRACTOR provides written prior authorization to the PARTICIPANT and/or provider for the non-covered service.

215B Department Initiatives

The CONTRACTOR is required to implement and report on the DEPARTMENT Initiatives. Initiatives are subject to change, as determined by the DEPARTMENT, to better serve the needs of the HEALTH BENEFIT PROGRAM PARTICIPANTS. The CONTRACTOR may coordinate with HOSPITALS, provider groups, or vendors to ensure the requirements of the DEPARTMENT Initiatives are met.

The current DEPARTMENT Initiatives applicable to the HEALTH BENEFIT PROGRAM are:

- 1) Care Coordination – The CONTRACTOR must ensure care coordination is offered for PARTICIPANTS with high-risk health condition(s) by conducting outreach within three (3) to five (5) BUSINESS DAYS of a PARTICIPANT'S initial discharge from an INPATIENT HOSPITAL stay of more than twenty-four (24) hours.

- 2) Advance Care Planning (ACP) / Palliative Care - The CONTRACTOR must provide a credible ACP program that includes hospice care and palliative care. The CONTRACTOR must ensure

ACP conversation(s) and/or palliative care consultation(s) are offered to all PARTICIPANTS with a serious disease and/or a likely survival of less than twelve (12) months.

220 Benefits

220A Overview

The CONTRACTOR must provide the BENEFITS and services listed in UNIFORM BENEFITS to all PARTICIPANTS. BENEFITS are reviewed annually and any BENEFIT changes must be implemented as directed by the BOARD. This shall include developing the necessary reporting and/or data transfers needed by the DEPARTMENT and other vendors to administer the change.

The CONTRACTOR will offer the ALTERNATIVE BENEFIT DESIGN described in UNIFORM BENEFITS to all enrolled PARTICIPANTS.

220B Telehealth / Nurse Line

- 1) The CONTRACTOR must provide telehealth services as directed by the DEPARTMENT.
- 2) The CONTRACTOR must provide a twenty-four (24)-hour nurse line available at no cost to all PARTICIPANTS.

220C Emergency / Urgent / Catastrophic Care

The CONTRACTOR must cover emergency and urgent care and related catastrophic medical care received from IN-NETWORK or OUT-OF-NETWORK providers at the IN-NETWORK level of benefits. This OUT-OF-NETWORK care may be subject to usual and customary charges while holding the PARTICIPANT harmless as described in UNIFORM BENEFITS unless the PARTICIPANT accepted financial responsibility, in writing, for the specific treatment or services (i.e., diagnosis and/or procedure code(s) and related charges) prior to receiving services. The CONTRACTOR must make every effort to settle claim disputes in a reasonable time frame. The CONTRACTOR affiliated with nationwide networks may offer coverage through affiliated networks as long as there is no additional cost to the HEALTH BENEFIT PROGRAM or PARTICIPANT for doing so.

The CONTRACTOR will work with OUT-OF-NETWORK providers to manage and reduce medical claim costs incurred in emergency and urgent situations. The CONTRACTOR must coordinate care in these situations, including directing care IN-NETWORK, and/or a transfer to a more suitable facility when appropriate.

The CONTRACTOR must submit to the DEPARTMENT a QUARTERLY report of all claims (including non-urgent and non-emergent) paid to OUT-OF-NETWORK providers that includes the billed amount and amount paid to the provider in the format specified by the DEPARTMENT.

220D Inpatient When Changing Coverage

The CONTRACTOR will administer claims and medical management services for any PARTICIPANT who is CONFINED as INPATIENT at the time of a transfer of coverage to another CONTRACTOR, when the facility in which the PARTICIPANT is CONFINED is not part of the succeeding CONTRACTOR'S network. In this instance, the CONTRACTORS will work together

to facilitate a seamless transition in claims administration, medical management services, if applicable, and transferring the PARTICIPANT to an IN-NETWORK facility, if appropriate.

Except when a PARTICIPANT'S coverage terminates because of voluntary cancellation or non-payment of PREMIUM, BENEFITS shall continue to the PARTICIPANT if CONFINED as an INPATIENT, but only until the attending physician determines that CONFINEMENT is no longer medically necessary, the maximum BENEFIT is reached, the end of twelve (12) months after the date of termination, or the CONFINEMENT ceases, whichever occurs first.

220E Federal / State Requirements

The CONTRACTOR must meet any and all applicable state or federal requirements concerning BENEFITS and cost-sharing which may be imposed on EMPLOYERS participating in the HEALTH BENEFIT PROGRAM, the CONTRACTOR, a federally qualified health benefit program, or as contained in this AGREEMENT.

220F Out-of-Network Services for Passive Preferred Provider Organization (PPO) Network Plans

CONTRACTORS offering a national passive PPO network must offer the same copayment, coinsurance, and deductible schedules for OUT-OF-NETWORK providers as available for IN-NETWORK providers. The CONTRACTOR will be responsible for any BALANCE BILLING if the PARTICIPANT uses an out-of-network provider.

220G Medicare

The CONTRACTOR must notify the DEPARTMENT in writing if Medicare does not allow an enrollment due to a PARTICIPANT'S residence in a given area or other reason as specified by Medicare. The notification must be provided within two (2) BUSINESS DAYS of the later of receipt of the DEPARTMENT'S enrollment file or notification by Medicare.

The CONTRACTOR is responsible for resolving discrepancies in claims payments for all Medicare data match inquiries.

220H End Stage Renal Disease - Medicare Participants

If the ANNUITANT, CONTINUANT or DEPENDENT is eligible for Medicare due to permanent kidney failure or end-stage renal disease, the HEALTH BENEFIT PROGRAM shall pay as the primary payer for the first thirty (30) months after he or she becomes eligible for Medicare due to the kidney disease, whether or not the EMPLOYEE, ANNUITANT, CONTINUANT or DEPENDENT is enrolled in Medicare. If the ANNUITANT, CONTINUANT or DEPENDENT has more than one period of Medicare enrollment based on kidney disease, there is a separate thirty (30) month period during which the HEALTH BENEFIT PROGRAM will again be the primary payer.

220I Ancillary Services

If the PARTICIPANT receives anesthesiology, radiology or pathology (includes all lab tests) services at an IN-NETWORK clinic or HOSPITAL, it will be covered at the IN-NETWORK level of benefits even if that care is not provided by an IN-NETWORK provider.

220J Transfer of Benefit Maximums / Deductible / Out-of-Pocket Limits

PARTICIPANTS may have the opportunity to change benefit plans during a benefit period in certain situations (e.g., due to a change in residence).

- 1) Accumulations to annual medical BENEFIT maximums, medical deductibles, and medical OOPs under UNIFORM BENEFITS will continue to accumulate for the benefit period in the following situations:
 - a) If a PARTICIPANT changes the level of coverage (e.g., single to family), or changes benefit plans, but does not change CONTRACTORS.
 - b) If a PARTICIPANT has a spouse-to-spouse transfer resulting in a change of SUBSCRIBER, but does not change CONTRACTORS.
- 2) Accumulations to annual medical BENEFIT maximums, medical deductibles, and medical OOPs under UNIFORM BENEFITS will start over at zero (\$0) dollars as of the EFFECTIVE DATE of the change if a PARTICIPANT changes from being a PARTICIPANT of the state program to the LOCAL program, or vice versa.
- 3) Accumulations to the annual pharmacy and uniform dental (if applicable) benefits continue to accumulate for the benefit period regardless of a benefit plan/CONTRACTOR change.

The CONTRACTOR must cooperate with the DEPARTMENT and the new CONTRACTOR to transfer BENEFIT accumulations upon a PARTICIPANT'S mid-year transfer to coverage under a new CONTRACTOR. The CONTRACTOR shall provide the PARTICIPANT with medical BENEFIT accumulations upon request. This requirement can be satisfied through the mailing of an explanation of benefits.

The CONTRACTOR shall apply any and all Maximum Out-of-Pocket (MOOP) limits as required by state and federal law.

220K Coordination / Non-Duplication

The CONTRACTOR'S administration of BENEFITS provisions must conform to [Wis. Adm. Code INS 3.40](#).

220L Wellness

- 1) The CONTRACTOR must receive written approval annually from the DEPARTMENT prior to offering any financial incentive or discount programs to PARTICIPANTS.
- 2) The CONTRACTOR must participate in collaboration efforts between the DEPARTMENT, its wellness and disease management vendor, and other vendors, as directed by the DEPARTMENT.
- 3) The CONTRACTOR must accept PARTICIPANT level data transfers from the DEPARTMENT'S wellness and disease management vendor.

- 4) The CONTRACTOR shall use the PARTICIPANT level data from DEPARTMENT'S wellness and disease management vendor to identify PARTICIPANTS appropriate for complex/chronic case management and enroll PARTICIPANTS in such programs.
- 5) The CONTRACTOR must demonstrate, upon request by the DEPARTMENT, their efforts in utilizing the PARTICIPANT level data at stated in 4) above and in [Section 215A](#).
- 6) The CONTRACTOR must report, as directed by the DEPARTMENT, all incentive payments issued to PARTICIPANTS for DEPARTMENT distribution to EMPLOYER payroll centers for tax reporting purposes. The CONTRACTOR must link all payment records to the primary SUBSCRIBER and avoid duplication for instances of a reissued incentive.
- 7) Provider obtained biometric screenings as required by the DEPARTMENT'S wellness program shall be provided by the CONTRACTOR at the PARTICIPANT'S request, for no cost to the PARTICIPANT, and at a minimum test: 1) glucose level; 2) body mass index (BMI); 3) cholesterol level; 4) blood pressure. Glucose and cholesterol screenings may be administered as non-fasting and shall be in accordance with current U.S. Preventive Services Task Force (USPSTF) guidelines.

220M PHARMACY BENEFIT PLAN Specifications

If the BOARD elects to contract with CONTRACTOR to provide the PHARMACY BENEFIT PLAN to PARTICIPANTS, the CONTRACTOR acknowledges that the BOARD has provided, in the UNIFORM BENEFITS, specifications for the PHARMACY BENEFIT PLAN in sufficient detail to permit the CONTRACTOR to reasonably perform its duties under this CONTRACT. However, in the event of any changes to the details of the PHARMACY BENEFIT PLAN or if any future unanticipated circumstances arise for which the UNIFORM BENEFITS provide inadequate guidance, the CONTRACTOR may request a clarification from the DEPARTMENT via the PHARMACY BENEFIT PLAN program manager.

- 1) Because BOARD changes to the PHARMACY BENEFIT PLAN may require programming changes, such changes will be coordinated with the CONTRACTOR to assure timely implementation and minimal disruption of the ongoing PHARMACY BENEFIT PLAN. The time required for new PHARMACY BENEFIT PLAN changes will generally be as follows:
 - a) Two weeks for changes within the existing PHARMACY BENEFIT PLAN structure, which require minimal or no changes to the CONTRACTOR's claims and/or eligibility processing systems.
 - b) Four to six weeks for changes for which functionality is currently available in the CONTRACTOR's claims and/or eligibility processing systems, but not utilized within the PHARMACY BENEFIT PLAN structure.
 - c) Twelve to twenty-four weeks for changes for which functionality needs to be developed in the CONTRACTOR's claims and/or eligibility processing systems.

- 2) The CONTRACTOR will notify the BOARD as promptly as reasonably possible following receipt of the request as to the feasibility and timing of the requested change. The CONTRACTOR shall not be responsible for implementing any changes to any previously established PHARMACY BENEFIT PLAN information until the CONTRACTOR has confirmed its agreement to and acceptance of implementation of such changes to the BOARD in writing, including a timetable for change implementation.

Plan Design Information; PARTICIPANT Eligibility. The BOARD, at its own expense, will provide the CONTRACTOR all information concerning its plan design, health plans and employers participating in the PHARMACY BENEFIT PLAN, and PARTICIPANTS, which is necessary for the CONTRACTOR to perform its obligations under this CONTRACT, including any updates to this information as necessary. This information must be complete and accurate, provided timely, and in a format and media agreed to by the BOARD and the CONTRACTOR. The CONTRACTOR, PARTICIPANTS, PARTICIPATING PRESCRIBERS, and PARTICIPATING PHARMACIES are entitled to rely on the accuracy and completeness of this information and updates thereto.

220N MEDICARE PART D/EGWP Coverage

If the BOARD elects to contract with CONTRACTOR to provide the PHARMACY BENEFIT PLAN to PARTICIPANTS, the CONTRACTOR will administer an EGWP and WRAP PLAN on behalf of the BOARD. The CONTRACTOR will maintain the contractual relationship with CMS, and will be responsible with ensuring that all aspects of the program are CMS compliant per 42 CFR 423. This includes, but is not limited to:

- Claims processing standards;
- Member and pharmacy call center standards;
- Pharmacy network access standards;
- Grievance and redetermination standards;
- Coordination of benefits;
- PARTICIPANT marketing materials;
- Reporting requirements;
- Prescription drug event (PDE) reconciliation;
- Records maintenance;
- Audit requirements; and
- Subsidy and REBATE processing.

In cases where CMS requirements and the non-MEDICARE PART D/EGWP requirements of this contract differ, the more rigorous standard shall supersede.

225 Quality

- 1) The CONTRACTOR must demonstrate, upon request by the DEPARTMENT, their efforts in encouraging and/or requiring IN-NETWORK HOSPITALS, providers, large multi-specialty groups, small group practices and systems of care, and PARTICIPATING PHARMACIES to participate in quality standards and initiatives, including those as identified by the DEPARTMENT.

- 2) The CONTRACTOR must demonstrate, upon request by the DEPARTMENT, its support for the DEPARTMENT'S initiatives in monitoring and improving quality of care. This may include providing actual contract language that specifies provider agreement or terms to participate in or report on quality improvement initiatives/patient safety measures and a description of their link, if any, to provider reimbursement.
- 3) The CONTRACTOR must collect Healthcare Effectiveness Data and Information Set (HEDIS) measures and administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey as specified by the National Committee for Quality Assurance (NCQA) guidelines. Upon request by the DEPARTMENT, the CONTRACTOR shall provide information about subcontractors used to audit the HEDIS results and administer the CAHPS survey.
 - a) Annually, the CONTRACTOR shall submit to the DEPARTMENT audited HEDIS data results for the previous calendar year for its Medicare membership that includes HEALTH BENEFIT PROGRAM PARTICIPANTS. The results must include integration of the prescription drug data from the PBM. CONTRACTORS utilizing a vended solution to produce HEDIS results, shall utilize a vendor certified by NCQA.
 - b) The CONTRACTOR shall submit the results of its annual CAHPS survey to the DEPARTMENT as follows:
 - i) Results must be based on responses from Medicare members in Wisconsin;
 - ii) Survey must be conducted by a certified CAHPS survey vendor;
 - iii) Results must utilize the current version of the CAHPS survey as specified by the NCQA guidelines at the time the survey is administered;
 - iv) Results must be for each standard NCQA composite;
 - v) Results must be submitted annually and in a file format as specified by the DEPARTMENT; and,
 - vi) Separate results must be submitted for each region, if applicable.
- 4) The CONTRACTOR shall annually provide the DEPARTMENT its overall CMS Star ratings for the plan serving PARTICIPANTS, and for each measure and each domain included in the overall rating, in a format and timeframe as requested by the DEPARTMENT.
- 5) The DEPARTMENT will monitor health care quality and/or customer satisfaction using quality measures available in the data warehouse and visual business intelligence tool, and will establish quality metrics, baseline results, and target levels. The DEPARTMENT will publish measure results and also establish financial incentives to encourage quality improvement. See Appendix 8 for the quality measures that will be evaluated as part of this CONTRACT.

Prior to the DEPARTMENT holding the CONTRACTOR accountable for any of these measures, either through financial means and/or through publishing the measure results, the DEPARTMENT will provide the CONTRACTOR with an opportunity to review and validate the DEPARTMENT'S results within a specific timeframe, as determined by the DEPARTMENT.

- 5) The CONTRACTOR shall collaborate with providers on quality initiatives to address current population health issues. The CONTRACTOR shall report to the DEPARTMENT semi-annually any initiatives and pilot programs offered by the CONTRACTOR or the CONTRACTOR'S IN-NETWORK providers, including information on patient engagement and outcomes.

230 Provider Contracts

The CONTRACTOR shall have staff solely dedicated to network management and provider relations that includes a credentialing process, collaboration on quality initiatives, and provider communications. The CONTRACTOR must engage in regular provider negotiations to strategically realize cost savings to the HEALTH BENEFIT PROGRAM. The CONTRACTOR must, at a minimum, provide an annual update on provider discount negotiations efforts and outcomes to be included in the rate renewal reports. The DEPARTMENT reserves the right to require more frequent status updates on provider negotiation strategies, efforts, and outcomes.

Upon request by the DEPARTMENT, the CONTRACTOR shall agree to disclose the cost savings calculated with implementing any provider contract reimbursement methods as directed by the BOARD. This may include a detailed explanation of how providers, HOSPITALS, and PARTICIPATING PHARMACIES compensation is established, reviewed and changed. The intent is to secure information on how a CONTRACTOR reimburses its providers. The BOARD is not interested in specific fees or salary information.

The CONTRACTOR must certify annually that their provider contracts meet the requirements in [Section 230](#). The DEPARTMENT reserves the right to review any contracts with providers that are IN-NETWORK for the HEALTH BENEFIT PROGRAM.

The CONTRACTOR must submit provider data to the DEPARTMENT'S data warehouse as specified in [Section 150](#). The DEPARTMENT will not amend its contract with the data warehouse vendor in a manner that directly or indirectly changes the terms of this section without prior notice to the CONTRACTOR. The DEPARTMENT'S notice to the CONTRACTOR will allow for comment by the CONTRACTOR, and when requested by the CONTRACTOR, discussion between the DEPARTMENT and the CONTRACTOR about the proposed changes.

Provider agreements for transplants are expected to specify that re-transplantation due to immediate rejection that occurs within the first thirty (30) DAYS of a transplant shall be covered and is not subject to the UNIFORM BENEFITS exclusion on retransplantation.

The CONTRACTOR shall use best efforts to incorporate into Wisconsin provider agreements:

- 1) Guidelines as described by Medicare that limit reimbursement for adverse events and preventable errors.

- 2) HOSPITAL readmissions reduction program and the community-based care transitions program as described by Medicare.

Provider contracts must include a provision whereby the provider agrees to accept the CONTRACTOR'S payment as full payment for covered services, not including PARTICIPANT cost-sharing as outlined in UNIFORM BENEFITS. The CONTRACTOR must hold the PARTICIPANT harmless from any efforts(s) by third parties to collect payments for covered services.

CONTRACTOR must provide a copy of the current provider administrative manual upon request by the DEPARTMENT.

230A Provider Access Standards

The CONTRACTOR must provide an annual provider submission to the DEPARTMENT containing any changes to their provider network for the upcoming benefit period. See Appendix 7. Additionally, the DEPARTMENT requires the CONTRACTOR to submit a monthly provider data submission as detailed in [Section 150](#). If the CONTRACTOR is required to report a change in its provider network to CMS, it must also report such a change to the DEPARTMENT within five (5) BUSINESS DAYS of reporting such a change to CMS.

Providers will be sorted by zip code based on where they are physically located within each county and major city in the region. Major cities are those that have over thirty-three percent (33%) of the county population. Those cities are Antigo, Appleton, Ashland, Eau Claire, Florence, Fond du Lac, Green Bay, Janesville, Kenosha, LaCrosse, Madison, Manitowoc, Menomonie, Merrill, Milwaukee, Monroe, Oshkosh, Prairie du Chien, Racine, Sheboygan, Stevens Point, Sturgeon Bay, and Superior. These providers must agree to accept new patients unless specifically indicated otherwise.

In addition to the access standards set forth in [Wis. Stat. § 609.22](#), the CONTRACTOR must meet at least 90% geoaccess in the county for INPATIENT HOSPITALS, PCPs (includes Internal Medicine, Family Medicine and General Medicine), and chiropractors or the following minimum requirements for all counties and major cities in the county to be qualified:

- 1) There must be at least one (1) general HOSPITAL under contract and/or routinely utilized by IN-NETWORK providers per county or major city. If a HOSPITAL is not present in the county, CONTRACTORS must sufficiently describe how they provide access to providers.
- 2) The ratio of full time equivalent (FTE) PCPs accepting new patients to total PARTICIPANTS in a county or major city is at least one per two thousand (1.0/2,000) with a minimum of five (5) PCPs per county or major city. The PCPs counted for this requirement must be able to admit patients to an IN-NETWORK HOSPITAL in the county or major city.
- 3) A chiropractor must be available in each county or major city.

230B CONTRACTOR Provider Directory

The CONTRACTOR must make a provider directory available to PARTICIPANTS during the annual IT'S YOUR CHOICE OPEN ENROLLMENT period and throughout the benefit period. Providers listed in these directories are subject to CMS MEDICARE ADVANTAGE access standards and requirements to accept new patients, unless otherwise noted. The CONTRACTOR is required to have a current provider directory easily accessible on their website at all times. The provider directory must include a revision date and all past versions within a benefit period and must be provided to the DEPARTMENT upon request for the purposes of resolving complaints.

The provider data submission and the published provider directory must be in alignment for the IT'S YOUR CHOICE OPEN ENROLLMENT for the upcoming benefit period.

230C Continuity of Care

The CONTRACTOR must comply with the continuity of care provisions under [Wis. Stat. § 609.24](#) for providers listed in the IT'S YOUR CHOICE OPEN ENROLLMENT materials and listed in the provider data submission required under [Section 230A](#). In the event a provider or provider group terminates its contract with the CONTRACTOR during a benefit period, the CONTRACTOR will follow the continuity of care provisions and pay claims for covered services at the negotiated rate. In this case, the SUBSCRIBER shall be held harmless and indemnified. This does not apply in the loss of providers due to normal attrition (death, retirement, a move from the service area) or as a result of a formal disciplinary action relating to quality of care.

At least thirty (30) DAYS prior to the termination of a provider agreement, or the closing of an IN-NETWORK clinic, provider location, or HOSPITAL during the benefit period, the CONTRACTOR must:

- 1) Send written notification, as approved by the DEPARTMENT, to all PARTICIPANTS who have had services from that provider in the past twelve (12) months that includes the following information:
 - a) How to find a new IN-NETWORK provider or facility;
 - b) The continuity of care provision as it relates to this situation; and,
 - c) Contact information for questions.
- 2) Update the provider directory on the CONTRACTOR'S website.

The CONTRACTOR shall keep a record of this notification mailing and shall provide documentation, by SUBSCRIBER and indicating the mailing address used, upon the DEPARTMENT'S request.

The CONTRACTOR will assist the PARTICIPANT in selecting a new IN-NETWORK provider or facility and obtaining any necessary referrals and/or authorizations.

If the CONTRACTOR removes providers from its network for the next benefit period, the CONTRACTOR is prohibited from adding those providers back to the network until the subsequent benefit period unless approved by the DEPARTMENT. This provision does not apply to normal attrition.

230D Provider Contracts Shall Include Compliance Plans

All new (and upon renewal of) provider contracts shall include requirements that provider staff be educated about health care laws, rules and regulations, applicable standards, and how to identify and report inappropriate behavior.

Examples of the types of contract provisions that should be in place include:

- 1) Effective internal controls to assure compliance with Federal and State laws, rules, regulations and internal policies and procedures.
- 2) Staff training on identification and prevention of unlawful and unethical conduct.
- 3) Create a centralized source for distributing information on health care statutes, regulations and other program directives.
- 4) Establish procedures that allow the prompt, thorough investigation of possible misconduct by employees and independent contractors.
- 5) Certify as to the accuracy, completeness and truthfulness of all data submitted to payers.

235 Pharmacy Network Administration

The CONTRACTOR has created a network of PARTICIPATING PHARMACIES, which will perform pharmacy services for PARTICIPANTS. The CONTRACTOR will adjudicate claims submitted by PARTICIPATING PHARMACIES in accordance with the PARTICIPATING PHARMACY's agreement with the CONTRACTOR. Each PARTICIPATING PHARMACY shall exercise its professional judgment in the dispensing of COVERED PRODUCTS and may refuse to dispense any DRUG PRODUCT based upon the professional judgment of its pharmacists. The BOARD and its actuaries will have access to these agreements and the CONTRACTOR will notify the BOARD if the agreements change in a manner that materially affects this CONTRACT.

The CONTRACTOR's creation and maintenance of a network of PARTICIPATING PHARMACIES is undertaken in the capacity of an independent contractor. The BOARD is not a party to the agreements between the CONTRACTOR and the PARTICIPATING PHARMACIES.

The CONTRACTOR shall conduct audits of the PARTICIPATING PHARMACIES in accordance with Subsection 150D, Audit and Other Services. If the CONTRACTOR becomes aware that any PARTICIPATING PHARMACY, pharmacy, or company that is authorized to represent one or more subsidiary, affiliated, or franchised pharmacies has engaged in any fraudulent practice or has violated any applicable standard of care or applicable law, including without limitation, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") or the regulations promulgated thereunder, the CONTRACTOR shall immediately disclose such information to the DEPARTMENT. The CONTRACTOR and the DEPARTMENT shall consult and shall take such

action as appears to them jointly to be reasonable under the circumstances, including but not limited to exclusion of that PARTICIPATING PHARMACY from the CONTRACTOR's PARTICIPATING PHARMACY network.

The CONTRACTOR shall have staff solely dedicated to network management and pharmacy relations that includes a credentialing process, collaboration on quality initiatives, and pharmacy communications. The CONTRACTOR must engage in regular pharmacy negotiations to strategically realize cost savings to the PHARMACY BENEFIT PLAN. The CONTRACTOR must, at a minimum, provide an annual update on pharmacy discount negotiations efforts and outcomes to be included in the rate renewal reports. The DEPARTMENT reserves the right to require more frequent status updates on pharmacy negotiation strategies, efforts, and outcomes.

The CONTRACTOR will maintain a PARTICIPATING PHARMACY relations program that includes a communications plan with updated network information for new and on-going programs and processes. The program should also include assistance for PARTICIPATING PHARMACIES and their staff regarding pharmacy network issues. In addition, the program should actively consider suggestions and guidance from participating pharmacies about how the pharmacy network can best serve consumers. The CONTRACTOR must provide a copy of the current PARTICIPATING PHARMACY relations program administrative manual upon request by the DEPARTMENT.

The CONTRACTOR must submit provider data to the DEPARTMENT'S data warehouse as specified in Section 150. The DEPARTMENT will not amend its contract with the data warehouse vendor in a manner that directly or indirectly changes the terms of this section without prior notice to the CONTRACTOR. The DEPARTMENT'S notice to the CONTRACTOR will allow for comment by the CONTRACTOR, and when requested by the CONTRACTOR, discussion between the DEPARTMENT and the CONTRACTOR about the proposed changes.

The CONTRACTOR must certify annually that their pharmacy contracts meet the requirements in [Section 235](#). The DEPARTMENT reserves the right to review any contracts with PARTICIPATING PHARMACIES that are IN-NETWORK for the PHARMACY BENEFIT PLAN.

235A Pharmacy Network Access

The CONTRACTOR must provide an annual pharmacy network submission to the DEPARTMENT containing the network of PARTICIPATING PHARMACIES for the upcoming benefit period. Additionally, the DEPARTMENT requires the CONTRACTOR to submit a monthly data submission as detailed in [Section 150C](#).

The DEPARTMENT will use this data to ensure PARTICIPANT access to PARTICIPATING PHARMACIES is reasonable and adequate. The DEPARTMENT will also use this data to evaluate possible pharmacy network management changes.

235B Pharmacy Network Directory

The CONTRACTOR is required to have a current pharmacy directory easily accessible on their website at all times. If the PARTICIPATING PHARMACIES change during the benefit period, an updated pharmacy 225B directory must be provided by the CONTRACTOR and include a revision date. All past versions within a benefit period must be available and provided to the DEPARTMENT upon request for the purposes of resolving complaints.

The pharmacy network data submission and the published pharmacy network directory must be in alignment for the IT'S YOUR CHOICE OPEN ENROLLMENT for the upcoming benefit period.

235C Pharmacy Network Contracts Shall Include Compliance Plans

All new (and upon renewal of) PARTICIPATING PHARMACY contracts shall include requirements that PARTICIPATING PHARMACY staff be educated about health care laws, rules and regulations, applicable standards, and how to identify and report inappropriate behavior.

Examples of the types of contract provisions that should be in place include:

- 6) Effective internal controls to assure compliance with Federal and State laws, rules, regulations and internal policies and procedures; and
- 7) Establish procedures that allow the prompt, thorough investigation of possible misconduct by employees and independent contractors.

240 Claims

The CONTRACTOR shall process claims for BENEFITS and services as described in UNIFORM BENEFITS. Targets for claims processing performance standards and associated penalties are specified in [Section 315B](#).

The CONTRACTOR shall comply with [Wis. Stat. § 628.46](#) with regard to any interest due for late payment of claims submitted by an OUT-OF-NETWORK provider.

Upon request of the DEPARTMENT or the PARTICIPANT, the CONTRACTOR shall provide the total dollar amount of claims paid by the HEALTH BENEFIT PROGRAM.

245 Data

The CONTRACTOR is expected to fully incorporate available pharmacy claims data into data reporting, including, but not limited to, HEDIS data, Wisconsin Health Information Organization (WHIO) claims data, information requested on the disease management survey and catastrophic claims data, and other data as required by the DEPARTMENT, using the most recent file and data specifications provided by the DEPARTMENT. Where appropriate, such as for the catastrophic claims data report, the CONTRACTOR is expected to separate out pharmacy claims from the DEPARTMENT'S PBM from any pharmacy claims that are paid by the CONTRACTOR.

The CONTRACTOR shall provide and receive all reasonable requests for data and other information as needed in a file format as identified by the DEPARTMENT. The CONTRACTOR will place no restraints on the use of the data.

The CONTRACTOR must provide a copy of any CMS Model Output Report (MOR) file and a copy of the Monthly Membership Report (MMR) file, including all fields as received from CMS, for the population served under this AGREEMENT to the DEPARTMENT. The MOR file must be provided upon request, no more often than annually and will be submitted within 30 days of request. The MMR file must be provided monthly by the end of the corresponding month.

The CONTRACTOR shall submit all medical and prescription drug claims (except Medicaid) data to WHIO for the CONTRACTOR'S commercial and Medicare lives residing in Wisconsin at a minimum. Claims shall be submitted to WHIO in a manner compliant with WHIO requirements.

The CONTRACTOR agrees to assign ID numbers according to the system established by the DEPARTMENT. Social security numbers shall be incorporated into the PARTICIPANT'S data file and may be used for identification purposes only and not disclosed and used for any other purpose. Any costs incurred by the DEPARTMENT because of CONTRACTORS failure to comply with this requirement will be paid by the CONTRACTOR.

250 Grievances

250A Grievance Process Overview

The CONTRACTOR must have an internal grievance process that complies with external review in accordance with applicable federal or state law, except as otherwise provided in this AGREEMENT. The CONTRACTOR must submit its grievance procedure, including the DEPARTMENT administrative and external review rights and sample grievance decision letters, for the DEPARTMENT'S review and approval during the implementation process and upon request by the DEPARTMENT. See Sections [160J](#), [245E](#), and [245F](#).

Any dispute about BENEFITS or claims arising under this AGREEMENT shall first be submitted for resolution through the CONTRACTOR'S and/or PBM'S (if applicable) internal grievance process and may then, if necessary and appropriate, be submitted to the DEPARTMENT for administrative review.

Grievances regarding non-covered services or services excluded from coverage by the HEALTH BENEFIT PROGRAM shall be handled like any other grievance. Written inquiries received by the CONTRACTOR not related to BENEFITS determinations shall be resolved by the CONTRACTOR within ten (10) BUSINESS DAYS following the CONTRACTOR'S receipt of the inquiry.

If any PARTICIPANT has a problem or complaint relating to a determination of BENEFITS, he/she should contact the CONTRACTOR. The CONTRACTOR shall assist the PARTICIPANT in trying to resolve the matter on an informal basis, and may initiate a claim review of the BENEFITS determination. If the PARTICIPANT wishes, he/she may omit this step and immediately file a formal grievance. A claim review is not a substitute for a grievance.

The following provides an overview of the steps in the PARTICIPANT grievance process. Details are provided in Sections 250B – F.

- 1) Claim review (optional for PARTICIPANT);
- 2) PARTICIPANT notice;
- 3) Investigation and resolution;

- 4) Notification of DEPARTMENT Administrative Review Rights (not all grievances eligible): Administrative review by DEPARTMENT staff, and/or the DEPARTMENT appeals process including filing an appeal with the BOARD, an administrative appeal hearing, consideration of the appeal by the BOARD, right to appeal the BOARD's final decision to circuit court; or,
- 5) External review (not all grievances eligible).

250B Claim Review

The CONTRACTOR shall perform a claim review when a PARTICIPANT requests a review of denied BENEFITS. When a claim review has been completed, the CONTRACTOR shall notify the PARTICIPANT of the decision. If the decision is to uphold the denial of BENEFITS, the PARTICIPANT shall receive written notification as to the specific reason(s) for the continued denial of BENEFITS and of his/her right to file a grievance.

250C Participant Notice

The CONTRACTOR must provide the PARTICIPANT with notice of their grievance rights and a period of ninety (90) calendar days to file a grievance after written denial of a BENEFIT or other occurrence of the cause of the grievance along with the Uniform Benefit contractual provision(s) upon which the denial is based.

250D Investigation and Resolution Requirements

Investigation of any grievance will be initiated by the CONTRACTOR within five (5) BUSINESS DAYS of the date the grievance is filed by the complainant for a timely resolution of the problem. Grievances related to an urgent health concern will be handled within three (3) DAYS of the CONTRACTOR'S receipt of the grievance.

250E Notification of Department Administrative Review Rights

In the final grievance decision letters, the CONTRACTOR shall inform PARTICIPANTS of their right to request a DEPARTMENT review of the grievance committee's final decision and their right to request an external review in accordance with applicable federal or state law, using the language approved by the DEPARTMENT. In all final grievance decision letters, the CONTRACTOR shall cite the specific UNIFORM BENEFITS contractual provision(s) upon which the CONTRACTOR bases its decision and relies on to support its decision.

In the event the PARTICIPANT disagrees with the grievance committee's final decision, they may submit a written request for review to the DEPARTMENT within sixty (60) calendar DAYS of the date of the final grievance decision letter. The DEPARTMENT will review and communicate the outcome of the review to the PARTICIPANT. In the event that the PARTICIPANT disagrees with the outcome, they may file a written request for determination from the DEPARTMENT. The request must be received by the DEPARTMENT within sixty (60) calendar DAYS of the date of the DEPARTMENT'S final review letter.

The determination of the DEPARTMENT is final and not subject to further review unless a timely appeal of the determination by the DEPARTMENT is submitted to the BOARD, as provided by [Wis. Stat. § 40.03 \(6\) \(i\)](#) and [Wis. Adm. Code ETF 11.01 \(3\)](#). However, the DEPARTMENT will not issue a determination regarding denials of coverage by a CONTRACTOR and/or PBM based

on medical necessity, appropriateness, health care setting, level of care, effectiveness of a covered benefit, experimental treatment, or the rescission of a policy or certificate that can be resolved through the external review process under applicable federal or state law.

Following a determination by the DEPARTMENT, a PARTICIPANT may submit an appeal to the BOARD, as provided by [Wis. Stat. § 40.03 \(6\) \(i\)](#) and [Wis. Adm. Code ETF 11.01 \(3\)](#). This process includes an administrative hearing. The CONTRACTOR shall, upon the DEPARTMENT'S request, participate in all administrative hearings requested by PARTICIPANTS or the CONTRACTOR, as determined by the DEPARTMENT. The hearings shall be conducted in accordance with guidelines and rules and regulations promulgated by the DEPARTMENT.

BOARD decisions can only be further reviewed as provided by [Wis. Stat. § 40.08 \(12\)](#) and [Wis. Adm. Code ETF 11.15](#).

250F External Review

The PARTICIPANT shall have the option to request an external review subject to applicable federal or state law. In accordance with federal or state law, any decision by an Internal Review Organization (IRO) is final and binding. PARTICIPANTS have no further right to administrative review by the DEPARTMENT or BOARD once the external review decision is rendered.

Within fourteen (14) calendar DAYS of the CONTRACTOR'S receipt of the notification of the external review's determination, the CONTRACTOR must notify the DEPARTMENT of the outcome.

The CONTRACTOR shall not be in breach of this AGREEMENT solely because the external reviewer does not comply with the timeframes set forth in the statutes or regulations.

250G Provision of Complaint Information

All information and documentation pertinent to any decisions or actions taken regarding any PARTICIPANT complaint or grievance by a CONTRACTOR shall be made available to the DEPARTMENT upon request. If an authorization from the PARTICIPANT is necessary, the CONTRACTOR shall cooperate in obtaining the authorization and shall accept the DEPARTMENT'S form that complies with all applicable laws regarding patient privacy. Information may include complete copies of grievance files, medical records, consultant reports, customer service contact worksheets or any other documentation the DEPARTMENT deems necessary to review a PARTICIPANT complaint, resolve disputes or to formulate determinations. Such information must be provided at no charge within fifteen (15) BUSINESS DAYS, or by an earlier date as requested by the DEPARTMENT.

250H Department Request for Grievance

The DEPARTMENT may require the CONTRACTOR to treat and process a complaint received by the DEPARTMENT as a grievance and the DEPARTMENT will forward the complaint to the CONTRACTOR on behalf of the PARTICIPANT. The CONTRACTOR shall process the complaint as a grievance in compliance with the HEALTH BENEFIT PROGRAM'S provisions regarding a formal grievance.

250I Notification of Legal Action

If a PARTICIPANT files a lawsuit naming the CONTRACTOR as a defendant, the CONTRACTOR must notify the DEPARTMENT'S chief legal counsel within ten (10) BUSINESS DAYS of notification of the legal action. This requirement does not extend to cases of subrogation.

250J Penalty for Noncompliance

If a departmental determination overturns a CONTRACTOR'S decision on a PARTICIPANT'S grievance, the CONTRACTOR shall comply with the determination within ninety (90) calendar DAYS of the date of the determination. As used in this section, "comply" means to take action as directed in the departmental determination or to appeal the determination to the BOARD within ninety (90) calendar DAYS.

255 Cancellation of Participant Coverage

Coverage terminates at the end of the month in which a notice of cancellation of coverage is received by the EMPLOYER (for Local ANNUITANTS), or by the DEPARTMENT for ANNUITANTS and CONTINUANTS), upon date of death, or a later date as specified on the cancellation of coverage notice or sick leave escrow application. No refund of PREMIUM may be granted for the month in which the coverage ends. If the deceased subscriber has covered dependents, see [Section 265D](#).

If the ANNUITANT or CONTINUANT contacts the CONTRACTOR directly to cancel coverage, the CONTRACTOR is to reject the cancellation and immediately notify the ANNUITANT or CONTINUANT to submit a written cancellation notice to the DEPARTMENT.

260 Direct Pay Premium Process

The CONTRACTOR must collect direct pay PREMIUMS for certain SUBSCRIBERS as identified by the DEPARTMENT. The applicable portion of PREMIUMS billed and received by the CONTRACTOR shall be credited to the DEPARTMENT no later than the second Wednesday of the month following receipt.

The CONTRACTOR must support an Automated Clearinghouse (ACH) mechanism that allows for direct pay PREMIUM to be submitted via electronic funds transfer (EFT). Direct pay PREMIUMS may also be submitted to the CONTRACTOR via mail. If the SUBSCRIBER fails to make required PREMIUM payments by the due dates established by the CONTRACTOR, and approved by the DEPARTMENT, the health care coverage shall be canceled by the CONTRACTOR. The CONTRACTOR must provide written notification to the DEPARTMENT within five (5) BUSINESS DAYS of receiving notice of cancellation from the SUBSCRIBER or within one (1) month of the effective date of termination due to non-payment of PREMIUM, whichever occurs first. LOCAL ANNUITANTS are irrevocably cancelled, see [Section 125E](#).

265 Continuation

265A Right to Continue Coverage

A PARTICIPANT who ceases to meet the definition of EMPLOYEE, ANNUITANT, or DEPENDENT may elect to continue group coverage as required by state and federal law. Application must be postmarked within sixty (60) calendar DAYS of the date the PARTICIPANT

is notified of the right to continue or sixty (60) calendar DAYS from the date coverage ceases, whichever is later. The CONTRACTOR shall bill the continuing PARTICIPANT directly for the required PREMIUM.

265B Subscriber Nonpayment of Premiums

A PARTICIPANT who ceases to be eligible for BENEFITS may elect to continue group coverage for a maximum of thirty-six (36) months from the date of the qualifying event or the date of the EMPLOYER notice, whichever is later, except in the following circumstances:

- 1) When coverage is canceled,
- 2) PREMIUMS are not paid when due, or
- 3) Coverage is terminated as permitted by state or federal law.

The CONTRACTOR shall bill the CONTINUANT directly for required PREMIUMS.

As required by federal law, if timely payment is made in an amount that is not significantly less than amount due, that amount is deemed to satisfy the CONTRACTOR'S requirement for the amount due. However, the CONTRACTOR may notify the PARTICIPANT of the amount of the deficiency and grant a reasonable time period for payment of that amount. A reasonable time period is considered thirty (30) calendar DAYS after the notice is given.

The CONTRACTOR must notify the DEPARTMENT within one (1) month of the effective date of termination due to non-payment of PREMIUM. PREMIUM refunds to the CONTRACTOR are limited to one (1) month following the termination date.

265C Conversion

The CONTRACTOR must provide the SUBSCRIBER written notification of how to enroll in a conversion policy set forth in [Wis. Stat. § 632.897](#)

265D Surviving Dependents

As required by [Wis. Adm. Code ETF 40.01](#), the surviving covered DEPENDENT of a covered EMPLOYEE or ANNUITANT shall have the right to continue coverage, either individual or family. A DEPENDENT that regains eligibility and was previously covered under a contract of a deceased EMPLOYEE or ANNUITANT, or a child of the EMPLOYEE or ANNUITANT who is in the process of being adopted by the deceased EMPLOYEE or ANNUITANT, or born within nine (9) months after the death of the EMPLOYEE or ANNUITANT, will be eligible for coverage under the survivor's contract until such time that they are no longer eligible.

Coverage under this section shall be effective on the first DAY of the calendar month following the date of death of the covered EMPLOYEE or ANNUITANT, and shall remain in effect until such time as the DEPENDENT coverage would normally cease had the death not occurred.

PREMIUMS shall be paid:

- 1) By deductions from an annuity that the surviving DEPENDENT is receiving from the Wisconsin Retirement System. If the annuity is insufficient to allow PREMIUM deductions, then
- 2) Directly to the CONTRACTOR.

270 Miscellaneous Program Requirements

270A Implementation

The CONTRACTOR is required to have an Implementation Manager and Implementation Team available to manage the project from the CONTRACT start date until all implementation tasks are complete, as determined by the DEPARTMENT, and all remaining responsibilities are transferred over to the Account Manager and key staff. The Implementation Manager must be available Monday through Friday from 8:00 a.m. to 4:30 p.m. CST/CDT to assist DEPARTMENT staff. The CONTRACTOR will provide the DEPARTMENT with an emergency contact number in case issues arise that need to be resolved outside of the aforementioned, normal business hours. The CONTRACTOR will continuously assess the implementation process to ensure a smooth and successful implementation. The Account Manager who will be responsible for the CONTRACT must be an active member of the Implementation Team.

The CONTRACTOR must conduct status meetings with the DEPARTMENT concerning project development, project implementation and CONTRACTOR performance at least twice a week during implementation and for the first two to three (2-3) months following the launch of the benefit period, unless otherwise approved by the DEPARTMENT in writing. Meetings may be in person or by teleconference/webinar, as determined by the DEPARTMENT.

The DEPARTMENT reserves the right to make on-site visits to any CONTRACTOR locations.

The CONTRACTOR is required to perform and/or manage the following activities by the date indicated:

Implementation Requirements Timeline

Activity	Due Dates
Implementation Plan: The CONTRACTOR submits an updated implementation plan in a mutually agreed upon format and timeline to the DEPARTMENT Program Manager or designee.	Within ten (10) BUSINESS DAYS of execution of this CONTRACT
Fraud and Abuse Review Plan: The CONTRACTOR submits a fraud and abuse review plan to the DEPARTMENT	Within thirty (30) DAYS of execution of this CONTRACT
Program Information: All program informational materials for the 2019 benefit period have been submitted to the DEPARTMENT Program Manager or designee for review and approval.	September 1, 2018
Web Content: The CONTRACTOR must provide the DEPARTMENT Program Manager or designee the customized web pages dedicated to the program and for the upcoming IT'S YOUR CHOICE ENROLLMENT period for review and approval.	September 16, 2018

Activity	Due Dates
Informational Meetings: The CONTRACTOR shall hold regional informational meetings to share educational information, approved by the DEPARTMENT, at locations approved by the DEPARTMENT to retirees about the MEDICARE ADVANTAGE plan and available benefit designs.	August, September, and October, 2018
Customer Service: The CONTRACTOR'S toll-free customer service telephone number is operational and customer service staff are trained.	September 30, 2018
Web Content Launch: The web content dedicated to the PHARMACY BENEFIT PLAN and upcoming IT'S YOUR CHOICE OPEN ENROLLMENT period is completed, as determined by the DEPARTMENT Program Manager or designee, and launched.	September 30, 2018
Informational Mailing: The CONTRACTOR shall send an informational mailing with materials approved by the DEPARTMENT Program Manager or designee to eligible program households one (1) week prior to the start of the IT'S YOUR CHOICE OPEN ENROLLMENT period.	September 2018 (Date TBD)
Enrollment File: The daily and full file compare of the DEPARTMENT HIPAA 834 enrollment files have been fully tested and are ready for program operation according to pre-established timelines.	November 16, 2018
Grievance Procedure: The CONTRACTOR must submit its grievance procedure, including the DEPARTMENT administrative and independent review rights and sample grievance decision letters, for the DEPARTMENT'S review and approval.	November 30, 2018
ID CARDS: The CONTRACTOR issues welcome packets that contain ID CARDS for SUBSCRIBERS with coverage effective January 1, 2019.	December 15, 2018
Claims Administrative Services: All claims administrative services for the HEALTH BENEFIT PLAN are fully operational.	January 1, 2019
Accumulator File Data: The medical and pharmacy data transfer processes for accumulating PARTICIPANT out-of-pocket costs for deductibles and out-of-pocket limits is established, tested and working correctly according to pre-established timelines.	January 1, 2019
Web-Portal: The CONTRACTOR'S web-portal tracking PARTICIPANT level information is launched.	January 1, 2019
Medical and Dental Data: The medical and dental data transfer process is established, tested, and working correctly.	January 15, 2019
Wellness and Disease Management Data: The wellness and disease management data transfer process is established, tested, and working correctly.	January 31, 2019

Activity	Due Dates
Pharmacy Claims & Network Data: The pharmacy claims and network data transfer process to the DEPARTMENT'S data warehouse has been established, tested, and working correctly.	February 28, 2019

270B Account Management and Staffing

Upon execution of this CONTRACT, the CONTRACTOR shall designate an Account Manager and a backup, assigned to the DEPARTMENT for the life of the CONTRACT, who is accountable for and has the authority to:

- 1) Manage the entire range of services specified in the CONTRACT;
- 2) Respond to DEPARTMENT requests and inquiries;
- 3) Provide daily operational support;
- 4) Implement the DEPARTMENT changes to benefit plan design and procedures; and,
- 5) Resolve general administrative problems identified by the DEPARTMENT.

The Account Manager or backup must be available for consultation with the DEPARTMENT during the hours of 8:00 a.m. to 4:30 p.m. CST/CDT, Monday through Friday, as required to fulfill the scope of services specified in the contract. The Account Manager or backup must provide an initial response to DEPARTMENT requests and inquiries within one (1) BUSINESS DAY. The CONTRACTOR shall resolve DEPARTMENT issues within five (5) BUSINESS DAYS of receipt, unless otherwise approved by the DEPARTMENT. The CONTRACTOR will provide the DEPARTMENT with an emergency contact number in case issues arise that need to be resolved outside of the aforementioned business hours.

The CONTRACTOR must have a designated Information Technology contact and a backup Information Technology contact who will have overall responsibility for the information technology aspects of the CONTRACT. The Information Technology contact shall be available for consultation with the DEPARTMENT during the hours of 8:00 a.m. to 4:30 p.m. CST/CDT, Monday through Friday, as required to fulfill the scope of services specified in the CONTRACT. The CONTRACTOR will provide the DEPARTMENT with an emergency contact number in case issues arise that need to be resolved outside of the aforementioned business hours.

The CONTRACTOR shall provide and maintain key, qualified staff at a level that enables the CONTRACTOR to fulfill the requirements of the CONTRACT. The CONTRACTOR shall ensure that all persons, including independent contractors, subcontractors and consultants assigned to perform under the CONTRACT, have the experience and credentials necessary to perform the work required. The CONTRACTOR shall provide the DEPARTMENT with contact information for the key staff, which the DEPARTMENT will share with EMPLOYERS.

The CONTRACTOR shall notify the DEPARTMENT if the Account Manager (within one (1) BUSINESS DAY), backup or key staff (within three (3) BUSINESS DAYS) changes. The DEPARTMENT reserves the right to deny the CONTRACTOR'S designees.

The CONTRACTOR must also provide a central point of contact for PARTICIPANT enrollment and premium issues related to the HEALTH BENEFIT PROGRAM. The CONTRACTOR must acknowledge receipt of an inquiry from the RETIREE HEALTH INSURANCE UNIT within two (2) BUSINESS DAYS of the inquiry and actively communicate on issue resolution status with the RETIREE HEALTH INSURANCE UNIT.

The CONTRACTOR shall provide onsite staff attendance at the annual IYC EMPLOYER Kick-Off Meeting and other EMPLOYER sponsored meetings, such as health fairs, throughout the state for the annual IT'S YOUR CHOICE OPEN ENROLLMENT period, and any annuitant group meetings, as appropriate. The CONTRACTOR will ensure that staff providing services under the CONTRACT have received comprehensive orientation and ongoing training, understand applicable requirements of the CONTRACT, and are knowledgeable about the CONTRACTOR'S operations and policies.

The CONTRACTOR must participate in meetings as requested by the DEPARTMENT. This may include QUARTERLY coordination meetings with other stakeholders of the HEALTH BENEFIT PROGRAM. Meetings may be in person or by teleconference/webinar, as determined by the DEPARTMENT.

The CONTRACTOR must not modify any of the services or program content provided as part of this CONTRACT without prior written approval by the DEPARTMENT Program Manager.

The CONTRACTOR shall achieve a ninety-five percent (95%) satisfaction or better (defined as "top two-box" satisfaction/approval using an approved standard five- point survey tool) on a survey developed and administered by the DEPARTMENT to DEPARTMENT staff, benefit/payroll staff, and other parties that work with the CONTRACTOR to assess the quality of services provided by the CONTRACTOR. The survey will include assessments in areas that include, but are not limited to, professionalism, responsiveness, communication, technical knowledge, notifications in disruption of any service (e.g., customer service telephone outage, website outage, etc.), and notification of changes impacting HEALTH BENEFIT PROGRAM services.

270C Customer Service

The CONTRACTOR shall operate a customer service department for the HEALTH BENEFIT PROGRAM between 7:30 a.m. and 6:00 p.m., CST/CDT Monday through Thursday and 7:30 a.m. to 5:00 p.m. CST/CDT on Friday at a minimum, except for legal holidays. PARTICIPANTS must also be able to submit questions using e-mail and/or via a website. The call center must be equipped with Telephone Device for the Deaf (TDD) in order to serve the hearing-impaired population. Calls and correspondence to customer services representatives shall be tracked, recorded, and retrieved when necessary by name or the DEPARTMENT'S eight (8)-digit member ID.

The CONTRACTOR must have a dedicated toll free number for the HEALTH BENEFIT PROGRAM and have customer service staff who are sufficiently trained to respond appropriately to PARTICIPANT inquiries, correspondence, complaints, and issues. The dedicated toll free number must not have more than two (2) menu prompts to reach a live person.

The CONTRACTOR shall notify the DEPARTMENT Program Manager of any disruption in customer service availability or toll-free access regardless of reason for disruption, within one (1) hour of realization that a problem exists.

The CONTRACTOR must monitor and report to the DEPARTMENT the performance standards for the HEALTH BENEFIT PROGRAM that include call answer timeliness and call abandonment rate. Targets for the customer service performance standards and associated penalties are specified in [Section 315C](#) and are based on the dedicated toll free number for the HEALTH BENEFIT PROGRAM.

The CONTRACTOR must have a customer service inquiry system for inquiries received by phone and email and/or website. The system must maintain a history of inquiries for performance management, quality management and audit purposes. Related correspondence and calls shall be indexed and properly recorded to allow for reporting and analysis based on a distinct transaction. On a monthly basis, the CONTRACTOR must submit a report by month for a rolling twelve (12) month period showing the volume and type of inquiry with a break-down by topic. The report must include a comparison to the same month of the previous calendar year and illustrate trends.

The system must track and log the following detail:

- 1) The PARTICIPANTS identifying information;
- 2) The date and time the inquiry was received;
- 3) The reason for the inquiry (including a reason code using a coding scheme);
- 4) The origin of the transaction (e.g., inbound call, the DEPARTMENT, PARTICIPANT);
- 5) The representative that handled the inquiry;
- 6) For phone inquiries, the length of call; and,
- 7) The resolution of the inquiry (including a resolution code using a coding scheme).

Inquiries not resolved within two (2) BUSINESS DAYS must be added to a tracking document/log that must summarize the issue and the current resolution status. This tracking document/log must be kept current and must be provided to the DEPARTMENT Program Manager or designee within one (1) BUSINESS DAY of the DEPARTMENT'S request.

At the DEPARTMENT'S request, the CONTRACTOR must provide the policies and procedures related to the operation of the customer service department. The DEPARTMENT reserves the right to require changes to the policies and procedures that directly impact PARTICIPANTS.

The CONTRACTOR must have and implement procedures for monitoring and ensuring the quality of services provided by its customer service representatives. At least five percent (5%) each year of all PARTICIPANT inquiries made by each submission type (e.g. phone, email, website) must be audited (e.g. by lead worker, supervisor, manager, auditor, etc.) to ensure accurate information was given to PARTICIPANTS and appropriate coaching and training is given to customer service representatives who failed to accurately respond to PARTICIPANTS. At the DEPARTMENT'S request, the CONTRACTOR must provide the audit results.

The CONTRACTOR must respond directly to PARTICIPANTS upon the DEPARTMENT'S request. For matters designated as urgent by the DEPARTMENT, the CONTRACTOR must contact the PARTICIPANT within one (1) BUSINESS DAY of receiving a request from the DEPARTMENT and actively communicate to the DEPARTMENT'S Program Manager or designee on issue resolution status until the issue is resolved.

270D Contractor Web Content and Web-Portal

The CONTRACTOR must provide dedicated web content (that may be via a microsite that meets all criteria below) and a web-portal as part of the AGREEMENT. Web content will provide basic program information. The web-portal will be used to present and track PARTICIPANT level information, such as claim status and BENEFIT accumulation.

- 1) The CONTRACTOR must host and maintain customized web pages and a web-portal dedicated to PARTICIPANTS of the HEALTH BENEFIT PROGRAM.
 - a) The CONTRACTOR must submit the web content and web-portal design for review as directed by the DEPARTMENT.
 - b) The DEPARTMENT must approve the content prior to publishing.
 - c) The web-portal must be available via the three (3) most recent versions of each of the popular browsers available in the market which include the Microsoft's products Internet Explorer and Edge, Mozilla Firefox, Chrome and Safari. Ongoing adoption and support of future browser versions and other browsers that gain significant market share is required.
 - d) The web-portal must be simple, intuitive and easy to use and navigate.
 - e) The web-portal must be able to render effectively on any form factor for mobile devices which include smartphones and tablets.
 - f) The website and web-portal must have mobile capabilities. At a minimum the mobile capabilities must allow the PARTICIPANT to access program information.

- g) The website must ensure response time averaging two (2) seconds or better, and never more than three (3) second response time, from the time the CONTRACTOR receives the request to the time the response is sent, for all on-line activities. Response time is defined as the amount of time between pressing the "return" or "enter" key or depressing a mouse button and receiving a data-driven response on the screen, i.e., not just a message or indicator that a response is forthcoming.
- h) The solution must use SSL/TLS for end-to-end encryption for all connections between the user devices and the portal with the use of browsers or smartphone applications (apps).
- i) The portal must be SECURED with a minimum of SHA2-256 (or similar system such as SHA-256 as approved by the DEPARTMENT) bit EV certificates to provide the latest in encryption and cryptography.
- j) The portal must disable SSL/TLS negotiations which are using non-SECURE protocols and weak ciphers.
- k) The CONTRACTOR must provide the DEPARTMENT reports on the current security safeguards enabled for the website and web-portal, upon the DEPARTMENT'S request.
- l) After the initial website and web-portal implementation, the CONTRACTOR must grant the DEPARTMENT access to the website and web-portal test environment for the DEPARTMENT'S review and approval no less than four (4) weeks prior to the subsequent annual launch dates for each, and for each new major iteration of the website and web-portal. No less than two (2) weeks prior to the annual launch dates for each, the CONTRACTOR must have final content and functionality completed, as determined by the DEPARTMENT.
- m) Prior to any launch of the CONTRACTOR website or web-portal, the CONTRACTOR must test the accessibility of the website and web-portal on multiple web browsers and from multiple internet carriers to ensure system capability.
- n) The CONTRACTOR must submit to the DEPARTMENT for review and approval the updated website content for the upcoming IT'S YOUR CHOICE OPEN ENROLLMENT period. The DEPARTMENT will annually communicate the due date for this submission. Upon DEPARTMENT approval, the updated website content is launched at least two (2) weeks prior to the annual IT'S YOUR CHOICE OPEN ENROLLMENT period.
- o) The CONTRACTOR must obtain prior approval from the DEPARTMENT Program Manager for the inclusion of any links from the website or web-portal to an external (governmental and non-governmental) website/portal or webpage.
- p) The CONTRACTOR will notify the DEPARTMENT Program Manager of any substantial changes being made to the website prior to implementation.

- 2) Basic information must be available on the CONTRACTOR'S website without requiring log in credentials, including:
 - a) General information about the HEALTH BENEFIT PROGRAM and other programs offered by the BOARD;
 - b) Directions on how to access the HEALTH BENEFIT PROGRAM provider directory and Summary of Benefits and Coverage (SBC);
 - c) Information about PARTICIPANT requirements, including prior authorizations and referrals;
 - d) Ability for PARTICIPANTS to submit questions via the website; and,
 - e) Contact information including the dedicated toll-free customer service phone number, business hours, 24-hour nurse line, and mailing address.
- 3) To ensure accessibility among persons with a disability, the CONTRACTOR'S website must comply with Section 508 of the Rehabilitation Act of 1973 (29 USC Section 794d) and implementing regulations at 36 CFR 1194 Subparts A-D. The website must also and conform to W3C's Web Content Accessibility Guidelines (WCAG) 2.0 (see <http://www.w3.org/TR/WCAG20/>).
- 4) The website must be hosted in a SECURE data center with system monitoring, managed firewall services and managed backup services within the United States and available twenty-four (24) hours a DAY, seven (7) DAYS a week, except for regularly scheduled maintenance.

The data center network shall include robust firewall, intrusion prevention and intrusion detection systems to prevent and detect unauthorized access. Any scheduled maintenance must occur between the hours of midnight and 5:00 a.m. CST/CDT or another time agreed to by the DEPARTMENT Program Manager, and must be scheduled in advance with a notification on the program website/portal. Unscheduled disruption to the availability of the website or web-portal must be communicated to the DEPARTMENT Program Manager within one (1) hour of realization that a problem occurred.

The CONTRACTOR must have a regular patch management process defined for the infrastructure. The CONTRACTOR must have a defined maintenance time window for system patches, software upgrades. Outages in the system must be communicated through the web-portal or via alerts.

- 5) The CONTRACTOR must be able to link user profiles and site access permissions to the daily enrollment file provided by the DEPARTMENT and make updates based on current enrollment within three (3) BUSINESS DAYS of data receipt. The CONTRACTOR may utilize another process for validation if the process is pre-approved by the DEPARTMENT.

- 6) The CONTRACTOR must have web-portal content and functionality updated, tested and approved by the DEPARTMENT Program Manager or designee at least fourteen (14) calendar DAYS prior to the benefit period start date. The web-portal will securely authenticate the user. After the user is authenticated, all web-portal features must be available without the need for an additional login. Available features must include:
 - a) User name and password creation and recovery;
 - b) Enrollment confirmation;
 - c) Secure upload functionality for submitting program required documentation;
 - d) Communication functions that allow users to submit SECURE questions to the CONTRACTOR and allow the CONTRACTOR to push general and targeted communications to users via USPS, e-mail, text and other standard communication vehicles, as requested by the DEPARTMENT; and,
 - e) Incentive payment status, if applicable (e.g., pending, issued, etc.).

270E Patient Rights and Responsibilities

The CONTRACTOR shall comply with and abide by the Patient's Rights and Responsibilities as provided in the DEPARTMENT'S It's Your Choice materials. CONTRACTORS that have their own Patient's Rights and Responsibilities may use them unless there is a conflict. In this case the Patient's Rights and Responsibilities which are more favorable to the PARTICIPANT will apply.

270F Errors

Clerical errors made by the EMPLOYER, the DEPARTMENT or the CONTRACTOR shall not invalidate BENEFITS of a PARTICIPANT otherwise validly in force, nor continue such BENEFITS otherwise validly terminated, nor create eligibility for any BENEFITS where none otherwise existed under the HEALTH BENEFIT PROGRAM.

Retrospective adjustments to PREMIUM or claims for coverage not validly in force shall be limited to no more than six (6) months of PREMIUMS paid, except in cases of fraud, material misrepresentation, resolution of BOARD appeal, or when required by Medicare.

In cases where Medicare is the primary payer, retroactive adjustments to PREMIUM or claims for coverage not validly in force shall correspond with the shortest retroactive enrollment limit set by Medicare for either medical or prescription drug claims, not to exceed six (6) months and in accordance with UNIFORM BENEFITS.

No retroactive PREMIUM refunds shall be made for coverage resulting from any application due to fraud or material misrepresentation.

Subscriber Errors

In the event a SUBSCRIBER files an application during a prescribed enrollment period listing a PCP that is not IN-NETWORK with the selected CONTRACTOR, the CONTRACTOR shall notify

the SUBSCRIBER within five (5) BUSINESS DAYS of the DEPARTMENT'S transmission of the enrollment data, and aid him/her in selecting an IN-NETWORK PCP. If the SUBSCRIBER is not responsive to the CONTRACTOR'S efforts, the CONTRACTOR will assign a PCP, notify the PARTICIPANT in writing and provide instructions for changing the assigned PCP.

If the CONTRACTOR offers more than one (1) network to PARTICIPANTS and the networks change on January 1st, a SUBSCRIBER who failed to make an election during the IT'S YOUR CHOICE OPEN ENROLLMENT period to change networks in order to maintain access to his or her current providers may change to the appropriate network during the next IT'S YOUR CHOICE OPEN ENROLLMENT period or other enrollment opportunity as specified in this AGREEMENT.

Contractor / Provider / Subcontractor Errors

If the CONTRACTOR or its provider or subcontractor sends erroneous or misleading information to PARTICIPANTS, the DEPARTMENT may require the CONTRACTOR to send a corrected mailing at the cost of the CONTRACTOR to inform PARTICIPANTS.

270G Examination of Records

The DEPARTMENT, or its designee, shall have the right to examine any records of the CONTRACTOR relating to the HEALTH BENEFIT PROGRAM in compliance with [Wis. Stat. § 40.07](#) and any applicable federal or other state laws and rules. The information shall be furnished within ten (10) BUSINESS DAYS of the request or as directed by the DEPARTMENT. All such information is the sole property of the DEPARTMENT.

Upon a showing satisfactory to the BOARD that the CONTRACTOR is required by law to maintain a copy of such information, the DEPARTMENT and the CONTRACTOR shall agree to terms, conditions and provisions permitting the CONTRACTOR to maintain information to the minimum extent and for the minimum time required by law. Any such agreement shall require the CONTRACTOR to:

- 1) Keep confidential and properly safeguard each "medical record" and all "individual personal information", as those terms are respectively defined in [Wis. Admin. Code ETF 10.01 \(3m\)](#) and [ETF 10.70 \(1\)](#), that are included in such information;
- 2) Not make any disclosure of such information without providing advance notice to the DEPARTMENT; and,
- 3) Include a liability clause for damages in the event the CONTRACTOR makes any disclosure of individual personal information or any medical record that would violate [Wis. Stat. § 40.07 \(1\) or \(2\)](#), respectively, if the disclosure was made by the DEPARTMENT.

270H Record Retention

The CONTRACTOR agrees that the BOARD, until the expiration of seven (7) years after the termination of this AGREEMENT, and any extensions, shall have access to and the right to examine any of the CONTRACTOR'S pertinent books, financial records, documents, papers, and records and those of any parent, affiliate, or subsidiary organization performing under formal or

informal arrangement any service or furnishing any supplies or equipment to the CONTRACTOR involving transactions related to this AGREEMENT.

Any records that relate to: (1) litigation or settlement of claims arising out of the performance of this AGREEMENT; or (2) costs or expenses of this AGREEMENT with which exception is taken by litigation, claims, or exceptions, must be retained for seven (7) years after the conclusion of the litigation, regardless of the termination date of the contract.

The CONTRACTOR further agrees that the substance of this clause shall be inserted in any subcontract that the CONTRACTOR enters into with any subcontractor to carry out any of the CONTRACTOR'S obligations under this AGREEMENT.

270I Disaster Recovery and Business Continuity

The CONTRACTOR shall ensure that critical PARTICIPANT, provider and other web accessible and/or telephone-based functionality and information, including the website, are available to the applicable system users, except during periods of scheduled system unavailability agreed upon by the DEPARTMENT and the CONTRACTOR. Unavailability caused by events outside of the CONTRACTOR'S span of control is outside of the scope of this requirement. Any scheduled maintenance shall be scheduled in advance with notification on the PARTICIPANT website and web-portal.

270I Other

The CONTRACTOR shall not provide claims or other rating information to individual LOCAL EMPLOYERS participating in the HEALTH BENEFIT PROGRAM.

Local governments seeking to participate in the HEALTH BENEFIT PROGRAM are subject to group underwriting and may be assessed a surcharge based on their risk, which is passed on to the CONTRACTOR and DEPARTMENT'S pharmacy benefit manager.

270J Gifts and/or Kickbacks Prohibited

No gifts from the CONTRACTOR or any of the CONTRACTOR'S subcontractors are permissible to any EMPLOYEES whose work relates to the HEALTH BENEFIT PROGRAM, or members of the BOARD. Neither the CONTRACTOR nor any of its subcontractors shall request or receive kickbacks.

270K Conflict of Interest

During the term of this AGREEMENT, the CONTRACTOR shall have no interest, direct or indirect, that would conflict in any manner or degree with the performance of services required under this AGREEMENT.

Without limiting the generality of the preceding paragraph, the CONTRACTOR agrees that it shall not, during the initial AGREEMENT period and any extension thereof, acquire or hold any business interest that conflicts with the CONTRACTOR'S ability relating to its performance of its services under this AGREEMENT.

The CONTRACTOR shall not engage in any conduct which violates, or induces others to violate, the provision of the Wisconsin statutes regarding the conduct of public employees. If a BOARD member or an organization in which a BOARD member holds at least ten percent (10%) interest is a party to this AGREEMENT, then this AGREEMENT is voidable by the BOARD unless appropriate disclosure has been made to the Wisconsin Ethics Commission.

300 DELIVERABLES

305 Reporting Requirements

As required by the CONTRACT, the CONTRACTOR must submit reports to the DEPARTMENT. Reports must be submitted by SECURE email to the DEPARTMENT, the DEPARTMENT'S sFTP site, or other method as specified by the DEPARTMENT, in the format and timeframe specified by the DEPARTMENT. The DEPARTMENT reserves the right to modify reporting requirements as deemed necessary to monitor the CONTRACT and programs.

Instructions and specific due dates will be provided by the DEPARTMENT annually.

Unless otherwise requested by the DEPARTMENT, each report must be specific to data from the HEALTH BENEFIT PROGRAM, not general data from the CONTRACTOR'S book of business.

Report	Description	Frequency
1) Direct Pay Terminations Report	The CONTRACTOR provides written notification to the DEPARTMENT within five (5) BUSINESS DAYS of receiving notice of cancellation from the SUBSCRIBER or within one (1) month of the effective date of termination due to non-payment of premium, whichever occurs first. (See Sections 255 and 260B.)	See description
2) Claims Data Transfer to Data Warehouse	The CONTRACTOR submits to the DEPARTMENT'S data warehouse in the file format specified by the DEPARTMENT in the most recent Claims Data Specifications document, all claims processed for PARTICIPANTS. (See Section 150A, 5, a. and 150B.)	Monthly
3) Customer Service Inquiry Report	The CONTRACTOR must submit a report by month for a rolling twelve (12) month period showing the volume and type of inquiry with a break-down by topic. The report must include a comparison to the same month of the previous calendar year and illustrate trends. (See Section 265B.)	Monthly
4) Provider Data Transfer to Data Warehouse	The CONTRACTOR submits to the DEPARTMENT'S data warehouse in the file format specified by the DEPARTMENT in the most recent Provider Data Specifications document, the specified data for all IN-NETWORK providers including subcontracted providers, and any OUT-OF-NETWORK providers for which the CONTRACTOR has processed or expects to process claims. (See Section 150A, 5, b and 150B.)	Monthly
5) Fraud and Abuse Review Results	The CONTRACTOR performs QUARTERLY (unless another timeframe is agreed upon by the DEPARTMENT) fraud and abuse reviews and provides results of material findings to the DEPARTMENT. (See Section 155E, 2.)	Quarterly
6)		
7) OUT-OF-NETWORK Claims	The CONTRACTOR submits to the DEPARTMENT a report of all claims paid to OUT-OF-NETWORK providers that includes the billed amount and amount paid to the provider in the format specified by the DEPARTMENT. (See Section 220C.)	Quarterly

Report	Description	Frequency
8) Performance Standards Reports	The CONTRACTOR submits all data and reports as required to measure performance standards specified in Section 315 .	Quarterly, unless otherwise noted
9) DEPARTMENT Initiatives	The CONTRACTOR implements and reports on the DEPARTMENT Initiatives. Initiatives are subject to change, as determined by the DEPARTMENT, to better serve the needs of the HEALTH BENEFIT PROGRAM PARTICIPANTS. The current DEPARTMENT Initiatives are: Care Coordination, and Advance Care Planning. (See Section 215B .)	Semi-annually
10) Pilot Programs and Initiatives	The CONTRACTOR reports to the DEPARTMENT any initiatives and pilot programs offered by the CONTRACTOR or the CONTRACTOR'S IN-NETWORK providers, including information on patient engagement and outcomes. (See Section 225 , 5.)	Semi-annually
11) Taxable Income Report for PARTICIPANT Incentive Payments	The CONTRACTOR reports, as directed by the DEPARTMENT, all incentive payments issued to PARTICIPANTS for DEPARTMENT distribution to EMPLOYER payroll centers for tax reporting purposes. (See Section 220L , 6.)	Semi-annually
12) Business Recovery Plan and Simulation Report	The CONTRACTOR submits to the DEPARTMENT a business recovery plan that is documented and tested annually, at a minimum. (See Section 145 , 5.)	Annually
13) CAHPS Survey Results Report	The CONTRACTOR submits the results of its annual CAHPS survey to the DEPARTMENT. (See Section 225 , 3, b.)	Annually
14) Coordination of Benefits (COB) Report	The CONTRACTOR collects from SUBSCRIBERS COB information necessary to coordinate BENEFITS under the Wisconsin Administrative Code and reports this information to the DEPARTMENT at least annually. (See Section 205F .)	Annually
15) Disabled Adult Children Eligibility Verification Report	<p>The CONTRACTOR reports to the DEPARTMENT results from its process to verify the eligibility of adult disabled children age twenty-six (26) or older, which includes checking that the:</p> <ul style="list-style-type: none"> • Child is incapable of self-support because of a disability that can be expected to be of long-continued or indefinite duration of at least one year; and, • Support and maintenance requirement is met; and, • Child is not married. <p>(See Section 205D.)</p>	Annually
16) Financial and Utilization Data Submission (formerly Addendum 1)	The CONTRACTOR submits to the DEPARTMENT or its designee, as required by the DEPARTMENT, statistical report(s) showing financial and utilization data that includes claims and enrollment information. (See Section 115 , 10 and 130B .)	Annually
17) Financial Stability Documentation	The CONTRACTOR submits financial stability documentation, including a balance sheet, statement of operations and financial audit reports (i.e., an annual audited financial statement by a certified public account in accordance with generally accepted accounting principles). (See Section 155E .)	Annually

Report	Description	Frequency
18) Grievance Summary Report	The CONTRACTOR retains records of grievances and submits an annual summary to the DEPARTMENT of the number, types of grievances received, and the resolution or outcome. (See Section 115, 9, c.)	Annually
19) Group Experience / Utilization Report	The CONTRACTOR reports annually to the BOARD its utilization and disease management capabilities and effectiveness in improving the health of PARTICIPANTS and encouraging healthy behaviors, demonstrating support for technology and automation in the format as determined by the DEPARTMENT. The CONTRACTOR also includes details on the HEALTH BENEFIT PROGRAM'S experience by disease and risk categories, place of services along with comparisons to aggregate benchmarks and any other measures the CONTRACTOR believes will be useful to DEPARTMENT staff and the BOARD in understanding the source of cost and utilization trends in a format as determined by the DEPARTMENT. (See Section 215A.)	Annually
20) HEDIS Results Report	The CONTRACTOR submits audited HEDIS data results for the previous calendar year for its Medicare membership that includes HEALTH BENEFIT PROGRAM PARTICIPANTS. (See Section 225, 3, a.) Add STAR Rating	Annually
21) CMS Star Ratings	The CONTRACTOR submits CMS overall STAR ratings and star ratings for each domain and each measure within each domain.	Annually
22) MAR Certification	The CONTRACTOR submits a MAR Certification. (See Section 155E.)	Annually
23) Provider Contract Certification	The CONTRACTOR must certify that their provider contracts meet the requirements in Section 230.	Annually
24) SOC 1, Type 2 Audit Report	The CONTRACTOR agrees to a SOC 1, Type 2 audit of internal controls conducted by an independent CPA firm at the CONTRACTOR'S expense that is in accordance with the SSAE 18 and provides a copy of the CPA's report to the DEPARTMENT. (See Section 155E.)	Annually

310 Deliverables

As required by the CONTRACT, the CONTRACTOR must provide deliverables specified in the sections below.

310A Deliverables to the Department

Instructions on submitting the deliverable and specific due dates will be provided by the DEPARTMENT annually.

Deliverable	Description	Frequency
1) Implementation Plan	The CONTRACTOR submits an updated implementation plan in a mutually agreed upon format and timeline to the DEPARTMENT Program Manager or designee. See Section 270A.	Within ten (10) BUSINESS DAYS of execution of this CONTRACT

Deliverable	Description	Frequency
2) Emergency Contact Numbers	The CONTRACTOR provides the DEPARTMENT with an emergency contact number for the Implementation Manager and Account Manager or backup in case issues arise that need to be resolved outside of the aforementioned business hours. See Sections 270A and 270B .	Within ten (10) BUSINESS DAYS of execution of this CONTRACT
3) Fraud and Abuse Review Plan	The CONTRACTOR submits a fraud and abuse review plan to the DEPARTMENT. See Section 155E and 270A .	Within thirty (30) DAYS of execution of this CONTRACT
4) Identification (ID) Card Issuance Delays	The CONTRACTOR notifies the DEPARTMENT Program Manager of any delays with issuing the ID cards. (See Section 205B , 2.)	Upon identification of issue
5) ID Card Confirmation	The CONTRACTOR sends a written confirmation to the DEPARTMENT Program Manager indicating the date(s) the ID cards were issued. (See Section 205B , 2.)	January
6) Key Contacts Listing (ET-1728)	The CONTRACTOR provides the DEPARTMENT with contact information for the key staff,. (See Section 2A .)	April August
7) Provider Network Submission for Upcoming Benefit Period	The CONTRACTOR provides an annual provider submission to the DEPARTMENT containing their provider and PARTICIPATING PHARMACY network for the upcoming benefit period. (See Section 230A .)	June
8) Annual Premium Rates	The CONTRACTOR must submit annual rates for the each following benefit year as directed by the DEPARTMENT. The CONTRACTOR's sealed rates are submitted in the format as specified by the DEPARTMENT. The BOARD will require the CONTRACTOR to provide an explanation of rate methodology and the rate calculation developed by the CONTRACTOR'S actuary or consultant along with supporting documentation deemed necessary by the BOARD's consulting actuary. (See Section 130B .)	June - July

Deliverable	Description	Frequency
9) It's Your Choice Information	<p>The CONTRACTOR submits the following information to the DEPARTMENT, in the format as determined by the DEPARTMENT, for inclusion in the communications from the DEPARTMENT for the IT'S YOUR CHOICE OPEN ENROLLMENT period:</p> <ul style="list-style-type: none"> • CONTRACTOR information, including address, toll-free customer service telephone number, twenty-four (24)-hour nurse line telephone number, and web site address. • Content for the CONTRACTOR'S plan description page, including available features. • Information for PARTICIPANTS to access the CONTRACTOR'S provider directory on its web site, including a link to the provider directory. <p>(See Section 140B, 2.)</p>	July
10) It's Your Choice Informational Materials Review	<p>The CONTRACTOR submits all informational materials intended for distribution to PARTICIPANTS during the IT'S YOUR CHOICE OPEN ENROLLMENT period to the DEPARTMENT for review and approval. (See Section 140B, 3.)</p>	July
11) Copies of Materials	<p>The CONTRACTOR submits three (3) hard copies of all IT'S YOUR CHOICE OPEN ENROLLMENT materials in final form to the DEPARTMENT at least two (2) weeks prior to the start of the IT'S YOUR CHOICE OPEN ENROLLMENT period. (See Section 140B, 4.)</p>	September
12) SUBSCRIBER Notification of Changes	<p>The CONTRACTOR submits the written notice that it will be issuing to PARTICIPANTS enrolled in its benefit plan(s) prior to the IT'S YOUR CHOICE OPEN ENROLLMENT period identifying those providers that will not be IN-NETWORK for the upcoming benefit period and including any language directed by the DEPARTMENT summarizing any BENEFIT or other HEALTH BENEFIT PROGRAM changes. (See Section 140B, 1.)</p>	September
13) SUBSCRIBER Notification Confirmation	<p>The CONTRACTOR submits a written confirmation to the DEPARTMENT Program Manager indicating the date(s) the written notice described in item 12) above was issued. (See Section 140B, 1.)</p>	October
14) Enrollment Discrepancy Tracker	<p>The CONTRACTOR maintains an exception report spreadsheet that includes the error details and final resolution, and submits it to the DEPARTMENT. (See Section 150A, 4, b.)</p>	As directed by the DEPARTMENT
15) Enrollment Reconciliation Report <i>Full File Compare (FFC)</i>	<p>The CONTRACTOR assists with a FFC of enrollment by submitting a file to the DEPARTMENT containing current enrollment data. (See Section 150A, 4, b.)</p>	As directed by the DEPARTMENT

Deliverable	Description	Frequency
16) Web Content and Web-Portal Design and Changes	The CONTRACTOR submits the web content and web-portal design for review, as directed by the DEPARTMENT. The CONTRACTOR notifies the DEPARTMENT Program Manager of any substantial changes being made to the website prior to implementation. (See Sections 270DC, 1a and 1p.)	As directed by the DEPARTMENT
17) Major Administrative and Operative System Changes	The CONTRACTOR submits written notice to the DEPARTMENT at least one hundred eighty (180) DAYS prior to undertaking a major system change or conversion for, or related to, the system used to deliver services for the HEALTH BENEFIT PROGRAM. (See Section 145, 8.)	As needed
18) Notification of Account Manager or Key Staff Changes	The CONTRACTOR notifies the DEPARTMENT if the Account Manager, backup or key staff changes. (See Section 270B.)	As needed
19) CMS Model Output Report and Monthly Membership Reports	The CONTRACTOR provides copies of CMS Model Output Reports or Monthly Membership Reports, including all fields as received from CMS (Section 245).	As needed
20) Notification of Legal Action	If a PARTICIPANT files a lawsuit naming the CONTRACTOR as a defendant, the CONTRACTOR notifies the DEPARTMENT'S chief legal counsel within ten (10) BUSINESS DAYS of notification of the legal action. (See Section 250I.)	As needed
21) Notification of Privacy Breach	The CONTRACTOR notifies the DEPARTMENT Program Manager and Privacy Officer within one (1) BUSINESS DAY of discovering that the protected health information (PHI) and/or personally identifiable information (PII) of one (1) or more PARTICIPANTS may have been breached, or has been breached, as defined by state and federal law, including Wis. Stat. § 134.98 , HIPAA, and GINA. (See Section 155F.)	As needed
22) Notification of Significant Events	The CONTRACTOR provides notification of all significant events as described in Section 115, 14.	As needed
23) External Review Determination	Within fourteen (14) calendar DAYS of the CONTRACTOR'S receipt of the notification of the external review's determination, the CONTRACTOR notifies the DEPARTMENT of the outcome. (See Section 250F.)	See description
24) Medicare Enrollment Denial	The CONTRACTOR notifies the DEPARTMENT in writing if Medicare does not allow an enrollment due to a PARTICIPANT'S residence in a given area. The notification must be provided within five (5) BUSINESS DAYS of the later of receipt of the DEPARTMENT'S enrollment file or notification by Medicare. (See Section 220G.)	See description

Deliverable	Description	Frequency
25) Transition Plan	The CONTRACTOR provides a comprehensive transition plan in a mutually agreed upon format that provides a timeline of major tasks and activities, including those identified by the DEPARTMENT. (See Section 155I.)	Upon DEPARTMENT request, and prior to CONTRACT termination
26)		

310B Deliverables to Participants

Deliverable	Description	Frequency
1) ID cards	The CONTRACTOR provides PARTICIPANTS with ID cards indicating, at a minimum, the EFFECTIVE DATE of coverage, and the emergency room and office visit copayment amounts. (See Section 205B.)	Upon enrollment and BENEFIT changes that impact the information printed on the ID cards
2) PARTICIPANT Enrollment Information	The CONTRACTOR provides the following information, at a minimum, to PARTICIPANTS upon enrollment: <ul style="list-style-type: none"> • Information about PARTICIPANT requirements, including prior authorizations and referrals. • Directions on how to access the HEALTH BENEFIT PROGRAM provider directory on the CONTRACTOR'S website and directions on how to request a printed copy of the provider directory. • Directions on how to change their Primary Care Provider. • The CONTRACTOR'S contact information, including the dedicated toll-free customer service phone number, business hours, twenty-four (24)-hour nurse line, and website address. (See Section 205C.)	Upon enrollment
3) SUBSCRIBER Notification of Changes	The CONTRACTOR issues written notice to PARTICIPANTS enrolled in its benefit plan(s) prior to the IT'S YOUR CHOICE OPEN ENROLLMENT period identifying those providers that will not be IN-NETWORK for the upcoming benefit period and including any language directed by the DEPARTMENT summarizing any BENEFIT or other HEALTH BENEFIT PROGRAM changes. (See Section 140B, 1.)	September

Deliverable	Description	Frequency
4) PARTICIPANT Notification of Terminated Provider Agreement	<p>At least thirty (30) DAYS prior to the termination of a provider agreement, or the closing of an IN-NETWORK clinic, provider location, HOSPITAL, or PARTICIPATING PHARMACY during the benefit period, the CONTRACTOR sends written notification, as approved by the DEPARTMENT, to all PARTICIPANTS who have had services from that provider in the past twelve (12) months that includes the following information:</p> <ul style="list-style-type: none"> • How to find a new IN-NETWORK provider or facility, • The continuity of care provision as it relates to this situation, and • Contact information for questions. <p>(See Section 230C.)</p>	See description
5) PARTICIPANT Notification of Grievance Rights	<p>The CONTRACTOR provides the PARTICIPANT with notice of their grievance rights and a period of ninety (90) calendar DAYS to file a grievance after written denial of a BENEFIT or other occurrence of the cause of the grievance along with the Uniform Benefit contractual provision(s) upon which the denial is based. (See Section 250C.)</p>	See description
6) PARTICIPANT Notification of DEPARTMENT Administrative Review Rights	<p>In the final grievance decision letters, the CONTRACTOR informs PARTICIPANTS of their right to request a DEPARTMENT review of the grievance committee's final decision and their right to request an external review in accordance with applicable federal or state law, using the language approved by the DEPARTMENT. (See Section 250E.)</p>	See description
7) SUBSCRIBER Notification Upon Termination	<p>The CONTRACTOR provides the SUBSCRIBER written notification of how to enroll in a conversion policy set forth in Wis. Stat. § 632.897.,. (See Section 265C.)</p>	See description
8) Assignment of Primary Care Provider (PCP)	<p>If a PARTICIPANT does not choose a PCP, or the PCP is no longer available, the CONTRACTOR assigns a PCP, notifies the PARTICIPANT in writing, and provides instructions for changing the assigned PCP. (See Section 210.)</p>	As needed
9) Summary of Benefits and Coverage	<p>The DEPARTMENT reserves the right to require the CONTRACTOR to assist with drafting and mailing the federally required Summary of Benefits and Coverage (SBC) to PARTICIPANTS in a manner similar to the annual IT'S YOUR CHOICE OPEN ENROLLMENT materials mailing process. (See Section 205C.)</p>	As needed
10) 1095-C Reporting	<p>The DEPARTMENT reserves the right to require the CONTRACTOR to assist with developing and mailing the federally required 1095-Cs. (See Section 205C.)</p>	As needed

315 Performance Standards and Penalties

Performance standards are specific to data from the HEALTH BENEFIT PROGRAM, not general data from the CONTRACTOR'S book-of-business. The CONTRACTOR must track performance using the template provided by the DEPARTMENT. The CONTRACTOR must submit reports and supporting documentation for validation as mutually agreed upon with the DEPARTMENT. The CONTRACTOR shall notify the DEPARTMENT upon realization that a standard will not be met, prior to the deadline.

The penalties assessed in [Section 150B](#) and [Section 315](#) shall not exceed three percent (3%) of the CONTRACTOR'S total premium in any given quarter. Performance standards will be measured by the DEPARTMENT on a QUARTERLY basis. The DEPARTMENT reserves the right to waive a penalty in certain circumstances when the DEPARTMENT determines it is warranted. The performance categories and associated penalty are shown below and explained in greater detail in the tables that follow:

315A Account Management

Performance Standards	Penalties
<p>1) CONTRACTOR Services: The CONTRACTOR shall achieve a ninety-five percent (95%) satisfaction or better (defined as “top two-box” satisfaction/approval using an approved standard five (5) point survey tool with five (5) being the highest satisfaction/approval rating) on a survey developed and administered by the DEPARTMENT to DEPARTMENT staff, benefit/payroll staff, and other parties that work with the CONTRACTOR to assess the quality of services provided by the CONTRACTOR. The survey will include assessments in areas that include, but are not limited to, professionalism, responsiveness, communication, technical knowledge, and notifications in disruption of any service (e.g., customer service telephone outage, website outage, etc.). (See Section 270B.)</p>	<p>Ten thousand (\$10,000) dollars for each percentage point for which the standard is not met, per survey</p>
<p>2) Approval of Communications: All materials and communications shall be pre-approved by the DEPARTMENT prior to distribution to PARTICIPANTS and potential PARTICIPANTS of the HEALTH BENEFIT PROGRAM. This includes website content that shall be approved by the DEPARTMENT prior to launch. This also includes written and electronic communication, such as marketing, informational, standard letters, explanation of BENEFITS, summary plan descriptions, claim denials and appeals, and summary of BENEFITS and coverage. (See Sections 140A, 1 and 270D, 1.)</p>	<p>Five thousand (\$5,000) dollars per incident</p>

315B Claims Processing

The CONTRACTOR shall report monthly values on a QUARTERLY basis for these standards.

Performance Standards	Penalties
<p>1) Processing Accuracy: At least ninety-seven percent (97%) level of processing accuracy. Processing accuracy means all claims processed correctly in every respect, financial and technical (e.g., coding, procedural, system, payment, etc.), divided by total claims processed. (See Section 240.)</p>	<p>Five thousand (\$5,000) dollars for each percentage point for which the standard is not met in each month</p>
<p>2) Claims Processing Time: At least ninety-five percent (95%) of all claims received must be processed within thirty (30) DAYS of receipt of all necessary information, except for those claims for which the HEALTH BENEFIT PROGRAM is the secondary payer. (See Section 240.)</p>	

315C Customer Service

The CONTRACTOR shall report monthly values on a QUARTERLY basis for these standards.

Performance Standards	Penalties
<p>1) Call Answer Timeliness: At least eighty percent (80%) of calls received by the organization's customer service (during operating hours) during the measurement period were answered by a live voice within thirty (30) seconds. (See Section 270C.)</p>	<p>Five thousand (\$5,000) dollars for each percentage point for which the standard is not met in each month)</p>
<p>2) Call Abandonment Rate: Less than three percent (3%) of calls abandoned, measured by the number of total calls that are not answered by customer service (caller hangs up before answer) divided by the number of total calls received. (See Section 270C.)</p>	
<p>3) Open Call Resolution Turn-Around-Time: At least ninety percent (90%) of customer service calls that require follow-up or research will be resolved within two (2) BUSINESS DAYS of initial call. Measured by the number of issues initiated by a call and resolved (completed without need for referral or follow-up action) within two (2) BUSINESS DAYS, divided by the total number of issues initiated by a call. (See Section 270C.)</p>	
<p>4) Electronic Written Inquiry Response: At least ninety-eight percent (98%) of customer service issues submitted by email and website are responded to within two (2) BUSINESS DAYS. (See Section 270C.)</p>	

315D Data Management

The DEPARTMENT will specify the timetable and dates for which the claims and provider data transfers must be provided.

Performance Standards	Penalties
<p>1) Claims Data Transfer: The CONTRACTOR must submit on a monthly basis to the DEPARTMENT'S data warehouse in the file format specified by the DEPARTMENT in the most recent Claims Data Specifications document, all claims processed for PARTICIPANTS. (See Section 150A, 5, a and 150B.)</p>	<p>One thousand (\$1,000) dollars per DAY for which the standard is not met</p>
<p>2) Provider Data Transfer: The CONTRACTOR must submit on a monthly basis to the DEPARTMENT'S data warehouse in the file format specified by the DEPARTMENT in the most recent Provider Data Specifications document, the specified data for all IN-NETWORK providers including subcontracted providers, and any OUT-OF-NETWORK providers for which the CONTRACTOR has processed or expects to process claims. (See Section 150A, 5, b and 150B.)</p>	

Performance Standards	Penalties
<p>3) Data File Corrections: Within two (2) BUSINESS DAYS of notification, unless otherwise approved by the DEPARTMENT in writing, the CONTRACTOR shall resolve any data errors on the file as identified by the DEPARTMENT'S data warehouse or the DEPARTMENT. (See Sections 150A, 5, a and b.)</p>	<p>One thousand (\$1,000) dollars per DAY for which the standard is not met</p>
<p>4) Notification of Data Breach: The CONTRACTOR shall notify the DEPARTMENT Program Manager and Privacy Officer within one (1) BUSINESS DAY of discovering that the PHI and/or PII of one (1) or more PARTICIPANTS may have been breached, or has been breached. The CONTRACTOR is required to report using the form provided by the DEPARTMENT. (See Section 155F.)</p>	
<p>5) The CONTRACTOR must provide a copy of any CMS Model Output Report (MOR) file including all fields as received from CMS, for the population served under this AGREEMENT to the DEPARTMENT. The MOR file must be provided upon request, no more often than annually and will be submitted within 30 days of request.</p>	
<p>6) The CONTRACTOR must provide a copy of the Monthly Membership Report (MMR) file including all fields as received from CMS, for the population served under this AGREEMENT to the DEPARTMENT. The MMR file must be provided monthly by the end of the corresponding month.</p>	

315E Enrollment

The CONTRACTOR shall report QUARTERLY any DAY for which any of the following standards are not met.

Performance Standards	Penalties
<p>1) Enrollment File: The CONTRACTOR must accept an enrollment file update on a daily basis and accurately process the enrollment file additions, changes, and deletions within two (2) BUSINESS DAYS of the file receipt. Delays in processing the 834 file must be communicated to the DEPARTMENT Program Manager or designee within one (1) BUSINESS DAY. (See Section 150A, 4, a and c.)</p>	<p>One thousand (\$1,000) dollars per DAY for which the standard is not met</p>
<p>2) Enrollment Discrepancies and Exceptions: The CONTRACTOR must resolve all enrollment discrepancies (any difference of values between the DEPARTMENT'S database and the CONTRACTOR's database) as identified within one (1) BUSINESS DAY of notification by the DEPARTMENT or identification by the CONTRACTOR. The CONTRACTOR must correct the differences on the exception report within five (5) BUSINESS DAYS of notification by the DEPARTMENT. (See Section 150A, 4, a. and b.)</p>	

Performance Standards	Penalties
<p>3) MEDICARE Disenrollment: The CONTRACTOR shall ensure that all PARTICIPANTS are enrolled in both MEDICARE PARTS A and B by the PARTICIPANT's coverage EFFECTIVE DATE. If a PARTICIPANT disenrolls from MEDICARE PARTS A or B after the EFFECTIVE DATE, the CONTRACTOR shall notify the DEPARTMENT on the day the CONTRACTOR identifies the PARTICIPANT as having disenrolled from PARTS A or B and the effective date. (See Section 125B)</p>	
<p>4) ID Cards: The CONTRACTOR shall issue ID cards within five (5) BUSINESS DAYS of the generation date of the enrollment file containing the addition or enrollment change, except as noted in item 4) below. (See Section 205B, 1.)</p>	
<p>5) ID Cards for elections made during the IT'S YOUR CHOICE OPEN ENROLLMENT Period: The CONTRACTOR shall issue ID cards by December 15 (or a later date as approved by the DEPARTMENT) for enrollment additions or changes effective the following January 1 calendar year, as submitted on enrollment files generated on the first DAY of the IT'S YOUR CHOICE OPEN ENROLLMENT period through December 10. (See Section 205B, 2.)</p>	
<p>6) Direct Pay Terminations: The CONTRACTOR must provide written notification to the DEPARTMENT within five (5) BUSINESS DAYS of receiving notice of cancellation from the SUBSCRIBER or within one (1) month of the effective date of termination due to non-payment of premium, whichever occurs first. (See Section 2605.)</p>	<p>One thousand (\$1,000) dollars per DAY for which the standard is not met</p>

315F Other

Performance Standards	Penalties
<p>1) Implementation and Go-Live Dates: All services shall take effective/'go live' and be fully operational on the due date specified in the Implementation Plan. (See Section 270A.)</p>	<p>Two hundred thousand for the first DAY and \$20,000 for each subsequent DAY the deadline that services are not fully operational.</p>
<p>2) Audit: The CONTRACTOR shall address any areas of improvement as identified in the audit in the timeframe as determined by the DEPARTMENT. (See Section 155D.)</p>	
<p>3) Major System Changes and Conversions: The CONTRACTOR shall verify and commit that during the length of the contract, it shall not undertake a major system change or conversion for, or related to, the system used to deliver services for the HEALTH BENEFIT PROGRAM without specific prior written notice of at least one</p>	<p>One thousand (\$1,000) dollars per DAY for which the standard is not met</p>

Performance Standards	Penalties
hundred-eighty (180) days to the DEPARTMENT. (See Section 145, 8.)	
4) Non-Disclosure: The CONTRACTOR shall not use or disclose names, addresses, or other data for any purpose other than specifically provided for in the CONTRACT. (See Section 115, 19.)	Five thousand (\$5,000) dollars per incident
5) Mail Order Dispensing Accuracy: At least ninety-nine (99%) percent of the time, prescriptions are dispensed accurately with no errors.	Twenty-five hundred (\$2,500) dollars for each percentage point below the Performance Standard listed, assessed on a monthly basis.
6) Mail Order Shipping Time: At least ninety (90%) percent of clean prescriptions are shipped within two (2) business days. At least ninety-nine (99%) percent of prescriptions requiring intervention are shipped within five (5) business days.	Twenty-five hundred (\$2,500) dollars for each percentage point below the Performance Standard listed, assessed on a monthly basis.
7) Reporting and Deliverables Requirements: The CONTRACTOR must submit the reports and deliverables as outlined in Sections 305 and 310. Each report submitted by the CONTRACTOR to the DEPARTMENT must: <ul style="list-style-type: none"> • Be verified by the CONTRACTOR for accuracy and completeness prior to submission; • Be delivered on or before scheduled due dates; • Be submitted as directed by the DEPARTMENT; • Fully disclose all required information in a manner that is responsive and with no material omission; and • Be accompanied by a brief narrative that describes the content of the report and highlights significant findings of the report. 	Twenty-five hundred (\$2,500) dollars per report or deliverable for which the standard is not met
8) (See Section 155A, 2.)	

400 UNIFORM BENEFITS

NOTE: Uniform Benefits are reviewed and updated annually. These Uniform Benefits will be updated with any benefit changes approved by the Group Insurance Board for 2019.

These are the Uniform Benefits or “Summary Plan Description” offered under the Medicare Advantage Program.

This portion of the AGREEMENT is often excerpted and provided to PARTICIPANTS as their Summary Plan Description.

The contractor shall not alter the language, benefits or exclusions and limitations, herein.

These Uniform Benefits are provided to SUBSCRIBERS via the It’s Your Choice materials as their Summary Plan Description. The language in this section is written to the audience of the PARTICIPANT. Included in this section is a set of definitions which is specific to Uniform Benefits. The contractor does not need to recreate the description of benefits nor distribute it to PARTICIPANTS.

These Uniform Benefits are provided to a SUBSCRIBER who is a retired public employee under [Wis. Stat. § 40.02 \(25\) \(b\) 11](#), or any DEPENDENT of such an employee, and, if eligible, has acted under [Wis. Stat. § 40.51 \(10\)](#) to elect group health insurance coverage.

I. Schedule of Benefits

All benefits are paid according to the terms of this contract between the HEALTH PLAN(S), the PBM, and the Group Insurance Board. Uniform Benefits and this SCHEDULE OF BENEFITS are wholly incorporated in the contract. The SCHEDULE OF BENEFITS describes certain essential dollar or visit limits of YOUR coverage and certain rules, if any, YOU must follow to obtain covered services. In some situations (for example, EMERGENCY services received from an OUT-OF-NETWORK PROVIDER), benefits will be determined according to the USUAL AND CUSTOMARY CHARGE.

The Group Insurance Board contracts with a PBM to provide prescription drug benefits. The PBM is responsible for the PRESCRIPTION DRUG BENEFIT as provided for under the terms and conditions of the UNIFORM BENEFITS for those who are COVERED under the State of Wisconsin Health Benefit Program.

This Summary Plan Description applies to services received from IN-NETWORK PROVIDERS. If any OUT-OF-NETWORK benefits are available, YOU will be provided with a supplemental SCHEDULE OF BENEFITS that will show the level of benefits for services provided by OUT-OF-NETWORK PROVIDERS. OUT-OF-NETWORK DEDUCTIBLE amounts do not accumulate to the IN-NETWORK OUT-OF-POCKET LIMIT (OOPL).

Except as specifically stated for EMERGENCY and URGENT CARE (see Sections [III, A, 1](#) and [III, A, 2](#)), YOU do not have coverage for services from OUT-OF-NETWORK PROVIDERS unless YOU receive a PRIOR AUTHORIZATION from YOUR HEALTH PLAN before such services are obtained.

The covered benefits are subject to the following:

State of Wisconsin and Wisconsin Public Employer Medicare Retirees:
DEDUCTIBLES, COINSURANCE and COPAYMENTS as described in this schedule:

Benefits	<u>PO1, PO2/12, PO6/16 or PO7/17</u> <u>Benefit Plan</u>	ALTERNATIVE BENEFIT DESIGN
Annual Medical DEDUCTIBLE	None.	
Annual Medical COINSURANCE	BENEFIT PLAN pays 100% except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids. Then, BENEFIT PLAN pays 80% to OOPL.	
Annual medical OUT-OF-POCKET LIMIT (OOPL)	None except as described below for DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids. Then, BENEFIT PLAN pays 80% to OOPL. ¹	
Annual MAXIMUM OUT-OF-POCKET (MOOP)	Not applicable.	
*Routine, Preventive Services as required by federal law	Covered 100%.	
Primary Care Office Visit COPAYMENT applies to: <ul style="list-style-type: none"> • Family Practice • General Practice • Internal Medicine • Gynecology/Obstetrics • Midwives (if BENEFIT PLAN offers) • Nurse Practitioners • Physician Assistants • Chiropractic • Mental Health • Physical Therapy • Occupational Therapy • Speech Therapy 	MEDICARE/BENEFIT PLAN pays 100%; no medical COPAYMENTS.	
Specialist COPAYMENT Applies to: <ul style="list-style-type: none"> • Specialists • URGENT CARE 	No medical COPAYMENTS.	
ILLNESS/INJURY related services beyond the office visit COPAYMENT (if applicable)	MEDICARE/BENEFIT PLAN pays 100%; no medical COPAYMENTS.	

Benefits	<u>PO1, PO2/12, PO6/16 or PO7/17</u> <u>Benefit Plan</u>	ALTERNATIVE BENEFIT DESIGN
Emergency Room COPAYMENT (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	PARTICIPANT pays \$60 COPAYMENT.	
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies	MEDICARE/BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL per PARTICIPANT; no family limit). ²	
Cochlear Implants for PARTICIPANTS age 18 and older	MEDICARE/BENEFIT PLAN pays 100% HOSPITAL CHARGES. MEDICARE/BENEFIT PLAN pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost does not apply to OOPL or MOOP).	
Cochlear Implants for PARTICIPANTS under age 18	MEDICARE/BENEFIT PLAN pays 100% HOSPITAL, device, surgery for implantation and follow-up sessions to train on use.	
Hearing Aids for PARTICIPANTS age 18 and older . One aid per ear no more than once every 3 years.	BENEFIT PLAN pays 80% (20% PARTICIPANT cost does not apply to OOPL or MOOP). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.	
Hearing Aids for PARTICIPANTS under age 18	As required by Wis. Stat. §632.895 (16), covered 100%.	
Temporo- mandibular Joint Disorders	MEDICARE/BENEFIT PLAN pays 80% (20% PARTICIPANT cost to OOPL) for intraoral splints as DURABLE MEDICAL EQUIPMENT. Other services: MEDICARE/BENEFIT PLAN pays 100%. Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures	

Benefits	<u>PO1, PO2/12, PO6/16 or PO7/17</u> Benefit Plan	ALTERNATIVE BENEFIT DESIGN
	and nonsurgical treatment per PARTICIPANT per calendar year.	
Dental Implants	MEDICARE/BENEFIT PLAN pays 100% following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.	
Prescription Drugs	See below.	

¹ Level 3 prescription drug COINSURANCE will continue to be paid by YOU past the OOPL, to the federal MOOP.

²Federally required preventive services are covered at 100%.

Local / Wisconsin Public Employers (WPE) Medicare Retirees Only:
 DEDUCTIBLES, COINSURANCE and COPAYMENTS as described in this schedule:

Benefits	PO4/14 Benefit Plan
Annual Medical DEDUCTIBLE	\$500 individual / \$1,000 family. DEDUCTIBLE applies to annual OUT-OF-POCKET LIMIT (OOPL). The family DEDUCTIBLE is EMBEDDED. Medical DEDUCTIBLE does not apply to preventive services* or prescription drugs.
Annual Medical COINSURANCE	After DEDUCTIBLE: BENEFIT PLAN/MEDICARE pays 100% except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids. Then, BENEFIT PLAN pays 80% to OOPL.
Annual Medical OUT-OF-POCKET LIMIT (OOPL)	After DEDUCTIBLE, none except as described below for: DURABLE MEDICAL EQUIPMENT, cochlear implants and hearing aids. Then, BENEFIT PLANS pays 80% to OOPL. ¹
Annual MAXIMUM OUT OF POCKET (MOOP)	\$6,850 PARTICIPANT / \$13,700 family limit. The MOOP is EMBEDDED
*Routine, Preventive Services as required by federal law	BENEFIT PLAN/ MEDICARE pays 100%.
Primary Care Office Visit COPAYMENT applies to: <ul style="list-style-type: none"> • Family Practice • General Practice • Internal Medicine • Gynecology/ Obstetrics • Midwives (if BENEFIT PLAN offers) • Nurse Practitioners • Physician Assistants • Chiropractic • Mental Health • Physical Therapy • Occupational Therapy • Speech Therapy 	After DEDUCTIBLE: BENEFIT PLAN/ MEDICARE pays 100%; no medical COPAYMENTS.
Specialist COPAYMENT applies to: <ul style="list-style-type: none"> • Specialists • URGENT CARE 	After DEDUCTIBLE: BENEFIT PLAN/ MEDICARE pays 100%; no medical COPAYMENTS.

Benefits	PO4/14 Benefit Plan
ILLNESS/INJURY related services beyond the office visit COPAYMENT (if applicable)	After DEDUCTIBLE: BENEFIT PLAN/ MEDICARE pays 100%; no medical COPAYMENTS.
Emergency Room COPAYMENT (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	PARTICIPANT pays \$60 COPAYMENT. After COPAYMENT: DEDUCTIBLE applies.
MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT and Durable Diabetic Equipment and Related Supplies	After DEDUCTIBLE: BENEFIT PLAN/ MEDICARE pays 80% (20% PARTICIPANT cost to \$500 OOP per PARTICIPANT; no family limit. ²
Cochlear Implants for PARTICIPANTS age 18 and older	After DEDUCTIBLE: BENEFIT PLAN/ MEDICARE pays 100% HOSPITAL CHARGES. BENEFIT PLAN/ MEDICARE pays 80% device, surgery for implantation, follow-up sessions to train on use (20% PARTICIPANT cost does not apply to OOP or MOOP).
Cochlear Implants for PARTICIPANTS under age 18	After DEDUCTIBLE: BENEFIT PLAN/ MEDICARE pays 100% HOSPITAL CHARGES, device, surgery for implantation and follow-up sessions to train on use.
Hearing Aids for PARTICIPANTS age 18 and older. One aid per ear no more than once every 3 years.	After DEDUCTIBLE: BENEFIT PLAN pays 80% (20% PARTICIPANT cost does not apply to OOP or MOOP). Maximum BENEFIT PLAN payment of \$1,000 per hearing aid.
Hearing Aids for PARTICIPANTS under age 18	After DEDUCTIBLE: As required by Wis. Stat. § 632.895 (16) , BENEFIT PLAN pays 100%.
Temporomandibular Joint Disorders	After DEDUCTIBLE: BENEFIT PLAN/ MEDICARE pays 80% (20% PARTICIPANT cost to OOP) for intraoral splints as DURABLE MEDICAL EQUIPMENT. Other services BENEFIT PLAN/ MEDICARE pays 100%. Maximum BENEFIT PLAN payment of \$1,250 for diagnostic procedures and nonsurgical treatment per PARTICIPANT per calendar year.
Dental Implants	After DEDUCTIBLE: BENEFIT PLAN pays 100% following accident or INJURY up to a maximum BENEFIT PLAN payment of \$1,000 per tooth.

Benefits	PO4/14 Benefit Plan
Prescription Drugs	See below.

¹ Level 3 prescription drug COINSURANCE will continue to be paid by YOU past the OOP, to the federal MOOP.

² Federally required preventive services are covered at 100%.

³

- 1) Lifetime Maximum Benefit On All Medical and Pharmacy Benefits: NONE
- 2) Ambulance: Covered as MEDICALLY NECESSARY for EMERGENCY or urgent transfers.
- 3) Diagnostic Services Limitations: PRIOR AUTHORIZATION may be required.
- 4) Outpatient Physical, Speech and Occupational Therapy Maximum (includes HABILITATION SERVICES or REHABILITATION SERVICES): Covered up to 50 visits per PARTICIPANT for all therapies combined per calendar year. This limit combines therapy in all settings (for example, home care, etc.). Additional MEDICALLY NECESSARY visits may be available when PRIOR AUTHORIZED by the HEALTH PLAN, up to a maximum of 50 additional visits per therapy per PARTICIPANT per calendar year.
- 5) Cochlear Implants: Device, surgery for implantation of the device, follow-up sessions to train on use of the device when MEDICALLY NECESSARY and PRIOR AUTHORIZED by the HEALTH PLAN; and HOSPITAL CHARGES. The PARTICIPANT'S out-of-pocket costs are not applied to the annual OOP. As required by [Wis. Stat. §632.895 \(16\)](#), cochlear implants and related services for PARTICIPANTS under 18 years of age are payable as described in the preceding grid.
- 6) Hearing Aids: One hearing aid per ear no more than once every three years payable as described in the preceding grid, up to a maximum of \$1,000 per hearing aid. The PARTICIPANT'S out-of-pocket costs are not applied to the annual OOP. As required by [Wis. Stat. §632.895 \(16\)](#), hearing aids for PARTICIPANTS under 18 years of age are payable as described in the preceding grid and the \$1,000 limit does not apply.
- 7) Home Care Benefits Maximum: MEDICALLY NECESSARY visits when authorized by the HEALTH PLAN.
- 8) HOSPICE CARE Benefits: Covered when the PARTICIPANT'S life expectancy is six months or less, as authorized by the HEALTH PLAN.
- 9) Transplants: Limited to transplants listed in [Benefits and Services](#) Section.
- 10) Licensed Skilled Nursing Home Maximum: 120 days per BENEFIT PERIOD payable for SKILLED CARE.
- 11) Mental Health/Alcohol/Drug Abuse Services: Annual dollar and day limit maximums for mental health/alcohol/drug abuse services are suspended as required by the Federal Mental Health Parity Act.
- 12) Vision Services: One routine exam per PARTICIPANT per calendar year. Non-routine eye exams are covered as MEDICALLY NECESSARY. (Contact lens fittings are not part of the routine exam and are not covered.)
- 13) Oral Surgery: Limited to procedures listed in [Benefits and Services](#) Section.

14) Temporomandibular Disorders as required by [Wis. Stat. §632.895 \(11\)](#): The maximum benefit for diagnostic procedures and non-surgical treatment is \$1,250 per PARTICIPANT per calendar year. Intraoral splints are subject to the DURABLE MEDICAL EQUIPMENT COINSURANCE (that is, payable at 80%) and apply to the non-surgical treatment maximum benefit.

15) Dental Services: No coverage provided under Uniform Benefits except as specifically listed in [Benefits and Services](#) Section.

The PRESCRIPTION DRUG BENEFIT is subject to the following:

1) Prescription Drugs and Insulin (Except SPECIALTY MEDICATIONS):

- a) Drugs that are not included on the FORMULARY are considered NON-PREFERRED DRUGS and are not covered by the benefits of this program.
- b) Preventive Prescription Drugs:
 - i) Certain preventive prescription drugs on the PBM FORMULARY are covered at 100% as required by federal law.
 - ii) The PBM will publish a list of prescriptions drugs on its website affected by these provisions.

Copayments/Coinsurance			
	Uniform Benefits	Alternative Benefit Design	
Level 1	\$5 Copayment		Preferred GENERIC DRUGS and certain lower-cost preferred BRAND NAME DRUGS.
Level 2	20% Coinsurance (\$50 max)		Preferred BRAND NAME DRUGS and certain higher-cost preferred GENERIC DRUGS.
Level 3	40% Coinsurance (\$150 max)		Non-covered, non-preferred drugs for which alternative/equivalent preferred GENERIC DRUGS and BRAND NAME DRUGS are covered.
Level 4 (Preferred)	\$50 Copayment		Includes only Preferred SPECIALTY MEDICATIONS filled at a PREFERRED SPECIALTY PHARMACY.
Level 4 (Non-Preferred)	40% Coinsurance (\$200 max)		Non-Preferred SPECIALTY MEDICATIONS filled at a PREFERRED SPECIALTY PHARMACY and all SPECIALTY MEDICATIONS filled at a pharmacy other than a PREFERRED SPECIALTY PHARMACY.
Out-of-Pocket Limits			
	Uniform Benefits	Alternative Benefit Design	
Level 1 & 2	\$600 individual / \$1,200 family		

Level 3	\$6,850 individual / \$13,700 family	
Level 4 (Preferred)	\$1,200 individual / \$2,400 family	
Level 4 (Non-Preferred)	No Out-of-Pocket Limit	

Level 1/Level 2 Annual OOP:

Level 1/Level 2 out-of-pocket costs accumulate toward OOPs as follows: \$600 per individual or \$1,200 per family for all PARTICIPANTS. When the OOP is met, YOU pay no more out-of-pocket expenses for covered medical services or prescription drugs.

Level 3 Annual OOP:

Level 3 out-of-pocket costs accumulate toward OOPs as follows: no annual OOP. When the OOP is met, YOU pay no more out-of-pocket costs for covered medical services or prescription drugs.

Level 4 Annual OOP:

There is no OOP for Non-Preferred SPECIALTY MEDICATIONS. YOU must continue to pay Level 4 COINSURANCE for Non-Preferred SPECIALTY MEDICATIONS until YOU meet the Federal MOOP of \$6,850 individual / \$13,700 family.

The maximum annual amount YOU pay for YOUR Level 4 Preferred SPECIALTY MEDICATIONS.

Level 4 Preferred SPECIALTY MEDICATIONS out-of-pocket costs accumulate toward OOPs as follows: \$1,200 per individual or \$2,400 per family. When the OOP is met, YOU pay no more out-of-pocket expenses for covered medical services or prescription drugs.

- 2) **Certain medications as defined by the PBM:** Certain medications as defined by the PBM are available to YOU at a discount but are not covered by the BENEFIT PLAN. These medications may include drugs for weight loss, infertility, and erectile dysfunction. YOU will pay 100% of the cost of these medications.
- 3) **Disposable Diabetic Supplies and Glucometers:** 20% PARTICIPANT COINSURANCE applies to the prescription drug Level 1/Level 2 annual OOP.
- 4) **Smoking Cessation:** One consecutive three-month course of pharmacotherapy covered per calendar year. PRIOR AUTHORIZATION is required if the first quit attempt is extended by the prescriber.

II. Definitions

The following terms, when used and capitalized in this Uniform Benefits description in [Section 400](#), are defined and limited to that meaning only:

ADVANCE CARE PLANNING: A process across time of understanding, reflecting on and discussing future medical decisions, including end-of-life preferences. ADVANCE CARE PLANNING includes:

- 1) Understanding YOUR health care treatment options.
- 2) Clarifying YOUR health care goals.
- 3) Weighing YOUR options about what kind of care and treatment YOU would want or not want.
- 4) Making decisions about whether YOU want to appoint a health care agent and/or complete an advance directive.
- 5) Communicating YOUR wishes and any documents with YOUR family, friends, clergy, other advisors and physician and other health care professionals.

ALLOWED AMOUNT: Means the maximum amount on which payment is based for covered health care services. Generally this is composed of the PROVIDER'S CHARGE, less any discount negotiated by the HEALTH PLAN.

ALTERNATIVE BENEFIT DESIGN: Means an alternative benefit plan design option available to PARTICIPANTS under the HEALTH BENEFIT PROGRAM and defined in the SCHEDULE OF BENEFITS.

BED AND BOARD: Means all usual and customary HOSPITAL CHARGES for: (a) Room and meals; and (b) all general care needed by registered bed patients.

BENEFIT PERIOD: Means the total duration of CONFINEMENTS that are separated from each other by less than 60 days.

BENEFIT PLAN: Means the BENEFIT PLAN design option that the SUBSCRIBER is enrolled in under the State of Wisconsin Group Benefit Program.

BRAND NAME DRUGS: Are defined by MediSpan (or similar organization). MediSpan is a national organization that determines brand and GENERIC DRUG classifications.

CHARGE: An amount for a health care service from a PROVIDER that is reasonable, as determined by the HEALTH PLAN. The HEALTH PLAN considers, as part of determination of CHARGE:

- 1) Amounts charged for similar health care services in the same general area under comparable circumstances,

- 2) the HEALTH PLAN'S methodology guidelines,
- 3) pricing guidelines of any third party responsible for pricing a claim,
- 4) the negotiated rate determined between the HEALTH PLAN and an IN-NETWORK PROVIDER, and
- 5) other factors.

The term "area" means a county or other geographical area which the HEALTH PLAN determines is appropriate to obtain a representative cross section of amounts. For example, the "area" may be an entire state.

In some cases the amount the HEALTH PLAN determines as reasonable may be less than the amount billed. CHARGES for HOSPITAL or other CONFINEMENTS are incurred on the date of admission. All others are incurred on the date the PARTICIPANT receives the health care service. CHARGE includes all taxes for which a PARTICIPANT can legally be charged, including but not limited to, sales tax.

CONFINEMENT/CONFINED: Means (a) the period of time between admission as an inpatient or outpatient to a HOSPITAL, covered residential center, SKILLED NURSING FACILITY or licensed ambulatory surgical center on the advice of YOUR physician; and discharge therefrom, or (b) the time spent receiving EMERGENCY care for ILLNESS or INJURY in a HOSPITAL. HOSPITAL swing bed CONFINEMENT is considered the same as CONFINEMENT in a SKILLED NURSING FACILITY. If the PARTICIPANT is transferred or discharged to another facility for continued treatment of the same or related condition, it is one CONFINEMENT. CHARGES for HOSPITAL or other institutional CONFINEMENTS are incurred on the date of admission. The benefit levels that apply on the HOSPITAL admission date apply to the CHARGES for the covered expenses incurred for the entire CONFINEMENT regardless of changes in benefit levels during the CONFINEMENT.

CONGENITAL: Means a condition which exists at birth.

COINSURANCE: A specified percentage of the CHARGES that the PARTICIPANT or family must pay each time those covered services are provided, subject to any limits specified in the SCHEDULE OF BENEFITS.

COPAYMENT: A specified dollar amount that the PARTICIPANT or family must pay each time those covered services are provided, subject to any limits specified in the SCHEDULE OF BENEFITS.

CUSTODIAL CARE: Provision of room and board, nursing care, personal care or other care designed to assist an individual who, in the opinion of an IN-NETWORK PROVIDER, has reached the maximum level of recovery. CUSTODIAL CARE is provided to PARTICIPANTS who need a protected, monitored and/or controlled environment or who need help to support the essentials of daily living. It shall not be considered CUSTODIAL CARE if the PARTICIPANT is under active medical, surgical or psychiatric treatment to reduce the disability to the extent necessary for the PARTICIPANT to function outside of a protected, monitored and/or controlled environment or if it

can reasonably be expected, in the opinion of the IN-NETWORK PROVIDER, that the medical or surgical treatment will enable that person to live outside an institution. CUSTODIAL CARE also includes rest cures, respite care, and home care provided by family members.

DEDUCTIBLE: The amount YOU owe for health care services YOUR BENEFIT PLAN covers before YOUR BENEFIT PLAN begins to pay. For example, if YOUR DEDUCTIBLE is \$1,500, YOUR BENEFIT PLAN will not pay anything until YOU have incurred \$1,500 in out-of-pocket expenses for covered health care services subject to the DEDUCTIBLE. The DEDUCTIBLE may not apply to all services.

DEPARTMENT: Means the State of Wisconsin Department of Employee Trust Funds.

DEPENDENT: Means, as provided herein, the SUBSCRIBER'S:

- 1) Spouse.¹
- 2) Child.^{2, 3, 4}
- 3) Legal ward who becomes a permanent legal ward of the SUBSCRIBER or SUBSCRIBER'S spouse prior to age 19.^{2, 3, 4}
- 4) Adopted child when placed in the custody of the parent as provided by [Wis. Stat. § 632.896](#).^{2, 3, 4}
- 5) Stepchild.^{1, 2, 3, 4}
- 6) Grandchild if the parent is a DEPENDENT child.^{2, 3, 4, 5}

¹ A spouse and a stepchild cease to be DEPENDENTS at the end of the month in which a marriage is terminated by divorce or annulment.

² All other children cease to be DEPENDENTS at the end of the month in which they turn 26 years of age, except when:

- a) An unmarried DEPENDENT child who is incapable of self-support because of a physical or mental disability that can be expected to be of long-continued or indefinite duration of at least one year is an eligible DEPENDENT, regardless of age, as long as the child remains so disabled and he or she is DEPENDENT on the SUBSCRIBER (or the other parent) for at least 50% of the child's support and maintenance as demonstrated by the support test for federal income tax purposes, whether or not the child is claimed. If the SUBSCRIBER should decease, the disabled adult DEPENDENT must still meet the remaining disabled criteria and be incapable of self-support. The CONTRACTOR will monitor eligibility annually, notifying the EMPLOYER and DEPARTMENT when terminating coverage prospectively upon determining the DEPENDENT is no longer so disabled and/or meets the support requirement. The CONTRACTOR will assist the DEPARTMENT in making a final determination if the SUBSCRIBER disagrees with the CONTRACTOR determination.

- b) After attaining age 26, as required by [Wis. Stat. § 632.885](#), a DEPENDENT includes a child that is a full-time student, regardless of age, who was called to federal active duty when the child was under the age of 27 years and while the child was attending, on a full-time basis, an institution of higher education.

³ A child born outside of marriage becomes a DEPENDENT of the father on the date of the court order declaring paternity or on the date the acknowledgement of paternity is filed with the Department of Health Services (or equivalent if the birth was outside of Wisconsin) or the date of birth with a birth certificate listing the father's name. The EFFECTIVE DATE of coverage will be the date of birth if a statement or court order of paternity is filed within 60 days of the birth.

⁴ A child who is considered a DEPENDENT ceases to be a DEPENDENT on the date the child becomes insured as an ELIGIBLE EMPLOYEE.

⁵ A grandchild ceases to be a DEPENDENT at the end of the month in which the DEPENDENT child (parent) turns age 18.

DURABLE MEDICAL EQUIPMENT: See MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT.

EFFECTIVE DATE: The date, as certified by the DEPARTMENT and shown on the records of the HEALTH PLAN and/or PBM, on which the PARTICIPANT becomes enrolled and entitled to the benefits specified in the contract.

ELIGIBLE EMPLOYEE: As defined under [Wis. Stat. § 40.02 \(25\)](#) or [40.02 \(46\)](#) or [Wis. Stat. § 40.19 \(4\) \(a\)](#), of an employer as defined under [Wis. Stat. § 40.02 \(28\)](#). Employers, other than the State, must also have acted under [Wis. Stat. § 40.51 \(7\)](#), to make health care coverage available to its employees.

EMBEDDED: Means the individual portion of PARTICIPANT financial responsibility (DEDUCTIBLE, OOP, MOOP) within the family's total financial responsibility. For example, when a PARTICIPANT within a family plan meets the individual DEDUCTIBLE, that PARTICIPANT is no longer responsible for any further DEDUCTIBLE. The remaining family DEDUCTIBLE will still apply to other family PARTICIPANTS.

EMERGENCY: Means a medical condition that manifests itself by acute symptoms of sufficient severity, including severe pain, to lead a prudent layperson who possesses an average knowledge of health and medicine to reasonably conclude that a lack of medical attention will likely result in any of the following:

- 1) Serious jeopardy to the PARTICIPANT'S health. With respect to a pregnant woman, it includes serious jeopardy to the unborn child.
- 2) Serious impairment to the PARTICIPANT'S bodily functions.
- 3) Serious dysfunction of one or more of the PARTICIPANT'S body organs or parts.

Examples of EMERGENCIES are listed in [Section III, A, 1, d](#). EMERGENCY services from an OUT-OF-NETWORK PROVIDER may be subject to USUAL AND CUSTOMARY CHARGES. However, the HEALTH PLAN must hold the PARTICIPANT harmless from any effort(s) by third parties to collect from the PARTICIPANT the amount above the USUAL AND CUSTOMARY CHARGES for medical/HOSPITAL services.

EXPERIMENTAL: The use of any service, treatment, procedure, facility, equipment, drug, device or supply for a PARTICIPANT'S ILLNESS or INJURY that, as determined by the HEALTH PLAN and/or PBM: (a) requires the approval by the appropriate federal or other governmental agency that has not been granted at the time it is used; or (b) isn't yet recognized as acceptable medical practice to treat that ILLNESS or INJURY for a PARTICIPANT'S ILLNESS or INJURY. The criteria that the HEALTH PLAN and/or PBM uses for determining whether or not a service, treatment, procedure, facility, equipment, drug, device or supply is considered to be EXPERIMENTAL or investigative include, but are not limited to: (a) whether the service, treatment, procedure, facility, equipment, drug, device or supply is commonly performed or used on a widespread geographic basis; (b) whether the service, treatment, procedure, facility, equipment, drug, device or supply is generally accepted to treat that ILLNESS or INJURY by the medical profession in the United States; (c) the failure rate and side effects of the service, treatment, procedure, facility, equipment, drug, device or supply; (d) whether other, more conventional methods of treating the ILLNESS or INJURY have been exhausted by the PARTICIPANT; (e) whether the service, treatment, procedure, facility, equipment, drug, device or supply is medically indicated; (f) whether the service, treatment, procedure, facility, equipment, drug, device or supply is recognized for reimbursement by MEDICARE, MEDICAID and other insurers and self-insured plans.

FORMULARY: Means a list of prescription drugs, developed by a committee established by the PBM. The committee is made up of physicians and pharmacists. The PBM may require PRIOR AUTHORIZATION for certain Preferred and NON-PREFERRED DRUGS before coverage applies. Drugs that are not included on the FORMULARY are not covered by the benefits of this program.

GENERIC DRUGS: Are defined by MediSpan (or similar organization). MediSpan is a national organization that determines brand and generic classifications.

GENERIC EQUIVALENT: Means a prescription drug that contains the same active ingredients, same dosage form, and strength as its Brand Name Drug counterpart.

GRIEVANCE: Means a written complaint filed with the HEALTH PLAN and/or PBM concerning some aspect of the HEALTH PLAN and/or PBM. Some examples would be a rejection of a claim, denial of a formal REFERRAL, etc.

HABILITATION SERVICES: Means health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

HEALTH PLAN: Means the health plan that is under contract with the Group Insurance Board to provide benefits and services to PARTICIPANTS of the State of Wisconsin Health Benefit Program.

HOSPICE CARE: Means services provided to a PARTICIPANT whose life expectancy is six months or less. The care is available on an intermittent basis with on-call services available on a 24-hour basis. It includes services provided in order to ease pain and make the PARTICIPANT as comfortable as possible. HOSPICE CARE must be provided through a licensed HOSPICE CARE PROVIDER approved by the HEALTH PLAN.

HOSPITAL: Means an institution that:

- 1) Is licensed and run according to Wisconsin laws, or other applicable jurisdictions, that apply to HOSPITALS; (b) maintains at its location all the facilities needed to provide diagnosis of, and medical and surgical care for, INJURY and ILLNESS; (c) provides this care for fees; (d) provides such care on an inpatient basis; (e) provides continuous 24-hour nursing services by registered graduate nurses, or
- 2) qualifies as a psychiatric or tuberculosis HOSPITAL; (b) is a MEDICARE PROVIDER; and (c) is accredited as a HOSPITAL by the Joint Commission of Accreditation of HOSPITALS.

The term HOSPITAL does not mean an institution that is chiefly: (a) a place for treatment of chemical dependency; (b) a nursing home; or (c) a federal HOSPITAL.

HOSPITAL CONFINEMENT or CONFINED IN A HOSPITAL: Means (a) being registered as a bed patient in a HOSPITAL on the advice of an IN-NETWORK PROVIDER; or (b) receiving EMERGENCY care for ILLNESS or INJURY in a HOSPITAL. HOSPITAL swing bed CONFINEMENT is considered the same as CONFINEMENT in a SKILLED NURSING FACILITY.

ILLNESS: Means a bodily disorder, bodily INJURY, disease, mental disorder, or pregnancy. It includes ILLNESSES which exist at the same time, or which occur one after the other but are due to the same or related causes.

IMMEDIATE FAMILY: Means the DEPENDENTS, parents, brothers and sisters of the PARTICIPANT and their spouses.

INJURY: Means bodily damage that results directly and independently of all other causes from an accident.

IN-NETWORK PROVIDER: A PROVIDER who has agreed in writing by executing a participation agreement to provide, prescribe or direct health care services, supplies or other items covered under the policy to PARTICIPANTS. The PROVIDER'S written participation agreement must be in force at the time such services, supplies or other items covered under the policy are provided to a PARTICIPANT. The HEALTH PLAN agrees to give YOU lists of affiliated PROVIDERS. Some PROVIDERS require PRIOR AUTHORIZATION by the HEALTH PLAN in advance of the services being provided.

LEVEL "M" DRUG: Means an injectable, prescription medication covered by MEDICARE Parts B and D when the MEDICARE PRESCRIPTION DRUG PLAN is the primary payer. LEVEL M

DRUGS are required to be on the MEDICARE PRESCRIPTION DRUG PLAN'S MEDICARE Part D FORMULARY but are not included on the commercial coverage FORMULARY. Claims associated with LEVEL M DRUGS, along with the costs to administer the injection, are adjudicated by the PBM, not the HEALTH PLAN.

MAINTENANCE CARE: Means ongoing care delivered after an acute episode of an ILLNESS or INJURY has passed. It begins when a patient's recovery has reached a plateau or improvement in his/her condition has slowed or ceased entirely and only minimal rehabilitative gains can be demonstrated. The determination of what constitutes "MAINTENANCE CARE" is made by the HEALTH PLAN after reviewing an individual's case history or treatment plan submitted by a PROVIDER.

MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT: Means items which are, as determined by the HEALTH PLAN:

- 1) Used primarily to treat an ILLNESS or INJURY, and
- 2) generally not useful to a person in the absence of an ILLNESS or INJURY, and
- 3) the most appropriate item that can be safely provided to a PARTICIPANT and accomplish the desired end result in the most economical manner, and
- 4) prescribed by a PROVIDER.

MEDICALLY NECESSARY: A service, treatment, procedure, equipment, drug, device or supply provided by a HOSPITAL, physician or other health care PROVIDER that is required to identify or treat a PARTICIPANT'S ILLNESS or INJURY and which is, as determined by the HEALTH PLAN and/or PBM:

- 1) Consistent with the symptom(s) or diagnosis and treatment of the PARTICIPANT'S ILLNESS or INJURY, and
- 2) appropriate under the standards of acceptable medical practice to treat that ILLNESS or INJURY, and
- 3) not solely for the convenience of the PARTICIPANT, physician, HOSPITAL or other health care PROVIDER, and
- 4) the most appropriate service, treatment, procedure, equipment, drug, device or supply which can be safely provided to the PARTICIPANT and accomplishes the desired end result in the most economical manner.

MEDICARE: Title XVIII (Health Insurance Act for the Aged) of the United States Social Security Act, as added by the Social Security Amendments of 1965 as now or hereafter amended.

MEDICARE PRESCRIPTION DRUG PLAN: Means the prescription drug coverage provided by the PBM to Covered Individuals who are enrolled in MEDICARE Parts A and B, and eligible for

MEDICARE Part D; and who are covered under a MEDICARE coordinated contract in the State of Wisconsin or Wisconsin Public Employers group health insurance programs.

MEDICAID: Means a program instituted as required by Title XIX (Grants to States for Medical Assistance Program) of the United States Social Security Act, as added by the Social Security Amendments of 1965 as now or hereafter amended.

MISCELLANEOUS HOSPITAL EXPENSE: Means usual and customary HOSPITAL ancillary CHARGES, other than BED AND BOARD, made on account of the care necessary for an ILLNESS or other condition requiring inpatient or outpatient hospitalization for which benefits are available under this HEALTH PLAN.

NATURAL TOOTH: Means a tooth that would not have required restoration in the absence of a PARTICIPANT'S trauma or INJURY, or a tooth with restoration limited to composite or amalgam filling, but not a tooth with crowns or root canal therapy.

NON-EMBEDDED: Means that families must meet the full family amount before benefits are paid.

NON-PARTICIPATING PHARMACY: Means a pharmacy who does not have a signed written agreement and is not listed on the most current listing of the PBM'S directory of PARTICIPATING PHARMACIES.

NON-PREFERRED DRUG: Means a drug the PBM has determined offers less value and/or cost-effectiveness than PREFERRED DRUGS. This would include Non-Preferred GENERIC DRUGS, Non-Preferred BRAND NAME DRUGS and Non-Preferred SPECIALTY MEDICATIONS included on the FORMULARY, which are covered by the benefits of this program with a higher COPAYMENT.

NUTRITIONAL COUNSELING: This counseling consists of the following services:

- 1) Consult evaluation and management or preventive medicine service codes for medical nutrition therapy assessment and/or intervention performed by physician.
- 2) Re-assessment and intervention (individual and group).
- 3) Diabetes outpatient self-management training services (individual and group sessions).
- 4) Dietitian visit.

MAXIMUM OUT-OF-POCKET LIMIT (MOOP): Means the most YOU pay during a policy period (usually a calendar year) before YOUR BENEFIT PLAN begins to pay 100% of the ALLOWED AMOUNT. This limit never includes YOUR premium, balance-billed charges or charges for health care that YOUR BENEFIT PLAN does not cover. Note: payments for out-of-network services or other expenses do not accumulate toward this limit.

OUT-OF-AREA SERVICE: Means any services provided to PARTICIPANTS outside the SERVICE AREA.

OUT-OF-NETWORK PROVIDER: A PROVIDER who does not have a signed participating provider agreement and is not listed on the most current edition of the HEALTH PLAN'S professional directory of providers. Care from an OUT-OF-NETWORK PROVIDER may require PRIOR-AUTHORIZATION from the HEALTH PLAN unless it is EMERGENCY or URGENT CARE.

OUT-OF-POCKET LIMIT (OOP): The most YOU pay during a policy period (usually a calendar year) before YOUR BENEFIT PLAN begins to pay 100% of the ALLOWED AMOUNT. This limit never includes YOUR premium, balance-billed charges or charges for health care YOUR BENEFIT PLAN does not cover. Note: payments for out-of-network services or other expenses do not accumulate toward this limit. The most YOU pay during a policy period (usually a calendar year) for benefits considered essential health benefits under federal law. This limit never includes YOUR premium, balance-billed charges, charges for health care YOUR BENEFIT PLAN does not cover, or services that are not considered essential health benefits.

PARTICIPANT: The SUBSCRIBER or any of his/her DEPENDENTS who have been specified for enrollment and are entitled to benefits.

PARTICIPATING PHARMACY: Means a pharmacy who has agreed in writing to provide the services to PARTICIPANTS under the PRESCRIPTION DRUG BENEFIT. The pharmacy's written participation agreement must be in force at the time such services, or other items covered under the policy are provided to a PARTICIPANT. The PBM agrees to give YOU lists of PARTICIPATING PHARMACIES.

PHARMACY BENEFIT MANAGER (PBM): Depending on the plan you selected, the PBM maybe the HEALTH PLAN you selected, or a separate THIRD PARTY ADMINISTRATOR that is contracted with the Group Insurance Board to administer the PRESCRIPTION DRUG BENEFIT. It is primarily responsible for processing and paying prescription drug claims, developing and maintaining the FORMULARY, contracting with pharmacies, and negotiating discounts and rebates with drug manufacturers.

PERSCRIPTION DRUG BENEFIT means coverage for prescriptions drugs subject to certain COPAYMENTS, DEDUCTIBLES, or COINSURANCE requirements, limitations and exclusions as described in UNIFORM BENEFITS.

POSTOPERATIVE CARE: Means the medical observation and care of a PARTICIPANT necessary for recovery from a covered surgical procedure.

PREFERRED DRUG: Means a drug the PBM has determined offers more value and/or cost-effective treatment options compared to a NON-PREFERRED DRUG. This would include Preferred GENERIC DRUGS, Preferred BRAND NAME DRUGS and Preferred SPECIALTY MEDICATIONS included on the FORMULARY, which are covered by the benefits of this program.

PREFERRED SPECIALTY PHARMACY: Means a PARTICIPATING PHARMACY which meets criteria established by the PBM to specifically administer SPECIALTY MEDICATION services, with

which the PBM has executed a written contract to provide services to PARTICIPANTS, which are administered by the PBM and covered under the policy. The PBM may execute written contracts with more than one PARTICIPATING PHARMACY as a PREFERRED SPECIALTY PHARMACY.

PREOPERATIVE CARE: Means the medical evaluation of a PARTICIPANT prior to a covered surgical procedure. It is the immediate preoperative visit in the HOSPITAL, or elsewhere, necessary for the physical examination of the PARTICIPANT, the review of the PARTICIPANT'S medical history and assessment of the laboratory, x-ray and other diagnostic studies. It does not include other procedures done prior to the covered surgical procedure.

PRIMARY CARE PROVIDER (PCP): Means an IN-NETWORK PROVIDER who is named as a PARTICIPANT'S primary health care contact. He/She provides entry into the health care system. He/She also (a) evaluates the PARTICIPANT'S total health needs; and (b) provides personal medical care in one or more medical fields. When medically needed, he/she then preserves continuity of care. He/She is also in charge of coordinating other PROVIDER health services and refers the PARTICIPANT to other PROVIDERS.

YOU must name YOUR PCP on YOUR enrollment application. Each family PARTICIPANT may have a different PCP.

PRIOR AUTHORIZATION: Means obtaining approval from YOUR HEALTH PLAN before obtaining the services. Unless otherwise indicated by YOUR HEALTH PLAN, PRIOR AUTHORIZATION is required for care from any OUT-OF-NETWORK PROVIDERS unless it is an EMERGENCY or URGENT CARE. The PRIOR AUTHORIZATION must be in writing. PRIOR AUTHORIZATIONS are at the discretion of the HEALTH PLAN and are described in the It's Your Choice materials. Some prescriptions may also require PRIOR AUTHORIZATION, which must be obtained from the PBM and are at its discretion.

PROVIDER: Means (a) a doctor, HOSPITAL, and clinic; and (b) any other person or entity licensed by the State of Wisconsin, or other applicable jurisdiction, to provide one or more benefits.

REFERRAL: When a PARTICIPANT'S PRIMARY CARE PROVIDER sends him/her to another PROVIDER for covered services. In many cases, the REFERRAL must be in writing and on the HEALTH PLAN PRIOR AUTHORIZATION form and approved by the HEALTH PLAN in advance of a PARTICIPANT'S treatment or service. REFERRAL requirements are determined by each HEALTH PLAN and are described in the It's Your Choice materials. The authorization from the HEALTH PLAN will state: a) the type or extent of treatment authorized; and b) the number of PRIOR AUTHORIZED visits and the period of time during which the authorization is valid. In most cases, it is the PARTICIPANT'S responsibility to ensure a REFERRAL, when required, is approved by the HEALTH PLAN before services are rendered.

REHABILITATION SERVICES: Means health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric REHABILITATION SERVICES in a variety of inpatient and/or outpatient settings.

SCHEDULE OF BENEFITS: The document that is issued to accompany this document which details specific benefits for covered services provided to PARTICIPANTS by the BENEFIT PLAN YOU elected.

SELF-ADMINISTERED INJECTABLE: Means an injectable that is administered subcutaneously and can be safely self-administered by the PARTICIPANT and is obtained by prescription. This does not include those drugs delivered via IM (intramuscular), IV (intravenous) or IA (intra-arterial) injections or any drug administered through infusion.

SERVICE AREA: Specific zip codes in those counties in which the IN-NETWORK PROVIDERS are approved by the HEALTH PLAN to provide professional services to PARTICIPANTS covered by the Health Benefit Program.

SKILLED CARE: Means medical services rendered by registered or licensed practical nurses; physical, occupational, and speech therapists. Patients receiving SKILLED CARE are usually quite ill and often have been recently hospitalized. Examples are patients with complicated diabetes, recent stroke resulting in speech or ambulatory difficulties, fractures of the hip and patients requiring complicated wound care. In the majority of cases, SKILLED CARE is necessary for only a limited period of time. After that, most patients have recuperated enough to be cared for by "nonskilled" persons such as spouses, children or other family or relatives. Examples of care provided by "nonskilled" persons include: range of motion exercises; strengthening exercises; wound care; ostomy care; tube and gastrostomy feedings; administration of medications; and maintenance of urinary catheters. Daily care such as assistance with getting out of bed, bathing, dressing, eating, maintenance of bowel and bladder function, preparing special diets or assisting patients with taking their medicines; or 24-hour supervision for potentially unsafe behavior, do not require SKILLED CARE and are considered CUSTODIAL CARE.

SKILLED NURSING FACILITY: Means an institution which is licensed by the State of Wisconsin, or other applicable jurisdiction, as a SKILLED NURSING FACILITY.

SPECIALTY MEDICATIONS: Means medications that are used to treat complex chronic and/or life threatening conditions; are more costly to obtain and administer; may not be available from all PARTICIPATING PHARMACIES; require special storage, handling and administration; and involve a significant degree of patient education, monitoring and management.

SUBSCRIBER: An ANNUITANT or CONTINUANT who is enrolled for (a) single coverage; or (b) family coverage and whose DEPENDENTS are thus eligible for benefits under the Group Health Insurance Program or Wisconsin Public Employer Program.

URGENT CARE: Means care for an accident or ILLNESS which is needed sooner than a routine doctor's visit. If the accident or INJURY occurs when the PARTICIPANT is out of the SERVICE AREA, this does not include follow-up care unless such care is necessary to prevent his/her health from getting seriously worse before he/she can reach his/her PRIMARY CARE PROVIDER. It also does not include care that can be safely postponed until the PARTICIPANT returns to the SERVICE AREA to receive such care from an IN-NETWORK PROVIDER. Urgent services from an OUT-OF-NETWORK PROVIDER may be subject to USUAL AND CUSTOMARY CHARGES. However, the HEALTH PLAN must hold the PARTICIPANT harmless from any effort(s) by third parties to collect

from the PARTICIPANT the amount above the USUAL AND CUSTOMARY CHARGES for medical/HOSPITAL services.

USUAL AND CUSTOMARY CHARGE: An amount for a treatment, service or supply provided by an OUT-OF-NETWORK PROVIDER that is reasonable, as determined by the HEALTH PLAN, when taking into consideration, among other factors determined by the HEALTH PLAN, amounts charged by health care PROVIDERS for similar treatment, services and supplies when provided in the same general area under similar or comparable circumstances and amounts accepted by the health care PROVIDER as full payment for similar treatment, services and supplies. In some cases the amount the HEALTH PLAN determines as reasonable may be less than the amount billed. In these situations the PARTICIPANT is held harmless for the difference between the billed and paid CHARGE(S), other than the COPAYMENTS or COINSURANCE specified on the SCHEDULE OF BENEFITS, unless he/she accepted financial responsibility, in writing, for specific treatment or services (that is, diagnosis and/or procedure code(s) and related CHARGES) prior to receiving services. HEALTH PLAN approved REFERRALS or PRIOR AUTHORIZATIONS to OUT-OF-NETWORK PROVIDERS are not subject to USUAL AND CUSTOMARY CHARGES. EMERGENCY or urgent services from an OUT-OF-NETWORK PROVIDER may be subject to USUAL AND CUSTOMARY CHARGES, however, the HEALTH PLAN must hold the PARTICIPANT harmless from any effort(s) by third parties to collect from the PARTICIPANT the amount above the USUAL AND CUSTOMARY CHARGES for medical/HOSPITAL/dental services.

YOU/YOUR: The SUBSCRIBER and his or her covered DEPENDENTS.

III. Benefits and Services

The benefits and services provided under the Health Benefit Program are those set forth below. These services and benefits are available only if, and to the extent that, they are provided, prescribed or directed by the PARTICIPANT'S PRIMARY CARE PROVIDER (except in the case of IN-NETWORK chiropractic services, EMERGENCY or URGENT CARE), and are received after the PARTICIPANT'S EFFECTIVE DATE.

HOSPITAL services must be provided by an IN-NETWORK HOSPITAL. In the case of non-EMERGENCY care, the HEALTH PLAN reserves the right to determine in a reasonable manner the PROVIDER to be used. In cases of EMERGENCY or URGENT CARE services, IN-NETWORK PROVIDERS and HOSPITALS must be used whenever possible and reasonable (see [item A, 1](#) and [item A, 2](#) below).

Except as specifically stated for EMERGENCY and URGENT CARE, YOU must receive the HEALTH PLAN'S written PRIOR AUTHORIZATION for covered services from an OUT-OF-NETWORK PROVIDER or YOU will be financially responsible for the services. The HEALTH PLAN may also require PRIOR AUTHORIZATION for other services or they will not be covered.

Subject to the terms and conditions outlined herein and the attached SCHEDULE OF BENEFITS, a PARTICIPANT, in consideration of the employer's payment of the applicable HEALTH PLAN and PBM premium, shall be entitled to the benefits and services described below.

Benefits are subject to: (a) Any COPAYMENT, COINSURANCE and other limitations shown in the SCHEDULE OF BENEFITS; and (b) all other terms and conditions outlined in this Uniform Benefits description. All services must be MEDICALLY NECESSARY, as determined by the HEALTH PLAN and/or PBM.

A. Medical/Surgical Services

1) EMERGENCY Care

- a) Medical care for an EMERGENCY, as defined in [Section II](#). Refer to the SCHEDULE OF BENEFITS for information on the EMERGENCY room COPAYMENT.
- b) YOU should use IN-NETWORK HOSPITAL EMERGENCY rooms whenever possible. If YOU are not able to reach YOUR IN-NETWORK PROVIDER, go to the nearest appropriate medical facility. If YOU must go to an OUT-OF-NETWORK PROVIDER for care, it is recommended that YOU call the HEALTH PLAN by the next business day or as soon as possible and tell the HEALTH PLAN where YOU received EMERGENCY care. Non-urgent follow-up care must be received from an IN-NETWORK PROVIDER unless it is PRIOR AUTHORIZED by the HEALTH PLAN or it will not be covered. PRIOR AUTHORIZATIONS for the follow-up care are at the sole discretion of the HEALTH PLAN. In addition to the cost sharing described in the SCHEDULE OF BENEFITS, EMERGENCY care from OUT-OF-NETWORK PROVIDERS may be subject to USUAL AND CUSTOMARY CHARGES.
- c) It is recommended, to expedite claims processing, that YOU (or another individual on YOUR behalf) notify the HEALTH PLAN of EMERGENCY or URGENT CARE OUT-OF-NETWORK HOSPITAL admissions or facility CONFINEMENTS by the next business day after admission

or as soon as reasonably possible. This will help to expedite claims payment. OUT-OF-AREA SERVICE means medical care received outside the defined SERVICE AREA.

d) EMERGENCY services include reasonable accommodations for repair of DURABLE MEDICAL EQUIPMENT as MEDICALLY NECESSARY.

e) Some examples of EMERGENCIES are:

i) Acute allergic reactions,

ii) Acute asthmatic attacks,

iii) Convulsions,

iv) Epileptic seizures,

v) Acute hemorrhage,

vi) Acute appendicitis,

vii) Coma,

viii) Heart attack,

ix) Attempted suicide,

x) Suffocation,

xi) Stroke,

xii) Drug overdoses,

xiii) Loss of consciousness, and

xiv) Any condition for which YOU are admitted to the HOSPITAL as an inpatient from the EMERGENCY room.

2) URGENT CARE

a) Medical care received in an URGENT CARE situation as defined in [Section II](#). URGENT CARE is not EMERGENCY care. It does not include care that can be safely postponed until the PARTICIPANT can receive care from an IN-NETWORK PROVIDER.

b) YOU must receive URGENT CARE from an IN-NETWORK PROVIDER if YOU are in the SERVICE AREA, unless it is not reasonably possible. If YOU are out of the SERVICE AREA, go to the nearest appropriate medical facility unless YOU can safely return to the SERVICE AREA to receive care from an IN-NETWORK PROVIDER. If YOU must go to an

OUT-OF-NETWORK PROVIDER for care, it is recommended that YOU contact YOUR HEALTH PLAN by the next business day or as soon as possible and tell the HEALTH PLAN where YOU received URGENT CARE; this will expedite claims payment. URGENT CARE from OUT-OF-NETWORK PROVIDERS may be subject to USUAL AND CUSTOMARY CHARGES. Non-urgent follow-up care must be received from an IN-NETWORK PROVIDER unless it is PRIOR AUTHORIZED by the HEALTH PLAN or it will not be covered. PRIOR AUTHORIZATIONS for the follow-up care are at the sole discretion of the HEALTH PLAN.

c) Some examples of URGENT CARE cases are:

- i) Most broken bones,
- ii) Minor cuts,
- iii) Sprains,
- iv) Most drug reactions,
- v) Non-severe bleeding, and
- vi) Minor burns.

3) Surgical Services

Surgical procedures, wherever performed, when needed to care for an ILLNESS or INJURY. These include:

- a) PREOPERATIVE and POSTOPERATIVE CARE, and
- b) Needed services of assistants and consultants.

This does not include oral surgery procedures, which are covered as described under [item 16](#) of this section.

PRIOR AUTHORIZATION is required for REFERRALS to orthopedists and neurosurgeons associated directly or indirectly with the HEALTH PLAN for any PARTICIPANT who has not completed an optimal regimen of conservative care for low back pain (LBP). PRIOR AUTHORIZATION is not required for a PARTICIPANT who presents clinical diagnoses that require immediate or expedited orthopedic, neurosurgical or other specialty REFERRAL.

4) Reproductive Services and Contraceptives

The following services do not require a REFERRAL to an IN-NETWORK PROVIDER who specializes in obstetrics and gynecology, however, the HEALTH PLAN may require that the PARTICIPANT obtain PRIOR AUTHORIZATION for some services or they may not be covered.

- a) Maternity Services for prenatal and postnatal care, including services such as normal deliveries, ectopic pregnancies, cesarean sections, therapeutic abortions, and miscarriages. Maternity benefits are also available for a DEPENDENT daughter who is covered under this program as a PARTICIPANT. However, this does not extend coverage to the newborn if the DEPENDENT daughter is age 18 or older at the time of the birth. In accordance with the federal Newborns' and Mother' Health Protection Act, the inpatient stay will be covered for 48 hours following a normal delivery and 96 hours following a cesarean delivery, unless a longer inpatient stay is MEDICALLY NECESSARY. A shorter hospitalization related to maternity and newborn care may be provided if the shorter stay is deemed appropriate by the attending physician in consultation with the mother.
- b) Elective sterilization.
- c) Contraceptives as required by [Wis. Stat. § 632.895 \(17\)](#), including, but not limited to:
 - i) Oral contraceptives, or cost-effective FORMULARY equivalents as determined by the PBM, and diaphragms, as described under the prescription drug benefit in [Section III, D](#).
 - ii) IUDs and diaphragms, as described under the DURABLE MEDICAL EQUIPMENT provision in [item C, 3](#).
 - iii) Medroxyprogesterone acetate injections for contraceptive purposes (for example, Depo Provera).

If the PARTICIPANT is in her second or third trimester of pregnancy when the PROVIDER'S participation in the BENEFIT PLAN offered by the HEALTH PLAN terminates, the PARTICIPANT will continue to have access to the PROVIDER until completion of postpartum care for the woman and infant. A PRIOR AUTHORIZATION is not required for the delivery, but the HEALTH PLAN may request notification of the inpatient stay prior to the delivery or shortly thereafter.

5) Medical Services

MEDICALLY NECESSARY professional services and office visits provided to inpatients, outpatients, and to those receiving home care services by an IN-NETWORK PROVIDER (or a PROVIDER that was PRIOR AUTHORIZED by YOUR HEALTH PLAN).

- a) Routine physical examinations consistent with accepted preventive care guidelines and immunizations as medically appropriate.
- b) Well-baby care, including lead screening as required by [Wis. Stat. § 632.895 \(10\)](#), and childhood immunizations.
- c) Routine patient care administered in a cancer clinical trial as required by [Wis. Stat. § 632.87 \(6\)](#).

- d) Colorectal cancer examinations and laboratory tests as required by [Wis. Stat. § 632.895 \(16m\)](#).
 - e) MEDICALLY NECESSARY travel-related preventive treatment. Preventive travel-related care such as typhoid, diphtheria, tetanus, yellow fever and Hepatitis A vaccinations if determined to be medically appropriate for the PARTICIPANT by the HEALTH PLAN. It does not apply to travel required for work. (See [Exclusions, Section IV, A, 2, e.](#))
 - f) Injectable and infusible medications, except for SELF-ADMINISTERED INJECTABLE medications.
 - g) NUTRITIONAL COUNSELING provided by a participating registered dietician or an IN-NETWORK PROVIDER.
 - h) A second opinion from an IN-NETWORK PROVIDER or when PRIOR AUTHORIZED by the HEALTH PLAN.
 - i) Preventive services as required by the federal Patient Protection and Affordable Care Act.
- 6) Anesthesia Services
Covered when provided in connection with other medical and surgical services covered under these Uniform Benefits. It will also include anesthesia services for dental care as provided under [item B, 1, c](#) of this section.
- 7) Radiation Therapy and Chemotherapy
Covered when accepted therapeutic methods, such as x-rays, radium, radioactive isotopes and chemotherapy drugs, are administered and billed by an IN-NETWORK PROVIDER.
- 8) Detoxification Services
Covers MEDICALLY NECESSARY detoxification services provided by an IN-NETWORK PROVIDER. Methadone Treatment shall be covered only when MEDICALLY NECESSARY and provided by an IN-NETWORK PROVIDER.
- 9) Ambulance Service
Covers licensed professional ambulance service (or comparable EMERGENCY transportation if authorized by the HEALTH PLAN) when MEDICALLY NECESSARY to transport to the nearest HOSPITAL where appropriate medical care is available when the conveyance is an EMERGENCY or URGENT in nature and medical attention is required en-route. This includes licensed professional air ambulance when another mode of ambulance service would endanger YOUR health. Ambulance services include MEDICALLY NECESSARY transportation and all associated supplies and services provided therein. If the PARTICIPANT is not in the HEALTH PLAN'S SERVICE AREA, the HEALTH PLAN or IN-NETWORK PROVIDER should be contacted, if possible, before EMERGENCY or urgent transportation is obtained.
- 10) Diagnostic Services
MEDICALLY NECESSARY testing and evaluations, including, but not limited to, radiology and lab tests given with general physical examinations; vision and hearing tests to determine if

correction is needed; annual routine mammography screening when ordered and performed by an IN-NETWORK PROVIDER. PRIOR AUTHORIZATION is required for REFERRALS to orthopedists and neurosurgeons for PARTICIPANTS with a history of low back pain who have not completed an optimal regimen of conservative care. Such PRIOR AUTHORIZATIONS are not required for PARTICIPANTS who present clinical diagnoses that require immediate or expedited orthopedic, neurosurgical or other specialty REFERRAL.

PRIOR AUTHORIZATIONS are required for high-tech radiology tests, including MRI, CT scan, and PET scans.

11) Outpatient Rehabilitation, Physical, Speech and Occupation Therapy

MEDICALLY NECESSARY HABILITATION or REHABILITATION SERVICES and treatment as a result of ILLNESS or INJURY, provided by an IN-NETWORK PROVIDER. Therapists must be registered and must not live in the patient's home or be a family member. Limited to the benefit limit described in the SCHEDULE OF BENEFITS, although up to 50 additional visits per therapy per calendar year may be PRIOR AUTHORIZED by the HEALTH PLAN if the therapy continues to be MEDICALLY NECESSARY and is not otherwise excluded.

12) Home Care Benefits

Care and treatment of a PARTICIPANT under a plan of care. The IN-NETWORK PROVIDER must establish this plan; approve it in writing; and review it at least every two months unless the physician determines that less frequent reviews are sufficient.

All home care must be MEDICALLY NECESSARY as part of the home care plan. Home care means one or more of the following:

- a) Home nursing care that is given part-time or from time to time. It must be given or supervised by a registered nurse.
- b) Home health aide services that are given part-time or from time to time and are skilled in nature. They must consist solely of caring for the patient. A registered nurse or medical social worker must supervise them.
- c) Physical, occupational and speech therapy.
- d) MEDICAL SUPPLIES, drugs and medicines prescribed by an IN-NETWORK PROVIDER; and lab services by or for a HOSPITAL. They are covered to the same extent as if the PARTICIPANT was CONFINED IN A HOSPITAL.
- e) NUTRITIONAL COUNSELING. A registered dietician must give or supervise these services.
- f) The assessment of the need for a home care plan, and its development. A registered nurse, physician extender or medical social worker must do this. The attending physician must ask for or approve this service.

Home care will not be covered unless the attending physician certifies that:

- a) HOSPITAL CONFINEMENT or CONFINEMENT in a SKILLED NURSING FACILITY would be needed if home care were not provided.
- b) The PARTICIPANT'S IMMEDIATE FAMILY, or others living with the PARTICIPANT, cannot provide the needed care and treatment without undue hardship.
- c) A state licensed or MEDICARE certified home health agency or certified rehabilitation agency will provide or coordinate the home care.

A PARTICIPANT may have been CONFINED IN A HOSPITAL just before home care started. If so, the home care plan must be approved, at its start, by the PROVIDER who was the primary PROVIDER of care during the HOSPITAL CONFINEMENT.

13) Hospice Care

Covers HOSPICE CARE if the PRIMARY CARE PROVIDER certifies that the PARTICIPANT'S life expectancy is 6 months or less, the care is palliative in nature, and is authorized by the HEALTH PLAN. HOSPICE CARE, which may be inpatient or home-based care, is provided by an inter-disciplinary team, consisting of but not limited to, registered nurses, home health or hospice aides, LPNs, and counselors. HOSPICE CARE includes, but is not limited to, MEDICAL SUPPLIES and services, counseling, bereavement counseling for one year after the PARTICIPANT'S death, DURABLE MEDICAL EQUIPMENT rental, home visits, and EMERGENCY transportation. Coverage may be continued beyond a 6-month period if authorized by the HEALTH PLAN.

Covers ADVANCE CARE PLANNING after the PARTICIPANT receives a terminal diagnosis regardless of life expectancy.

Covers a one-time in-home palliative consult after the PARTICIPANT receives a terminal diagnosis regardless of whether his or her life expectancy is 6 months or less.

HOSPICE CARE is available to a PARTICIPANT who is CONFINED. Inpatient CHARGES are payable for up to a total lifetime maximum of 30 days of CONFINEMENT in a HEALTH PLAN-approved or MEDICARE-certified HOSPICE CARE facility.

When benefits are payable under both this HOSPICE CARE benefit and the Home Care Benefits, benefits payable under this subsection shall not reduce any benefits payable under the home care subsection.

14) Phase II Cardiac Rehabilitation

Services must be approved by the HEALTH PLAN and provided in an outpatient department of a HOSPITAL, in a medical center or clinic program. This benefit may be appropriate only for PARTICIPANTS with a recent history of:

- a) A heart attack (myocardial infarction),
- b) Coronary bypass surgery,

- c) Onset of angina pectoris,
- d) Heart valve surgery,
- e) Onset of decubital angina,
- f) Onset of unstable angina,
- g) Percutaneous transluminal angioplasty, or
- h) Heart transplant.

Benefits are not payable for behavioral or vocational counseling. No other benefits for outpatient cardiac REHABILITATION SERVICES are available under this contract.

15) Extraction of NATURAL TEETH and/or Replacement with Artificial Teeth Because of Accidental Injury

Total extraction and/or total replacement (limited to, bridge, denture or implant) of NATURAL TEETH by an IN-NETWORK PROVIDER when necessitated by an INJURY. The treatment must commence within 18 months of the accident. As an alternative, crowns or caps for broken teeth, in lieu of extraction and replacement, may be considered if approved by the HEALTH PLAN before the service is performed. Coverage of one retainer or mouth guard shall be provided when MEDICALLY NECESSARY as part of prep work provided prior to accidental INJURY tooth repair. INJURIES caused by chewing or biting are not considered to be accidental INJURIES for the purpose of this provision. Dental implants and associated supplies and services are limited to \$1,000 per tooth.

16) Oral Surgery

PARTICIPANTS should contact the HEALTH PLAN prior to any oral surgery to determine if PRIOR AUTHORIZATION by the HEALTH PLAN is required. When performed by IN-NETWORK PROVIDERS, approved surgical procedures are as follows:

- a) Surgical removal of impacted or infected teeth and surgical or non-surgical removal of third molars.
- b) Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth, when such conditions require a pathological examination.
- c) Frenotomy. (Incision of the membrane connecting tongue to floor of mouth.)
- d) Surgical procedures required to correct accidental INJURIES to the jaws, cheeks, lips, tongue, roof and floor of the mouth, when such INJURIES are incurred while the PARTICIPANT is continuously covered under this contract or a preceding contract provided through the Group Insurance Board.
- e) Apicoectomy. (Excision of apex of tooth root.)

- f) Excision of exostoses of the jaws and hard palate.
- g) Intraoral and extraoral incision and drainage of cellulitis.
- h) Incision of accessory sinuses, salivary glands or ducts.
- i) Reduction of dislocations of, and excision of, the temporomandibular joints.
- j) Gingivectomy for the excision of loose gum tissue to eliminate infection; or osseous surgery and related MEDICALLY NECESSARY guided tissue regeneration and bone-graft replacement, when performed in place of a covered gingivectomy.
- k) Alveolectomy or alveoplasty (if performed for reasons other than preparation for dentures, dental implants, or other procedures not covered under Uniform Benefits) and associated osseous (removal of bony tissue) surgery.

Retrograde fillings are covered when MEDICALLY NECESSARY following covered oral surgery procedures.

Oral surgery benefits shall not include benefits for procedures not listed above; for example, root canal procedures, filling, capping or recapping.

17) Treatment of Temporomandibular Disorders

As required by [Wis. Stat. § 632.895 \(11\)](#), coverage is provided for diagnostic procedures and PRIOR AUTHORIZED MEDICALLY NECESSARY surgical or non-surgical treatment for the correction of temporomandibular disorders, if all of the following apply:

- a) A CONGENITAL, developmental or acquired deformity, disease or INJURY caused the condition.
- b) The procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition under the accepted standards of the profession of the health care PROVIDER rendering the service.
- c) The purpose of the procedure or device is to control or eliminate infection, pain, disease or dysfunction.

This includes coverage of non-surgical treatment, but does not include coverage for cosmetic or elective orthodontic, periodontic or general dental care. Intraoral splints are covered under this provision but are subject to the DURABLE MEDICAL EQUIPMENT COINSURANCE as outlined in the SCHEDULE OF BENEFITS. Benefits for diagnostic procedures and non-surgical treatment, including intraoral splints, will be payable up to \$1,250 per calendar year.

18) Transplants

The following transplantations are covered, however, all services, including transplant work-ups, must be PRIOR AUTHORIZED by the HEALTH PLAN in order to be a covered transplant.

Donor expenses are covered when included as part of the PARTICIPANT'S (as the transplant recipient) bill.

Limited to one transplant per organ (which applies to items b., e., f., and g. as listed below) per PARTICIPANT per HEALTH PLAN during the lifetime of the policy, except as required for treatment of kidney disease.

- a) Autologous (self to self) and allogeneic (donor to self) bone marrow transplantations, including peripheral stem cell rescue, used only in the treatment of:
 - i) Aplastic anemia
 - ii) Acute leukemia
 - iii) Severe combined immunodeficiency, for example, adenosine deaminase deficiency and idiopathic deficiencies
 - iv) Wiskott-Aldrich syndrome
 - v) Infantile malignant osteopetrosis (Albers-Schoenberg disease or marble bone disease)
 - vi) Hodgkins and non-Hodgkins lymphoma
 - vii) Combined immunodeficiency
 - viii) Chronic myelogenous leukemia
 - ix) Pediatric tumors based upon individual consideration
 - x) Neuroblastoma
 - xi) Myelodysplastic syndrome
 - xii) Homozygous Beta-Thalassemia
 - xiii) Mucopolysaccharidoses (e.g. Gaucher's disease, Metachromatic Leukodystrophy, Adrenoleukodystrophy)
 - xiv) Multiple Myeloma, Stage II or Stage III
 - xv) Germ Cell Tumors (e.g. testicular, mediastinal, retroperitoneal or ovarian) refractory to standard dose chemotherapy with FDA approved platinum compound
- b) Parathyroid transplantation

- c) Musculoskeletal transplantations intended to improve the function and appearance of any body area, which has been altered by disease, trauma, CONGENITAL anomalies or previous therapeutic processes.
- d) Corneal transplantation (keratoplasty) limited to:
 - i) Corneal opacity
 - ii) Keratoconus or any abnormality resulting in an irregular refractive surface not correctable with a contact lens or in a PARTICIPANT who cannot wear a contact lens
 - iii) Corneal ulcer
 - iv) Repair of severe lacerations
- e) Heart transplants will be limited to the treatment of:
 - i) Congestive Cardiomyopathy
 - ii) End-Stage Ischemic Heart Disease
 - iii) Hypertrophic Cardiomyopathy
 - iv) Terminal Valvular Disease
 - v) CONGENITAL Heart Disease, based upon individual consideration
 - vi) Cardiac Tumors, based upon individual consideration
 - vii) Myocarditis
 - viii) Coronary Embolization
 - ix) Post-traumatic Aneurysm
- f) Liver transplants will be limited to the treatment of:
 - i) Extrahepatic Biliary Atresia
 - ii) Inborn Error of Metabolism
 - (1) Alpha -1- Antitrypsin Deficiency
 - (2) Wilson's Disease
 - (3) Glycogen Storage Disease

(4) Tyrosinemia

iii) Hemochromatosis

iv) Primary Biliary Cirrhosis

v) Hepatic Vein Thrombosis

vi) Sclerosing Cholangitis

vii) Post-necrotic Cirrhosis, Hbe Ag Negative

viii) Chronic Active Hepatitis, Hbe Ag Negative

ix) Alcoholic Cirrhosis, abstinence for six or more months

x) Epithelioid Hemangioepithelioma

xi) Poisoning

xii) Polycystic Disease

g) Kidney with pancreas, heart with lung, and lung transplants as determined to be MEDICALLY NECESSARY by the HEALTH PLAN.

h) In addition to the above-listed diagnoses for covered transplants, the HEALTH PLAN may PRIOR AUTHORIZE a transplant for a non-listed diagnosis if the HEALTH PLAN determines that the transplant is a MEDICALLY NECESSARY and a cost effective alternate treatment.

i) Kidney Transplants. See [item 19](#) below.

19) Kidney Disease Treatment

Coverage for inpatient and outpatient kidney disease treatment will be provided. This benefit is limited to all services and supplies directly related to kidney disease, including but not limited to, dialysis, transplantation (applies to transplant maximum - see Transplants in [Section III, A, 18](#)), donor-related services, and related physician CHARGES.

20) Chiropractic Services

When performed by an IN-NETWORK PROVIDER. Benefits are not available for MAINTENANCE CARE.

21) Women's Health and Cancer Act of 1998

Under the Women's Health and Cancer Act of 1998, coverage for medical and surgical benefits with respect to mastectomies includes:

a) Reconstruction of the breast on which a mastectomy was performed,

- b) Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- c) Prosthesis (see DURABLE MEDICAL EQUIPMENT in [Section III, C, 3](#)) and physical complications of all stages of mastectomy, including lymphedemas,
- d) Breast implants.

22) Smoking Cessation

Coverage includes pharmacological products that by law require a written prescription and are described under the prescription drug benefits in [Section III, D, 1, e](#). Coverage also includes 1 office visit for counseling and to obtain the prescription and four telephonic counseling sessions per calendar year. Additional counseling and/or limited extension of pharmacological products require PRIOR AUTHORIZATION by the HEALTH PLAN.

B. Institutional Services

Covers inpatient and outpatient HOSPITAL services and SKILLED NURSING FACILITY services that are necessary for the admission, diagnosis and treatment of a patient when provided by an IN-NETWORK PROVIDER. Each PARTICIPANT in a health care facility agrees to conform to the rules and regulations of the institution. The HEALTH PLAN may require that the hospitalization be PRIOR AUTHORIZED.

1) Inpatient Care

- a) HOSPITALS and specialty HOSPITALS: Covered for semi-private room, ward or intensive care unit and MEDICALLY NECESSARY MISCELLANEOUS HOSPITAL EXPENSES, including prescription drugs administered during the CONFINEMENT. A private room is payable only if MEDICALLY NECESSARY for isolation purposes as determined by the HEALTH PLAN.
- b) Licensed SKILLED NURSING FACILITY: Must be admitted within 24 hours of discharge from a general HOSPITAL for continued treatment of the same condition. Only SKILLED CARE is covered. CUSTODIAL CARE is excluded. Benefits are limited to the number of days specified in the SCHEDULE OF BENEFITS. Benefits include prescription drugs administered during the CONFINEMENT. CONFINEMENT in a swing bed in a HOSPITAL is considered the same as a SKILLED NURSING FACILITY CONFINEMENT.
- c) HOSPITAL and ambulatory surgery center CHARGES and related anesthetics for dental care: Covered if services are provided to a PARTICIPANT who is under 5 years of age; has a medical condition that requires hospitalization or general anesthesia for dental care; or has a chronic disability that meets all of the conditions under [Wis. Stat. § 230.04 \(9r\) \(a\) 2](#). a., b., and c.

2) Outpatient Care

EMERGENCY care: First aid, accident or sudden ILLNESS requiring immediate HOSPITAL services. Subject to the cost sharing described in the SCHEDULE OF BENEFITS. Follow-up care received in an emergency room to treat the same INJURY is also subject to the cost sharing provisions.

Mental Health/Alcohol and Drug Abuse Services: See below for benefit details.

Diagnostic testing: Includes chemotherapy, laboratory, x-ray, and other diagnostic tests.

Surgical care: Covered.

C. Other Medical Services

1) Mental Health Services/Alcohol and Drug Abuse

PARTICIPANTS should contact the HEALTH PLAN prior to any services, including testing or evaluation, to determine if PRIOR AUTHORIZATION or a REFERRAL is required from the HEALTH PLAN.

a) Outpatient Services

Covers MEDICALLY NECESSARY services provided by an IN-NETWORK PROVIDER as described in the SCHEDULE OF BENEFITS. "Outpatient services" means non-residential services by PROVIDERS as defined and set forth under [Wis. Stat. § 632.89 \(1\) \(e\)](#) and as required by [Wis. Adm. Code § INS 3.37](#) and the federal Mental Health Parity and Addiction Equity Act (MHPAEA).

This benefit also includes services for a full-time student attending school in Wisconsin but out of the SERVICE AREA as required by [Wis. Stat. § 609.655](#).

b) Transitional Services

Covers MEDICALLY NECESSARY services provided by an IN-NETWORK PROVIDER as described in the SCHEDULE OF BENEFITS. Transitional care is provided in a less restrictive manner than inpatient services but in a more intensive manner than outpatient services as required by [Wis. Stat. § 632.89](#) and [Wis. Adm. Code § INS 3.37](#) and as required by MHPAEA.

c) Inpatient Services

Covers MEDICALLY NECESSARY services provided by an IN-NETWORK PROVIDER as described in the SCHEDULE OF BENEFITS and as required by [Wis. Stat. §632.89](#), [Wis. Adm. Code § INS 3.37](#) and MHPAEA. Covers court-ordered services for the mentally ill as required by [Wis. Stat. § 609.65](#). Such services are covered if performed by an OUT-OF-NETWORK PROVIDER, if provided as required by an EMERGENCY detention or on an EMERGENCY basis and the PROVIDER notifies the HEALTH PLAN within 72 hours after the initial provision of service.

d) Other

Prescription drugs used for the treatment of mental health, alcohol and drug abuse will be subject to the prescription drug benefit as described in [Section III, D, 1](#).

2) Durable Diabetic Equipment and Related Supplies

When prescribed by an IN-NETWORK PROVIDER for treatment of diabetes and purchased from an IN-NETWORK PROVIDER, durable diabetic equipment and durable and disposable supplies that are required for use with the durable diabetic equipment, will be covered **subject**

to cost sharing as outlined in the SCHEDULE OF BENEFITS. The PARTICIPANT'S COINSURANCE will be applied to the annual OOP. Durable diabetic equipment includes:

- a) Automated injection devices.
- b) Continuing glucose monitoring devices.
- c) Insulin infusion pumps, limited to one pump in a calendar year and YOU must use the pump for 30 days before purchase.

All DURABLE MEDICAL EQUIPMENT purchases or monthly rentals must be PRIOR AUTHORIZED as determined by the HEALTH PLAN.

(Glucometers are available through the PBM. Refer to [Section III, D, 2](#) for benefit information.)

3) **MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**

When prescribed by an IN-NETWORK PROVIDER for treatment of a diagnosed ILLNESS or INJURY and purchased from an IN-NETWORK PROVIDER, MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT will be covered **subject to cost sharing as outlined in the SCHEDULE OF BENEFITS.**

The following MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT will be covered only when PRIOR AUTHORIZED as determined by the HEALTH PLAN:

- a) Initial acquisition of artificial limbs and eyes including replacements due to significant physiological changes, such as physical maturation, when MEDICALLY NECESSARY, and refitting of any existing prosthesis is not possible.
- b) Casts, splints, trusses, crutches, prostheses, orthopedic braces and appliances and custom-made orthotics.
- c) Rental or, at the option of the HEALTH PLAN, purchase of equipment including, but not limited to, wheelchairs and HOSPITAL-type beds.
- d) An initial external lens per surgical eye directly related to cataract surgery (contact lens or framed lens).
- e) IUDs and diaphragms.
- f) Elastic support hose, for example, JOBST, which are prescribed by an IN-NETWORK PROVIDER. Limited to two pairs per calendar year.
- g) Cochlear implants, as described in the SCHEDULE OF BENEFITS.
- h) One hearing aid, as described in the SCHEDULE OF BENEFITS. The maximum payment applies to all services directly related to the hearing aid, for example, an ear mold.

- i) Ostomy and catheter supplies.
- j) Oxygen and respiratory equipment for home use when authorized by the HEALTH PLAN.
- k) Other medical equipment and supplies as approved by the HEALTH PLAN. Rental or purchase of equipment/supplies is at the option of the HEALTH PLAN.
- l) When PRIOR AUTHORIZED as determined by the HEALTH PLAN, repairs, maintenance and replacement of covered MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT, including replacement of batteries. When determining whether to repair or replace the MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT, the HEALTH PLAN will consider whether:
 - i) The equipment/supply is still useful or has exceeded its lifetime under normal use, or
 - ii) The PARTICIPANT'S condition has significantly changed so as to make the original equipment inappropriate (for example, due to growth or development).

Services will be covered subject to cost sharing as outlined in the SCHEDULE OF BENEFITS. Except for services related to cochlear implants and hearing aids as noted above, the out-of-pocket costs will apply to the annual OOPL.

4) Out-of-Network Coverage for Full-Time Students

If a DEPENDENT is a full-time student attending school outside of the SERVICE AREA, the following services will be covered:

- a) EMERGENCY or URGENT CARE. Non-urgent follow-up care out of the SERVICE AREA must be PRIOR AUTHORIZED or it will not be covered, and
 - b) Outpatient mental health services and treatment of alcohol or drug abuse if the DEPENDENT is a full-time student attending school in Wisconsin, but outside of the SERVICE AREA, as required by [Wis. Stat. § 609.655](#). In that case, the DEPENDENT may have a clinical assessment by an OUT-OF-NETWORK PROVIDER when PRIOR AUTHORIZED by the HEALTH PLAN. If outpatient services are recommended, coverage will be provided for 5 visits outside of the SERVICE AREA when PRIOR AUTHORIZED by the HEALTH PLAN. Additional visits may be approved by the HEALTH PLAN. If the student is unable to maintain full-time student status, he/she must obtain services from an IN-NETWORK PROVIDER for the treatment to be covered. This benefit is subject to the limitations shown in the SCHEDULE OF BENEFITS for mental health/alcohol/drug abuse services and will not serve to provide additional benefits to the PARTICIPANT.
- 5) Coverage of Newborn Infants with CONGENITAL Defects and Birth Abnormalities
 As required by [Wis. Stat. §632.895 \(5\)](#) and [Wis. Adm. Code § INS 3.38 \(2\) \(d\)](#), if a DEPENDENT is continuously covered under any HEALTH PLAN under this health benefits program from birth, coverage includes treatment for the functional repair or restoration of any body part when necessary to achieve normal functioning. If required by Wis. Statute, this provision includes

orthodontia and dental procedures if necessary as a secondary aspect of restoration of normal functioning or in preparation for surgery to restore function for treatment of cleft palate.

6) Coverage of Treatment for Autism Spectrum Disorders

Treatment of autism spectrum disorders is covered as required by [Wis. Stat. §632.895 \(12m\)](#). Autism spectrum disorder means any of the following: autism disorder, Asperger's syndrome or pervasive developmental disorder not otherwise specified. Treatment of autism spectrum disorders is covered when the treatment is prescribed by a physician and provided by any of the following IN-NETWORK PROVIDERS: psychiatrist, psychologist, social worker, behavior analyst, paraprofessional working under the supervision of any of those 4 types of PROVIDERS, professional working under the supervision of an outpatient mental health clinic, speech-language pathologist, or occupational therapist. Care up to \$50,000 per year for intensive-level and up to \$25,000 per calendar year for nonintensive-level services is not subject to policy exclusions and limitations. These minimum coverage monetary amounts shall be adjusted annually beginning in 2011 as determined by the Office of Commissioner of Insurance. The therapy limit does not apply to this benefit.

D. Prescription Drugs and Other Benefits Administered by the PHARMACY BENEFIT MANAGER (PBM)

YOU must obtain pharmacy benefits at a PBM PARTICIPATING PHARMACY except when not reasonably possible because of EMERGENCY or URGENT CARE. In these circumstances, YOU may need to file a claim as described in the paragraph below.

If YOU do not show YOUR PBM identification card at the pharmacy at the time YOU are obtaining benefits, YOU may need to pay the full amount and submit to the PBM for reimbursement an itemized bill, statement, and receipt that includes the pharmacy name, pharmacy address, patient's name, patient's identification number, NDC (national drug classification) code, prescription name, and retail price (in U.S. currency). In these situations, YOU may be responsible for more than the COPAYMENT amount. The PBM will determine the benefit amount based on the network price.

Except as specifically provided, all provisions of Uniform Benefits including, but not limited to, exclusions and limitations, coordination of benefits and services, and miscellaneous provisions, apply to the benefits administered by the PBM. The PBM may offer cost savings initiatives as approved by the DEPARTMENT. Contact the PBM if YOU have questions about these benefits.

Any benefits that are not listed in this section and are covered under this program are administered by the HEALTH PLAN.

1) Prescription Drugs

Coverage includes legend drugs and biologicals that are FDA approved which by law require a written prescription; are prescribed for treatment of a diagnosed ILLNESS or INJURY; and are purchased from a PBM Network Pharmacy after a COPAYMENT or COINSURANCE amount, as described in the SCHEDULE OF BENEFITS. A COPAYMENT will be applied to each prescription dispensed. The PBM may lower the COPAYMENT amount in certain situations. The PBM may classify a prescription drug as not covered if it determines that prescription drug does not add clinical or economic value over currently available therapies.

An annual OOPPL applies to PARTICIPANTS' COPAYMENTS for Level 1 and Level 2 Preferred prescription drugs as described on the SCHEDULE OF BENEFITS. When any PARTICIPANT meets the annual OOPPL, when applicable, as described on the SCHEDULE OF BENEFITS, that PARTICIPANT'S Level 1 and Level 2 PREFERRED DRUGS will be paid in full for the rest of the calendar year. Further, if family PARTICIPANTS combined have paid in a year the family annual OOPPL as described in the SCHEDULE OF BENEFITS, even if no one PARTICIPANT has met his or her individual annual OOPPL, all family PARTICIPANTS will have satisfied the annual OOPPL for that calendar year. The PARTICIPANT'S cost for Level 3 drugs will not be applied to the annual OOPPL. If the cost of a prescription drug is less than the applicable COPAYMENT, the PARTICIPANT will pay only the actual cost and that amount will be applied to the annual OOPPL for Level 1 and Level 2 PREFERRED DRUGS.

The HEALTH PLAN, not the PBM, will be responsible for covering prescription drugs administered during home care, office setting, CONFINEMENT, EMERGENCY room visit or URGENT CARE setting, if otherwise covered under Uniform Benefits. However, prescriptions for covered drugs written during home care, office setting, CONFINEMENT, EMERGENCY room visit or URGENT CARE setting will be the responsibility of the PBM and payable as provided under the terms and conditions of Uniform Benefits, unless otherwise specified in Uniform Benefits (for example, SELF-ADMINISTERED INJECTABLE).

MEDICARE eligible PARTICIPANTS will be covered by a MEDICARE Part D prescription drug plan (PDP) provided by the PBM. PARTICIPANTS who choose to be enrolled in another MEDICARE Part D PDP other than this PDP will not have benefits duplicated.

Where a MEDICARE PRESCRIPTION DRUG PLAN is the primary payor, the PARTICIPANT is responsible for the COPAYMENT plus any charges in excess of the PBM ALLOWED AMOUNT. The ALLOWED AMOUNT is based on the pricing methodology used by the preferred prescription drug plan administered by the PBM.

In most instances, claims for MEDICARE Part D immunizations, vaccinations and other prescription drugs, including costs to administer injections for PARTICIPANTS with MEDICARE Part D coverage, will be submitted to the PBM for adjudication even when the HEALTH PLAN or a contracted PROVIDER administers the injection. If the HEALTH PLAN or a contracted PROVIDER is unable to submit such a claim to the PBM, the PARTICIPANT is responsible for submitting the claims to the PBM.

Prescription drugs will be dispensed as follows:

- a) In maximum quantities not to exceed a 30 consecutive day supply per COPAYMENT.
- b) The PBM may apply quantity limits to medications in certain situations (for example, due to safety concerns or cost).
- c) Single packaged items are limited to two items per COPAYMENT or up to a 30-day supply, whichever is more appropriate, as determined by the PBM.

- d) Oral contraceptives are not subject to the 30-day supply and will be dispensed at one COPAYMENT per package or a 28-day supply, whichever is less.
- e) Smoking cessation coverage includes pharmacological products that by law require a written prescription and are prescribed for the purpose of achieving smoking cessation and are on the FORMULARY. These require a prescription from a physician and must be filled at a PARTICIPATING PHARMACY. Only one 30-day supply of medication may be obtained at a time and is subject to the prescription drug COPAYMENT and annual OOP. Coverage is limited to a maximum of 180 consecutive days of pharmacotherapy per calendar year unless the PARTICIPANT obtains PRIOR AUTHORIZATION for a limited extension.
- f) PRIOR AUTHORIZATION from the PBM may be required for certain prescription drugs. A list of prescription drugs requiring PRIOR AUTHORIZATION is available from the PBM.
- g) Cost-effective GENERIC EQUIVALENTS will be dispensed unless the IN-NETWORK PROVIDER specifies the Brand Name Drug and indicates that no substitutions may be made, in which case the Brand Name Drug will be covered at the COPAYMENT specified in the FORMULARY.
- h) Mail order is available for many prescription drugs. For certain Level 1 and Level 2 PREFERRED DRUGS determined by the PBM that are obtained from a designated mail order vendor, two COPAYMENTS will be applied to a 90-day supply of drugs if at least a 90-day supply is prescribed. SELF-ADMINISTERED INJECTABLES and narcotics are among those for which a 90-day supply is not available.
- i) Tablet splitting is a voluntary program in which the PBM may designate certain Level 1 and Level 2 PREFERRED DRUGS that the PARTICIPANT can split the tablet of a higher strength dosage at home. Under this program, the PARTICIPANT gets half the usual quantity for a 30-day supply, for example, 15 tablets for a 30-day supply. PARTICIPANTS who use tablet splitting will pay half the normal COPAYMENT amount.
- j) The PBM reserves the right to designate certain over-the-counter drugs on the FORMULARY.
- k) SPECIALTY MEDICATIONS and SELF-ADMINISTERED INJECTABLES when obtained by prescription and which can safely be administered by the PARTICIPANT, must be obtained from a PBM PARTICIPATING PHARMACY OR PREFERRED SPECIALTY PHARMACY. In some cases, the PBM may need to limit availability to specific pharmacies.

This coverage includes investigational drugs for the treatment of HIV, as required by [Wis. Stat. § 632.895 \(9\)](#).

- 2) Insulin, Disposable Diabetic Supplies, Glucometers
The PBM will list approved products on the FORMULARY. PRIOR AUTHORIZATION is required for anything not listed on the FORMULARY.

- a) Insulin is covered as a prescription drug. Insulin will be dispensed in a maximum quantity of a 30-consecutive-day supply for one prescription drug COPAYMENT, as described on the SCHEDULE OF BENEFITS.
 - b) Disposable Diabetic Supplies and Glucometers will be covered after a 20% COINSURANCE as outlined in the SCHEDULE OF BENEFITS when prescribed for treatment of diabetes and purchased from a PBM Network Pharmacy. Disposable diabetic supplies include needles, syringes, alcohol swabs, lancets, lancing devices, blood or urine test strips. The PARTICIPANT'S COINSURANCE will be applied to the annual OOP for prescription drugs.
- 3) Other Devices and Supplies
- Other devices and supplies administered by the PBM that are subject to a 20% COINSURANCE and applied to the annual OOP for prescription drugs are as follows:
- a) Diaphragms
 - b) Syringes/Needles
 - c) Spacers/Peak Flow Meters

IV. Exclusions and Limitations

A. Exclusions

The following is a list of services, treatments, equipment or supplies that are excluded (meaning no benefits are payable under Uniform Benefits); or have some limitations on the benefit provided. All exclusions listed below apply to benefits offered by HEALTH PLANS and the PBM. To make the comprehensive list of exclusions easier to reference, exclusions are listed by the category in which they would typically be applied. The exclusions do not apply solely to the category in which they are listed except that [Subsection 10](#) applies only to the pharmacy benefit administered by the PBM. Some of the listed exclusions may be MEDICALLY NECESSARY, but still are not covered under this program, while others may be examples of services which are not MEDICALLY NECESSARY or not medical in nature, as determined by the HEALTH PLAN and/or PBM.

1) Surgical Services

- a) Any surgical treatment or hospitalization for the treatment of obesity, including morbid obesity or as treatment for the Comorbidities of obesity, for example, gastroesophageal reflux disease. This includes, but is not limited to, stomach-limiting and bypass procedures.
- b) Keratorefractive eye surgery, including but not limited to, tangential or radial keratotomy, or laser surgeries for the correction of vision.
- c) Procedures, services, and supplies related to surgery and sex hormones associated with gender reassignment.

2) Medical Services

- a) Examination and any other services (for example, blood tests) for informational purposes requested by third parties. Examples are physical exams for employment, licensing, insurance, marriage, adoption, participation in athletics, functional capacity examinations or evaluations, or examinations or treatment ordered by a court, unless otherwise covered as stated in the [Benefits and Services](#) Section.
- b) Expenses for medical reports, including preparation and presentation.
- c) Services rendered (a) in the examination, treatment or removal of all or part of corns, calluses, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; (b) in the cutting, trimming or other nonoperative partial removal of toenails; or (c) treatment of flexible flat feet. This exclusion does not apply when services are performed by an IN-NETWORK PROVIDER to treat a metabolic or peripheral disease or a skin or tissue infection.
- d) Weight loss programs including dietary and nutritional treatment in connection with obesity. This does not include NUTRITIONAL COUNSELING as provided in the [Benefits and Services](#) Section.
- e) Work-related preventive treatment (for example, Hepatitis vaccinations, Rabies vaccinations, small pox vaccinations, etc.).

- f) Services of a blood donor. MEDICALLY NECESSARY autologous blood donations are not considered to be services of a blood donor.
 - g) Genetic testing and/or genetic counseling services, unless MEDICALLY NECESSARY to diagnose or treat an existing ILLNESS.
- 3) Ambulance Services
- a) Ambulance service, except as outlined in the [Benefits and Services](#) Section, unless authorized by the HEALTH PLAN.
 - b) Charges for, or in connection with, travel, except for ambulance transportation as outlined in the [Benefits and Services](#) Section.
- 4) Therapies
- a) Vocational rehabilitation including work hardening programs.
 - b) Except for services covered under the HABILITATION SERVICES therapy benefit, and mandated benefits for autism spectrum disorders under [Wis. Stat. § 632.895 \(12m\)](#) therapies.
 - c) Physical fitness or exercise programs.
 - d) Biofeedback, except that provided by a physical therapist for treatment of headaches and spastic torticollis.
 - e) Massage therapy.
- 5) Oral Surgery/Dental Services/Extraction and Replacement Because of Accidental INJURY
- a) All services performed by dentists and other dental services, including all orthodontic services, except those specifically listed in the [Benefits and Services](#) Section or which would be covered if it was performed by a physician and is within the scope of the dentist's license. This includes, but is not limited to, dental implants; shortening or lengthening of the mandible or maxillae; correction of malocclusion; and hospitalization costs for services not specifically listed in the [Benefits and Services](#) Section. (Note: Mandated TMJ benefits under [Wis. Stat. § 632.895 \(11\)](#) may limit this exclusion.)
 - b) All periodontic procedures, except gingivectomy surgery as listed in the [Benefits and Services](#) Section.
 - c) All oral surgical procedures not specifically listed in the [Benefits and Services](#) Section.

6) Transplants

- a) Transplants and all related services, except those listed as covered procedures.
- b) Services in connection with covered transplants unless PRIOR AUTHORIZED by the HEALTH PLAN.
- c) Retransplantation or any other costs related to a failed transplant that is otherwise covered under the global fee. Only one transplant per organ per PARTICIPANT per HEALTH PLAN is covered during the lifetime of the policy, except as required for treatment of kidney disease.
- d) Purchase price of bone marrow, organ or tissue that is sold rather than donated.
- e) All separately billed donor-related services, except for kidney transplants.
- f) Non-human organ transplants or artificial organs.

7) Reproductive Services

- a) Infertility services which are not for treatment of ILLNESS or INJURY (i.e., that are for the purpose of achieving pregnancy). The diagnosis of infertility alone does not constitute an ILLNESS.
- b) Reversal of voluntary sterilization procedures and related procedures when performed for the purpose of restoring fertility.
- c) Services for storage or processing of semen (sperm); donor sperm.
- d) Harvesting of eggs and their cryopreservation.
- e) Artificial insemination or fertilization methods including, but not limited to, in vivo fertilization, in vitro fertilization, embryo transfer, gamete intra fallopian transfer (GIFT) and similar procedures, and related HOSPITAL, professional and diagnostic services and medications that are incidental to such insemination or fertilization methods.
- f) Surrogate mother services.
- g) Maternity services received out of the SERVICE AREA one month prior to the estimated due date, unless PRIOR AUTHORIZED (PRIOR AUTHORIZATION will be granted only if the situation is out of the PARTICIPANT'S control, for example, family EMERGENCY).
- h) Amniocentesis or chorionic villi sampling (CVS) solely for sex determination.
- i) Services of home delivery for childbirth.

- j) Laboratory services provided in conjunction with infertility services after the diagnosis of infertility is confirmed.

8) HOSPITAL Inpatient Services

- a) Take home drugs and supplies dispensed at the time of discharge, which can reasonably be purchased on an outpatient basis.
- b) HOSPITAL stays, which are extended for reasons other than MEDICAL NECESSITY, limited to lack of transportation, lack of caregiver, inclement weather and other, like reasons.
- c) A continued HOSPITAL stay, if the attending physician has documented that care could effectively be provided in a less acute care setting, for example, SKILLED NURSING FACILITY.

9) Durable Medical or Diabetic Equipment and Supplies

- a) All DURABLE MEDICAL EQUIPMENT purchases or rentals unless PRIOR AUTHORIZED as required by the HEALTH PLAN.
- b) Repairs and replacement of DURABLE MEDICAL EQUIPMENT/supplies unless PRIOR AUTHORIZED by the HEALTH PLAN.
- c) MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT for comfort, personal hygiene and convenience items such as, but not limited to, wigs, hair prostheses, air conditioners, air cleaners, humidifiers; or physical fitness equipment, physician's equipment; disposable supplies; alternative communication devices (for example, electronic keyboard for a hearing impairment); and self-help devices intended to support the essentials of daily living, including, but not limited to, shower chairs and reaches, and other equipment designed to position or transfer patients for convenience and/or safety reasons.
- d) Home testing and monitoring supplies and related equipment except those used in connection with the treatment of diabetes or infant apnea or as PRIOR AUTHORIZED by the HEALTH PLAN.
- e) Equipment, models or devices that have features over and above that which are MEDICALLY NECESSARY for the PARTICIPANT will be limited to the standard model as determined by the HEALTH PLAN. This includes the upgrade of equipment, models or devices to better or newer technology when the existing equipment, models or devices are sufficient and there is no change in the PARTICIPANT'S condition nor is the existing equipment, models or devices in need of repair or replacement.
- f) Motor vehicles (for example, cars, vans) or customization of vehicles, lifts for wheel chairs and scooters, and stair lifts.
- g) Customization of buildings for accommodation (for example, wheelchair ramps).

- h) Replacement or repair of DURABLE MEDICAL EQUIPMENT/supplies damaged or destroyed by the PARTICIPANT, lost or stolen.

10) Outpatient Prescription Drugs – Administered by the PBM

- a) Charges for supplies and medicines with or without a doctor's prescription, unless otherwise specifically covered.
- b) Charges for prescription drugs which require PRIOR AUTHORIZATION unless approved by the PBM.
- c) Charges for cosmetic drug treatments such as Retin-A, Rogaine, or their medical equivalent.
- d) Any FDA medications approved for weight loss (for example, appetite suppressants, Xenical).
- e) Anorexic agents.
- f) Non-FDA approved prescriptions, including compounded estrogen, progesterone or testosterone products, except as authorized by the PBM.
- g) All over-the-counter drug items, except those designated as covered by the PBM.
- h) Unit dose medication, including bubble pack or pre-packaged medications, except for medications that are unavailable in any other dose or packaging.
- i) Charges for injectable medications, except for SELF-ADMINISTERED INJECTABLE medications.
- j) Charges for supplies and medicines purchased from a NON-PARTICIPATING PHARMACY, except when EMERGENCY or URGENT CARE is required.
- k) Drugs recently approved by the FDA may be excluded until reviewed and approved by the PBM'S Pharmacy and Therapeutics Committee, which determines the therapeutic advantage of the drug and the medically appropriate application.
- l) Infertility and fertility medications.
- m) Charges for medications obtained through a discount program or over the Internet, unless PRIOR AUTHORIZED by the PBM.
- n) Charges to replace expired, spilled, stolen or lost prescription drugs.

11) General

- a) Any additional exclusion as described in the SCHEDULE OF BENEFITS.

- b) Services to the extent the PARTICIPANT is eligible for all MEDICARE benefits, regardless of whether or not the PARTICIPANT is actually enrolled in MEDICARE. This exclusion only applies if the PARTICIPANT enrolled in MEDICARE coordinated coverage does not enroll in MEDICARE Part B when it is first available as the primary payor or who subsequently cancels MEDICARE coverage or is not enrolled in a MEDICARE Part D Plan.
- c) Treatment, services and supplies for which the PARTICIPANT: (a) has no obligation to pay or which would be furnished to a PARTICIPANT without charge; (b) would be entitled to have furnished or paid for, fully or partially, under any law, regulation or agency of any government; or (c) would be entitled, or would be entitled if enrolled, to have furnished or paid for under any voluntary medical benefit or insurance plan established by any government; if this contract was not in effect.
- d) INJURY or ILLNESS caused by: (a) Atomic or thermonuclear explosion or resulting radiation; or (b) any type of military action, friendly or hostile. Acts of domestic terrorism do not constitute military action.
- e) Treatment, services and supplies for any INJURY or ILLNESS as the result of war, declared or undeclared, enemy action or action of Armed Forces of the United States, or any state of the United States, or its Allies, or while serving in the Armed Forces of any country.
- f) Treatment, services and supplies furnished by the U.S. Veterans Administration (VA), except for such treatment, services and supplies for which under the policy the HEALTH PLAN and/or PBM is the primary payor and the VA is the secondary payor under applicable federal law. Benefits are not coordinated with the VA unless specific federal law requires such coordination.
- g) Services for holistic medicine, including homeopathic medicine, or other programs with an objective to provide complete personal fulfillment.
- h) Treatment, services or supplies used in educational or vocational training.
- i) Treatment or service in connection with any ILLNESS or INJURY caused by a PARTICIPANT (a) engaging in an illegal occupation or (b) commission of, or attempt to commit, a felony.
- j) MAINTENANCE CARE.
- k) Care, including treatment, services, and supplies, provided to assist with activities of daily living (ADL).
- l) Personal comfort or convenience items or services such as in-HOSPITAL television, telephone, private room, housekeeping, shopping, homemaker services, and meal preparation services as part of home health care.

- m) Charges for injectable medications administered in a nursing home when the nursing home stay is not covered by the BENEFIT PLAN.
- n) Custodial, nursing facility (except skilled), or domiciliary care. This includes community reentry programs.
- o) Expenses incurred prior to the EFFECTIVE DATE of coverage by the HEALTH PLAN and/or PBM, or services received after the HEALTH PLAN and/or PBM coverage or eligibility terminates. Except when a PARTICIPANT'S coverage terminates because of SUBSCRIBER cancellation or nonpayment of premium, benefits shall continue to the PARTICIPANT if he or she is CONFINED as an inpatient on the coverage termination date but only until the attending physician determines that CONFINEMENT is no longer MEDICALLY NECESSARY; the contract maximum is reached; the end of 12 months after the date of termination; or CONFINEMENT ceases, whichever occurs first. If the termination is a result of a SUBSCRIBER changing coverage under HEALTH PLANS during a prescribed enrollment period as determined by the Board, benefits after the EFFECTIVE DATE with the succeeding HEALTH PLAN will be the responsibility of the succeeding HEALTH PLAN unless the facility in which the PARTICIPANT is CONFINED is not part of the succeeding HEALTH PLAN'S network. In this instance, the liability will remain with the previous HEALTH PLAN.
- p) Eyeglasses or corrective contact lenses, fitting of contact lenses, except for the initial lens per surgical eye directly related to cataract surgery. The incremental cost of a non-standard intraocular lens (e.g., multifocal and toric lenses) compared to a standard monofocal intraocular lens is not covered.
- q) Any service, treatment, procedure, equipment, drug, device or supply which is not reasonably and MEDICALLY NECESSARY or not required in accordance with accepted standards of medical, surgical or psychiatric practice.
- r) Charges for any missed appointment.
- s) EXPERIMENTAL services, treatments, procedures, equipment, drugs, devices or supplies, including, but not limited to: Treatment or procedures not generally proven to be effective as determined by the HEALTH PLAN and/or PBM following review of research protocol and individual treatment plans; orthomolecular medicine, acupuncture, cytotoxin testing in conjunction with allergy testing, hair analysis except in conjunction with lead and arsenic poisoning. Phase I, II and III protocols for cancer treatments and certain organ transplants. In general, any service considered to be EXPERIMENTAL, except drugs for treatment of an HIV infection, as required by [Wis. Stat. § 632.895 \(9\)](#) and routine care administered in a cancer clinical trial as required by [Wis. Stat. § 632.87 \(6\)](#).
- t) Services provided by members of the SUBSCRIBER'S IMMEDIATE FAMILY or any person residing with the SUBSCRIBER.

- u) Services, including non-physician services, provided by OUT-OF-NETWORK PROVIDERS. Exceptions to this exclusion:
 - i. On written REFERRAL by an IN-NETWORK PROVIDER with the prior written authorization of the HEALTH PLAN.
 - ii. EMERGENCIES in the SERVICE AREA when the PRIMARY CARE PROVIDER or another IN-NETWORK PROVIDER cannot be reached.
 - iii. EMERGENCY or URGENT CARE services outside the SERVICE AREA. Non-urgent follow-up care requires PRIOR AUTHORIZATION from the HEALTH PLAN.
- v) Services of a specialist without an IN-NETWORK PROVIDER'S written REFERRAL, except in an EMERGENCY or by written PRIOR AUTHORIZATION of the HEALTH PLAN. Any HOSPITAL or medical care or service not provided for in this document unless authorized by the HEALTH PLAN.
- w) Coma stimulation programs.
- x) Orthoptics (Eye exercise training) except for two sessions as MEDICALLY NECESSARY per lifetime. The first session for training, the second for follow-up.
- y) Any diet control program, treatment, or supply for weight reduction.
- z) Food or food supplements except when provided during a covered outpatient or inpatient CONFINEMENT.
- aa) Services to the extent a PARTICIPANT receives or is entitled to receive, any benefits, settlement, award or damages for any reason of, or following any claim under, any Worker's Compensation Act, employer's liability insurance plan or similar law or act. Entitled means YOU are actually insured under Worker's Compensation.
- ab) Services related to an INJURY that was self-inflicted for the purpose of receiving HEALTH PLAN and/or PBM Benefits.
- ac) Charges directly related to a non-covered service, such as hospitalization charges, except when a complication results from the non-covered service that could not be reasonably expected and the complication requires MEDICALLY NECESSARY treatment that is performed by an IN-NETWORK PROVIDER or PRIOR AUTHORIZED by the HEALTH PLAN. The treatment of the complication must be a covered benefit of the HEALTH PLAN and PBM. Non-covered services do not include any treatment or service that was covered and paid for under any HEALTH PLAN as part of this program.
- ad) Treatment, services and supplies for cosmetic or beautifying purposes, including removal of keloids resulting from piercing and hair restoration, except when associated with a covered service to correct a functional impairment related to CONGENITAL bodily disorders or conditions or when associated with covered reconstructive surgery due to an ILLNESS

or accidental INJURY (including subsequent removal of a prosthetic device that was related to such reconstructive surgery). Psychological reasons do not represent a medical/surgical necessity.

- ae) Any smoking cessation program, treatment, or supply that is not specifically covered in the [Benefits and Services](#) Section.
- af) Any charges for, or in connection with, travel. This includes but is not limited to meals, lodging and transportation. An exception is EMERGENCY ambulance transportation.
- ag) Sexual counseling services related to infertility.
- ah) Services that a child's school is legally obligated to provide, whether or not the school actually provides the services and whether or not YOU choose to use those services.
- ai) Hypnotherapy.
- aj) Marriage/couples/family counseling.
- ak) Residential care except residential care for Alcohol and Drug Abuse and transitional care as required by [Wis. Stat. § 632.89](#) and [Wis. Admin Code § INS 3.37](#) and as required by the federal Mental Health Parity and Addiction Equity Act.
- al) Biofeedback.

B. Limitations

- 1) COPAYMENTS or COINSURANCE are required for:
 - a) State of Wisconsin program PARTICIPANTS, except for retirees for whom MEDICARE is the primary payor, for all services unless otherwise required under federal and state law.
 - b) State of Wisconsin PARTICIPANTS for whom MEDICARE is the primary payor, and for all PARTICIPANTS of the Wisconsin Public Employers program, and/or limitations apply to, the following services: DURABLE MEDICAL EQUIPMENT, Prescription Drugs, Smoking Cessation, Cochlear Implants, treatment of Temporomandibular Disorders and care received in an emergency room.
- 2) Benefits are limited for the following services: Replacement of NATURAL TEETH because of accidental INJURY, Oral Surgery, HOSPITAL Inpatient, licensed SKILLED NURSING FACILITY, Physical, Speech and Occupational Therapy, Home Care Benefits, Transplants, Hearing Aids, and Orthoptics.
- 3) Use of OUT-OF-NETWORK PROVIDERS and HOSPITALS requires prior written approval by the PARTICIPANT'S PRIMARY CARE PROVIDER and the HEALTH PLAN to determine medical appropriateness and whether services can be provided by IN-NETWORK PROVIDERS.

- 4) Major Disaster or Epidemic: If a major disaster or epidemic occurs, IN-NETWORK PROVIDERS and HOSPITALS must render medical services (and arrange extended care services and home health service) insofar as practical according to their best medical judgment, within the limitation of available facilities and personnel. This extends to the PBM and its PARTICIPATING PHARMACIES. In this case, PARTICIPANTS may receive covered services from OUT-OF-NETWORK PROVIDERS and/or NON-PARTICIPATING PHARMACIES.
- 5) Circumstances Beyond the HEALTH PLAN'S and/or PBM'S Control: If, due to circumstances not reasonably within the control of the HEALTH PLAN and/or PBM, such as a complete or partial insurrection, labor disputes not within the control of the HEALTH PLAN and/or PBM, disability of a significant part of HOSPITAL or medical group personnel or similar causes, the rendition or provision of services and other benefits covered hereunder is delayed or rendered impractical, the HEALTH PLAN, IN-NETWORK PROVIDERS and/or PBM will use their best efforts to provide services and other benefits covered hereunder. In this case, PARTICIPANTS may receive covered services from OUT-OF-NETWORK PROVIDERS and/or NON-PARTICIPATING PHARMACIES.
- 6) Speech and Hearing Screening Examinations: Limited to the routine screening tests performed by an IN-NETWORK PROVIDER for determining the need for correction.
- 7) Outpatient Rehabilitation, Physical, Occupational and Speech Therapy: These therapies are benefits only for treatment of those conditions which are expected to yield significant patient improvement within two months after the beginning of treatment.
- 8) Only one transplant per organ per PARTICIPANT per HEALTH PLAN is covered during the lifetime of the policy, except as required for treatment of kidney disease.

V. Coordination of Benefits and Services

A. Applicability

- 1) This Coordination of Benefits (COB) provision applies to THIS PLAN when a PARTICIPANT has health care coverage under more than one PLAN at the same time. "PLAN" and "THIS PLAN" are defined below.
- 2) If this COB provision applies, the order of benefit determination rules shall be looked at first. The rules determine whether the benefits of THIS PLAN are determined before or after those of another PLAN. The benefits of THIS PLAN:
 - a) Shall not be reduced when, under the order of benefit determination rules, THIS PLAN determines its benefits before another PLAN, but
 - b) May be reduced when, under the order of benefit determination rules, another PLAN determines its benefits first. This reduction is described in [Section D](#) below, Effect on the Benefits of THIS PLAN.

B. Definitions

In this [Section V](#), the following words are defined as follows:

ALLOWABLE EXPENSE: means a necessary, reasonable, and customary item of expense for health care, when the item of expense is covered at least in part by one or more PLANS covering the person for whom the claim is made. The difference between the cost of a private HOSPITAL room and the cost of a semi-private HOSPITAL room is not considered an ALLOWABLE EXPENSE unless the patient's stay in a private HOSPITAL room is MEDICALLY NECESSARY either in terms of generally accepted medical practice or as specifically defined by the PLAN. When a PLAN provides benefits in the form of services, the reasonable cash value of each service rendered shall be considered both an ALLOWABLE EXPENSE and a benefit paid.

However, notwithstanding the above, when there is a maximum benefit limitation for a specific service or treatment, the SECONDARY PLAN will also be responsible for paying up to the maximum benefit allowed for its PLAN. This will not duplicate benefits paid by the PRIMARY PLAN.

CLAIM DETERMINATION PERIOD: means a calendar year. However, it does not include any part of a year during which a person has no coverage under THIS PLAN or any part of a year before the date this COB provision or a similar provision takes effect.

PLAN: means any of the following which provides benefits or services for, or because of, medical, pharmacological or dental care or treatment:

- 1) Group insurance or group-type coverage, whether insured or uninsured, that includes continuous 24-hour coverage. This includes prepayment, group practice or individual practice coverage. It also includes coverage other than school accident-type coverage.
- 2) Coverage under a governmental plan or coverage that is required or provided by law. This does not include a state plan under MEDICAID (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act as amended from time to time). It also does

not include any PLAN whose benefits, by law, are excess to those of any private insurance program or other non-governmental program. Each contract or other arrangement for coverage under a. or b. is a separate PLAN. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate PLAN.

PRIMARY PLAN / SECONDARY PLAN: The order of benefit determination rules state whether THIS PLAN is a PRIMARY PLAN or SECONDARY PLAN as to another PLAN covering the person.

When THIS PLAN is a SECONDARY PLAN, its benefits are determined after those of the other PLAN and may be reduced because of the other PLAN'S benefits.

When THIS PLAN is a PRIMARY PLAN, its benefits are determined before those of the other PLAN and without considering the other PLAN'S benefits.

When there are more than two PLANS covering the person, THIS PLAN may be a PRIMARY PLAN as to one or more other PLANS and may be a SECONDARY PLAN as to a different PLAN or PLANS.

THIS PLAN: means the part of YOUR Summary Plan Description (group contract) that provides benefits for health care and pharmaceutical expenses.

C. Order of Benefit Determination Rules

1) General

When there is a basis for a claim under THIS PLAN and another PLAN, THIS PLAN is a SECONDARY PLAN that has its benefits determined after those of the other PLAN, unless:

- a) The other PLAN has rules coordinating its benefits with those of THIS PLAN, and
- b) Both those rules and THIS PLAN'S rules described in subparagraph 2 require that THIS PLAN'S benefits be determined before those of the other PLAN.

2) Rules

THIS PLAN determines its order of benefits using the first of the following rules which applies:

- a) Non-Dependent/DEPENDENT
The benefits of the PLAN which covers the person as an employee or PARTICIPANT are determined before those of the PLAN which covers the person as a DEPENDENT of an employee or PARTICIPANT.
- b) DEPENDENT Child/Parents Not Separated or Divorced
Except as stated in subparagraph 2, c below, when THIS PLAN and another PLAN cover the same child as a DEPENDENT of different persons, called "parents":
 - i) The benefits of the PLAN of the parent whose birthday falls earlier in the calendar year are determined before those of the PLAN of the parent whose birthday falls later in that calendar year, but

- ii) If both parents have the same birthday, the benefits of the PLAN which covered the parent longer are determined before those of the PLAN which covered the other parent for a shorter period of time.

However, if the other PLAN does not have the rule described in i) above but instead has a rule based upon the gender of the parent, and if, as a result, the PLANS do not agree on the order of benefits, the rule in the other PLAN shall determine the order of benefits.

c) DEPENDENT Child/Separated or Divorced Parents

If two or more PLANS cover a person as a DEPENDENT child of divorced or separated parents, benefits for the child are determined in this order:

- i) First, the PLAN of the parent with custody of the child,
- ii) Then, the PLAN of the spouse of the parent with the custody of the child, and
- iii) Finally, the PLAN of the parent not having custody of the child.

Also, if the specific terms of a court decree state that the parents have joint custody of the child and do not specify that one parent has responsibility for the child's health care expenses or if the court decree states that both parents shall be responsible for the health care needs of the child but gives physical custody of the child to one parent, and the entities obligated to pay or provide the benefits of the respective parents' PLANS have actual knowledge of those terms, benefits for the DEPENDENT child shall be determined according to C, 2, b.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the PLAN of that parent has actual knowledge of those terms, the benefits of that PLAN are determined first. This paragraph does not apply with respect to any CLAIM DETERMINATION PERIOD or PLAN year during which any benefits are actually paid or provided before the entity has that actual knowledge.

d) Active/Inactive Employee

The benefits of a PLAN which covers a person as an employee who is neither laid off nor retired or as that employee's DEPENDENT are determined before those of a PLAN which covers that person as a laid off or retired employee or as that employee's DEPENDENT. If the other PLAN does not have this rule and if, as a result, the PLANS do not agree on the order of benefits, this paragraph d is ignored.

e) Continuation Coverage

- i) If a person has continuation coverage under federal or state law and is also covered under another PLAN, the following shall determine the order of benefits:

- (1) First, the benefits of a PLAN covering the person as an employee, member, or SUBSCRIBER or as a DEPENDENT of an employee, member, or SUBSCRIBER.

(2) Second, the benefits under the continuation coverage.

ii) If the other PLAN does not have the rule described in subparagraph 1, and if, as a result, the PLANS do not agree on the order of benefits, this paragraph e is ignored.

f) Longer/Shorter Length of Coverage

If none of the above rules determines the order of benefits, the benefits of the PLAN which covered an employee, member or SUBSCRIBER longer are determined before those of the PLAN which covered that person for the shorter time.

D. Effect on the Benefits of THIS PLAN

1) When This Section Applies

This section applies when, in accordance with [Section C](#), Order of Benefit Determination Rules, THIS PLAN is a SECONDARY PLAN as to one or more other PLANS. In that event, the benefits of THIS PLAN may be reduced under this section. Such other PLAN or PLANS are referred to as "the other PLANS" in subparagraph 2 below.

2) Reduction in THIS PLAN'S Benefits

The benefits of THIS PLAN will be reduced when the sum of the following exceeds the ALLOWABLE EXPENSES in a CLAIM DETERMINATION PERIOD:

- a) The benefits that would be payable for the ALLOWABLE EXPENSES under THIS PLAN in the absence of this COB provision, and
- b) The benefits that would be payable for the ALLOWABLE EXPENSES under the other PLANS, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made. Under this provision, the benefits of THIS PLAN will be reduced so that they and the benefits payable under the other PLANS do not total more than those ALLOWABLE EXPENSES.

When the benefits of THIS PLAN are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of THIS PLAN.

E. Right to Receive and Release Needed Information

The HEALTH PLAN has the right to decide the facts it needs to apply these COB rules. It may get needed facts from or give them to any other organization or person without the consent of the insured but only as needed to apply these COB rules. Medical records remain confidential as provided by state and federal law. Each person claiming benefits under THIS PLAN must give the HEALTH PLAN any facts it needs to pay the claim.

F. Facility of Payment

A payment made under another PLAN may include an amount which should have been paid under THIS PLAN. If it does, the HEALTH PLAN may pay that amount to the organization which made that payment. That amount will then be treated as though it was a benefit paid under THIS PLAN. The HEALTH PLAN will not have to pay that amount again. The term "payment made" means reasonable cash value of the benefits provided in the form of services.

G. Right of Recovery

If the amount of the payments made by the HEALTH PLAN is more than it should have paid under this COB provision, it may recover the excess from one or more of:

- 1) The persons it has paid or for whom it has paid,
- 2) Insurance companies, or
- 3) Other organizations.

The "amount of payments made" includes the reasonable cash value of any benefits provided in the form of services.

VI. Miscellaneous Provisions

A. Right to Obtain and Provide Information

Each PARTICIPANT agrees that the HEALTH PLAN and/or PBM may obtain from the PARTICIPANT'S health care PROVIDERS the information (including medical records) that is reasonably necessary, relevant and appropriate for the HEALTH PLAN and/or PBM to evaluate in connection with its treatment, payment, or health care operations. Each person claiming benefits must, upon request by the HEALTH PLAN, provide any relevant and reasonably available information which the HEALTH PLAN believes is necessary to determine benefits payable. Failure to provide such information may result in denial of the claim at issue.

Each PARTICIPANT agrees that information (including medical records) will, as reasonably necessary, relevant and appropriate, be disclosed as part of treatment, payment, or health care operations, including not only disclosures for such matters within the HEALTH PLAN and/or PBM but also disclosures to:

- 1) Health care PROVIDERS as necessary and appropriate for treatment,
- 2) Appropriate DEPARTMENT employees as part of conducting quality assessment and improvement activities, or reviewing the HEALTH PLAN'S/PBM'S claims determinations for compliance with contract requirements, or other necessary health care operations,
- 3) The tribunal, including an external review organization, and parties to any appeal concerning a claim denial.

B. Physical Examination

The HEALTH PLAN, at its own expense, shall have the right and opportunity to examine the person of any PARTICIPANT when and so often as may be reasonably necessary to determine his/her eligibility for claimed services or benefits under the Health Benefit Program (including, without limitation, issues relating to subrogation and coordination of benefits). By execution of an application for coverage under the HEALTH PLAN, each PARTICIPANT shall be deemed to have waived any legal rights he/she may have to refuse to consent to such examination when performed or conducted for the purposes set forth above.

C. Case Management/Alternate Treatment

The HEALTH PLAN may employ a professional staff to provide case management services. As part of this case management, the HEALTH PLAN or the PARTICIPANT'S attending physician may recommend that a PARTICIPANT consider receiving treatment for an ILLNESS or INJURY which differs from the current treatment if it appears that:

- 1) The recommended treatment offers at least equal medical therapeutic value, and
- 2) The current treatment program may be changed without jeopardizing the PARTICIPANT'S health, and

- 3) The CHARGES (including pharmacy) incurred for services provided under the recommended treatment will probably be less.

If the HEALTH PLAN agrees to the attending physician's recommendation or if the PARTICIPANT or his/her authorized representative and the attending physician agree to the HEALTH PLAN'S recommendation, the recommended treatment will be provided as soon as it is available. If the recommended treatment includes services for which benefits are not otherwise payable (for example, biofeedback, acupuncture), payment of benefits will be as determined by the HEALTH PLAN. The PBM may establish similar case management services.

D. Disenrollment

No person other than a PARTICIPANT is eligible for health benefits. The SUBSCRIBER'S rights to group health benefits coverage is forfeited if a PARTICIPANT assigns or transfers such rights, or aids any other person in obtaining benefits to which they are not entitled, or otherwise fraudulently attempts to obtain benefits. Coverage terminates the beginning of the month following action of the Board. Re-enrollment is possible only if the person is employed by an employer where the coverage is available and is limited to occur during the annual It's Your Choice open enrollment period. Re-enrollment options may be limited under the Board's authority.

The DEPARTMENT may at any time request such documentation as it deems necessary to substantiate SUBSCRIBER or DEPENDENT eligibility. Failure to provide such documentation upon request shall result in the suspension of benefits.

In situations where a PARTICIPANT has committed acts of physical or verbal abuse, or is unable to establish/maintain a satisfactory physician-patient relationship with the current or alternate PRIMARY CARE PROVIDER, disenrollment efforts may be initiated by the HEALTH PLAN or the Board. The SUBSCRIBER'S disenrollment is effective the first of the month following completion of the GRIEVANCE process and approval of the Board. Coverage and enrollment options may be limited by the Board.

E. Recovery of Excess Payments

The HEALTH PLAN and/or PBM might pay more than the HEALTH PLAN and/or PBM owes under the policy. If so, the HEALTH PLAN and/or PBM can recover the excess from YOU. The HEALTH PLAN and/or PBM can also recover from another insurance company or service plan, or from any other person or entity that has received any excess payment from the HEALTH PLAN and/or PBM.

Each PARTICIPANT agrees to reimburse the HEALTH PLAN and/or PBM for all payments made for benefits to which the PARTICIPANT was not entitled. Reimbursement must be made immediately upon notification to the SUBSCRIBER by the HEALTH PLAN and/or PBM. At the option of the HEALTH PLAN and/or PBM, benefits for future CHARGES may be reduced by the HEALTH PLAN and/or PBM as a set-off toward reimbursement.

F. Limit on Assignability of Benefits

This is YOUR personal policy. YOU cannot assign any benefit to other than a physician, HOSPITAL or other PROVIDER entitled to receive a specific benefit for YOU.

G. Severability

If any part of the policy is ever prohibited by law, it will not apply any more. The rest of the policy will continue in full force.

H. Subrogation

Each PARTICIPANT agrees that the payer under these Uniform Benefits, whether that is a HEALTH PLAN or the DEPARTMENT, shall be subrogated to a PARTICIPANT'S rights to damages, to the extent of the benefits the HEALTH PLAN provides under the policy, for ILLNESS or INJURY a third party caused or is liable for. It is only necessary that the ILLNESS or INJURY occur through the act of a third party. The HEALTH PLAN'S or DEPARTMENT'S rights of full recovery may be from any source, including but not limited to:

- 1) The third party or any liability or other insurance covering the third party.
- 2) The PARTICIPANT'S own uninsured motorist insurance coverage.
- 3) Under-insured motorist insurance coverage.
- 4) Any medical payments, no-fault or school insurance coverages which are paid or payable.

PARTICIPANT'S rights to damages shall be, and they are hereby, assigned to the HEALTH PLAN or DEPARTMENT to such extent.

The HEALTH PLAN'S or DEPARTMENT'S subrogation rights shall not be prejudiced by any PARTICIPANT. Entering into a settlement or compromise arrangement with a third party without the HEALTH PLAN'S or DEPARTMENT'S prior written consent shall be deemed to prejudice the HEALTH PLAN'S or DEPARTMENT'S rights. Each PARTICIPANT shall promptly advise the HEALTH PLAN or DEPARTMENT in writing whenever a claim against another party is made on behalf of a PARTICIPANT and shall further provide to the HEALTH PLAN or DEPARTMENT such additional information as is reasonably requested by the HEALTH PLAN or DEPARTMENT. The PARTICIPANT agrees to fully cooperate in protecting the HEALTH PLAN'S or DEPARTMENT'S rights against a third party. The HEALTH PLAN or DEPARTMENT has no right to recover from a PARTICIPANT or insured who has not been "made whole" (as this term has been used in reported Wisconsin court decisions), after taking into consideration the PARTICIPANT'S or insured's comparative negligence. If a dispute arises between the HEALTH PLAN or DEPARTMENT and the PARTICIPANT over the question of whether or not the PARTICIPANT has been "made whole", the HEALTH PLAN or DEPARTMENT reserves the right to a judicial determination whether the insured has been "made whole."

In the event the PARTICIPANT can recover any amounts, for an INJURY or ILLNESS for which the HEALTH PLAN or DEPARTMENT provides benefits, by initiating and processing a claim as required by a workmen's or worker's compensation act, disability benefit act, or other employee benefit act, the PARTICIPANT shall either assert and process such claim and immediately turn over to the HEALTH PLAN or DEPARTMENT the net recovery after actual and reasonable attorney fees and expenses, if any, incurred in effecting the recovery, or, authorize the HEALTH

PLAN or DEPARTMENT in writing to prosecute such claim on behalf of and in the name of the PARTICIPANT, in which case the HEALTH PLAN or DEPARTMENT shall be responsible for all actual attorney's fees and expenses incurred in making or attempting to make recovery. If a PARTICIPANT fails to comply with the subrogation provisions of this contract, particularly, but without limitation, by releasing the PARTICIPANT'S right to secure reimbursement for or coverage of any amounts under any workmen's or worker's compensation act, disability benefit act, or other employee benefit act, as part of settlement or otherwise, the PARTICIPANT shall reimburse the HEALTH PLAN or DEPARTMENT for all amounts theretofore or thereafter paid by the HEALTH PLAN or DEPARTMENT which would have otherwise been recoverable under such acts and the HEALTH PLAN or DEPARTMENT shall not be required to provide any future benefits for which recovery could have been made under such acts but for the PARTICIPANT'S failure to meet the obligations of the subrogation provisions of this contract. The PARTICIPANT shall advise the HEALTH PLAN or DEPARTMENT immediately, in writing, if and when the PARTICIPANT files or otherwise asserts a claim for benefits under any workmen's or worker's compensation act, disability benefit act, or other employee benefit act.

I. Proof of Claim

As a PARTICIPANT, it is YOUR responsibility to notify YOUR PROVIDER of YOUR participation in the HEALTH PLAN and PBM.

Failure to notify an IN-NETWORK PROVIDER of YOUR membership in the BENEFIT PLAN may result in claims not being filed on a timely basis. This could result in a delay in the claim being paid.

If YOU received allowable covered services (in most cases only EMERGENCIES or URGENT CARE) from an OUT-OF-NETWORK PROVIDER outside the SERVICE AREA, obtain and submit an itemized bill and submit to the HEALTH PLAN, clearly indicating the PROVIDER'S name and address. If the services were received outside the United States, indicate the appropriate exchange rate at the time the services were received and provide an English language itemized billing to facilitate processing of YOUR claim.

Claims for services must be submitted as soon as reasonably possible after the services are received. If the HEALTH PLAN and/or PBM does not receive the claim within 12 months, or if later, as soon as reasonably possible, after the date the service was received, the HEALTH PLAN and/or PBM may deny coverage of the claim.

J. Grievance Process

All participating HEALTH PLANS and the PBM are required to make a reasonable effort to resolve PARTICIPANTS' problems and complaints. If YOU have a complaint regarding the HEALTH PLAN'S and/or PBM'S administration of these benefits (for example, denial of claim or REFERRAL), YOU should contact the HEALTH PLAN and/or PBM and try to resolve the problem informally. If the problem cannot be resolved in this manner, YOU may file a written GRIEVANCE with the HEALTH PLAN and/or PBM. Contact the HEALTH PLAN and/or PBM for specific information on its GRIEVANCE procedures.

If YOU exhaust the HEALTH PLAN'S and/or PBM'S GRIEVANCE process and remain dissatisfied with the outcome, YOU may appeal to the DEPARTMENT by completing a DEPARTMENT complaint form. YOU should also submit copies of all pertinent documentation including the written determinations issued by the HEALTH PLAN and/or PBM. The HEALTH PLAN and/or PBM will advise YOU of YOUR right to appeal to the DEPARTMENT within 60 days of the date of the final GRIEVANCE decision letter from the HEALTH PLAN and/or PBM.

However, YOU may not appeal to the DEPARTMENT issues which do not arise under the terms and conditions of Uniform Benefits, for example, determination of MEDICAL NECESSITY, appropriateness, health care setting, level of care, effectiveness of a covered benefit, EXPERIMENTAL treatment, or the rescission of a policy or certificate that can be resolved through an external review process under applicable federal or state law. YOU may request an external review. In this event, YOU must notify the TPA and/or PBM of YOUR request. Any decision rendered through an external review is final and binding in accordance with applicable federal or state law. YOU have no further right to administrative review once the external review decision is rendered.

K. Appeals to the Group Insurance Board

After exhausting the HEALTH PLAN'S or PBM'S GRIEVANCE process and review by the DEPARTMENT, the PARTICIPANT may appeal the DEPARTMENT'S determination to the Group Insurance Board, unless an external review decision that is final and binding has been rendered in accordance with applicable federal or state law. The Group Insurance Board does not have the authority to hear appeals relating to issues which do not arise under the terms and conditions of Uniform Benefits, for example, determination of MEDICAL NECESSITY, appropriateness, health care setting, level of care, effectiveness of a covered benefit, EXPERIMENTAL treatment or the rescission of a policy or certificate that can be resolved through the external review process available under applicable federal or state law. These appeals are reviewed only to determine whether the HEALTH PLAN and/or PBM breached its contract with the Group Insurance Board.



Exhibit 2

Pro Forma Contract by Authorized Board

Commodity or Service: Medicare Advantage Plans for Medicare-Enrolled Participants in the State of Wisconsin Group Health Insurance and Wisconsin Public Employer Programs (RFP ETH0020) **Contract No./Request for Proposal No:** ETH0020

Authorized Board: Group Insurance Board

Contract Period: Contract start date through December 31, 2021 with two (2), two (2) year renewal options

1. This Contract is entered into by the State of Wisconsin Group Insurance Board (Board), the State of Wisconsin, Department of Employee Trust Funds (ETF), and XXXX (Contractor), whose address and principal officer appear below. ETF is the sole point of contact for this Contract.
2. In connection with the performance of work under this Contract, the Contractor agrees not to discriminate against any employees or applicants for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in Wis. Stat. § 51.01 (5), sexual orientation as defined in Wis. Stat. §111.32 (13m), or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.
3. Contracts estimated to be over fifty thousand dollars (\$50,000) require the submission of a written affirmative action plan. Vendors with an annual work force of less than fifty (50) employees are exempted from this requirement. Within fifteen (15) business days after the award of the Contract, the plan shall be submitted for approval to ETF. Technical assistance regarding this clause is provided by the Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931, 608.261.7952, or via e-mail at ETF SMBProcurement@etf.wi.gov.
4. For purposes of administering this Contract, the order of precedence is:
 - (a) This Contract;
 - (b) Request for Proposal (RFP) ETH0020 dated October 17, 2017, including all appendices, attachments, and amendments thereto, and;
 - (c) Contractor's proposal dated XXXXX.

Contract Number & Service: ETH0020 – Medicare Advantage Plans for Medicare-Enrolled Participants in the State of Wisconsin Group Health Insurance and Wisconsin Public Employer Programs

State of Wisconsin Department of Employee Trust Funds
By (<i>Name</i>)
Signature
Title Chair Group Insurance Board
Phone
Date (<i>MM/DD/CCYY</i>)

Contractor EXAMPLE
Legal Company Name EXAMPLE
Trade Name EXAMPLE
Taxpayer Identification Number EXAMPLE
Company Address (<i>City, State, Zip</i>) EXAMPLE
By (<i>print Name</i>) EXAMPLE
Signature EXAMPLE
Title EXAMPLE
Phone EXAMPLE
Date (<i>MM/DD/CCYY</i>) EXAMPLE

Standard Terms And Conditions (Request For Bids / Proposals)

- 1.0 SPECIFICATIONS:** The specifications in this request are the minimum acceptable. When specific manufacturer and model numbers are used, they are to establish a design, type of construction, quality, functional capability and/or performance level desired. When alternates are bid/proposed, they must be identified by manufacturer, stock number, and such other information necessary to establish equivalency. The State of Wisconsin shall be the sole judge of equivalency. Bidders/proposers are cautioned to avoid bidding alternates to the specifications which may result in rejection of their bid/proposal.
- 2.0 DEVIATIONS AND EXCEPTIONS:** Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully, on the bidder's/proposer's letterhead, signed, and attached to the request. In the absence of such statement, the bid/proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the bidders/proposers shall be held liable.
- 3.0 QUALITY:** Unless otherwise indicated in the request, all material shall be first quality. Items which are used, demonstrators, obsolete, seconds, or which have been discontinued are unacceptable without prior written approval by the State of Wisconsin.
- 4.0 QUANTITIES:** The quantities shown on this request are based on estimated needs. The state reserves the right to increase or decrease quantities to meet actual needs.
- 5.0 DELIVERY:** Deliveries shall be F.O.B. destination freight prepaid and included unless otherwise specified.
- 6.0 PRICING AND DISCOUNT:** The State of Wisconsin qualifies for governmental discounts and its educational institutions also qualify for educational discounts. Unit prices shall reflect these discounts.
- 6.1** Unit prices shown on the bid/proposal or contract shall be the price per unit of sale (e.g., gal., cs., doz., ea.) as stated on the request or contract. For any given item, the quantity multiplied by the unit price shall establish the extended price, the unit price shall govern in the bid/proposal evaluation and contract administration.
- 6.2** Prices established in continuing agreements and term contracts may be lowered due to general market conditions, but prices shall not be subject to increase for ninety (90) calendar days from the date of award. Any increase proposed shall be submitted to the contracting agency thirty (30) calendar days before the proposed effective date of the price increase, and shall be limited to fully documented cost increases to the contractor which are demonstrated to be industrywide. The conditions under which price increases may be granted shall be expressed in bid/proposal documents and contracts or agreements.
- 6.3** In determination of award, discounts for early payment will only be considered when all other conditions are equal and when payment terms allow at least fifteen (15) days, providing the discount terms are deemed favorable. All payment terms must allow the option of net thirty (30).
- 7.0 UNFAIR SALES ACT:** Prices quoted to the State of Wisconsin are not governed by the Unfair Sales Act.
- 8.0 ACCEPTANCE-REJECTION:** The State of Wisconsin reserves the right to accept or reject any or all bids/proposals, to waive any technicality in any bid/proposal submitted, and to accept any part of a bid/proposal as deemed to be in the best interests of the State of Wisconsin.
- Bids/proposals MUST be date and time stamped by the soliciting purchasing office on or before the date and time that the bid/proposal is due. Bids/proposals date and time stamped in another office will be rejected. Receipt of a bid/proposal by the mail system does not constitute receipt of a bid/proposal by the purchasing office.
- 9.0 METHOD OF AWARD:** Award shall be made to the lowest responsible, responsive bidder unless otherwise specified.
- 10.0 ORDERING:** Purchase orders or releases via purchasing cards shall be placed directly to the contractor by an authorized agency. No other purchase orders are authorized.
- 11.0 PAYMENT TERMS AND INVOICING:** The State of Wisconsin normally will pay properly submitted vendor invoices within thirty (30) days of receipt providing goods and/or services have been delivered, installed (if required), and accepted as specified.
- Invoices presented for payment must be submitted in accordance with instructions contained on the purchase order including reference to purchase order number and submittal to the correct address for processing.
- A good faith dispute creates an exception to prompt payment.
- 12.0 TAXES:** The State of Wisconsin and its agencies are exempt from payment of all federal tax and Wisconsin state and local taxes on its purchases except Wisconsin excise taxes as described below.
- The State of Wisconsin, including all its agencies, is required to pay the Wisconsin excise or occupation tax on its purchase of beer, liquor, wine, cigarettes, tobacco products, motor vehicle fuel and general aviation fuel. However, it is exempt from payment of Wisconsin sales or use tax on its purchases. The State of Wisconsin may be subject to other states' taxes on its purchases in that state depending on the laws of that state. Contractors performing construction activities are required to pay state use tax on the cost of materials.
- 13.0 GUARANTEED DELIVERY:** Failure of the contractor to adhere to delivery schedules as specified or to promptly replace rejected materials shall render the contractor liable for all costs in excess of the contract price when alternate procurement is necessary. Excess costs shall include the administrative costs.
- 14.0 ENTIRE AGREEMENT:** These Standard Terms and Conditions shall apply to any contract or order awarded as a result of this request except where special requirements are stated elsewhere in the request; in such cases, the special requirements shall apply. Further, the written

contract and/or order with referenced parts and attachments shall constitute the entire agreement and no other terms and conditions in any document, acceptance, or acknowledgment shall be effective or binding unless expressly agreed to in writing by the contracting authority.

- 15.0 APPLICABLE LAW AND COMPLIANCE:** This contract shall be governed under the laws of the State of Wisconsin. The contractor shall at all times comply with and observe all federal and state laws, local laws, ordinances, and regulations which are in effect during the period of this contract and which in any manner affect the work or its conduct. The State of Wisconsin reserves the right to cancel this contract if the contractor fails to follow the requirements of s. 77.66, Wis. Stats., and related statutes regarding certification for collection of sales and use tax. The State of Wisconsin also reserves the right to cancel this contract with any federally debarred contractor or a contractor that is presently identified on the list of parties excluded from federal procurement and non-procurement contracts.
- 16.0 ANTITRUST ASSIGNMENT:** The contractor and the State of Wisconsin recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the State of Wisconsin (purchaser). Therefore, the contractor hereby assigns to the State of Wisconsin any and all claims for such overcharges as to goods, materials or services purchased in connection with this contract.
- 17.0 ASSIGNMENT:** No right or duty in whole or in part of the contractor under this contract may be assigned or delegated without the prior written consent of the State of Wisconsin.
- 18.0 WORK CENTER CRITERIA:** A work center must be certified under s. 16.752, Wis. Stats., and must ensure that when engaged in the production of materials, supplies or equipment or the performance of contractual services, not less than seventy-five percent (75%) of the total hours of direct labor are performed by severely handicapped individuals.
- 19.0 NONDISCRIMINATION / AFFIRMATIVE ACTION:** In connection with the performance of work under this contract, the contractor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s. 51.01(5), Wis. Stats., sexual orientation as defined in s. 111.32(13m), Wis. Stats., or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the contractor further agrees to take affirmative action to ensure equal employment opportunities.
- 19.1** Contracts estimated to be over fifty thousand dollars (\$50,000) require the submission of a written affirmative action plan by the contractor. An exemption occurs from this requirement if the contractor has a workforce of less than fifty (50) employees. Within fifteen (15) working days after the contract is awarded, the contractor must submit the plan to the contracting state agency for approval. Instructions on preparing the plan and technical assistance

regarding this clause are available from the contracting state agency.

- 19.2** The contractor agrees to post in conspicuous places, available for employees and applicants for employment, a notice to be provided by the contracting state agency that sets forth the provisions of the State of Wisconsin's nondiscrimination law.
- 19.3** Failure to comply with the conditions of this clause may result in the contractor's becoming declared an "ineligible" contractor, termination of the contract, or withholding of payment.
- 20.0 PATENT INFRINGEMENT:** The contractor selling to the State of Wisconsin the articles described herein guarantees the articles were manufactured or produced in accordance with applicable federal labor laws. Further, that the sale or use of the articles described herein will not infringe any United States patent. The contractor covenants that it will at its own expense defend every suit which shall be brought against the State of Wisconsin (provided that such contractor is promptly notified of such suit, and all papers therein are delivered to it) for any alleged infringement of any patent by reason of the sale or use of such articles, and agrees that it will pay all costs, damages, and profits recoverable in any such suit.
- 21.0 SAFETY REQUIREMENTS:** All materials, equipment, and supplies provided to the State of Wisconsin must comply fully with all safety requirements as set forth by the Wisconsin Administrative Code and all applicable OSHA Standards.
- 22.0 WARRANTY:** Unless otherwise specifically stated by the bidder/proposer, equipment purchased as a result of this request shall be warranted against defects by the bidder/proposer for one (1) year from date of receipt. The equipment manufacturer's standard warranty shall apply as a minimum and must be honored by the contractor.
- 23.0 INSURANCE RESPONSIBILITY:** The contractor performing services for the State of Wisconsin shall:
- 23.1** Maintain worker's compensation insurance as required by Wisconsin Statutes, for all employees engaged in the work.
- 23.2** Maintain commercial liability, bodily injury and property damage insurance against any claim(s) which might occur in carrying out this agreement/contract. Minimum coverage shall be one million dollars (\$1,000,000) liability for bodily injury and property damage including products liability and completed operations. Provide motor vehicle insurance for all owned, non-owned and hired vehicles that are used in carrying out this contract. Minimum coverage shall be one million dollars (\$1,000,000) per occurrence combined single limit for automobile liability and property damage.
- 23.3** The state reserves the right to require higher or lower limits where warranted.
- 24.0 CANCELLATION:** The State of Wisconsin reserves the right to cancel any contract in whole or in part without penalty due to nonappropriation of funds or for failure of the contractor to comply with terms, conditions, and specifications of this contract.

- 25.0 VENDOR TAX DELINQUENCY:** Vendors who have a delinquent Wisconsin tax liability may have their payments offset by the State of Wisconsin.
- 26.0 PUBLIC RECORDS ACCESS:** It is the intention of the state to maintain an open and public process in the solicitation, submission, review, and approval of procurement activities. Bid/proposal openings are public unless otherwise specified. Records may not be available for public inspection prior to issuance of the notice of intent to award or the award of the contract. Pursuant to §19.36 (3), Wis. Stats., all records of the contractor that are produced or collected under this contract are subject to disclosure pursuant to a public records request. Upon receipt of notice from the State of Wisconsin of a public records request for records produced or collected under this contract, the contractor shall provide the requested records to the contracting agency. The contractor, following final payment, shall retain all records produced or collected under this contract for six (6) years.
- 27.0 PROPRIETARY INFORMATION:** Any restrictions on the use of data contained within a request, must be clearly stated in the bid/proposal itself. Proprietary information submitted in response to a request will be handled in accordance with applicable State of Wisconsin procurement regulations and the Wisconsin public records law. Proprietary restrictions normally are not accepted. However, when accepted, it is the vendor's responsibility to defend the determination in the event of an appeal or litigation.
- 27.1** Data contained in a bid/proposal, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation, and innovations become the property of the State of Wisconsin.
- 27.2** Any material submitted by the vendor in response to this request that the vendor considers confidential and proprietary information and which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., or material which can be kept confidential under the Wisconsin public records law, must be identified on a Designation of Confidential and Proprietary Information form (DOA-3027). Bidders/proposers may request the form if it is not part of the Request for Bid/Request for Proposal package. Bid/proposal prices cannot be held confidential.
- 28.0 DISCLOSURE:** If a state public official (s. 19.42, Wis. Stats.), a member of a state public official's immediate family, or any organization in which a state public official or a member of the official's immediate family owns or controls a ten percent (10%) interest, is a party to this agreement, and if this agreement involves payment of more than three thousand dollars (\$3,000) within a twelve (12) month period, this contract is voidable by the state unless appropriate disclosure is made according to s. 19.45(6), Wis. Stats., before signing the contract. Disclosure must be made to the State of Wisconsin Ethics Board, 44 East Mifflin Street, Suite 601, Madison, Wisconsin 53703 (Telephone 608-266-8123).
- State classified and former employees and certain University of Wisconsin faculty/staff are subject to separate disclosure requirements, s. 16.417, Wis. Stats.
- 29.0 RECYCLED MATERIALS:** The State of Wisconsin is required to purchase products incorporating recycled materials whenever technically and economically feasible. Bidders are encouraged to bid products with recycled content which meet specifications.
- 30.0 MATERIAL SAFETY DATA SHEET:** If any item(s) on an order(s) resulting from this award(s) is a hazardous chemical, as defined under 29CFR 1910.1200, provide one (1) copy of a Material Safety Data Sheet for each item with the shipped container(s) and one (1) copy with the invoice(s).
- 31.0 PROMOTIONAL ADVERTISING / NEWS RELEASES:** Reference to or use of the State of Wisconsin, any of its departments, agencies or other subunits, or any state official or employee for commercial promotion is prohibited. News releases pertaining to this procurement shall not be made without prior approval of the State of Wisconsin. Release of broadcast e-mails pertaining to this procurement shall not be made without prior written authorization of the contracting agency.
- 32.0 HOLD HARMLESS:** The contractor will indemnify and save harmless the State of Wisconsin and all of its officers, agents and employees from all suits, actions, or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the contractor, or of any of its contractors, in prosecuting work under this agreement.
- 33.0 FOREIGN CORPORATION:** A foreign corporation (any corporation other than a Wisconsin corporation) which becomes a party to this Agreement is required to conform to all the requirements of Chapter 180, Wis. Stats., relating to a foreign corporation and must possess a certificate of authority from the Wisconsin Department of Financial Institutions, unless the corporation is transacting business in interstate commerce or is otherwise exempt from the requirement of obtaining a certificate of authority. Any foreign corporation which desires to apply for a certificate of authority should contact the Department of Financial Institutions, Division of Corporation, P. O. Box 7846, Madison, WI 53707-7846; telephone (608) 261-7577.
- 34.0 WORK CENTER PROGRAM:** The successful bidder/proposer shall agree to implement processes that allow the State agencies, including the University of Wisconsin System, to satisfy the State's obligation to purchase goods and services produced by work centers certified under the State Use Law, s.16.752, Wis. Stat. This shall result in requiring the successful bidder/proposer to include products provided by work centers in its catalog for State agencies and campuses or to block the sale of comparable items to State agencies and campuses.
- 35.0 FORCE MAJEURE:** Neither party shall be in default by reason of any failure in performance of this Agreement in accordance with reasonable control and without fault or negligence on their part. Such causes may include, but are not restricted to, acts of nature or the public enemy, acts of the government in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes and unusually severe weather, but in every case the failure to perform such must be beyond the reasonable control and without the fault or negligence of the party.



Supplemental Standard Terms and Conditions for Procurements for Services

- 1.0 ACCEPTANCE OF BID/PROPOSAL CONTENT:** The contents of the bid/proposal of the successful contractor will become contractual obligations if procurement action ensues.
- 2.0 CERTIFICATION OF INDEPENDENT PRICE DETERMINATION:** By signing this bid/proposal, the bidder/proposer certifies, and in the case of a joint bid/proposal, each party thereto certifies as to its own organization, that in connection with this procurement:
- 2.1** The prices in this bid/proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder/proposer or with any competitor;
- 2.2** Unless otherwise required by law, the prices which have been quoted in this bid/proposal have not been knowingly disclosed by the bidder/proposer and will not knowingly be disclosed by the bidder/proposer prior to opening in the case of an advertised procurement or prior to award in the case of a negotiated procurement, directly or indirectly to any other bidder/proposer or to any competitor; and
- 2.3** No attempt has been made or will be made by the bidder/proposer to induce any other person or firm to submit or not to submit a bid/proposal for the purpose of restricting competition.
- 2.4** Each person signing this bid/proposal certifies that: He/she is the person in the bidder's/proposer's organization responsible within that organization for the decision as to the prices being offered herein and that he/she has not participated, and will not participate, in any action contrary to 2.1 through 2.3 above; (or)
- He/she is not the person in the bidder's/proposer's organization responsible within that organization for the decision as to the prices being offered herein, but that he/she has been authorized in writing to act as agent for the persons responsible for such decisions in certifying that such persons have not participated, and will not participate in any action contrary to 2.1 through 2.3 above, and as their agent does hereby so certify; and he/she has not participated, and will not participate, in any action contrary to 2.1 through 2.3 above.
- 3.0 DISCLOSURE OF INDEPENDENCE AND RELATIONSHIP:**
- 3.1** Prior to award of any contract, a potential contractor shall certify in writing to the procuring agency that no relationship exists between the potential contractor and the procuring or contracting agency that interferes with fair competition or is a conflict of interest, and no relationship exists between the contractor and another person or organization that constitutes a conflict of interest with respect to a state contract. The Department of Administration may waive this provision,
- in writing, if those activities of the potential contractor will not be adverse to the interests of the state.
- 3.2** Contractors shall agree as part of the contract for services that during performance of the contract, the contractor will neither provide contractual services nor enter into any agreement to provide services to a person or organization that is regulated or funded by the contracting agency or has interests that are adverse to the contracting agency. The Department of Administration may waive this provision, in writing, if those activities of the contractor will not be adverse to the interests of the state.
- 4.0 DUAL EMPLOYMENT:** Section 16.417, Wis. Stats., prohibits an individual who is a State of Wisconsin employee or who is retained as a contractor full-time by a State of Wisconsin agency from being retained as a contractor by the same or another State of Wisconsin agency where the individual receives more than \$12,000 as compensation for the individual's services during the same year. This prohibition does not apply to individuals who have full-time appointments for less than twelve (12) months during any period of time that is not included in the appointment. It does not include corporations or partnerships.
- 5.0 EMPLOYMENT:** The contractor will not engage the services of any person or persons now employed by the State of Wisconsin, including any department, commission or board thereof, to provide services relating to this agreement without the written consent of the employing agency of such person or persons and of the contracting agency.
- 6.0 CONFLICT OF INTEREST:** Private and non-profit corporations are bound by ss. 180.0831, 180.1911(1), and 181.0831 Wis. Stats., regarding conflicts of interests by directors in the conduct of state contracts.
- 7.0 RECORDKEEPING AND RECORD RETENTION:** The contractor shall establish and maintain adequate records of all expenditures incurred under the contract. All records must be kept in accordance with generally accepted accounting procedures. All procedures must be in accordance with federal, state and local ordinances.
- The contracting agency shall have the right to audit, review, examine, copy, and transcribe any pertinent records or documents relating to any contract resulting from this bid/proposal held by the contractor.
- It is the intention of the state to maintain an open and public process in the solicitation, submission, review, and approval of procurement activities. Bid/proposal openings are public unless otherwise specified. Records may not be available for public inspection prior to issuance of the notice of intent to award or the award of the contract. Pursuant to §19.36 (3), Wis. Stats., all records of the contractor that are produced or collected under this contract are subject to disclosure pursuant to a public records request. Upon receipt of notice from the State of Wisconsin of a public records request for records produced or collected under this contract, the contractor shall

provide the requested records to the contracting agency. The contractor, following final payment, shall retain all records produced or collected under this contract for six (6) years.

8.0 INDEPENDENT CAPACITY OF CONTRACTOR: The parties hereto agree that the contractor, its officers, agents, and employees, in the performance of this agreement shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the state. The contractor agrees to take such steps as may be necessary to ensure that each subcontractor of the contractor will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the state.

Department Terms and Conditions

- 1.0 ENTIRE AGREEMENT:** This Contract, its exhibits, subsequent amendments and the documents incorporated by order of precedence contain the entire understanding between the parties on the subject matter hereof, and no representations, inducements, promises, or agreements, oral or otherwise, not embodied herein shall be of any force or effect. This Contract supersedes any other oral or written agreement entered into between the parties on the subject matter hereof.

This Contract may be amended at any time by written mutual agreement, but any such amendment shall be without prejudice to any claim arising prior to the date of the change. No one, except duly authorized officers or agents of the Contractor and the Department, shall alter or amend this Contract. No change in this Contract shall be valid unless evidenced by an amendment that is signed by such officers of the Contractor and the Department.

- 2.0 COMPLIANCE WITH THE CONTRACT AND APPLICABLE LAW:** In the event of a conflict between this Contract and any applicable federal or state statute, administrative rule, or regulation; the statute, rule, or regulation will control.

In connection with the performance of work under this Contract, the Contractor agrees not to discriminate against employees or applicants for employment because of age, race, religion, creed, color, handicap, physical condition, developmental disability as defined in Wis. Stat. § 51.01 (5); marital status, sex, sexual orientation, national origin, ancestry, arrest record, conviction record; or membership in the national guard, state defense force, or any reserve component of the military forces of the United States or this state.

The Contractor shall comply with all applicable requirements and provisions of the Americans with Disabilities Act (ADA) of 1990. Evidence of compliance with ADA shall be made available to the Department upon request.

The Contractor acknowledges that Wis. Stat. § 40.07 specifically exempts information related to individuals in the records of the Department of Employee Trust Funds from the Wisconsin Public Records Law. Contractor shall treat any such records provided to or accessed by Contractor as non-public records as set forth in Wis. Stat. § 40.07.

Contractor will comply with the provisions of Wis. Stat. § 134.98.

- 3.0 LEGAL RELATIONS:** The Contractor shall at all times comply with and observe all federal and State laws, local laws, ordinances, and regulations which are in effect during the period of this Contract and which in any manner affect the work or its conduct. This includes but is not limited to laws regarding compensation, hours of work, conditions of employment and equal opportunities for employment.

In carrying out any provisions of this Contract or in exercising any power or authority granted to the Contractor thereby, there shall be no liability upon the Department, it being understood that in such matters that the Department acts as an agent of the State.

The Contractor accepts full liability and agrees to hold harmless the State, the Department's governing boards, the Department, its employees, agents and contractors for any act or omission of the Contractor, or any of its employees, in connection with this Contract.

No employee of the Contractor may represent himself or herself as an employee of the Department or the State.

- 4.0 CONTRACTOR:** The Contractor will be the sole point of contact with regard to contractual matters, including the performance of Services and the payment of any and all charges resulting from contractual obligations.

None of the Services to be provided by the Contractor shall be subcontracted or delegated to any other organization, subdivision, association, individual, corporation, partnership or group of individuals, or other such entity without prior written notification to, and approval of, the Department.

After execution of the Contract, ETF will provide a designated contact person and commit to a timely approval process for notification of a change in subcontractor(s) and/or delegated services.

The Contractor shall be solely responsible for its actions and those of its agents, employees or subcontractors under this Contract. The Contractor will be responsible for Contract performance when subcontractors are used. Subcontractors must abide by all terms and conditions of this Contract.

Neither the Contractor nor any of the foregoing parties has the authority to act or speak on behalf of the State of Wisconsin.

The Contractor will be responsible for payment of any losses by subcontractors or agents.

Any notice required or permitted to be given shall be deemed to have been given on the date of delivery or three (3) Business Days after mailing by the United States Postal Service, certified or registered mail-receipt requested. In the

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event the Contractor moves or updates contact information, the Contractor shall inform the Department of such changes in writing within ten (10) Business Days. The Department shall not be held responsible for payments delayed due to the Contractor's failure to provide such notice.

- 5.0 CONTRACTOR PERFORMANCE:** Work under this Contract shall be performed in a timely, professional and diligent manner by qualified and efficient personnel and in conformity with the strictest quality standards mandated or recommended by all generally-recognized organizations establishing quality standards for the work of the type to be performed hereunder. The Contractor shall be solely responsible for controlling the manner and means by which it and its employees or its subcontractors perform the Services, and the Contractor shall observe, abide by, and perform all of its obligations in accordance with all legal and Contract requirements.

Without limiting the foregoing, the Contractor shall control the manner and means of the Services so as to perform the work in a reasonably safe manner and comply fully with all applicable codes, regulations and requirements imposed or enforced by any government agencies. Notwithstanding the foregoing, any stricter standard provided in plans, specifications or other documents incorporated as part of this Contract shall govern.

The Contractor shall provide the Services with all due skill, care, and diligence, in accordance with accepted industry practices and legal requirements, and to the Department's satisfaction; the Department's decision in that regard shall be final and conclusive.

All Contractor's Services under this Contract shall be performed in material compliance with the applicable federal and state laws and regulations in effect at the time of performance, except when imposition of a newly enacted or revised law or regulation would result in an unconstitutional impairment of this Contract.

The Contractor will make commercially reasonable efforts to ensure that Contractor's professional and managerial staff maintain a working knowledge and understanding of all federal and state laws, regulations, and administrative code appropriate for the performance of their respective duties, as well as contemplated changes in such law which affect or may affect the Service under this Contract.

The Contractor shall maintain a written contingency plan describing in detail how it will continue operations and Services under the Contract in certain events including, but not limited to, strike and disaster, and shall submit it to the Department upon request.

- 6.0 AUDIT PROVISION:** The Contractor and its authorized subcontractors are subject to audits by the State of Wisconsin, the Legislative Audit Bureau (LAB), an independent Certified Public Accountant (CPA), or other representatives as authorized by the State of Wisconsin. The Contractor will cooperate with such efforts and provide all requested information permitted under the law.

Authorized personnel shall have access to interview any Contractor's or subcontractor's employee or authorized agent involved with this Contract in conjunction with any audit, review, or investigation deemed necessary by the State of Wisconsin.

- 7.0 CRIMINAL BACKGROUND VERIFICATION:** The Department follows the provisions in the Wisconsin Human Resources Handbook Chapter 246, Securing Applicant Background Checks (see <http://doa.wi.gov/Documents/DPM/Document%20Library/Chap246VerifyingApplicantInfoSecuringBackgroundChecks.pdf>). The Contractor is expected to perform background checks that, at a minimum, adhere to those standards. This includes the criminal history record from the Wisconsin Department of Justice (DOJ), Wisconsin Circuit Court Automation Programs (CCAP), and other State justice departments for persons who have lived in a state(s) other than Wisconsin. More stringent background checks are permitted. Details regarding the Contractor's background check procedures should be provided to the Department regarding the measures used by the Contractor to protect the security and privacy of program data and participant information. A copy of the result of the criminal background check the Contractor conducted must be made available to the Department upon request. The Department reserves the right to conduct its own criminal background checks on any or all employees or subcontractors of and referred by the Contractor for the delivery or provision of Services.

- 8.0 COMPLIANCE WITH ON-SITE PARTY RULES AND REGULATIONS:** Contractor and the State of Wisconsin agree that their employees, while working at or visiting the premises of the other party, shall comply with all internal rules and regulations of the other party, including security procedures, and all applicable federal, state, and local laws and regulations applicable to the location where said employees are working or visiting.

The Department is responsible for allocating building and equipment access, as well as any other necessary Services available from the Department that may be used by the Contractor. Any use of the Department facilities, equipment, internet access, and/or services shall only be for project purposes as authorized by the Department. The Contractor will provide its own personal computers, which must comply with the Department security policies before connection to the Department's local computer network.

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9.0 SECURITY OF PREMISES, EQUIPMENT, DATA AND PERSONNEL: The State of Wisconsin shall have the right, acting by itself or through its authorized representatives, to enter the premises of the Contractor at mutually agreeable times to inspect and copy the records of the Contractor and the Contractor's compliance with this section. In the course of performing Services under this Contract, the Contractor may have access to the personnel, premises, equipment, and other property, including data files, information, or materials (collectively referred to as "data") belonging to the State.

The Contractor shall be responsible for damage to the State's equipment, workplace, and its contents, or for the loss of data, when such damage or loss is caused by the Contractor, contracted personnel, or subcontractors, and shall reimburse the State accordingly upon demand. This remedy shall be in addition to any other remedies available to the State by law or in equity.

10.0 BREACH NOT WAIVER: A failure to exercise any right, or a delay in exercising any right, power or remedy hereunder on the part of either party shall not operate as a waiver thereof. Any express waiver shall be in writing and shall not affect any event or default other than the event or default specified in such waiver. A waiver of any covenant, term or condition contained herein shall not be construed as a waiver of any subsequent breach of the same covenant, term or condition. The making of any payment to the Contractor under this Contract shall not constitute a waiver of default, evidence of proper Contractor performance, or acceptance of any defective item or Services furnished by the Contractor.

11.0 SEVERABILITY: The provisions of this Contract shall be deemed severable and the unenforceability of any one or more provisions shall not affect the enforceability of any of the other provisions. If any provision of this Contract, for any reason, is declared to be invalid, unenforceable, or illegal, the parties shall substitute an enforceable provision that, to the maximum extent possible in accordance with applicable law, preserves the original intentions and economic positions of the parties.

12.0 LIQUIDATED DAMAGES: The Contractor and Department acknowledge that it can be difficult to ascertain actual damages when a Contractor fails to carry out the responsibilities of this Contract. Because of that, the Contractor and Department will negotiate liquidated damages, as required by the State of Wisconsin, for this Contract. The Contractor agrees that the Department shall have the right to liquidate such damages, through deduction from the Contractor's invoices, in the amount equal to the damages incurred, or by direct billing to the Contractor.

The Department shall notify the Contractor in writing of any claim for liquidated damages pursuant to this section within thirty (30) Calendar Days after the Contractor's failure to perform in accordance with the terms and conditions of this Contract.

Notwithstanding the foregoing language, when necessary the Department will identify in the RFP specific financial penalties for failure of the Contractor to meet performance standards and guarantees that may be set forth in the RFP.

13.0 CONTRACT DISPUTE RESOLUTION: In the event of any dispute or disagreement between the parties under this Contract, whether with respect to the interpretation of any provision of this Contract, or with respect to the performance of either party hereto, except for breach of Contractor's intellectual property rights, each party shall appoint a representative to meet for the purpose of endeavoring to resolve such dispute or negotiate for and adjustment to such provision.

Contractor shall continue without delay to carry out all its responsibilities under this Contract which are not affected by the dispute. Should Contractor fail to perform its responsibilities under this Contract that are not affected by the dispute without delay, any and all additional costs incurred by Contractor and ETF as a result of such failure to proceed shall be borne by Contractor and Contractor shall not make any claim against ETF for such costs. ETF's non-payment of fees in breach of this Contract that are overdue by sixty (60) days is a dispute that will always be considered to affect Contractor's responsibilities.

No legal action of any kind, except for the seeking of equitable relief in the case of the public's health, safety or welfare, may begin in regard to the dispute until this dispute resolution procedure has been elevated to the Contractor's highest executive authority and the equivalent executive authority within the Department, and either of the representatives in good faith concludes, after a good faith attempt to resolve the dispute, that amicable resolution through continued negotiation of the matter at issue does not appear likely.

The party believing itself aggrieved (the "Invoking Party") shall call for progressive management involvement in the dispute negotiation by delivering written notice to the other party. Such notice shall be without prejudice to the Invoking Party's right to any other remedy permitted by this Contract. After such notice, the parties shall use all reasonable efforts to arrange personal meetings and/or telephone conferences as needed, at mutually convenient times and places, between authorized negotiators for the parties at the following successive management levels, each of which shall have a period of allotted time as specified below which to attempt to resolve the dispute:

Level	Contractor	The Department	Allotted Time
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First	Level 1 entity	Deputy Office Director	10 Business Days
Second	Level 2 entity	Office Director	20 Business Days
Third	Level 3 entity	Secretary	30 Business Days

The allotted time for the First Level negotiations shall begin on the date the Invoking Party's notice is received by the other party. Subsequent allotted time is days from the date that the Invoking Party's notice was originally received by the other party. If the Third Level parties cannot resolve the issue within thirty (30) business days of the Invoking Party's original notice, then the issue shall be designated as a dispute at the discretion of the Invoking Party and, if so, shall be resolved in accordance with the section below. The time periods herein are in addition to those periods for a party to cure provided elsewhere in this Contract, and do not apply to claims for equitable relief (e.g., injunction to prevent disclosure of Confidential Information). The Department may withhold payments on disputed items pending resolution of the dispute.

14.0 CONTROLLING LAW: All questions as to the execution, validity, interpretation, construction and performance of this Contract shall be construed in accordance with the laws of the State of Wisconsin, without regard to any conflicts of laws or choice of law principles. Any court proceeding arising or related to this Contract or a party's obligations hereunder shall be exclusively brought and exclusively maintained in the State of Wisconsin, Dane County Circuit Court, or in the District Court of the United States Western District (if jurisdiction is proper in federal court), or upon appeal to the appellate courts of corresponding jurisdiction, and Contractor hereby consents to the exclusive jurisdiction and exclusive venue therein and waives any right to object to such jurisdiction or venue. To the extent that in any jurisdiction Contractor may now or hereafter be entitled to claim for itself or its assets immunity from suit, execution, attachment (before or after judgment) or other legal process, Contractor, to the extent it may effectively do so, irrevocably agrees not to claim, and it hereby waives, the same.

15.0 RIGHT TO SUSPEND OPERATIONS: If, at any time during the period of this Contract, the Department determines that the best interest of the Department or its governing boards would be best served by the Contractor's temporarily holding of all Services, the Department will promptly notify the Contractor. Upon receipt of such notice, the Contractor shall suspend all Services.

16.0 TERMINATION OF THIS CONTRACT: The Department may terminate this Contract at any time at its sole discretion by delivering one-hundred eighty (180) Calendar Days written notice to the Contractor.

Upon termination, the Department's liability shall be limited to the prorated cost of the Services performed as of the date of termination plus expenses incurred with the prior written approval of the Department.

If the Contractor terminates this Contract, it shall refund all payments made hereunder by the Department to the Contractor for work not completed or not accepted by the Department. Such termination shall require written notice to that effect to be delivered by the Contractor to the Department not less than one-hundred eighty (180) Calendar Days prior to said termination.

Upon any termination of this Contract, the Contractor shall perform the Services specified in a transition plan if so requested by the Department; provided, however, that except as expressly set forth otherwise herein, the Contractor shall not be obligated to perform such Services unless all amounts due to the Contractor under this Contract, including payment for the transition Services, have been paid. Failure of the Contractor to comply with a transition plan upon request and upon payment shall constitute a separate breach for which the Contractor shall be liable.

Upon the expiration or termination for any reason, each party shall be released from all obligations to the other arising after the expiration date or termination date, except for those that by their terms survive such termination or expiration.

17.0 TERMINATION FOR CAUSE: If the Contractor fails to perform any material requirement of this Contract, breaches any material requirement of this Contract, or if the Contractor's full and satisfactory performance of this Contract is substantially endangered, the Department may terminate this Contract. Before terminating this Contract, the Department shall give written notice of its intent to terminate to Contractor after a thirty (30) Day written notice and cure period.

The State of Wisconsin reserves the right to cancel this Contract in whole or in part without penalty in one (1) or more of the following occurrences:

1. If the Contractor intentionally furnished any statement, representation, warranty, or certification in connection with its Proposal which is materially false, incorrect, or incomplete;
2. If applicable, fails to follow the sales and use tax certification requirements of Wis. Stat. § 77.66;
3. Incurs a delinquent Wisconsin tax liability;
4. Fails to submit a non-discrimination or affirmative action plan per the requirements of Wis. Stat. § 16.765 and Wisconsin's Fair Employment Law, subch. II, Chapter 111 of the Wisconsin Statutes as required herein;
5. Is presently identified on the list of parties excluded from State of Wisconsin procurement and non-procurement Contracts;
6. Becomes a state or federal debarred Contractor, or becomes excluded from state Contracts, or;

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7. Fails to maintain and keep in force all required insurance, permits and licenses as required per this Contract;
8. Fails to maintain the confidentiality of the State of Wisconsin's information that is considered to be Confidential Information or Protected Health Information;
9. Files a petition in bankruptcy, become insolvent, or otherwise takes action to dissolve as a legal entity; or,
10. If at any time the Contractor's performance threatens the health or safety of a State of Wisconsin employee, citizen, or customer.
11. Violation of any requirements in Section 22 regarding Confidential Information.

In the event of a termination for cause by the State of Wisconsin, the State of Wisconsin shall be liable for payments for any work accepted by the State of Wisconsin prior to the date of termination.

- 18.0 REMEDIES OF THE STATE:** The State of Wisconsin shall be free to invoke any and all remedies permitted under Wisconsin law. In particular, if the Contractor fails to perform as specified in this Contract, the State of Wisconsin may issue a written notice of default providing for at least a seven (7) Business Day period in which the Contractor shall have an opportunity to cure, provided that cure is possible, feasible, and approved in writing by the State of Wisconsin. Time allowed for cure of a default shall not diminish or eliminate the Contractor's liability. If the default remains, after opportunity to cure, then the State of Wisconsin may: (1) exercise any remedy provided in law or in equity or (2) terminate Contractor's Services.

If the Contractor fails to remedy any delay or other problem in its performance of this Contract after receiving reasonable notice from the State of Wisconsin to do so, the Contractor shall reimburse the State of Wisconsin for all reasonable costs incurred as a direct consequence of the Contractor's delay, action, or inaction.

In case of failure to deliver Services in accordance with or Services from other sources as necessary, Contractor shall be responsible for the additional cost, including purchase price and administrative fees. This remedy shall be in addition to any other legal remedies available to the State of Wisconsin.

- 19.0 TRANSITIONAL SERVICES:** Upon cancellation, termination, or expiration of this Contract for any reason, the Contractor shall provide reasonable cooperation, assistance and Services, and shall assist the State of Wisconsin to facilitate the orderly transition of the work hereunder to the State of Wisconsin and or to an alternative Contractor selected for the transition upon written notice to the Contractor at least thirty (30) business days prior to termination or cancellation, and subject to the terms and conditions set forth herein.

- 20.0 ADDITIONAL INSURANCE RESPONSIBILITY:** The Contractor shall exercise due diligence in providing Services under this Contract. In order to protect the Board's governing the Department and any Department employee against liability, cost, or expenses (including reasonable attorney fees) which may be incurred or sustained as a result of Contractor's errors or other failure to comply with the terms of this Contract, the selected Contractor shall maintain errors and omissions insurance including coverage for network and privacy risks, breach of privacy and wrongful disclosure of information in an amount acceptable to the Department with a minimum of **\$1,000,000** per claim and **\$5,000,000** aggregate in force during this Contract period and for a period of three (3) years thereafter for Services completed. Contractor shall furnish the Department with a certificate of insurance for such amount. Further, this certificate shall designate the State of Wisconsin Employee Trust Funds and its affiliated boards as additional insured parties. The Department reserves the right to require higher or lower limits where warranted.

- 21.0 OWNERSHIP OF MATERIALS:** Except as otherwise provided in subsection (t) of Section 22, all information, data, reports and other materials as are existing and available from the Department and which the Department determines to be necessary to carry out the scope of Services under this Contract shall be furnished to the Contractor and shall be returned to the Department upon completion of this Contract. The Contractor shall not use it for any purpose other than carrying out the work described in this Contract.

The Department will be furnished without additional charge all data, models, information, reports, and other materials associated with and generated under this Contract by the Contractor.

The Department shall solely own all customized software, documents, and other materials developed under this Contract. Use of such software, documents, and materials by the Contractor shall only be with the prior written approval of the Department.

This Contract shall in no way affect or limit the Department's rights to use, disclose or duplicate, for any purpose whatsoever, all information and data pertaining to the Department or covered individuals and generated by the claims administration and other Services provided by Contractor under this Contract.

All files (paper or electronic) containing any Wisconsin claimant or employee information and all records created and maintained in the course of the work specified by this Contract are the sole and exclusive property of the Department. Contractor may maintain copies of such files during the term of this Contract as may be necessary or appropriate for its performance of this Contract. Moreover, Contractor may maintain copies of such files after the term of this Contract (i) for one hundred twenty (120) days after termination, after which all such files shall be transferred to the Department

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or destroyed by Contractor, except for any files as to which a claim has been made, and (ii) for an unlimited period of time after termination for Contractor's use for statistical purposes, if Contractor first deletes all information in the records from which the identity of a claimant or employee could be determined and certifies to the Department that all personal identifiers have been removed from the retained files.

22.0 CONFIDENTIAL INFORMATION AND HIPAA BUSINESS ASSOCIATE AGREEMENT: This Section is intended to cover handling of Confidential Information under state and federal law, and specifically to comply with the requirements of HIPAA, HITECH, and the Genetic Information Nondiscrimination Act (GINA) and the federal implementing regulations for those statutes requiring a written agreement with business associates.

(a) **DEFINITIONS:** As used in this Section, unless the context otherwise requires:

- (1) Business Associate. "Business Associate" has the meaning ascribed to it at 45 CFR 160.103 and in this Contract refers to the Contractor (insert name of Contractor).
- (2) Confidential Information has the meaning ascribed to it in Section 1.5 of the RFP.
- (3) Covered Entity. "Covered Entity" has the meaning ascribed to it at 45 CFR 160.103 and in this Contract refers to the Department of Employee Trust Funds.
- (4) HIPAA Rules. "HIPAA Rules" mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
- (5) Individual Personal Information "Individual Personal Information" has the meaning ascribed to it at Wis. Admin. Code ETF § 10.70 (1).
- (6) Medical Record. "Medical Record" has the meaning ascribed to it at Wis. Admin. Code ETF 10.01 (3m).

(b) **PROVISION OF CONFIDENTIAL INFORMATION FOR CONTRACTED SERVICES:** ETF, a different business associate of ETF or a contractor performing Services for ETF may provide Confidential Information to the Contractor under this Contract as the Department determines is necessary for the proper administration of this Contract, as provided by Wis. Stat. § 40.07 (1m) (d) and (3).

(c) **DUTY TO SAFEGUARD CONFIDENTIAL INFORMATION:** The Contractor shall safeguard Confidential Information supplied to the Contractor or its employees under this Contract. In addition, the Contractor will only share Confidential Information with its employees on a need-to-know basis. Should the Contractor fail to properly protect Confidential Information, any cost the Department pays to mitigate the failure will be subtracted from the Contractor's invoice(s).

(d) **USE AND DISCLOSURE OF CONFIDENTIAL INFORMATION:** Contractor shall:

- (1) Not use or disclose Confidential Information for any purpose other than as permitted or required by this Contract or as required by law. Contractor shall not use or disclose member names, addresses, or other data for any purpose other than specifically provided for in this Contract;
- (2) Make uses and disclosures and requests for any Confidential Information following the minimum necessary standard in the HIPAA Rules;
- (3) Use appropriate safeguards to prevent use or disclosure of Confidential Information other than as provided for by this Contract, and with respect to Protected Health Information, comply with Subpart C of 45 CFR Part 164;
- (4) Not use or disclose Confidential Information in a manner that would violate Subpart E of 45 CFR Part 164 or Wis. Stat. § 40.07 if done by ETF; and
- (5) If applicable, be allowed to use or disclose Confidential Information for the proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor, provided the disclosures are required by law, or Contractor obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies Contractor of any instances of which it is aware in which the confidentiality of the information has been or is suspected of being breached.

(e) **COMPLIANCE WITH ELECTRONIC TRANSACTIONS AND CODE SET STANDARDS:** The Contractor shall comply with each applicable requirements of 45 C.F.R. Part 162 if the Contractor conducts standard transactions, as that term is defined in HIPAA, for or on behalf of ETF.

(f) **MANDATORY REPORTING:** Contractor shall report to ETF in the manner set forth in Subsection (l) any use or disclosure or suspected use or disclosure of Confidential Information not provided for by this Contract, of which it becomes aware, including breaches or suspected breaches of unsecured Protected Health Information as required at 45 CFR 164.410.

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- (g) **DESIGNATED RECORD SET:** Contractor shall make available Protected Health Information in a designated record set to the individual as necessary to satisfy ETF's obligations under 45 CFR 164.524.
- (h) **AMENDMENT IN DESIGNATED RECORD SET:** Contractor shall make any amendment to Protected Health Information in a designated record set as directed or agreed to by ETF pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy ETF's obligations under 45 CFR 164.526.
- (i) **ACCOUNTING OF DISCLOSURES:** Contractor shall maintain and make available the information required to provide an accounting of disclosures to the individual as necessary to satisfy ETF's obligations under 45 CFR 164.528.
- (j) **COMPLIANCE WITH SUBPART E OF 45 CFR 164:** To the extent Contractor is to carry out one or more of ETF's obligations under Subpart E of 45 CFR Part 164, Contractor shall comply with the requirements of Subpart E that apply to a covered entity in the performance of such obligation; and
- (k) **INTERNAL PRACTICES:** Contractor shall make its internal practices, books, and records available to the Secretary of the United States Department of Labor for purposes of determining compliance with the HIPAA Rules.
- (l) **CONTRACTOR REPORTING OF BREACH OR SUSPECTED BREACH OR DISCLOSURE TO ETF:**
 - (1) Within twenty-four (24) hours after Contractor becomes aware of a suspected breach, impermissible use, or impermissible disclosure, notify in writing the ETF Program Manager and Privacy Officer. A suspected breach, impermissible use, or impermissible disclosure is considered to be discovered as of the first day on which such occurrence is known to Contractor, or, by exercising reasonable diligence, would have been known to Contractor. The notification must contain details sufficient for the ETF Program Manager and Privacy Officer to determine ETF's agency response. Sufficient details include, without limitation:
 - a. A list of any affected members (if available);
 - b. Information about the information included in the breach, impermissible use, or impermissible disclosure;
 - c. The date or dates of the suspected breach, impermissible use, or impermissible disclosure;
 - d. The date of the discovery by Contractor;
 - e. A list of the pro-active steps taken by Contractor and being taken to correct breach, impermissible use or impermissible disclosure; and
 - f. Contact information at Contractor for affected persons who contact ETF regarding the issue.
 - (2) Not less than one (1) business day before Contractor makes any external communications to the public, media, federal Office for Civil Rights (OCR), other governmental entity, or persons potentially affected by the breach, impermissible use, or impermissible disclosure, provide a copy of the planned communication to the ETF Program Manager and Privacy Officer.
 - (3) Within thirty (30) days after Contractor makes the initial report under this section, Contractor shall research the suspected breach, impermissible use, or impermissible disclosure Confidential Information and provide a report in writing to the ETF Program Manager. The report must contain, at a minimum:
 - a. A complete list of any affected members and contact information;
 - b. Copies of correspondence or notifications provided to the public, media, OCR, other governmental entity, or persons potentially affected;
 - c. Whether Contractor's Privacy Officer has determined there has been a reportable breach under HIPAA, or an unauthorized acquisition under Wis. Stat. §134.98 and the reasoning for such determination;
 - d. If Contractor determines there has been a breach, impermissible use, or impermissible disclosure, an explanation of the root cause of the breach, impermissible use, or impermissible disclosure;
 - e. A list of the corrective actions taken to mitigate the suspected breach, impermissible use, or impermissible disclosure; and
 - f. A list of the corrective actions taken to prevent a similar future breach, impermissible use, or impermissible disclosure.
- (m) **CLASSIFICATION LABELS:** Contractor shall ensure that all data classification labels contained on or included in any item of Confidential Information shall be reproduced by Contractor on any reproduction, modification, or translation of such Confidential Information. Contractor shall make a reasonable effort to add a proprietary notice or indication of confidentiality to any tangible materials within its possession that contain Confidential Information of the State, as directed by the Department.
- (n) **SUBCONTRACTORS:** If applicable, in accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), Contractor shall ensure that any subcontractors that create, receive, maintain, or transmit Confidential Information on behalf of Contractor agree to the same restrictions, conditions, and requirements that apply to Contractor with respect to such information.

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- (o) **NOTICE OF LEGAL PROCEEDINGS:** If Contractor or any of its employees, agents, or subcontractors is legally required in any administrative, regulatory or judicial proceeding to disclose any Confidential Information, contractor shall give the Department prompt notice (unless it has a legal obligation to the contrary) so that the Department may seek a protective order or other appropriate remedy. In the event that such protective order is not obtained, Contractor shall furnish only that portion of the information that is legally required and shall disclose the Confidential Information in a manner reasonably designed to preserve its confidential nature.
- (p) **MITIGATION:** The Contractor shall take immediate steps to mitigate any harmful effects of the suspected or actual unauthorized use, disclosure, or loss of any Confidential Information provided to Contractor under this Contract. The Contractor shall reasonably cooperate with the Department's efforts to comply with the breach notification requirements of HIPAA, to seek appropriate injunctive relief or otherwise prevent or curtail such suspected or actual unauthorized use, disclosure or loss, or to recover its Confidential Information, including complying with a reasonable corrective action plan, as directed by the Department.
- (q) **COMPLIANCE REVIEWS:** The Department may conduct a compliance review of the Contractor's security procedures before and during this Contract term to protect Confidential Information.
- (r) **AMENDMENT:** The Parties agree to take such action as is necessary to amend the Contract as necessary for compliance with the HIPAA Rules and other applicable law.
- (s) **SURVIVAL:** The obligations of Contractor under this Section survive the termination of the underlying Contract.
- (t) **RETURN OR DESTRUCTION OF CONFIDENTIAL INFORMATION:** Upon termination of this Contract for any reason, Contractor, with respect to Confidential Information received from ETF, another contractor of ETF, or created, maintained, or received by Contractor on behalf of ETF, shall:
 1. Retain only that Confidential Information which is necessary for Contractor to continue its proper management and administration or to carry out its legal responsibilities;
 2. Return to ETF or, if agreed to by ETF, destroy the remaining Confidential Information that Contractor still maintains in any form;
 3. Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information to prevent use or disclosure of the Protected Health Information, other than as provided for in this Subsection, for as long as Contractor retains the Protected Health Information;
 4. Not use or disclose the Confidential Information retained by Contractor other than for the purposes for which such Confidential Information was retained and subject to the same conditions set out above under Subsection (d) which applied prior to termination;
 5. Return to ETF or, if agreed to by ETF, destroy the Protected Health Information retained by Contractor when it is no longer needed by Contractor for its proper management and administration or to carry out its legal responsibilities; and
 6. If required by ETF, transmit the Confidential Information to another contractor of ETF.

23.0 INDEMNIFICATION:

- 23.1 **SCOPE OF INDEMNIFICATION FOR INTELLECTUAL PROPERTY RIGHTS INFRINGEMENT:** In the event of a claim against the Parties for Intellectual Property Rights Infringement associated with a claim for benefits, Contractor agrees to defend, indemnify and hold harmless Board and Department ("Indemnified Parties") from and against any and all claims, actions, loss, damage, expenses, costs (including reasonable fees for Department's staff attorneys and/or attorneys from the Wisconsin Attorney General's Office) reasonable attorneys' fees otherwise incurred by Board, Department and/or the Wisconsin Attorney General's Office, court costs, and related reasonable legal expenses whether incurred in defending against such claims or enforcing this Section.
- 23.2 **SCOPE OF OTHER INDEMNIFICATION:** In addition to the foregoing Section, Contractor shall defend, indemnify and hold harmless the Indemnified Parties from and against any and all claims, actions, loss, damage, expenses, costs (including reasonable fees for Department's staff attorneys and/or attorneys from the Wisconsin Attorney General's Office) reasonable attorneys' fees otherwise incurred by Department and/or the Wisconsin Attorney General's Office, court costs, and related reasonable legal expenses whether incurred in defending against such claims or enforcing this Section, or liability arising from or in connection with the following: (a) Contractor's performance of or failure to perform any duties or obligations under any agreement between Contractor and any third party; (b) injury to persons (including death or illness) or damage to property caused by the act or omission of Contractor or Contractor Personnel; (c) any claims or losses for Services rendered by any subcontractor, person, or firm performing or supplying Services, materials, or supplies in connection with the Contractor's performance of this Contract; (d) any claims or losses resulting to any person or third party entity injured or damaged by the Contractor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under this

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Contract in a manner not authorized by this Contract, or by Federal or State statutes or regulations; and (e) any failure of the Contractor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

- 23.3 INDEMNIFICATION NOTICE:** Department shall give Contractor prompt written notice of such claim, suit, demand, or action (provided that a failure to give such prompt notice will not relieve Contractor of its indemnification obligations hereunder except to the extent Contractor can demonstrate actual, material prejudice to its ability to mount a defense as a result of such failure). Department will cooperate, assist, and consult with Contractor in the defense or investigation of any claim made or suit filed against Department resulting from Contractor's performance under the Contract.
- 23.4 NO INDEMNIFICATION OBLIGATIONS:** Contractor shall as soon as practicable, notify Department of any claim made or suit filed against Contractor resulting from Contractor's obligations under this Contract if such claim may involve the Department. Department has no obligation to provide legal counsel or defense to Contractor if a suit, claim, or action is brought against Contractor or its subcontractors as a result of Contractor's performance of its obligations under this Contract. In addition, Department has no obligation for the payment of any judgments or the settlement of any claims against Contractor arising from or related to this Contract. Department has not waived any right or entitlement to claim sovereign immunity under this Contract.
- 23.5 CONTRACTOR'S DUTY TO INDEMNIFY:** Contractor shall comply with its obligations to indemnify, defend and hold the Indemnified Parties harmless with regard to claims, damages, losses and/or expenses arising from a claim for benefits under the Plan as provided herein. Contractor shall be entitled to control the defense of any such claim and to defend or settle any such claim, in its sole discretion, with counsel of its own choosing; however, Contractor shall consult with Department regarding its defense of any claim and not settle or compromise any claim or action in a manner that imposes restrictions or obligations on Department, requires any financial payment by Department, or grants rights or concessions to a third party without first obtaining Department's prior written consent. Contractor shall have the right to assert any and all defenses on behalf of the Indemnified parties, including sovereign immunity.

In carrying out any provision of this Contract or in exercising any power or authority granted to the Contractor thereby, there shall be no liability upon the Department, it being understood that in such matters the Department acts as an agent of the State.

The Contractor shall at all times comply with and observe all federal and state laws and regulations which are in effect during the period of this Contract and which in any manner affect the work or its conduct.

- 24.0 EQUITABLE RELIEF:** The Contractor acknowledges and agrees that the unauthorized use, disclosure, or loss of Confidential Information may cause immediate and irreparable injury to the individuals whose information is disclosed and to the State, which injury shall not be compensable by money damages and for which there is not an adequate remedy available at law. Accordingly, the parties specifically agree that the Department, on its own behalf or on behalf of the affected individuals, shall be entitled to obtain injunctive or other equitable relief to prevent or curtail any such breach, threatened or actual, without posting security and without prejudice to such other rights as may be available under this Contract or under applicable law.
- 25.0 RIGHT TO PUBLISH OR DISCLOSE:** Throughout the term of this Contract, the Contractor must secure the Department's written approval prior to the release of any information which pertains to work or activities covered by this Contract.
- The parties agree that it is a breach of this Contract to disclose any information to any person that the Department or its governing boards may not disclose under Wis. Stat. § 40.07. Contractor acknowledges that it will be liable for damage or injury to persons whose Confidential Information is disclosed by any officer, employee, agent, or subcontractor of the Contractor without proper authorization.
- 26.0 TIME IS OF THE ESSENCE:** Timely provision of the Services required under this Contract shall be of the essence of the Contract, including the provisions of the Services within the time agreed or on a date specified herein.
- 27.0 IDENTIFICATION OF KEY PERSONNEL AND PERSONNEL CHANGES:** The Department will designate a contract administrator, who shall have oversight for performance of the Department's obligations under this Contract. The Department shall not change the person designated without prior written notification to the Contractor.

The State of Wisconsin reserves the right to approve all individuals assigned to this project. The Contractor agrees to use its best effort to minimize personnel changes during the Contract term.

At the time of contract negotiations, the Contractor shall furnish the Department with names of all key personnel assigned to perform work under this Contract and furnish the Department with criminal background checks.

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The Contractor will designate a contract administrator who shall have executive and administrative oversight for performance of the Contractor's obligations under this Contract. The Contractor shall not change this designation without prior written notice to the Department.

The Contractor may not divert key personnel for any period of time except in accordance with the procedure identified in this section. The Contractor shall provide a notice of proposed diversion or replacement to the single person of contact (SPOC) at least sixty (60) days in advance, together with the name and qualifications of the person(s) who will take the place of the diverted or replaced staff. At least thirty (30) days before the proposed diversion or replacement, the Department shall notify the SPOC whether the proposed diversion or replacement is approved or rejected, and if rejected shall provide reasons for the rejection. Such approval by the Department shall not be unreasonably withheld or delayed.

Replacement staff shall be on-site within two (2) weeks of the departure date of the person being replaced. The Contractor shall provide the Department with reasonable access to any staff diverted by the Contractor.

Replacement of key personnel shall be with persons of equal ability and qualifications. The Department has the right to conduct separate interviews of proposed replacements for key personnel. The Department shall have the right to approve, in writing, the replacement of key personnel. Such approval shall not be unreasonably withheld. Failure of the Contractor to promptly replace key personnel within thirty (30) Calendar Days after departure shall entitle the Department to terminate this Contract. The notice and justification must include identification of proposed substitute key personnel and must provide sufficient detail to permit evaluation of the impact of the change on the project and/or maintenance.

Any of the Contractor's staff that the Department deems unacceptable shall be promptly and without delay removed by the Contractor from the project and replaced by the Contractor within thirty (30) Calendar Days by another employee with acceptable experience and skills subject to the prior approval of the Department. Such approval by the Department will not be unreasonably withheld or delayed.

An unauthorized change by the Contractor of any Contracted Personnel designed as key personnel will result in the imposition of liquidated damages, as defined in this Contract.

28.0 DATA SECURITY AND PRIVACY AGREEMENT

(a) **PURPOSE AND SCOPE OF APPLICATION:** This Data Security and Privacy Agreement (Agreement) is designed to protect the Department of Employee Trust Fund's (ETF) Confidential Information and ETF Information Resources (defined below). This Agreement describes the data security and privacy obligations of Contractor and its sub-contractors that connect to ETF Information Resources and/or gain access to Confidential Information.

(b) **DEFINED TERMS:**

(1) **Confidential Information** means all tangible and intangible information and materials being disclosed in connection with the Contract, in any form or medium without regard to whether the information is owned by the State of Wisconsin or by a third party, which satisfies at least one of the following criteria: (i) Individual Personal Information; (ii) Protected Health Information under HIPAA, 45 CFR 160.103; (iii) proprietary information; (iv) non-public information related to the State of Wisconsin's employees, customers, technology (including data bases, data processing and communications networking systems), schematics, specifications, and all information or materials derived therefrom or based thereon; (v) information expressly designated as confidential in writing by the State of Wisconsin; (vi) all information that is restricted or prohibited from disclosure by State or federal law, including Individual Personal Information and Medical Records as governed by Wis. Stat. § 40.07, Wis. Admin. Code ETF 10.70(1) and 10.01(3m); or (vii) any material submitted by the Proposer in response to this RFP that the Proposer designates confidential and proprietary information and which qualifies as a trade secret, as provided in Wis. Stat. § 19.36 (5) or material which can be kept confidential under the Wisconsin public records law, and identified by Contractor on FORM D –Designation of Confidential and Proprietary Information (DOA-3027). Pricing information cannot be held confidential.

(2) **ETF Information Resources** means those devices, networks and related infrastructure that ETF has obtained for use to conduct ETF business. Devices include but are not limited to, ETF-owned, managed, used through service agreements storage, processing, communications devices and related infrastructure on which ETF data is accessed, processed, stored, or communicated, and may include personally owned devices. Data includes, but is not limited to, Confidential Information, other ETF created or managed business and research data, metadata, and credentials created by or issued on behalf of ETF.

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- (c) **ACCESS TO ETF INFORMATION RESOURCES:** In any circumstance when Contractor is provided access to ETF Information Resources, it is solely Contractor's responsibility to ensure that its access does not result in any access by unauthorized individuals to ETF Information Resources. Contractors who access ETF's systems from any ETF location must at a minimum conform with ETF security standards that are in effect at the ETF location(s) where the access is provided. Any Contractor technology and/or systems that gain access to ETF Information Resources must comply with, at a minimum, the elements in the Computer System Security Requirements set forth in this Agreement.
- (d) **COMPLIANCE WITH APPLICABLE LAWS:** Contractor agrees to comply with all applicable state and federal laws, as well as industry best practices, governing the collection, access, use, disclosure, safeguarding and destruction of Confidential Information.
- (e) **PROHIBITION ON UNAUTHORIZED USE OR DISCLOSURE OF CONFIDENTIAL INFORMATION:** Contractor agrees to hold ETF's Confidential Information, and any information derived from such information, in strictest confidence. Contractor will not access, use or disclose Confidential Information other than to carry out the purposes for which ETF disclosed the Confidential Information to Contractor, except as permitted or required by applicable law, or as otherwise authorized in writing by ETF. For avoidance of doubt, this provision prohibits Contractor from using for its own benefit Confidential Information or any information derived from such information. If required by a court of competent jurisdiction or an administrative body to disclose Confidential Information, Contractor will notify ETF in writing immediately upon receiving notice of such requirement and prior to any such disclosure, to give ETF an opportunity to oppose or otherwise respond to such disclosure (unless prohibited by law from doing so).
- (f) **REQUIREMENT TO KEEP CONFIDENTIAL INFORMATION WITHIN THE UNITED STATES:** The Contractor's transmission, transportation or storage of Confidential Information outside the United States, or access of Confidential Information from outside the United States, is prohibited except on prior written authorization by ETF.
- (g) **SAFEGUARD STANDARD:** Contractor agrees to protect the privacy and security of Confidential Information according to all applicable laws and regulations, including HIPAA, by commercially-acceptable frameworks or standards such as the ISO/IEC 27000-series, NIST, 800-53, RFC 2196, IEC 62443, and SANS CIS Top 20. ISO 270001, etc. Security Controls, and no less rigorously than it protects its own confidential information, but in no case less than reasonable care. Contractor will implement, maintain and use appropriate administrative, technical and physical security measures to preserve the confidentiality, integrity and availability of the Confidential Information. All Confidential Information stored on portable devices or media must be encrypted in accordance with the Federal Information Processing Standards (FIPS) Publication 140-2. Contractor will ensure that all security measures are regularly reviewed including ongoing monitoring, an annual penetration and vulnerability test, and an annual security incident response test, and revised, no less than annually, to address evolving threats and vulnerabilities while Contractor has responsibility for the Confidential Information under the terms of this Agreement. Prior to agreeing to the terms of this Agreement, and periodically thereafter (no more frequently than annually) at ETF's request, Contractor will provide assurance, in the form of a third-party audit report or other documentation acceptable to ETF, such as SOC2 Type II, demonstrating that appropriate information security safeguards and controls are in place.
- (h) **INFORMATION SECURITY PLAN:**
- (1) Contractor acknowledges that ETF is required to comply with information security standards for the protection of Confidential Information as required by law, regulation and regulatory guidance, as well as ETF's internal security program for information and systems protection.
 - (2) Contractor will establish, maintain and comply with an information security plan (Information Security Plan), which will contain, at a minimum, such elements as those set forth in this Agreement.
 - (3) Contractor's Information Security Plan will be designed to:
 - a. Ensure the privacy, security, integrity, availability, and confidentiality of Confidential Information;
 - b. Protect against any anticipated threats or hazards to the security or integrity of such information;
 - c. Protect against unauthorized access to or use of such information that could result in harm or inconvenience to the person that is the subject of such information;
 - d. Reduce risks associated with Contractor having access to ETF Information Resources; and
 - e. Comply with all applicable legal and regulatory requirements for data protection.
 - (4) On at least an annual basis, Contractor will review its Information Security Plan, update and revise it as needed, and submit it to ETF upon request. At ETF's request, Contractor will make modifications to its Information Security Plan or to the procedures and practices thereunder to conform to ETF's security requirements as they exist from time to time. If there are any significant modifications to Contractor's Information Security Plan, Contractor will notify ETF within a reasonable period of time, not to exceed two

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weeks. Any significant modification must include the same or a higher framework or information security standard maturity level than what currently exists in the Plan.

(i) RETURN OR DESTRUCTION OF CONFIDENTIAL INFORMATION:

Upon termination of this Contract for any reason, Contractor, with respect to Confidential Information received from ETF, another contractor of ETF, or created, maintained, or received by Contractor on behalf of ETF, shall:

- (1) Retain only that Confidential Information which is necessary for Contractor to continue its proper management and administration or to carry out its legal responsibilities;
- (2) Where feasible, return to ETF, or, if agreed to by ETF, destroy the remaining Confidential Information that Contractor still maintains in any form;
- (3) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information to prevent use or disclosure of the Protected Health Information, other than as provided for in this Subsection, for as long as Contractor retains the Protected Health Information;
- (4) Not use or disclose the Confidential Information retained by Contractor other than for the purposes for which such Confidential Information was retained and subject to the same conditions set out above under Subsection (d) which applied prior to termination;
- (5) Return to ETF or, if agreed to by ETF, destroy the Protected Health Information retained by Contractor when it is no longer needed by Contractor for its proper management and administration or to carry out its legal responsibilities; and
- (6) If required by ETF, transmit the Confidential Information to another contractor of ETF.

(j) NOTIFICATION OF CORRESPONDENCE CONCERNING CONFIDENTIAL INFORMATION: Contractor agrees to notify ETF immediately, both orally and in writing, but in no event more than twenty-four (24) hours after Contractor receives correspondence or a complaint regarding Confidential Information, including but not limited to, correspondence or a complaint that originates from a regulatory agency or an individual.

(k) BREACHES OF CONFIDENTIAL INFORMATION:

CONTRACTOR REPORTING OF BREACH OR SUSPECTED BREACH OR DISCLOSURE TO ETF:

- (1) Within twenty-four (24) hours after Contractor becomes aware of a suspected breach, impermissible use, or impermissible disclosure of ETF's Confidential Information, notify in writing the ETF Program Manager and Privacy Officer. A suspected breach, impermissible use, or impermissible disclosure is considered to be discovered as of the first day on which such occurrence is known to Contractor, or, by exercising reasonable diligence, would have been known to Contractor. The notification must contain details sufficient for the ETF Program Manager and Privacy Officer to determine ETF's agency response. Sufficient details include, without limitation:
 - a. The nature of the unauthorized access, use or disclosure;
 - b. A list of any affected members (if available);
 - c. Information about the information included in the breach, impermissible use, or impermissible disclosure;
 - d. The date or dates of the suspected breach, impermissible use, or impermissible disclosure;
 - e. The date of the discovery by Contractor;
 - f. A list of the pro-active steps taken by Contractor and being taken to correct breach, impermissible use or impermissible disclosure; and
 - g. Contact information at Contractor for affected persons who contact ETF regarding the issue.
- (2) Not less than twenty-four (24) hours before Contractor makes any external communications to the public, media, federal Office for Civil Rights (OCR), other governmental entity, or persons potentially affected by the breach, impermissible use, or impermissible disclosure, provide a copy of the planned communication to the ETF Program Manager and Privacy Officer.
- (3) Within thirty (30) days after Contractor makes the initial report under this section, Contractor shall research the suspected breach, impermissible use, or impermissible disclosure Confidential Information and provide a report in writing to the ETF Program Manager. The report must contain, at a minimum:
 - a. A complete list of any affected members and contact information;
 - b. Copies of correspondence or notifications provided to the public, media, OCR, other governmental entity, or persons potentially affected;
 - c. Whether Contractor's Privacy Officer has determined there has been a reportable breach under HIPAA, or an unauthorized acquisition under Wis. Stat. §134.98 and the reasoning for such determination;
 - d. If Contractor determines there has been a breach, impermissible use, or impermissible disclosure, an explanation of the root cause of the breach, impermissible use, or impermissible disclosure;

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- e. A list of the corrective actions taken to mitigate the suspected breach, impermissible use, or impermissible disclosure; and
- f. A list of the corrective actions taken to prevent a similar future breach, impermissible use, or impermissible disclosure.

COORDINATION OF BREACH RESPONSE ACTIVITIES:

- (4) Contractor will fully cooperate with ETF's investigation of any breach involving Contractor, including but not limited to making witnesses, documents, HIPAA logs, systems logs, video recordings, or other pertinent or useful information available immediately upon Contractor's reporting of the breach and throughout the investigation. Contractor's full cooperation will include but not be limited to Contractor:
 - a. Immediately preserving any potential forensic evidence relating to the breach, and remedying the breach as quickly as circumstances permit
 - b. Within forty-eight (48) hours designating a contact person to whom ETF will direct inquiries, and who will communicate Contractor responses to ETF inquiries; Contractor will designate a Privacy Officer and Security Officer to serve as contacts for ETF.
 - c. As rapidly as circumstances permit, applying appropriate resources to remedy the breach condition, investigate, document, restore ETF service(s) as directed by ETF, and undertake appropriate response activities such as working with ETF, its representative, and law enforcement to identify the breach, identify the perpetrator(s), and take appropriate actions to remediate the security vulnerability;
 - d. Providing status reports at least every two (2) hours until the root cause of the breach is identified and a plan is devised to fully remediate the breach;
 - e. Once the root cause of the breach is identified and a plan is devised to fully remediate the breach, providing status reports daily or at mutually agreed upon timeframes, to ETF on breach response activities, findings, analyses, and conclusions;
 - f. Coordinating all media, law enforcement, or other breach notifications with ETF in advance of such notification(s), unless expressly prohibited by law; and
 - g. Ensuring that knowledgeable Contractor staff is available on short notice, if needed, to participate in ETF-initiated meetings and/or conference calls regarding the breach.

ASSISTANCE IN LITIGATION OR ADMINISTRATIVE PROCEEDINGS:

- (5) Contractor will make itself and any employees, subcontractors, or agents assisting Contractor in the performance of its obligations available to ETF at no cost to ETF to testify as witnesses, or otherwise, in the event of a breach or other unauthorized disclosure of Confidential Information caused by Contractor that results in litigation, governmental investigations, or administrative proceedings against ETF, its directors, officers, agents or employees based upon a claimed violation of laws relating to security and privacy or arising out of this Agreement or the Contract.

(l) RETENTION OF LOGS:

- a. HIPAA logs (logs of any systems that have information relating to HIPAA) must be kept for six (6) years.
- b. Firewall logs must be kept for twelve (12) months.

- (m) **ADDITIONAL INSURANCE:** In addition to the insurance required under the Agreement, Contractor at its sole cost and expense will obtain, keep in force, and maintain an insurance policy (or policies) that provides coverage for privacy and data security breaches. This specific type of insurance is typically referred to as Privacy, Technology and Data Security Liability, Cyber Liability, or Technology Professional Liability. In some cases, Professional Liability policies may include some coverage for privacy and/or data breaches. Regardless of the type of policy in place, it needs to include coverage for reasonable costs in investigating and responding to privacy and/or data breaches with the following minimum limits unless ETF specifies otherwise: \$1,000,000 Each Occurrence and \$5,000,000 Aggregate.

(n) INFORMATION SECURITY PLAN REQUIREMENTS:

- (1) Contractor will develop, implement, and maintain a comprehensive Information Security Plan that is written in one or more readily accessible parts and contains administrative, technical, and physical safeguards. The safeguards contained in such program must be consistent with the safeguards for protection of Confidential Information and information of a similar character set forth in any state or federal regulations by which the person who owns or licenses such information may be regulated.
- (2) Without limiting the generality of the foregoing, every comprehensive Information Security Plan will include, but not be limited to:
 - a. Designating one or more employees to maintain the comprehensive Information Security Plan;
 - b. Identifying and assessing internal and external risks to the security, confidentiality, and/or integrity of any electronic, paper or other records containing Confidential Information and of ETF Information

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Resources, and evaluating and improving, where necessary, the effectiveness of the current safeguards for limiting such risks, including but not limited to:

- c. Ongoing employee (including temporary and contract employee) training;
 - d. Employee compliance with policies and procedures; and
 - e. Means, including Contractor staff, processes, and technology, for detecting information system intrusions, data breaches, and anomalous system behavior or activity, and for preventing security breaches, intrusions, or unauthorized access to information systems or networks.
 - f. Developing security policies for employees relating to the storage, access and transportation of records containing Confidential Information outside of business premises.
 - g. Imposing disciplinary measures for violations of the comprehensive Information Security Plan rules.
 - h. Preventing terminated employees from accessing records containing Confidential Information and/or ETF Information Resources.
 - i. Overseeing service providers, by:
 - Taking reasonable steps to select and retain third-party service providers that are capable of maintaining appropriate security measures to protect such Confidential Information and ETF Information Resources consistent with all applicable laws and regulations; and
 - Requiring such third-party service providers by contract to implement and maintain such appropriate security measures for Confidential Information.
 - j. Placing reasonable restrictions upon physical access to records containing Confidential Information and ETF Information Resources and requiring storage of such records and data in locked facilities, storage areas or containers.
 - k. Restrict physical access to any network or data centers that may have access to Confidential Information or ETF Information Resources.
 - l. Requiring regular monitoring to ensure that the comprehensive Information Security Plan is operating in a manner reasonably calculated to prevent unauthorized access to or unauthorized use of Confidential Information and ETF Information Resources; and upgrading information safeguards as necessary to limit risks.
 - m. Reviewing the scope of the security measures at least annually or whenever there is a material change in business practices that may reasonably implicate the security or integrity of records containing Confidential Information and of ETF Information Resources.
 - n. Documenting responsive actions taken in connection with any incident involving a breach, and mandating post-incident review of events and actions taken, if any, to make changes in business practices relating to protection of Confidential Information and ETF Information Resources.
- (o) **COMPUTER SYSTEM SECURITY REQUIREMENTS:** To the extent that Contractor electronically stores or transmits Confidential Information or has access to any ETF Information Resources, it will include in its written, comprehensive Information Security Plan the establishment and maintenance of a security system covering its computers, including any wireless system, that, at a minimum, and to the extent technically feasible, will have the following elements:
- (1) Secure user authentication protocols including:
 - a. Control of user IDs and other identifiers;
 - b. A secure method of assigning and selecting passwords, or use of unique identifier technologies, such as biometrics or token devices;
 - c. Multi-Factor Authentication (MFA);
 - c. Control of data security passwords to ensure that such passwords are kept in a location and/or format that does not compromise the security of the data they protect;
 - d. Multi-factor authentication for system administrators and others with 'super-user' access rights;
 - e. Restricting access to active users and active user accounts only;
 - f. Blocking access to user identification after multiple unsuccessful attempts to gain access or the limitation placed on access for the particular system; and
 - g. Periodic review of user access, access rights and audit of user accounts.
 - (2) Secure access control measures that:
 - a. Restrict access to records and files containing Confidential Information and systems that may have access to ETF Information Resources to those who need such information to perform their job duties; and
 - b. Assign unique identifications plus passwords, which are not vendor supplied default passwords, to each person with computer access, which are reasonably designed to maintain the integrity of the security of the access controls.
 - (3) Encryption of all transmitted records and files containing Confidential Information.
 - (4) Adequate security of all networks that connect to ETF Information Resources or access Confidential Information, including wireless networks.

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- (5) Reasonable monitoring of systems, for unauthorized use of or access to Confidential Information and ETF Information Resources.
- (6) Encryption of all Confidential Information stored on Contractor devices, including laptops or other portable storage devices.
- (7) For files containing Confidential Information on a system that is connected to the Internet or that may have access to ETF Information Resources, reasonably up-to-date firewall, router and switch protection and operating system security patches, reasonably designed to maintain the integrity of the Confidential Information.
- (8) Reasonably up-to-date versions of system security agent software, including intrusion detection systems, which must include malware protection and reasonably up-to-date patches and virus definitions, or a version of such software that can still be supported with up-to-date patches and virus definitions, and is set to receive the most current security updates on a regular basis.
- (9) Education and training of employees on the proper use of the computer security system and the importance of Confidential Information and network security.

With reasonable notice to Contractor, ETF may require additional security measures which may be identified in additional guidance, contracts, communications or requirements.



Health Insurance
ANSI 834 Version 5010 Companion Guide

Version 1.4
Last Updated: 3/15/2016

Revision History

Date	Version	Description	Author
11/29/2007	1.0	Created document.	Clay Rehm
12/6/2010	1.1	Updated document to put in new format, and to identify 5010 changes in red.	Clay Rehm
7/18/2011	1.2	Changed all instances of 005010X220 to 005010X220A1 to reflect updated version of the specification. Changed field ISA11 to reflect modified purpose/usage.	Jeff Gruber
7/20/2011	1.2	Correction: Coverage Expiration Date 2300 DTP*349 is situational, not required.	Jeff Gruber
9/19/2011	1.3	Change logic for Loop 2310 segment NM1 element NM102 to place '2' in the element when the Provider Identifier (NM109) and Provider First Name (NM104) are empty. See 'Summary of 5010 Changes' section.	Jeff Gruber
11/15/2011	1.3	Changed wording for value of element ISA08 in response to a request from an insurer for a special value in that element. Fixed INS01 element value for dependents, should be 'N'.	Jeff Gruber
7/23/2012	1.3	Updated element HD03 to reflect the fact that some of the health plans are sending 'MM'.	Jeff Gruber
3/15/2016	1.4	Updated documentation for new REF*QQ segment	Jeff Kelm

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Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. The Department has adopted standards to support the electronic exchange of administrative and financial health care transactions between covered entities.

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

Document Purpose

This Guide serves as an ETF specific companion document to the 834 Benefit Enrollment and Maintenance Transaction Set Implementation Guide. This document provides information related to specific and clarifies the exchange of information on HIPAA transactions between the ETF's system and its trading partners. ETF defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ETF. This Companion Guide provides information about the 834 Benefit Enrollment and Maintenance that is specific to ETF and ETF's trading partners, but does not change the definition, data condition, or use of a data element or segment. This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide listed below. The ANSI ASC X12N Implementation Guides can be accessed at <http://www.wpc-edi.com>. • ASC X12N 834 (005010X220A1)

Intended Users

Companion Guides are intended for members of the technical staffs of trading partners who are responsible for electronic transaction/file exchanges. This document covers both the daily eligibility file sent from ETF to Health Plans, and the monthly Full File Compare (FFC) sent from health plans to ETF.

Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with ETF, including connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from ETF.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.

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- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

Summary of 5010 Changes

- ISA11 – replace U with ^
- ISA12 – replace 00401 with 00501
- GS08 – replace 004010X095A1 with 005010X220A1
- ST03 – new element is required, must be equal to value in GS08
- INS08 – new value of ‘AC’ is allowed
- For Standard Plan only, REF*QQ (Prior Coverage Months) was moved from Loop 2000 to Loop 2300
- For COB Other Insurance Company Name, renamed N1 segment to NM1 segment, and moved Loop 2320 to Loop 2330
- For element NM102 of segment NM1 in Loop 2310 ETF will set value to ‘2’ if both Provider Identifier and Provider First Name are absent, ‘1’ otherwise. **Note** – in the 4010 version ETF has always set this value to ‘1’. Due to more restrictive rules on Loop 2310 element NM104 in the 5010 version, setting NM102 to ‘2’ when provider ID and first name are not present will prevent issues with HIPAA validation errors.

ETF Specifications

This section covers the information that ETF and health plans will use to transmit eligibility data:

Segment	Element	Required or Situational	Name	ETF Comments / Values
ISA		R	Interchange Control Header	
	ISA01	R	Authorization Information Qualifier	00
	ISA02	R	Authorization Information	Spaces
	ISA03	R	Security Information Qualifier	00
	ISA04	R	Security Information	Spaces
	ISA05	R	Interchange ID Qualifier	30
	ISA06	R	Interchange Sender ID	Sender Federal Tax Id Number
	ISA07	R	Interchange ID Qualifier	30
	ISA08	R	Interchange Receiver ID	Receiver Federal Tax Id Number for most insurers, special value for some
	ISA09	R	Interchange Date	Creation Date
	ISA10	R	Interchange Time	Creation Time
	ISA11	R	Repetition Separator	^
	ISA12	R	Interchange Control Version Number	00501
	ISA13	R	Interchange Control Number	Control number assigned by sender
	ISA14	R	Acknowledgement Requested	1 (Yes)
	ISA15	R	Usage Indicator	P (Production Data) or T (Test Data)
	ISA16	R	Component Element Separator	
GS			Functional Group Header	
	GS01	R	Functional Identifier Code	BE
	GS02	R	Application Sender’s Code	Sender Code or Shortened Name

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Segment	Element	Required or Situational	Name	ETF Comments / Values
	GS03	R	Application Receiver's Code	Receiver Shortened Name
	GS04	R	Date (Creation Date)	Creation Date of file
	GS05	R	Time (Creation Time)	Creation Time of file
	GS06	R	Group Control Number	Number assigned by ETF
	GS07	R	Responsibility Agency Code	X
	GS08	R	Identifier Code	005010X220A1
ST		R	Transaction Set Header	
	ST01	R	Transaction Set Identifier Code	834
	ST02	R	Transaction Set Control Number	Sequential number starting with 1
	ST03	R	Implementation Convention Reference	Same value as GS08
BGN		R	Beginning Segment	
	BGN01	R	Transaction Set Purpose Code	00 (double zero)
	BGN02	R	Reference Identification	Create Date YYYYMMDD + Current Time + Counter
	BGN03	R	Date	Create Date YYYYMMDD
	BGN04	R	Time	Create Time HHMM
	BGN08	R	Action Code	2 (Change) or 4 (Verify)
DTP		S	File Effective Date	
	DTP01	R	Date/Time Qualifier	007 (Effective)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
Loop 1000 A			Sponsor Name	
N1		R	Sponsor Name	
	N101	R	Entity Identifier Code	P5
	N102	R	Name	ETF
	N103	R	Identification Code Qualifier	FI (Federal Taxpayer ID number)
	N104	R	Identification Code	391103756
Loop 1000 B			Payer	
N1		R	Payer	
	N101	R	Entity Identifier Code	IN
	N102	S	Name	Health Plan Name
	N103	R	Identification Code Qualifier	FI (Federal Taxpayer ID number)
	N104	R	Identification Code	Health Plan Federal Taxpayer Identification Number
			SUBSCRIBER SEGMENTS	
Loop 2000			Member Level Detail	
INS		R	Member Level Detail	
	INS01	R	Member Indicator	Y
	INS02	R	Individual Relationship Code	18
	INS03	R	Maintenance Type Code	001, 021, 024, 025 or 030
	INS04	S	Maintenance Reason Code	Use values from Implementation Guide, use XN for FFC file
	INS05	R	Benefit Status Code	A, C or S

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Segment	Element	Required or Situational	Name	ETF Comments / Values
	INS06	S	Medicare Plan Code	A, B, C or E
	INS07	S	COBRA Qualifying Event Code	1, 4, 5 or 7
	INS08	S	Employment Status Code	AC, FT, L1, PT, RT or TE
	INS09	N	Student Status Code	Not used
	INS10	S	Handicap Indicator	N or Y
	INS11	S	Date Time Period Format Qualifier	D8
	INS12	S	Death Date	Death Date YYYYMMDD
REF		R	Subscriber Identifier	
	REF01	R	Reference Identification Qualifier	0F
	REF02	R	Reference Identification	Subscriber SSN (Family ID)
REF		S	Member Policy Number	
	REF01	R	Reference Identification Qualifier	1L
	REF02	R	Reference Identification	Subscriber ETF 5 digit Employer Group Number
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	23
	REF02	R	Reference Identification	Subscriber ETF Member Id
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	3H
	REF02	R	Reference Identification	2 digit Health Carrier code
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	ZZ
	REF02	R	Reference Identification	2 digit ETF Employee Type Code
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	DX
	REF02	R	Reference Identification	2 digit ETF Coverage Type Code
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	F6
	REF02	R	Reference Identification	Health Insurance Claim (HIC) Number (Medicare only)
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	QQ
	REF02	R	Reference Identification	5 digit Business Unit Number
DTP		S	Member Level Dates	
	DTP01	R	Date/Time Qualifier	338 (Medicare A Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
DTP		S	Member Level Dates	
	DTP01	R	Date/Time Qualifier	338 (Medicare B Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
Loop 2100 A			Member Name	
NM1		R	Member Name	
	NM101	R	Entity Identifier Code	IL
	NM102	R	Entity Type Qualifier	1
	NM103	R	Last Name	Subscriber's Last Name

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Segment	Element	Required or Situational	Name	ETF Comments / Values
	NM104	S	First Name	Subscriber's First Name
	NM105	S	Middle Name	Subscriber's Middle Name
	NM106	N	Name Prefix	Not Used
	NM107	N	Name Suffix	Not Used
	NM108	S	Identification Code Qualifier	34
	NM109	S	Identification Code	Subscriber's SSN
PER		S	Member Communication Numbers	
	PER01	R	Contact Function Code	IP
	PER02	N	Name	Not Used
	PER03	R	Communication Number Qualifier	HP (Home Phone)
	PER04	R	Communication Number	Phone Number
N3		S	Member Residence Street Address	
	N301	R	Address Information	Address Line 1
	N302	S	Address Information	Address Line 2 (if present)
N4		R	Member City, State, Zip	
	N401	R	City Name	City Name
	N402	S	State or Province Code	State or Province Code
	N403	S	Postal Code	Postal Code
	N404	S	Country Code	Country Code
	N405	S	Location Qualifier	CY
	N406	S	Location Identifier	ETF County Code
DMG		S	Member Demographics	
	DMG01	R	Date Time Period Format Qualifier	D8
	DMG02	R	Member Birth Date	YYYYMMDD
	DMG03	R	Gender Code	F, M or U
	DMG04	S	Marital Status Code	B, D, I, M or W
Loop 2300		S	Health Coverage	
HD		S	Health Coverage	
	HD01	R	Maintenance Type Code	For FFC File use 030, otherwise use 001, 002, 021, 024, 025 or 026
	HD02	N	Maintenance Reason Code	Not Used
	HD03	R	Insurance Line Code	HLT or HMO or MM
	HD04	S	Plan Coverage Description	ETF Program Option Code and ETF Surcharge Code (i.e. P01S01)
	HD05	S	Coverage Level Code	IND or FAM
DTP		R	Health Coverage Dates	
	DTP01	R	Date/Time Qualifier	348 (Coverage Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
DTP		S	Health Coverage Dates	
	DTP01	R	Date/Time Qualifier	349 (Coverage Expiration Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Expiration Date YYYYMMDD
Loop 2310		S	Provider Information	

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Segment	Element	Required or Situational	Name	ETF Comments / Values
LX		S	Health Coverage	
	LX01	R	Assigned Number	1 (only one provider loop)
NM1		R	Provider Name	
	NM101	R	Entity Identifier Code	P3
	NM102	R	Entity Type Qualifier	2 if both Provider Identifier (NM109) and Provider First Name are absent, 1 otherwise
	NM103	R	Last Name	Provider Last Name or Clinic Name
	NM104	S	First Name	Provider First Name
	NM105	N	Middle Name	Not Used
	NM106	N	Name Prefix	Not Used
	NM107	N	Name Suffix	Not Used
	NM108	S	Identification Code Qualifier	SV for Care System, XX for NPI
	NM109	S	Identification Code	2 digit Care System code or 10 digit NPI
	NM110	R	Entity Relationship Code	25, 26 or 72
Loop 2320		S	Coordination of Benefits	
COB		S	COB	
	COB01	R	Payer Responsibility Sequence Number Code	P, S, T or U
	COB02	N	Reference Identification	Not Used
	COB03	R	COB Code	1, 5 or 6
DTP		S	COB Eligibility Dates	
	DTP01	R	Date/Time Qualifier	344 (COB Begin Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Begin Date YYYYMMDD
DTP		S	COB Eligibility Dates	
	DTP01	R	Date/Time Qualifier	345 (COB End Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	End Date YYYYMMDD
Loop 2330		S	Coordination of Benefits Related Entity	
NM1		S	COB Related Entity	
	NM101	R	Entity Identifier Code	IN
	NM102	R	Entity Type Qualifier	2
	NM103	R	Organization Name	Other Insurance Company Name
			DEPENDENT SEGMENTS	
Loop 2000			Member Level Detail	
INS		R	Member Level Detail	
	INS01	R	Member Indicator	N
	INS02	R	Individual Relationship Code	Not 18
	INS03	R	Maintenance Type Code	001, 021, 024, 025 or 030
	INS04	S	Maintenance Reason Code	Use values from Implementation Guide, use XN for FFC
	INS05	R	Benefit Status Code	A, C or S

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Segment	Element	Required or Situational	Name	ETF Comments / Values
	INS06	S	Medicare Plan Code	A, B, C or E
	INS07	S	COBRA Qualifying Event Code	1, 4, 5 or 7
	INS08	S	Employment Status Code	AC, FT, L1, PT, RT or TE
	INS09	N	Student Status Code	Not used
	INS10	S	Handicap Indicator	N or Y
	INS11	S	Date Time Period Format Qualifier	D8
	INS12	S	Death Date	Death Date YYYYMMDD
REF		R	Subscriber Identifier	
	REF01	R	Reference Identification Qualifier	0F
	REF02	R	Reference Identification	Subscriber SSN (Family ID)
REF		S	Member Policy Number	
	REF01	R	Reference Identification Qualifier	1L
	REF02	R	Reference Identification	Subscriber ETF 5 digit Employer Group Number
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	23
	REF02	R	Reference Identification	Dependent ETF Member Id
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	3H
	REF02	R	Reference Identification	2 digit Health Carrier code
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	ZZ
	REF02	R	Reference Identification	2 digit ETF Employee Type Code
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	DX
	REF02	R	Reference Identification	2 digit ETF Coverage Type Code
REF		S	Member Supplemental Identifier	
	REF01	R	Reference Identification Qualifier	F6
	REF02	R	Reference Identification	Health Insurance Claim (HIC) Number (Medicare only)
DTP		S	Member Level Dates	
	DTP01	R	Date/Time Qualifier	338 (Medicare A Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
DTP		S	Member Level Dates	
	DTP01	R	Date/Time Qualifier	338 (Medicare B Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
Loop 2100 A			Member Name	
NM1		R	Member Name	
	NM101	R	Entity Identifier Code	IL
	NM102	R	Entity Type Qualifier	1
	NM103	R	Last Name	Dependent's Last Name
	NM104	S	First Name	Dependent's First Name
	NM105	S	Middle Name	Dependent's Middle Name
	NM106	N	Name Prefix	Not Used

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Segment	Element	Required or Situational	Name	ETF Comments / Values
	NM107	N	Name Suffix	Not Used
	NM108	S	Identification Code Qualifier	34
	NM109	S	Identification Code	Dependent's SSN
PER		S	Member Communication Numbers	
	PER01	R	Contact Function Code	IP
	PER02	N	Name	Not Used
	PER03	R	Communication Number Qualifier	HP (Home Phone)
	PER04	R	Communication Number	Phone Number
N3		S	Member Residence Street Address	
	N301	R	Address Information	Address Line 1
	N302	S	Address Information	Address Line 2 (if present)
N4		R	Member City, State, Zip	
	N401	R	City Name	City Name
	N402	S	State or Province Code	State or Province Code
	N403	S	Postal Code	Postal Code
	N404	S	Country Code	Country Code
	N405	S	Location Qualifier	CY
	N406	S	Location Identifier	ETF County Code
DMG		S	Member Demographics	
	DMG01	R	Date Time Period Format Qualifier	D8
	DMG02	R	Member Birth Date	YYYYMMDD
	DMG03	R	Gender Code	F, M or U
	DMG04	S	Marital Status Code	B, D, I, M or W
Loop 2300		S	Health Coverage	
HD		S	Health Coverage	
	HD01	R	Maintenance Type Code	For FFC File use 030, otherwise use 001, 002, 021, 024, 025 or 026
	HD02	N	Maintenance Reason Code	Not Used
	HD03	R	Insurance Line Code	HLT or HMO or MM
	HD04	S	Plan Coverage Description	ETF Program Option Code and ETF Surcharge Code (i.e. P01S01)
	HD05	S	Coverage Level Code	IND or FAM
DTP		R	Health Coverage Dates	
	DTP01	R	Date/Time Qualifier	348 (Coverage Effective Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Effective Date YYYYMMDD
DTP		S	Health Coverage Dates	
	DTP01	R	Date/Time Qualifier	349 (Coverage Expiration Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Expiration Date YYYYMMDD
REF		S	Prior Coverage Months (only applicable to Standard Plan, if waiting period applies, and on daily file (not used on FFC))	
	REF01	R	Reference Identification Qualifier	QQ

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Segment	Element	Required or Situational	Name	ETF Comments / Values
	REF02	R	Reference Identification	'06' (Prior coverage month count)
Loop 2310		S	Provider Information	
LX		S	Health Coverage	
	LX01	R	Assigned Number	1 (only one provider loop)
NM1		R	Provider Name	
	NM101	R	Entity Identifier Code	P3
	NM102	R	Entity Type Qualifier	2 if both Provider Identifier (NM109) and Provider First Name are absent, 1 otherwise
	NM103	R	Last Name	Provider Last Name or Clinic Name
	NM104	S	First Name	Provider First Name
	NM105	N	Middle Name	Not Used
	NM106	N	Name Prefix	Not Used
	NM107	N	Name Suffix	Not Used
	NM108	S	Identification Code Qualifier	SV for Care System, XX for NPI
	NM109	S	Identification Code	2 digit Care System code or 10 digit NPI
	NM110	R	Entity Relationship Code	25, 26 or 72
Loop 2320		S	Coordination of Benefits	
COB		S	COB	
	COB01	R	Payer Responsibility Sequence Number Code	P, S, T or U
	COB02	N	Reference Identification	Not Used
	COB03	R	COB Code	1, 5 or 6
DTP		S	COB Eligibility Dates	
	DTP01	R	Date/Time Qualifier	344 (COB Begin Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	Begin Date YYYYMMDD
DTP		S	COB Eligibility Dates	
	DTP01	R	Date/Time Qualifier	345 (COB End Date)
	DTP02	R	Date Time Period Format Qualifier	D8
	DTP03	R	Date Time Period	End Date YYYYMMDD
Loop 2330		S	Coordination of Benefits Related Entity	
NM1		S	COB Related Entity	
	NM101	R	Entity Identifier Code	IN
	NM102	R	Entity Type Qualifier	2
	NM103	R	Organization Name	Other Insurance Company Name
			Summary	
SE		R	Transaction Set Trailer	
	SE01	R	Number of Included Segments	Total number of segments
	SE02	R	Transaction Set Control Number	Should match ST02
GE			Functional Group Trailer	
	GE01	R	Number of Transaction Sets Included	Number of transaction sets

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Segment	Element	Required or Situational	Name	ETF Comments / Values
	GE02	R	Group Control Number	Should match GS06
IEA		R	Interchange Control Trailer	
	IEA01	R	Number of Included Functional Groups	Number of functional groups
	IEA02	R	Interchange Control Number	Control number

INTRODUCTION

Introduction

This V4.2 file layout is intended to meet an industry need to supply detailed drug or utilization claim information after the claim has been adjudicated.

General Overview

The goal of this layout is to support the development of a common format for post-adjudicated pharmacy claim data, which is used to meet the needs of the pharmacy industry to support the communication of patient pharmacy transaction data. The implementation of this standard will provide administrative efficiencies and allow for an industry standard to be used for all entities sharing historical health care data. Not all clients will be able to receive this layout. The client has to be able to accept overpunching, as well as looping segments

Version Control

V1.0 – Newly created extract layout for post-adjudicated pharmacy claim data.

DATA ELEMENT RULES

Data Type	Format	Null/default	
Date (N)	CCYYMMDD	00000000	e.g., 20151001
Alpha-Numeric (A/N)		Spaces	
Numeric (N)	0-9; Zero Padded	All Zeros	e.g., 123.456 --> 0000123456
Dollar (D)	s9v99 -- Signed Overpunch	0000000{	e.g. \$20.00 --> 0000200{ e.g. \$123.45 --> 0001234E

Positive Signed		Negative Signed	
Numeric	Graphic	Numeric	Graphic
0	{	0	}
1	A	1	J
2	B	2	K
3	C	3	L
4	D	4	M
5	E	5	N
6	F	6	O
7	G	7	P
8	H	8	Q
9	I	9	R

HEADER

FIELD	FIELD NAME	FORMAT	SIZE	START	END	FIELD FORMAT	M/S	VALUE / COMMENTS
601-04	Record Type	A/N	2	1	2		M	"PA"
102-A2	Version/Release Number	A/N	2	3	4		M	"42"
879	Sending Entity Identifier	A/N	24	5	28		M	Plan Federal Tax ID (no dashes)
806-5C	Batch Number	N	7	29	35	9(7)	M	Will be unique assigned by the sender
880-K2	Creation Date	N	8	36	43	9(8)	M	Format: CCYYMMDD
880-K3	Creation Time	N	4	44	47	9(4)	M	Format: HHMM
880-K7	Receiver ID	A/N	24	48	71		M	TBD
601-06	Reporting Period Start Date	N	8	72	79	9(8)	M	Format: CCYYMMDD
601-05	Reporting Period End Date	N	8	80	87	9(8)	M	Format: CCYYMMDD
702-MC	File Type	A/N	1	88	88		M	P (Production); T (Test)
981-JV	Transmission Action	A/N	1	89	89		M	O (Original)
888	Submission Number	A/N	2	90	91		M	"ØØ" - Original Submission;
Filler	Filler Custom Attestation	A/N	3609	92	3700		M	Spaces

DETAIL

FIELD	FIELD NAME	M / S	FORMAT	SIZE	START	END	Data Definition
601-04	Record Type	M	A/N	2	1	2	DE
398	Record Indicator	S	A/N	1	3	3	"Ø" - New Record; "1" - Overwrite Existing Record - Replacement; "2" - Delete Existing Record - Void; Note: For value "1" & "2" , use in conjunction with Adjustment Category field [205] 'Adjustment Type' and [897] 'Transaction ID Cross Reference'
Eligibility Category:							
248	Eligible Coverage Code	S	A/N	3	4	6	Claim Eligibility Clarification Code
898	User Benefit ID	S	A/N	10	7	16	Navitus Carrier ID
899	User Coverage ID	S	A/N	10	17	26	Not Supported
246	Eligibility Group ID	S	A/N	15	27	41	Navitus Group ID
270	Line of Business Code	S	A/N	6	42	47	Not Supported
267	Insurance Code	S	A/N	20	48	67	Navitus Account ID
220	Client Assigned Location Code	S	A/N	20	68	87	Navitus Subgroup ID
222	Client Pass Thru	S	A/N	200	88	287	See Client Pass Thru Tab
Cardholder Information:							
302-C2	Cardholder ID	M	A/N	20	288	307	Subscriber Member ID
716-SY	Last Name	S	A/N	35	308	342	Subscriber Last Name
717-SX	First Name	S	A/N	35	343	377	Subscriber First Name
718	Middle Initial	S	A/N	1	378	378	Subscriber Middle Initial
280	Name Suffix	S	A/N	10	379	388	Not Supported
726-SR	Address Line 1	S	A/N	40	389	428	Subscriber Address 1
727-SS	Address Line 2	S	A/N	40	429	468	Subscriber Address 2
728	City	S	A/N	30	469	498	Subscriber City
729-TA	State / Province Address	S	A/N	2	499	500	Subscriber State
730	Zip/Postal Code	S	A/N	15	501	515	Subscriber Zip Code
B36-1W	Entity Country Code	S	A/N	2	516	517	Not Supported
214	Cardholder Date of Birth	S	N	8	518	525	Subscriber Birth Date
721-MD	Gender Code	S	N	1	526	526	Subscriber Gender Code
274	Medicare Plan Code	S	A/N	1	527	527	Not Supported
288	Payroll Class	S	A/N	1	528	528	Not Supported
Patient Information:							
331-CX	Patient ID Qualifier	S	A/N	2	529	530	Code Qualifying The Patient ID
332-CY	Patient ID	S	A/N	20	531	550	Navitus Unique ID
716-SY	Last Name	S	A/N	35	551	585	Member Last Name
717-SX	First Name	S	A/N	35	586	620	Member First Name
718	Middle Initial	S	A/N	1	621	621	Member Middle Initial
280	Suffix	S	A/N	10	622	631	Not Supported
726-SR	Address Line 1	S	A/N	40	632	671	Member Address 1
727-SS	Address Line 2	S	A/N	40	672	711	Member Address 2

DETAIL

728	City	S	A/N	30	712	741	Member City
729-TA	State / Province Address	S	A/N	2	742	743	Member State
730	Zip/Postal Code	S	A/N	15	744	758	Member Zip Code
A43-1K	Patient Country Code	S	A/N	2	759	760	Not Supported
304-C4	Date of Birth	S	N	8	761	768	Date Format: CCYYMMDD
305-C5	Patient Gender Code	S	N	1	769	769	"1" - Male; "2" - Female; "Ø" - Not Specified
247	Eligibility Patient Relationship Code	S	A/N	2	770	771	Not Supported
208	Age	S	N	3	772	774	Age of Patient
303-C3	Person Code	S	A/N	3	775	777	Code Assigned to a Specific Person Within a Family.
306-C6	Patient Relationship Code	S	N	1	778	778	Code Indicating Relationship of Patient to Cardholder.
309-C9	Eligibility Clarification Code	S	A/N	1	779	779	Code Indicating That The Pharmacy Is Clarifying Eligibility for a Patient
336-8C	Facility ID	S	A/N	10	780	789	ID Assigned to the Patient's Clinic/Host Party
Benefit Category:							
301-C1	Group ID	M	A/N	15	790	804	Submit Group ID
215	Carrier Number	S	A/N	9	805	813	Not Supported
757-U6	Benefit ID	S	A/N	15	814	828	Assigned By Processor To Identify A Set of Parameters, Benefits, or Coverage Criteria Used To Adjudicate A Claim
240	Contract Number	S	A/N	8	829	836	Not Supported
212	Benefit Type	S	A/N	1	837	837	Not Supported
279	Member Submitted Claim Program Code	S	A/N	1	838	838	Not Supported
282	Non-POS Claim Override Code	S	A/N	1	839	839	Not Supported
282	Non-POS Claim Override Code	S	A/N	1	840	840	Not Supported
282	Non-POS Claim Override Code	S	A/N	1	841	841	Not Supported
241	Copay Modifier ID	S	A/N	10	842	851	Not Supported
292	Plan Cutback Reason Code	S	A/N	1	852	852	Not Supported
293	Preferred Alternative File ID	S	A/N	10	853	862	Not Supported
308-C8	Other Coverage Code	S	N	2	863	864	Commonly 01 or 02
							"Ø1" - No Other Coverage
							"Ø2" - Other Coverage Exists - Payment Collected
							"Ø3" - Other Coverage Billed
							"Ø4" - Other Coverage Exists - Payment Not Collected
"Ø8" - Claim is Billing for Patient Financial Responsibility Only							
291	Plan Benefit Code	S	A/N	2	865	866	Not Supported
601-01	Plan Type	S	A/N	4	867	870	Not Supported
Pharmacy Category:							
202-B2	Service Provider ID Qualifier	M	A/N	2	871	872	Code qualifying the Service Provider ID
201-B1	Service Provider ID	M	A/N	15	873	887	ID Assigned to a Pharmacy or Provider
202-B2	Service Provider ID Qualifier (Alternate)	S	A/N	2	888	889	Code Qualifying the Service Provider ID (Alternate)
201-B1	Service Provider ID (Alternate)	S	A/N	15	890	904	Federal Tax ID -- HMS
886	Service Provider Chain Code	S	A/N	7	905	911	Affiliation Code
833-5P	Pharmacy Name	S	A/N	70	912	981	Pharmacy Name

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726-SR	Address Line 1	S	A/N	40	982	1021	Address Line 1
727-SS	Address Line 2	S	A/N	40	1022	1061	Address Line 2 (When Applicable)
728	City	S	A/N	30	1062	1091	City
729-TA	State / Province Address	S	A/N	2	1092	1093	State / Province Address
730	Zip/Postal Code	S	A/N	15	1094	1108	Zip/Postal Code
887	Service Provider Country Code	S	A/N	3	1109	1111	Not Supported
A93	Service Provider Country Code	S	A/N	2	1112	1113	Not Supported
732	Telephone Number	S	N	10	1114	1123	Telephone Number (When Available)
B10-8A	Telephone Number Extension	S	N	8	1124	1131	Not Supported
146	Pharmacy Dispenser Type Qualifier	S	A/N	1	1132	1132	Not Supported
290	Pharmacy Dispenser Type	S	A/N	2	1133	1134	Not Supported
150	Pharmacy Class Code Qualifier	S	A/N	1	1135	1135	Not Supported
289	Pharmacy Class Code	S	A/N	1	1136	1136	Not Supported
266	In Network Indicator	S	A/N	1	1137	1137	Blank - Not Specified;
							"Y" - In Network;
							"N" - Out of Network
545-2F	Network Reimbursement ID	S	A/N	10	1138	1147	Field Defined By The Processor
Prescriber Category:							
466-EZ	Prescriber ID Qualifier	S	A/N	2	1148	1149	Code Qualifying the Prescriber ID
411-DB	Prescriber ID	S	A/N	15	1150	1164	Prescriber NPI
466-EZ	Prescriber ID Qualifier (Alternate)	S	A/N	2	1165	1166	Code Qualifying the Prescriber ID (Alternate)
411-DB	Prescriber ID (Alternate)	S	A/N	15	1167	1181	Prescriber NPI (Alternate)
296	Prescriber Taxonomy	S	A/N	10	1182	1191	Not Supported
295	Prescriber Certification Status	S	A/N	2	1192	1193	Not Supported
716-SY	Last Name	S	A/N	35	1194	1228	Last Name
717-SX	First Name	S	A/N	35	1229	1263	First Name
732	Telephone Number	S	N	10	1264	1273	Prescriber Telephone Number
B10-8A	Telephone Number Extension	S	N	8	1274	1281	Not Supported
468-2E	Primary Care Provider ID Qualifier	S	A/N	2	1282	1283	ID Assigned to the Primary Care Provider
421-DL	Primary Care Provider ID	S	A/N	15	1284	1298	Code Qualifying the Primary Care Provider ID
716-SY	Last Name	S	A/N	35	1299	1333	Not Supported
717-SX	First Name	S	A/N	35	1334	1368	Not Supported
Claim Category:							
399	Record Status Code	M	A/N	1	1369	1369	"1" - Paid;
							"2" - Rejected;
							"3" - Reversed;
							"4" - Adjusted;
							"5" - Captured;
							"6" - Reverse-Captured
218	Claim Media Type	M	A/N	1	1370	1370	Claim Submission Type Code
395	Processor Payment Clarification Code	M	A/N	2	1371	1372	Provides Additional Information of the Status of the Payment of the Claim
455-EM	Prescription/Service Reference Number Qualifier	M	A/N	1	1373	1373	Prescription/Service Reference Number Qualifier

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402-D2	Prescription/Service Reference Number	M	N	12	1374	1385	Prescription/Service Reference Number
436-E1	Product/Service ID Qualifier	M	A/N	2	1386	1387	Code Qualifying the Value in Product/Service ID
407-D7	Product/Service ID	M	A/N	19	1388	1406	ID of the Product Dispensed or Service Provided
401-D1	Date Of Service	M	N	8	1407	1414	Identifies Date Prescription Was Filled or Professional Service Rendered
578	Adjudication Date	M	N	8	1415	1422	Navitus Adjudication Date
203	Adjudication Time	S	N	6	1423	1428	Navitus Adjudication Time
283	Original Claim Received Date	S	N	8	1429	1436	Not Supported
219	Claim Sequence Number	S	N	5	1437	1441	Not Supported
213	Billing Cycle End Date	S	N	8	1442	1449	Invoice Date
239	Communication Type Indicator	S	A/N	2	1450	1451	Not Supported
307-C7	Place of Service	S	N	2	1452	1453	Place of Service code
384-4X	Patient Residence	S	N	2	1454	1455	Patient residence code
419-DJ	Prescription Origin Code	S	N	1	1456	1456	Prescription Origin Code
278	Member Submitted Claim Payment Release Date	S	N	8	1457	1464	Indicates The Date Member Submitted Claim Became Payable
217	Claim Date Received in the Mail	S	N	8	1465	1472	Date Paper Claim Was Received in the Mail
268	Internal Mail Order Rx Reference Number	S	A/N	15	1473	1487	Not Supported
102-A2	Version/Release Number (of the Claim)	S	A/N	2	1488	1489	Code Uniquely Identifying the Transmission Syntax and Corresponding Data Dictionary
216	Check Date	S	N	8	1490	1497	Navitus Check Date
287	Payment/Reference ID	S	A/N	30	1498	1527	Navitus Check Number
456-EN	Associated Rx Reference Number	S	A/N	12	1528	1539	Not Supported
457-EP	Associated Rx Date	S	N	8	1540	1547	Not Supported
442-E7	Quantity Dispensed	S	N	10	1548	1557	Quantity Dispensed in Metric Decimal Units e.g., 123.456 -> 0000123456
403-D3	Fill Number	S	N	2	1558	1559	Fill Number
405-D5	Days Supply	S	N	3	1560	1562	Days Supply
414-DE	Date Prescription Written	S	N	8	1563	1570	Date Prescription Written
408-D8	Dispense As Written (DAW)/Product Selection Code	S	A/N	1	1571	1571	Dispense As Written (DAW)/Product Selection Code
415-DF	Number of Refills Authorized	S	N	2	1572	1573	Number of Refills Authorized
429-DT	Special Packaging Indicator	S	N	1	1574	1574	Not Supported
600-28	Unit of Measure	S	A/N	2	1575	1576	NCPDP Standard Product Billing Codes
418-DI	Level of Service	S	N	2	1577	1578	Level of Service
343-HD	Dispensing Status	S	A/N	1	1579	1579	Code Indicating Quantity Dispensed is a Partial Fill or the Completion of a Partial Fill
344-HF	Quantity Intended To Be Dispensed	S	N	10	1580	1589	Not Supported
460-ET	Quantity Prescribed	S	N	10	1590	1599	Amount Expressed in Metric Decimal Units e.g., 123.456 --> 0000123456
345-HG	Days Supply Intended To Be Dispensed	S	N	3	1600	1602	Not Supported
254	Fill Number Calculated	S	N	2	1603	1604	Not Supported
406-D6	Compound Code	S	N	1	1605	1605	"1" - Not a Compound "2" - Compound
							If "2", Post Adjudication History Compound Detail Record(s) is/are Expected

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996-G1	Compound Type	S	A/N	2	1606	1607	Compound Type (blank - 04)
452-EH	Compound Route of Administration	S	A/N	2	1608	1609	Not Supported
995-E2	Route of Administration	S	A/N	11	1610	1620	Route of Administration
492-WE	Diagnosis Code Qualifier (1)	S	A/N	2	1621	1622	Diagnosis Code Qualifier (1)
424-DO	Diagnosis Code	S	A/N	15	1623	1637	Diagnosis Code
878	Reject Override Code	S	A/N	1	1799	1799	Not Supported
424-DO	Diagnosis Code	S	A/N	15	1640	1654	Not Supported
424-DO	Diagnosis Code	S	A/N	15	1657	1671	Not Supported
424-DO	Diagnosis Code	S	A/N	15	1674	1688	Not Supported
424-DO	Diagnosis Code	S	A/N	15	1691	1705	Not Supported
439-E4	Reason For Service Code	S	A/N	2	1706	1707	Code Identifying the Type of Utilization Conflict Detected by the Prescriber or the Pharmacist or Reason for the Pharmacist's Professional Service
439-E4	Reason For Service Code	S	A/N	2	1714	1715	Not Supported
439-E4	Reason For Service Code	S	A/N	2	1722	1723	Not Supported
439-E4	Reason For Service Code	S	A/N	2	1730	1731	Not Supported
439-E4	Reason For Service Code	S	A/N	2	1738	1739	Not Supported
439-E4	Reason For Service Code	S	A/N	2	1746	1747	Not Supported
439-E4	Reason For Service Code	S	A/N	2	1754	1755	Not Supported
439-E4	Reason For Service Code	S	A/N	2	1762	1763	Not Supported
439-E4	Reason For Service Code	S	A/N	2	1770	1771	Not Supported
440-E5	Professional Service Code	S	A/N	2	1708	1709	Code Identifying Pharmacist Intervention When a Conflict Code Has Been Identified or Service Has Been Rendered
440-E5	Professional Service Code	S	A/N	2	1716	1717	Not Supported
440-E5	Professional Service Code	S	A/N	2	1724	1725	Not Supported
440-E5	Professional Service Code	S	A/N	2	1732	1733	Not Supported
440-E5	Professional Service Code	S	A/N	2	1740	1741	Not Supported
440-E5	Professional Service Code	S	A/N	2	1748	1749	Not Supported
440-E5	Professional Service Code	S	A/N	2	1756	1757	Not Supported
440-E5	Professional Service Code	S	A/N	2	1764	1765	Not Supported
440-E5	Professional Service Code	S	A/N	2	1772	1773	Not Supported
441-E6	Result Of Service Code	S	A/N	2	1710	1711	Action Taken by a Pharmacist or Prescriber in Response to a Conflict or the Result of a Pharmacist's Professional Service
441-E6	Result Of Service Code	S	A/N	2	1718	1719	Not Supported
441-E6	Result Of Service Code	S	A/N	2	1726	1727	Not Supported
441-E6	Result Of Service Code	S	A/N	2	1734	1735	Not Supported
441-E6	Result Of Service Code	S	A/N	2	1742	1743	Not Supported
441-E6	Result Of Service Code	S	A/N	2	1750	1751	Not Supported
441-E6	Result Of Service Code	S	A/N	2	1758	1759	Not Supported
441-E6	Result Of Service Code	S	A/N	2	1766	1767	Not Supported
441-E6	Result Of Service Code	S	A/N	2	1774	1775	Not Supported

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474-8E	DUR/PPS Level Of Effort	S	N	2	1712	1713	Code Indicating The Level of Effort as Determined by the Complexity of Decision-making or Resources Utilized by a Pharmacist to Perform a Professional Service
474-8E	DUR/PPS Level Of Effort	S	N	2	1720	1721	Not Supported
474-8E	DUR/PPS Level Of Effort	S	N	2	1728	1729	Not Supported
474-8E	DUR/PPS Level Of Effort	S	N	2	1736	1737	Not Supported
474-8E	DUR/PPS Level Of Effort	S	N	2	1744	1745	Not Supported
474-8E	DUR/PPS Level Of Effort	S	N	2	1752	1753	Not Supported
474-8E	DUR/PPS Level Of Effort	S	N	2	1760	1761	Not Supported
474-8E	DUR/PPS Level Of Effort	S	N	2	1768	1769	Not Supported
474-8E	DUR/PPS Level Of Effort	S	N	2	1776	1777	Not Supported
475-J9	DUR Co-Agent ID Qualifier	S	A/N	2	1778	1779	Not Supported
476-H6	DUR Co-Agent ID	S	A/N	19	1780	1798	Not Supported
492-WE	Diagnosis Code Qualifier	S	A/N	2	1638	1639	Not Supported
492-WE	Diagnosis Code Qualifier	S	A/N	2	1655	1656	Not Supported
492-WE	Diagnosis Code Qualifier	S	A/N	2	1672	1673	Not Supported
492-WE	Diagnosis Code Qualifier	S	A/N	2	1689	1690	Not Supported
511-FB	Reject Code	S	A/N	3	1800	1802	Code Indicating the Error Encountered
511-FB	Reject Code	S	A/N	3	1803	1805	Code Indicating the Error Encountered
511-FB	Reject Code	S	A/N	3	1806	1808	Code Indicating the Error Encountered
511-FB	Reject Code	S	A/N	3	1809	1811	Not Supported
511-FB	Reject Code	S	A/N	3	1812	1814	Not Supported
Worker's Compensation Category:							
435-DZ	Claim/Reference ID	S	A/N	30	1815	1844	Not Supported
434-DY	Date of Injury	S	N	8	1845	1852	Not Supported
Product Category:							
532-FW	Database Indicator	S	A/N	1	1853	1853	Navitus Uses Medi-Span "2" - Medi-Span; "3" - Micromedex/Medical Economics; "4" - Processor Developed; "5" - Other; "6" - Redbook; "7" - Multum
397	Product/Service Name	S	A/N	30	1854	1883	Product/Service Name
261	Generic Name	S	A/N	30	1884	1913	Generic Name
601-24	Product Strength	S	A/N	15	1914	1928	Drug Strength
243	Dosage Form Code	S	A/N	4	1929	1932	Dosage Form
	Filler	S	A/N	8	1933	1940	
425-DP	Drug Type	S	N	1	1941	1941	"Ø" - Not Specified; "1" - Single Source; "2" - Authorized Generic (aka "Branded Generic"); "3" - Generic;

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							"4" - Over the Counter; "5" - Multi-source Brand
273	Maintenance Drug Indicator	S	A/N	1	1942	1942	Indicates If Drug is a Maintenance Drug Under the Client's Benefit Plan
244	Drug Category Code	S	A/N	1	1943	1943	Not Supported
252	Federal DEA Schedule	S	A/N	1	1944	1944	The Controlled Substance Schedule as Defined by the Drug Enforcement Administration
297	Prescription Over The Counter Indicator	S	A/N	1	1945	1945	Blank - Not Specified; "O" - Over the Counter (OTC); "F" - Federal/Legend (Rx Prescription Only); "S" - State Restricted Medication
420-DK	Submission Clarification Code	S	N	2	1946	1947	Submission Clarification Code
420-DK	Submission Clarification Code	S	N	2	1948	1949	Submission Clarification Code
420-DK	Submission Clarification Code	S	N	2	1950	1951	Submission Clarification Code
250	FDA Drug Efficacy Code	S	A/N	1	1952	1952	Not Supported
601-19	Product Code Qualifier	S	A/N	1	1953	1953	Not Supported
601-18	Product Code	S	A/N	17	1954	1970	Not Supported
601-19	Product Code Qualifier	S	A/N	1	1971	1971	Not Supported
601-18	Product Code	S	A/N	17	1972	1988	Not Supported
601-19	Product Code Qualifier	S	A/N	1	1989	1989	Not Supported
601-18	Product Code	S	A/N	17	1990	2006	Not Supported
251	Federal Upper Limit Indicator	S	A/N	1	2007	2007	Not Supported
294	Prescribed Days Supply	S	N	3	2008	2010	Not Supported
601-25	Threaputic Class Code	S	A/N	17	2012	2028	Code Assigned to Product Being Reported
601-25	Threaputic Class Code	S	A/N	17	2030	2046	Not Supported
601-25	Threaputic Class Code	S	A/N	17	2048	2064	Not Supported
601-25	Threaputic Class Code	S	A/N	17	2066	2082	Not Supported
601-26	Threaputic Class Code Qualifier	S	A/N	1	2011	2011	Identifies Type of Data Being Submitted in the Therapeutic Class Code Field
601-26	Threaputic Class Code Qualifier	S	A/N	1	2029	2029	Not Supported
601-26	Threaputic Class Code Qualifier	S	A/N	1	2047	2047	Not Supported
601-26	Threaputic Class Code Qualifier	S	A/N	1	2065	2065	Not Supported
Formulary Category:							
257	Formulary Status	S	A/N	1	2083	2083	Status of the Drug Within The Formulary
221	Client Formulary Flag	S	A/N	1	2084	2084	Indicates That Client has a Formulary
889	Therapeutic Chapter	S	A/N	8	2085	2092	Not Supported
256	Formulary File ID	S	A/N	15	2093	2107	Not Supported
255	Formulary Code Type	S	A/N	1	2108	2108	Not Supported
Pricing Category:							
506-F6	Ingredient Cost Paid	M	D	8	2109	2116	Ingredient Cost Paid
507-F7	Dispensing Fee Paid	M	D	8	2117	2124	Dispensing Fee Paid
894	Total Amount Paid By All Sources	M	D	8	2125	2132	Total Amount of the Prescription Regardless of Party Responsible for Payment

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523-FN	Amount Attributed To Sales Tax	S	D	8	2133	2140	Amount Attributed to Sales Tax
505-F5	Patient Pay Amount	M	D	8	2141	2148	Patient Pay Amount
518-FI	Amount of Copay	S	D	8	2149	2156	Not Supported
572-4U	Amount of Coinsurance	S	D	8	2157	2164	Amount of Coinsurance
519-FJ	Amount Attributed To Product Selection	S	D	8	2165	2172	Amount Attributed to Product Selection
517-FH	Amount Applied To Periodic Deductible	S	D	8	2173	2180	Amount to be collected from a patient that is included in Patient Pay Amount (505-F5) that is applied to a periodic deductible.
571-NZ	Amount Attributed To Processor Fee	S	D	8	2181	2188	Not Supported
133-UJ	Amount Attributed To Provider Network Selection	S	D	8	2189	2196	Amount Attributed to Provider Network Selection
134-UK	Amount Attributed To Product Selection/Brand Drug	S	D	8	2197	2204	Amount Attributed to Product Selection/Brand Drug
135-UM	Amount Attributed To Product Selection/Non-Preferred Formulary Selection	S	D	8	2205	2212	Amount Attributed to Product Selection/Non-Preferred Formulary Selection
136-UN	Amount Attributed To Product Selection/Brand Non-Preferred Formulary Selection	S	D	8	2213	2220	Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection
137-UP	Amount Attributed To Coverage Gap	S	D	8	2221	2228	Amount Attributed to Coverage Gap
272	MAC Reduced Indicator	S	A/N	1	2229	2229	Use "Y", "N" or BLANK Indicates If Claim Payment Was Reduced Due to a MAC (Maximum Allowable Cost) Program
223	Client Pricing Basis of Cost	S	A/N	2	2230	2231	Not Supported
260	Generic Indicator	S	A/N	1	2232	2232	Generic Indicator
284	Out Of Pocket Apply Amount	S	D	8	2233	2240	Amount Applied to Out of Pocket Expense
209	Average Cost Per Quantity Unit Price	S	D	9	2241	2249	Not Supported
210	Average Generic Unit Price	S	D	9	2250	2258	Not Supported
211	Average Wholesale Unit Price	S	D	9	2259	2267	Average Wholesale Unit Price
253	Federal Upper Limit Unit Price	S	D	9	2268	2276	Not Supported
430-DU	Gross Amount Due	S	D	8	2277	2284	Gross Amount Due
271	MAC Price	S	D	9	2285	2293	Not Supported
409-D9	Ingredient Cost Submitted	S	D	8	2294	2301	Ingredient Cost Submitted
426-DQ	Usual And Customary Charge	S	D	8	2302	2309	Usual and Customary Charge
558-AW	Flat Sales Tax Amount Paid	S	D	8	2310	2317	Flat sales tax paid which is included in the Total Amount Paid (509-F9).
559-AX	Percentage Sales Tax Amount Paid	S	D	8	2318	2325	Percentage Sales Tax Amount Paid
560-AY	Percentage Sales Tax Rate Paid	S	D	7	2326	2332	Not Supported
561-AZ	Percentage Sales Tax Basis Paid	S	A/N	2	2333	2334	Not Supported
521-FL	Incentive Amount Paid	S	D	8	2335	2342	Incentive Amount Paid
562-J1	Professional Service Fee Paid	S	D	8	2343	2350	Professional Service Fee Paid
564-J3	Other Amount Paid Qualifier	S	A/N	2	2351	2352	Not Supported
565-J4	Other Amount Paid	S	D	8	2353	2360	Not Supported
564-J3	Other Amount Paid Qualifier	S	A/N	2	2361	2362	Not Supported
565-J4	Other Amount Paid	S	D	8	2363	2370	Not Supported
564-J3	Other Amount Paid Qualifier	S	A/N	2	2371	2372	Not Supported

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565-J4	Other Amount Paid	S	D	8	2373	2380	Not Supported
566-J5	Other Payer Amount Recognized	S	D	8	2381	2388	Other Payer Amount Recognized
351-NP	Other Payer-Patient Responsibility Amount Qualifier	S	A/N	2	2389	2390	Other Payer-Patient Responsibility Amount Qualifier
352-NQ	Other Payer-Patient Responsibility Amount	S	D	10	2391	2400	Other Payer-Patient Responsibility Amount
351-NP	Other Payer-Patient Responsibility Amount Qualifier	S	A/N	2	2401	2402	Other Payer-Patient Responsibility Amount Qualifier
352-NQ	Other Payer-Patient Responsibility Amount	S	D	10	2403	2412	Other Payer-Patient Responsibility Amount
281	Net Amount Due	M	D	8	2413	2420	Net Amount Due
522-FM	Basis of Reimbursement Determination	S	N	2	2421	2422	Basis of Reimbursement Determination
512-FC	Accumulated Deductible Amount	S	D	8	2423	2430	Not Supported
513-FD	Remaining Deductible Amount	S	D	8	2431	2438	Not Supported
514-FE	Remaining Benefit Amount	S	D	8	2439	2446	Not Supported
242	Cost difference Amount	S	D	8	2447	2454	Not Supported
249	Excess Copay Amount	S	D	8	2455	2462	Not Supported
277	Member Submit Amount	S	D	8	2463	2470	Not Supported
265	Hold Harmless Amount	S	D	8	2471	2478	Not Supported
520-FK	Amount Exceeding Periodic Benefit Maximum	S	D	8	2479	2486	Not Supported
346-HH	Basis of Calculation - Dispensing Fee	S	A/N	2	2487	2488	Not Supported
347-HJ	Basis of Calculation - Copay	S	A/N	2	2489	2490	Not Supported
348-HK	Basis of Calculation - Flat Sales Tax	S	A/N	2	2491	2492	Not Supported
349-HM	Basis of Calculation - Percentage Sales Tax	S	A/N	2	2493	2494	Not Supported
573-4V	Basis of Calculation - Coinsurance	S	A/N	2	2495	2496	Not Supported
557-AV	Tax Exempt Indicator	S	A/N	1	2497	2497	Not Supported
285	Patient Formulary Rebate Amount	S	D	8	2498	2505	Not Supported
276	Medicare Recovery Indicator	S	A/N	1	2506	2506	Not Supported
275	Medicare Recovery Dispensing Indicator	S	A/N	1	2507	2507	Not Supported
286	Patient Spend Down Amount	S	D	8	2508	2515	Not Supported
263	Health Care Reimbursement Acct Amt Applied	S	D	8	2516	2523	Not Supported
264	Health Care Reimbursement Acct Amt Remaining	S	D	8	2524	2531	Not Supported
207	Administrative Fee Effect Indicator	S	A/N	1	2532	2532	Not Supported
206	Administrative Fee Amount	S	D	4	2533	2536	Not Supported
269	Invoiced Amount	S	D	11	2537	2547	Invoiced Amount
	Filler	S	A/N	10	2548	2557	
128-UC	Spending Account Amount Remaining	S	D	8	2558	2565	Not Supported
129-UD	Health Plan Funded Assistance Amount	S	D	8	2566	2573	Not Supported
Prior Authorization Category:							
461-EU	Prior Authorization Type Code	S	N	2	2574	2575	Prior Authorization Type Code
462-EV	Prior Authorization Number Submitted	S	N	11	2576	2586	Prior Authorization Number Submitted
498-PY	Prior Authorization Number Assigned	S	N	11	2587	2597	Not Supported
299	Processor Defined Prior Authorization Reason Code	S	N	2	2598	2599	Not Supported
Adjustment Category:							

DETAIL

204	Adjustment Reason Code	S	N	3	2600	2602	Not Supported
205	Adjustment Type	S	A/N	1	2603	2603	Type of Adjustment
897	Transaction ID Cross Reference	S	A/N	30	2604	2633	For Adjustments, ID associated With Original Claim
Coordination of Benefits Category:							
225	COB Carrier Submit Amount	S	D	8	2634	2641	Not Supported
245	Eligibility COB Indicator	S	A/N	1	2642	2642	Not Supported
226	COB Primary Claim Type	S	A/N	1	2643	2643	Not Supported
232	COB Primary Payer ID	S	A/N	10	2644	2653	Not Supported
	Filler	S	A/N	8	2654	2661	
228	COB Primary Payer Amount Paid	S	D	8	2662	2669	Not Supported
231	COB Primary Payer Deductible	S	D	8	2670	2677	Not Supported
229	COB Primary Payer Coinsurance	S	D	8	2678	2685	Not Supported
230	COB Primary Payer Copay	S	D	8	2686	2693	Not Supported
238	COB Secondary Payer ID	S	A/N	10	2694	2703	Not Supported
	Filler	S	A/N	8	2704	2711	
234	COB Secondary Payer Amount Paid	S	D	8	2712	2719	Not Supported
237	COB Secondary Payer Deductible	S	D	8	2720	2727	Not Supported
235	COB Secondary Payer Coinsurance	S	D	8	2728	2735	Not Supported
236	COB Secondary Payer Copay	S	D	8	2736	2743	Not Supported
896	Transaction ID	S	A/N	30	2744	2773	Transaction ID - Claim Auth #
503-F3	Authorization Number	S	A/N	20	2774	2793	Authorization Number - Claim auth #
224	Client Specific Data	S	A/N	50	2794	2843	See Client Specific Data Tab
396	Processor Specific Data	S	A/N	50	2844	2893	See Processor Specific Data Tab
997-G2	CMS Part D Defined Qualified Facility	S	A/N	1	2894	2894	CMS Part D Defined Qualified Facility
Fields Added In Versions Category:							
393-MV	Benefit Stage Qualifier	S	A/N	2	2895	2896	Benefit Stage Qualifier
394-MW	Benefit Stage Amount	S	D	8	2897	2904	Benefit Stage Amount
393-MV	Benefit Stage Qualifier	S	A/N	2	2905	2906	Benefit Stage Qualifier
394-MW	Benefit Stage Amount	S	D	8	2907	2914	Benefit Stage Amount
393-MV	Benefit Stage Qualifier	S	A/N	2	2915	2916	Benefit Stage Qualifier
394-MW	Benefit Stage Amount	S	D	8	2917	2924	Benefit Stage Amount
393-MV	Benefit Stage Qualifier	S	A/N	2	2925	2926	Benefit Stage Qualifier
394-MW	Benefit Stage Amount	S	D	8	2927	2934	Benefit Stage Amount
690-ZG	Invoiced Date	S	N	8	2935	2942	Invoiced Date
691-ZH	Out Of Pocket Remaining Amount	S	D	8	2943	2950	Not Supported
302-C2	Cardholder ID (Alternate)	S	A/N	20	2951	2970	Cardholder ID (Alternate)
692-ZJ	Number of Generic Manufacturers	S	N	3	2971	2973	Not Supported
475-J9	DUR Co-Agent ID Qualifier	S	A/N	2	2974	2975	Not Supported
476-H6	DUR Co-Agent ID	S	A/N	19	2976	2994	Not Supported
475-J9	DUR Co-Agent ID Qualifier	S	A/N	2	2995	2996	Not Supported
476-H6	DUR Co-Agent ID	S	A/N	19	2997	3015	Not Supported
475-J9	DUR Co-Agent ID Qualifier	S	A/N	2	3016	3017	Not Supported
476-H6	DUR Co-Agent ID	S	A/N	19	3018	3036	Not Supported

DETAIL

475-J9	DUR Co-Agent ID Qualifier	S	A/N	2	3037	3038	Not Supported
476-H6	DUR Co-Agent ID	S	A/N	19	3039	3057	Not Supported
475-J9	DUR Co-Agent ID Qualifier	S	A/N	2	3058	3059	Not Supported
476-H6	DUR Co-Agent ID	S	A/N	19	3060	3078	Not Supported
475-J9	DUR Co-Agent ID Qualifier	S	A/N	2	3079	3080	Not Supported
476-H6	DUR Co-Agent ID	S	A/N	19	3081	3099	Not Supported
475-J9	DUR Co-Agent ID Qualifier	S	A/N	2	3100	3101	Not Supported
476-H6	DUR Co-Agent ID	S	A/N	19	3102	3120	Not Supported
475-J9	DUR Co-Agent ID Qualifier	S	A/N	2	3121	3122	Not Supported
476-H6	DUR Co-Agent ID	S	A/N	19	3123	3141	Not Supported
351-NP	Other Payer-Patient Responsibility Amount Qualifier #1	S	A/N	2	3142	3143	Not Supported
352-NQ	Other Payer-Patient Responsibility Amount #1	S	D	10	3144	3153	Not Supported
351-NP	Other Payer-Patient Responsibility Amount Qualifier #2	S	A/N	2	3154	3155	Not Supported
352-NQ	Other Payer-Patient Responsibility Amount #2	S	D	10	3156	3165	Not Supported
351-NP	Other Payer-Patient Responsibility Amount Qualifier #3	S	A/N	2	3166	3167	Not Supported
352-NQ	Other Payer-Patient Responsibility Amount #3	S	D	10	3168	3177	Not Supported
351-NP	Other Payer-Patient Responsibility Amount Qualifier #4	S	A/N	2	3178	3179	Not Supported
352-NQ	Other Payer-Patient Responsibility Amount #4	S	D	10	3180	3189	Not Supported
351-NP	Other Payer-Patient Responsibility Amount Qualifier #5	S	A/N	2	3190	3191	Not Supported
352-NQ	Other Payer-Patient Responsibility Amount #5	S	D	10	3192	3201	Not Supported
351-NP	Other Payer-Patient Responsibility Amount Qualifier #6	S	A/N	2	3202	3203	Not Supported
352-NQ	Other Payer-Patient Responsibility Amount #6	S	D	10	3204	3213	Not Supported
351-NP	Other Payer-Patient Responsibility Amount Qualifier #7	S	A/N	2	3214	3215	Not Supported
352-NQ	Other Payer-Patient Responsibility Amount #7	S	D	10	3216	3225	Not Supported
351-NP	Other Payer-Patient Responsibility Amount Qualifier #8	S	A/N	2	3226	3227	Not Supported
352-NQ	Other Payer-Patient Responsibility Amount #8	S	D	10	3228	3237	Not Supported
351-NP	Other Payer-Patient Responsibility Amount Qualifier #9	S	A/N	2	3238	3239	Not Supported
352-NQ	Other Payer-Patient Responsibility Amount #9	S	D	10	3240	3249	Not Supported
351-NP	Other Payer-Patient Responsibility Amount Qualifier #10	S	A/N	2	3250	3251	Not Supported
352-NQ	Other Payer-Patient Responsibility Amount #10	S	D	10	3252	3261	Not Supported

DETAIL

A37	Specialty Claim Indicator	S	A/N	1	3262	3262	Indicates Whether Claim Was Filled by a Specialty Pharmacy or if It's a Specialty Drug
A38	Member Submitted Reject Code	S	A/N	3	3263	3265	Not Supported
A38	Member Submitted Reject Code	S	A/N	3	3266	3268	Not Supported
A38	Member Submitted Reject Code	S	A/N	3	3269	3271	Not Supported
A38	Member Submitted Reject Code	S	A/N	3	3272	3274	Not Supported
A38	Member Submitted Reject Code	S	A/N	3	3275	3277	Not Supported
A39	Copay Waiver Amount	S	D	8	3278	3285	Not Supported
A33-ZX	CMS Part D Contract ID	S	A/N	5	3286	3290	Designation Assigned By CMS That Identifies a Specific Medicare Part D Sponsor
A34-ZY	Medicare Part D Plan Benefit Package (PBP)	S	N	3	3291	3293	Identifier Assigned By CMS of a Particular Plan Benefit Package (Benefit Category) Within a Medicare Part D Contract
A73	Medicare Drug Coverage Code	S	A/N	2	3294	3295	Not Supported
	Filler	M	A/N	405	3296	3700	Spaces

COMPOUND 1

FIELD	FIELD NAME	M / S	FORMAT	SIZE	START	END	FIELD FORMAT	VALUE / COMMENTS
601-04	Record Type	M	A/N	2	1	2		"CD"
455-EM	Prescription/Service Reference Number Qualifier	M	A/N	1	3	3		"1"
402-D2	Prescription/Service Reference Number	M	N	12	4	15	9(12)	Pharmacy Prescription Number
477-EC	Compound Ingredient Component Count	M	N	2	16	17	9(2)	Count of compound product IDs (both active and inactive) in the compound mixture submitted for COMPOUND DETAIL RECORD 1
First Ingredient:								
488-RE	Compound Product ID Qualifier	M	A/N	2	18	19		"Ø3"
489-TE	Compound Product ID	M	A/N	19	20	38		NDC
448-ED	Compound Ingredient Quantity	S	N	14	39	52	9(7)v9999	Format=9999999.9999999
							999	e.g., 1.2345678 --> 00000012345678
449-EE	Compound Ingredient Drug Cost	S	D	8	53	60	s9(6)v99	Format=\$\$\$\$\$cc
								e.g. \$20.00 --> 0000200{
490-UE	Compound Ingredient Basis Of Cost Determination	S	A/N	2	61	62		See Appendix F
397	Product/Service Name	S	A/N	30	64	93		Product or Service Description or Product Label Name
261	Generic Name	S	A/N	30	94	123		Generic name of the product identified in Product/Service Name
601-24	Product Strength	S	A/N	10	124	133		The strength of the product.
243	Dosage Form Code	S	A/N	4	134	137		Dosage form code for product identified
								"1" - First DataBank;
								"2" - Medi-Span;

COMPOUND 1

532-FW	Database Indicator	S	A/N	1	138	138		"3" - Micromedex/Medical Economics; "4" - Processor Developed; "5" - Other; "6" - Redbook; "7" - Multum
425-PD	Drug Type	S	N	1	139	139	9(1)	"Ø" - Not Specified; "1" - Single Source; "2" - Authorized Generic (aka "Branded Generic"); "3" - Generic; "4" - Over the Counter; "5" - Multi-source Brand
600-28	Unit of Measure	S	A/N	2	272	273		"EA", "GM", "ML". If no value submitted by the pharmacy, default to the value of "EA"
272	MAC Reduced Indicator	S	A/N	1	276	276		Use "Y", "N" or BLANK Indicates if a claim payment was reduced due to a MAC (Maximum Allowable Cost) program.
260	Generic Indicator	S	A/N	1	300	300		Use "Y" or "N" Distinguishes if product priced as Generic or Branded product: As defined by processor.
209	Average Cost Per Quantity Unit Price	S	D	9	310	318	s9(5)v9(4)	Format=s\$\$\$\$\$cccc e.g. \$1.2345 --> 00001234E Contain the unit price for the product dispensed
210	Average Generic Unit Price	S	D	9	319	327	s9(5)v9(4)	Format=s\$\$\$\$\$cccc e.g. \$1.2345 --> 00001234E Average Generic Price per unit as defined by processor

CLIENT PASS THRU

FIELD	FIELD NAME	FORMAT	SIZE	START	END	FIELD FORMAT
337-4C	Coordination of Benefits/Other Payments Count	N	2	88	89	
338-5C	Other Payer Coverage Type	A/N	2	90	91	
339-6C	Other Payer ID Qualifier	A/N	2	92	93	
340-7C	Other Payer ID	A/N	10	94	103	
443-E8	Other Payer Date	N	8	104	111	
341-HB	Other Payer Amount Paid Count	N	2	112	113	
342-HC	Other Payer Amount Paid Qualifier	A/N	2	114	115	
431-DV	Other Payer Amount Paid	D	8	116	123	
471-5E	Other Payer Reject Count	N	2	124	125	
472-6E	Other Payer Reject Code 1	A/N	3	126	128	
472-6E	Other Payer Reject Code 2	A/N	3	129	131	
472-6E	Other Payer Reject Code 3	A/N	3	132	134	
472-6E	Other Payer Reject Code 4	A/N	3	135	137	
472-6E	Other Payer Reject Code 5	A/N	3	138	140	
353-NR	Other Payer-Patient Responsibility Amount Count	N	2	141	142	
338-5C	Other Payer Coverage Type	A/N	2	143	144	
339-6C	Other Payer ID Qualifier	A/N	2	145	146	
340-7C	Other Payer ID	A/N	10	147	156	
443-E8	Other Payer Date	N	8	157	164	
341-HB	Other Payer Amount Paid Count	N	2	165	166	
342-HC	Other Payer Amount Paid Qualifier	A/N	2	167	168	
431-DV	Other Payer Amount Paid	D	8	169	176	
471-5E	Other Payer Reject Count	N	2	177	178	
472-6E	Other Payer Reject Code 1	A/N	3	179	181	
472-6E	Other Payer Reject Code 2	A/N	3	182	184	
472-6E	Other Payer Reject Code 3	A/N	3	185	187	
472-6E	Other Payer Reject Code 4	A/N	3	188	190	
472-6E	Other Payer Reject Code 5	A/N	3	191	193	
353-NR	Other Payer-Patient Responsibility Amount Count	N	2	194	195	
392-MU	Benefit Stage Count	N	1	196	196	
	Mem_Family_id	A/N	30	197	226	
	Navitus_Invoice_Num	A/N	25	227	251	
	Filler	A/N	36	252	287	

CLIENT SPECIFIC DATA

FIELD	FIELD NAME	M / S	FORMAT	SIZE	START	END	FIELD FORMAT	Data Definition
	RX Plan Identifier	S	A/N	20	2794	2813		The Rx Plan Identifier
	Member Rider Code	S	A/N	20	2814	2833		Client-defined Rider Code Assigned to the Member
	DRUG_TIER	S	A/N	2	2834	2835		The formulary drug tier assigned the drug dispensed on the claim. If Tier assigned is other than standard 1, 2, or 3, definitions used could be (based on client plan design): D = Specific OTC covered copays F = Tier 4 copays M = Medicare Only O = Split Fill P = Preventative Drugs S = Specialty Drugs X = Med B Drugs Z = Client Specific \$0 copays
	Filler	S	A/N	8	2836	2843		Spaces

PROCESSOR SPECIFIC DATA

FIELD	FIELD NAME	M / S	FORMAT	SIZE	START	END	FIELD FORMAT	Data Definition
	Member Product Code	S	A/N	15	2844	2858		The Client-defined Product Code Assigned to the Member
	Last Premium Paid Date	S	A/N	8	2859	2866		Represents Last Payment Thru Date as Indicated by the QHP Format: CCYYMMDD
	Insurance Plan ID	S	A/N	20	2867	2886		Assigned QHP Identifier Representing the Standard Component Identifier Plus the Variant Identifier
	Mail Order Indicator	S	A/N	5	2887	2891		Indicates If the Pharmacy is Mail Order or Retail
	Filler	S	A/N	2	2892	2893		Spaces

Data Element	Header Label
ClientSuppliedID	CSID
DiseaseManagementID	DMID
LifestyleManagementID	LMID
LastName	LNAME
FirstName	FNAME
DOB	DOB
Gender	GENDER
EligibleType	ETYPE
FirstEligibleDate	FEDATE
SeverityAtFirstEligibleDate	SEVFEDATE
RegistrationDate	REGDATE
SeverityAtRegistration	SEVREG
InterventionLevelAtRegistration	INTLREG
FirstParticipationDate	FPDATE
SeverityAtFirstParticipation	SEVFPAR
InterventionLevelAtFirstParticipation	INTLFPAR
CurrentEligibleStatus	CURSTATUS
CurrentPrimaryCondition	CURPCON
CoMorbidAsthma	CMOA
CoMorbidCAD	CMOCAD
CoMorbidCHF	CMOCHF
CoMorbidCOPD	CMOCOPD
CoMorbidDiabetes	CMOD
CurrentSeverity	CURSEV
CurrentInterventionLevel	CURINTL
CurrentInterventionStatus	CURINTSTATUS
CurrentInterventionStatusDate	CURINTSTATDATE
TotalTouches	TTCH
EnrollmentRelatedTouches	ENRTCH
ParticipationTouches	PTRTCH

Description/Values	Length
Client Supplied ID (Typically SSN)	15
Disease Management ID	9
Lifestyle Management ID (NULL if DM only client)	15
Last Name	70
First Name	50
Date of Birth: CCYYMMDD	30
Gender: M = Male, F = Female	4
EligibleType: E = Employee, S = Spouse or Domestic Partner, D = Dependent, NULL = eligible type not available	1
FirstEligibleDate: CCYYMMDD	30
SeverityAtFirstEligibleDate: High, Moderate, Low	60
RegistrationDate: CCYYMMDD (NULL if Not Registered)	30
SeverityAtRegistration: High, Moderate, Low (NULL if Not Registered)	60
InterventionLevelAtRegistration: Mediated, Accepting Quarterly Calls (NULL if Not Registered)	100
EngagementDate: CCYYMMDD (NULL if Not Participating or did not participate)	30
SeverityAtEngagement: High, Moderate, Low (NULL if Not Participating or did not participate)	60
InterventionLevelAtEngagement: Mediated, Accepting Quarterly Calls (NULL if Not Participating or did not participate)	100
CurrentEligibleStatus: Eligible, Ineligible	10
CurrentPrimaryCondition: Asthma, Coronary Artery Disease, CHF, COPD, Diabetes, UNKNOWN DISEASE	60
CoMorbidAsthma: CCYYMMDD (NULL if Asthma not identified as co-morbid condition)	30
CoMorbidCAD: CCYYMMDD (NULL if CAD not identified as co-morbid condition)	30
CoMorbidCHF: CCYYMMDD (NULL if CHF not identified as co-morbidd condition)	30
CoMorbidCOPD: CCYYMMDD (NULL if COPD not identified as co-morbid condition)	30
CoMorbidDiabetes: CCYYMMDD (NULL if Diabetes not identified as co-morbid condition)	30
CurrentSeverity: High, Moderate, Low	60
CurrentInterventionLevel: Mediated, Accepting Quarterly Calls (NULL if Not Registered)	100
CurrentInterventionStatus: Pending first intervention contact, Ongoing attempts to engage, No longer eligible (before engaged), No longer able to contact (before engaged), Declined (before engaged), Actively participating, Dormant, No longer eligible (after engaged), No longer able to contact (after engaged), Declined (after engaged) (NULL if Not Registered)	100
CurrentInterventionStatusDate: CCYYMMDD (NULL if Not Registered)	30
TotalTouches: #	4
EnrollmentRelatedTouches: #	4
ParticipationRelatedTouches: # (NULL if Not Participating or did not participate)	4

Type

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Data Element	Header Label	Description/Values	Length	Type
First Name	FNAME	First Name provided on client supplied eligibility file		varchar 30
Last Name	LNAME	Last Name provided on client supplied eligibility file		varchar 30
Client Supplied ID	CSID	Unique ID provided on client supplied eligibility file		varchar 15
Date of Birth	DOB	Date of birth provided on client supplied eligibility file Format = YYYYMMDD		date 8
Gender	GENDER	M = Male F = Female		varchar 1
Family ID	FID	Unique ID provided on client supplied eligibility file which ties the employee back to spouse/dependents	Can be removed 15	varchar
Eligible type	RELATIONSHIP	E = Employee; S = Spouse; D = Dependent	Can be removed 1	varchar
Screening Date	SCRN DATE	Screening survey date Format = YYYYMMDD		date 8
Glucose	GLUC	Glucose in mg/dL		100 number
Fast type	FASTING	Y = Fasting N = Non Fasting		varchar 1
Total Cholesterol	CHOL	Total Cholesterol in mg/dL		100 number
HDL Cholesterol	HDL	High Density Lipoprotein (HDL) in mg/dL		100 number
LDL Cholesterol	LDL	Low Density Lipoprotein (LDL) in mg/dL		100 number
Triglycerides	TRI	Triglycerides in mg/dL		100 number
Systolic Blood Pressure	SYS	Systolic Blood Pressure in mmHg		100 number
Diastolic Blood Pressure	DIA	Diastolic Blood Pressure in mmHg		100 number
Height Inches	HT IN	Height in Inches		100 number
Weight	WEIGHT	Weight in Pounds		100 number
Waist	WAIST	Waist in Inches		100 number
Hip	HIP	Hip in Inches		100 number
Body Fat	BODY FAT	Body Fat		100 number
Special 1	SPECIAL1	Screening values as assigned by the client - can be alphanumeric or decimal		100 number
Special 2	SPECIAL2	Screening values as assigned by the client - can be alphanumeric or decimal		100 number
Special 3	SPECIAL3	Screening values as assigned by the client - can be alphanumeric or decimal		100 number

StayWell uses XML as the standard means of transmitting structured data to its clients. This document provides a description of that XML Export Layout for participants with current health risk assessment information. The frequency and period of export is a client selection. Logic to select participants who meet some pre-defined criteria is optional at client expense.

XML NODE NAME	DESCRIPTION
<SWINFO>	The SWINFO node is used to indicate the start of the XML document. This node will name the XML Schema used for this XML document. (ParticipantDetail-SW.xsd)
<HRAINFO>	The HRAINFO node contains information about the export counts and export period for the company.
<COMPANYNAME>	COMPANYNAME is the name of the company whose participant data is contained in this file.
<ELIGIBLECUSTCOUNT>	ELIGIBLECUSTCOUNT is the count of eligibility records in the database for this company. It usually represents the number of pre-loaded eligibility records provided to StayWell by the client. For a company that only does self-registration through the online system, this count represents the number of participants who have logged in and completed the self-registration.
<HRACOMPLETEDCOUNT>	HRACOMPLETEDCOUNT is the count of participants who have completed an HRA during this export period.
<REFERRALCOUNT>	REFERRALCOUNT is the count of participants who have completed an HRA during this export period and meet some pre-defined criteria, such as a chronic condition of asthma. For the standard export, this count will equal the HRACOMPLETEDCOUNT because no pre-defined criteria will limit the data selected.
<PERIODSTARTDATE>	PERIODSTARTDATE and PERIODENDDATE are the dates used to select HRA data that is included in this export file. An HRA taken during the period will be eligible for inclusion.
<PERIODENDDATE>	PERIODSTARTDATE and PERIODENDDATE are the dates used to select HRA data that is included in this export file. An HRA taken during the period will be eligible for inclusion.
</HRAINFO>	End of HRAINFO node
<NEWPARTICIPANTS>	Begin NEWPARTICIPANTS node. This node will contain zero to many PARTICIPANT nodes.
<PARTICIPANT>	Begin PARTICIPANT node. This node contains information for the identified participant.
<UNIQUEID>	UNIQUEID is the identifier used to uniquely identify the participant for this company. It is always the identifier from the eligibility file provided by the client.
<SCANDATE>	SCANDATE is the date the HRA was completed online or the paper assessment was scored and imported into StayWell systems.
<DEMOGRAPHICS>	Begin DEMOGRAPHICS node. This node provides demographic details for the participant.
<COMPANY>	COMPANYNAME is the name of the company this participant belongs to.
<SUBSSN>	SUBSSN is the SSN of the participant. Note that this is usually available for employees and usually not available for non-employees because most clients only provide eligibility data for employees.
<GENDER>	Gender of the participant: M = Male, F = Female
<DOB>	Date of birth of the participant: format yyyy-mm-dd

XML NODE NAME	DESCRIPTION
<RELATIONSHIP>	RELATIONSHIP node details: EE = Employee, SP = Spouse, CH = Child, OT = Other.
<FIRSTNAME>	First name
<MIDDLEINITIAL>	Middle initial
<LASTNAME>	Last name
<ADDRESS>	Address
<CITY>	City
<STATE>	State
<ZIP>	Zip
<PHONE>	Home phone
<EMAIL>	Email address
<CUSTOM01>	Extensible data custom field 01 (Optional)
<CUSTOM02>	Extensible data custom field 02 (Optional)
<CUSTOM03>	Extensible data custom field 03 (Optional)
<CUSTOM04>	Extensible data custom field 04 (Optional)
<CUSTOM05>	Extensible data custom field 05 (Optional)
</DEMOGRAPHICS>	End DEMOGRAPHICS node.
<BIOMETRICS>	Begin BIOMETRICS node. The BIOMETRICS node will contain the body screening values submitted with the survey. If the participant does not provide the information, the node will not be present. Screening values placed in the BIOMETRICS node will not be repeated in the PARTICIPANTSURVEYDETAIL node.
<WGT>	Weight (in pounds) if provided on the HRA.
<HT-FT>	Height (Feet portion) if provided on the HRA.
<HT-IN>	Height (Inches portion) if provided on the HRA.
<WAIST>	Waist measurement (inches) if provided on the HRA.
<HIP>	Hip measurement (inches) if provided on the HRA.
<BMI>	Body Mass Index (BMI) calculated for the participant.
<BPSYS>	Systolic blood pressure value if provided on the HRA.
<BPDIA>	Diastolic blood pressure value if provided on the HRA.
<CHL>	Cholesterol value if provided on the HRA.
<HDL>	HDL value if provided on the HRA.
<LDL>	LDL value if provided on the HRA.
<GLUCOSE>	Glucose value if provided on the HRA.
<FASTING>	Fasting Indicator if provided on the HRA. Y = Fasting, N = Non-fasting.
<BODYFAT>	Body fat % value if provided on the HRA.
<TRI>	Triglycerides value if provided on the HRA.
<SPECIAL1>	Special 1 value if provided on the HRA.

XML NODE NAME	DESCRIPTION
<SPECIAL2>	Special 2 value if provided on the HRA.
<SPECIAL3>	Special 3 value if provided on the HRA.
</BIOMETRICS>	End BIOMETRICS node.
<PARTICIPANTSCOREDETAIL>	Begin PARTICIPANTSCOREDETAIL node. The PARTICIPANTSCOREDETAIL node will contain the many scores calculated based on questions and answers provided on the participant's HRA.
<WGTOVERUNDER>	The WGTOVERUNDER node will be present when Weight Risk is moderate or high. O = Overweight, U = Underweight. If the participant has a low Weight Risk, the node will not be present.
<RISKSCORES>	The RISKSCORES node will contain the health behaviors in which the participant has low (L), moderate (M) or high risk (H). If the participant does not have any risk score, then this node will be empty.
<ALCOHOL>	ALCOHOL Risk Score (H/M/L)
<BACK>	BACK Risk Score (H/M/L)
<BLOODPRESSURE>	BLOOD PRESSURE Risk Score (H/M/L)
<CHOLESTEROL>	CHOLESTEROL Risk Score (H/M/L)
<DRIVING>	DRIVING Risk Score (H/M/L)
<EATING>	EATING Risk Score (H/M/L)
<EXAMS>	EXAMS Risk Score (H/M/L)
<EXERCISE>	EXERCISE Risk Score (H/M/L)
<SELFCARE>	SELF CARE Risk Score (H/M/L)
<SMOKING>	SMOKING Risk Score (H/M/L)
<STRESS>	STRESS Risk Score (H/M/L)
<WEIGHT>	WEIGHT Risk Score (H/M/L)
<WELLBEING>	WELL BEING Risk Score (H/M/L)
</RISKSCORES>	End RISKSCORES node.
<TOP3RISKS>	The TOP3RISKS node will contain the behaviors with the three highest risk scores. ALC = Alcohol, BC = Back Care, BP = Blood Pressure, CHL = Cholesterol, DRV = Driving, EAT = Eating, EXM = Exams, EXR = Exercise, SC = Self Care, SMK = Smoking, STR = Stress, WGT = Weight and WB = Well-Being.
<RISK1>	Highest risk (ALC/BC/BP/CHL/DRV/EAT/EXM/EXR/SC/SMK/STR/WGT/WB)
<RISK2>	Second highest risk (ALC/BC/BP/CHL/DRV/EAT/EXM/EXR/SC/SMK/STR/WGT/WB)
<RISK3>	Third highest risk (ALC/BC/BP/CHL/DRV/EAT/EXM/EXR/SC/SMK/STR/WGT/WB)
</TOP3RISKS>	End TOP3RISKS node.
<LIFESTYLESCORES>	Begin LIFESTYLESCORES node.
<CURRENT>	Current Lifestyle Score (0-100). Calculated using health behavior risk scores.

XML NODE NAME	DESCRIPTION
<NORMAL>	Normal Lifestyle Score (0-100). This is the average score for participants of this age and gender.
<FUTURE>	Future Lifestyle Score (0-100). This is the score the participant could achieve if all health behavior risk scores were low.
</LIFESTYLESCORES>	End LIFESTYLESCORES node.
</PARTICIPANTSCOREDETAIL>	End PARTICIPANTSCOREDETAIL node.
<PARTICIPANTSURVEYDETAIL>	The PARTICIPANTSURVEYDETAIL node will contain the survey questions where the participant has provided an answer. If the participant does not answer a particular question, then that question node will not be present. Some questions have multiple answers so there could be multiple answer nodes. See the included worksheets for a description of the possible question and answer ID tag values. (Note: Questions and answers with demographic or biometric information will not be repeated since this data has already been included in those nodes)
<QUESTION>	The QUESTION node will contain the ID tag for one survey question the participant answered. For example, 'ID_ALC_Q01'.
<ANSWER>	The ANSWER node will contain the ID tag for one survey answer provided by the participant. For example, 'ID_ALC_Q01_01'.
....	Repeat ANSWER nodes as required to show all answers for the above QUESTION. Some questions have multiple answers.
....	Repeat QUESTION and ANSWER nodes as required to show all questions and answers provided by the participant on the survey.
</PARTICIPANTSURVEYDETAIL>	End PARTICIPANTSURVEYDETAIL node.
</PARTICIPANT>	End PARTICIPANT node.
<PARTICIPANT>	Begin PARTICIPANT node.
....	Repeat PARTICIPANT nodes as required.
</PARTICIPANT>	End PARTICIPANT node.
</NEWPARTICIPANTS>	End NEWPARTICIPANT node.
</SWINFO>	End SWINFO node.

Data Element	Header Label	Description/Values
ValidationDate	VDATE	Date of File Run
ClientSuppliedID	CSID	Client Supplied ID (Typically SSN)
LifeStyleManagementID	LMID	LifeStyle Management ID
DiseaseManagementID	DMID	Disease Management ID (NULL if LM only client)
LastName	LNAME	Last Name
FirstName	FNAME	First Name
DOB	DOB	Date of Birth: CCYMMDD
Gender	GENDER	Gender: M = Male, F = Female
EligibleType	ETYPE	EligibleType: E = Employee, S = Spouse or Domestic Partner, D = Dependent
InterventionEligibleStatus	IESTAT	InterventionEligibleStatus: E = Eligible, I = Ineligible
InterventionEligibleStatusDate	IESDATE	InterventionEligibleDate: CCYMMDD
RecommendedModality	RECMOD	RecommendedModality: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Eligible)
RecommendedProgram	RECPROG	RecommendedProgram: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Eligible)
RegistrationDate	REGDATE	RegistrationDate: CCYMMDD (NULL if Not Registered)
ModalityAtRegistration	REGMOD	ModalityAtRegistration: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Registered)
ProgramAtRegistration	REGPROG	ProgramAtRegistration: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Registered)
FirstParticipationDate	FPDATE	FirstParticipationDate: CCYMMDD (NULL if Not Participating or did not participate)
ModalityAtFirstParticipation	FPMOD	ModalityAtFirstParticipation: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Participating or did not participate)
ProgramAtFirstParticipation	FPPROG	ProgramAtFirstParticipation: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Participating or did not participate)
CurrentEligibleStatus	CESTAT	CurrentEligibleStatus: A = Active, D = Deactive, L = Locked out
CurrentInterventionStatus	CISTAT	CurrentInterventionStatus: ATE = Attempting to engage, NEM = Did not engage: max attempts, NEB = Did not engage: bad contact information, NED = Did not engage: discontinued (before engaged), NLE = No longer eligible (before engaged), APT = Actively participating, DAE = Discontinued (after engaged), NCE = No longer able to contact (after engaged), NEE = No longer eligible (after engaged), CMP = Completed (NULL if Not Participating or did not participate)
CurrentInterventionStatusDate	CISDATE	CurrentInterventionStatusDate: CCYMMDD (NULL if Not Participating or did not participate)

CurrentModality	CMOD	CurrentModality: P = Phone, M = Mail, O = Online, B = Combo (NULL if Not Participating or did not participate)
CurrentProgram	CPROG	CurrentProgram: BACK CARE, BLOOD PRESSURE, CHOLESTEROL, NUTRITION, PHYSICAL ACTIVITY, STRESS MANAGEMENT, TOBACCO USE, WEIGHT CONTROL (NULL if Not Participating or did not participate)
TotalContacts	TCONT	TotalContacts: # (NULL if not participating or did not participate)
PhoneContacts	PHCONT	PhoneContacts: # (NULL if not participating or did not participate)
MailContacts	MLCONT	Mail Contacts: # (NULL if not participating or did not participate)
OnlineContacts	OLCONT	Online Contacts: # (NULL if not participating or did not participate)

Length	Type
--------	------

8 date

15 varchar

15 varchar

9 varchar

30 varchar

30 varchar

8 date

1 varchar

1 varchar

1 varchar

8 date

1 varchar

30 varchar

8 date

1 varchar

30 varchar

8 date

1 varchar

30 varchar

1 varchar

10 varchar

8 date

1 varchar

30 varchar

5 number

4 number

4 number

4 number

Med Claims Functional Specifications for File Layout

DESCRIPTION/GENERAL INFORMATION

This interface is designed to produce a medical claims file for plan participants administered through <Data Supplier>.

FILE/DATA FORMATTING AND SUBMISSION

DATA SUBMISSION	<p>Truven Health Analytics supports a number of file submission options including: FTP, Web Submission, as well as physical media.</p> <p>The data will be submitted to Truven Health Analytics on a monthly basis. Monthly files should be submitted on or before the 15th of the month following the close of each month.</p>
FILE FORMAT	<ul style="list-style-type: none"> • Fixed-Record Length, ASCII File • Contains Detail (Data) Layout and Trailer Layout for each layout group
CHARACTER FIELDS	<ul style="list-style-type: none"> • Includes A - Z (lower or upper case), 0 – 9, and spaces • Left justified, right blank/space filled • Unrecorded or missing values in character fields are blank/spaces
DATE FIELDS	<ul style="list-style-type: none"> • Format of all dates should be CCYYMMDD
NUMERIC FIELDS	<ul style="list-style-type: none"> • All numeric fields should be right-justified and left zero-filled • Unrecorded or missing values in numeric fields should be set to zero
FINANCIAL FIELDS	<ul style="list-style-type: none"> • All financial fields should be right-justified and left zero-filled • Truven Health Analytics prefers to receive both dollars and cents, with an implied decimal point before the last two digits in the data. For example: "1234567" would represent \$12,345.67 <i>Please do not include an actual decimal point in the data.</i> • Negative signs should be the leading value in the first position. For example: "-1234567" would represent -\$12,345.67 • Unrecorded or missing values in numeric fields should be zero (000 to accommodate the 2-digit implied decimal)
INVALID CHARACTERS	<p>Please note that the following characters should not be included in the data or the descriptions in the data dictionary.</p> <p>* ! ? % _ (under score) , (comma)</p>

Med Claims Functional Specifications for File Layout

DEFINITIONS

- Fully denied claims should be removed from the extract of claims prior to submission, while partially denied claims should be included. Truven Health defines denied claims as follows:
 - Fully denied claim** : The entire claim has been denied (typical reasons include an ineligible member, an ineligible provider, or a duplicate claims).
 - Partially denied claim** : The claim contains one or more service lines that are denied, but some that are paid. All service lines should be included on the file.
- Fee-for-service claims**: Claims records for services that result in direct payment to providers on a service-specific basis.
- Encounter records**: Utilization records for services provided under capitation arrangements (i.e., plans in which a provider is paid based on the number of enrollees rather than the services rendered.) These records enable documentation of all services provided regardless of whether or not direct payment was made to the provider.
- Facility Data**: Facility data includes all services rendered by an inpatient or outpatient facility. The basis for the requirements of facility data is the information found on the standard UB-04 claim form.
- Professional Data**: Professional data includes all services rendered by a physician or other professional provider, including dental, vision and hearing. The basis for the requirements of professional data is the information found on the standard CMS-1500 claim form.
- Fee-for-Service Equivalents**: Financial amounts for services rendered under a capitated arrangement found within encounter records.

DISCUSSION ITEMS

- If both fee-for-service claims and encounter records are included on the data file, Truven Health will rely on the data supplier to explain how to differentiate them, preferably using the field Capitated Service Indicator.
- If encounter records contain fee-for-service equivalents, it is essential for Truven Health to understand which fields contain these amounts.
- Financial fields should be populated at the service line level, not at the claim level.
- Truven Health will need to understand the circumstances under which claims are not paid on a line item basis. For example, situations where claims are paid on a per diem basis or paid based on a DRG. It is our preference if the supplier can apply a factor so that the financials are spread across the lines based on the service rendered.

***Claim is paid based on the DRG and Net Payment for the entire claim is \$3,632.00;
financials are applied across lines***

CLAIM LEVEL INFORMATION				SERVICE LEVEL DETAIL				
Claim Id	Provider Id	DRG	Provider Type	Line Number	Revenue Code	Service Count	Allowed Amount	Net Payment
11111	121212121	177	25	1	120	2	\$ 2,500.00	\$ 2,000.00
11111	121212121	177	25	2	250	1	\$ 115.00	\$ 100.00
11111	121212121	177	25	3	720	10	\$ 1,800.00	\$ 1,532.00

- If the managed care program includes a risk-sharing arrangement with providers such that a portion of the approved payment amount is withheld from the provider payment and placed in a risk-sharing pool for later distribution, then the withhold amount should be recorded as a separate field and also included in the Charge Submitted, Allowed Amount and Net Payment fields.

Med Claims Functional Specifications for File Layout

DISCUSSION ITEMS - PROVIDER

- Truven Health requires unique provider identifiers and associated names. Truven Health would like both the identifier and the name to be specific to each provider, rather than group level information. TAXID is preferred for the identifier.
- If providers within group practices use a single TAXID, Truven Health would prefer an additional qualifier that would make each identifier and name unique.
- If only the group name is available with the associated TIN, and a qualifier is not available, Truven Health prefers another identifier for professional claims and the TAXID for the facility claims. NPI is preferred for the alternate identifier. In this case the TAXID is still requested in addition to the NPI or alternate identifier.

Provider Example 1

When providers in group practices use the same TAXID, a qualifier is needed to insure unique provider names.

Claim ID	TAXID	Qualifier	Provider Name	Prov Type	Service Count	Net Payment
11111	121212121	2222	Dr. Brown	25	2 \$	2,000.00
22222	121212121	3333	Dr. Smith	35	1 \$	100.00

Provider Example 2

The following is an example of what is not desired.

Claim ID	TAXID	Provider Name	Prov Type	Svc Count	Net Payment
11111	121212121	Dr. Brown	25	2 \$	2,000.00
22222	121212121	Dr. Smith	35	1 \$	100.00
33333	232323232	XYZ	25	1 \$	125.00
22222	232323232	XYZ	35	1 \$	110.00

Provider Example 3

When only the groups name is available with TAXID, NPI is requested in addition to TAXID.

Professional

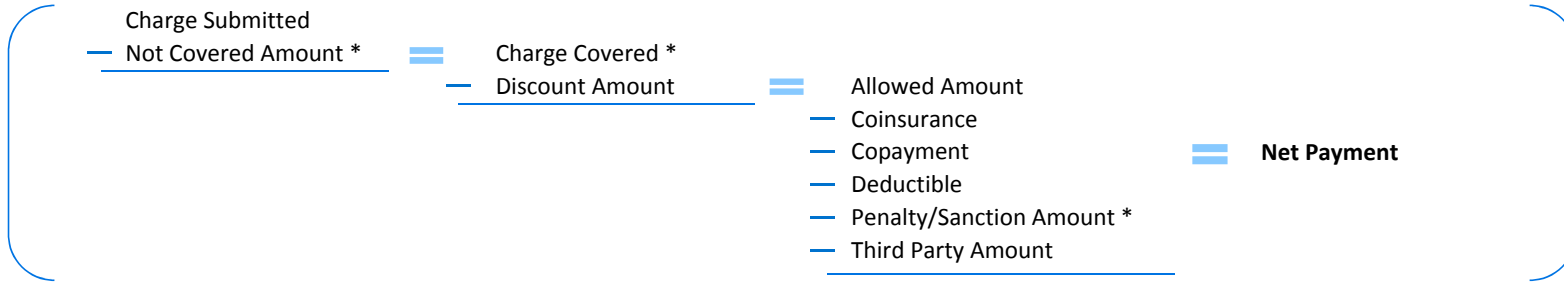
Claim ID	TAXID	Group Name	NPI	Prov Name	Prov Type	Svc Count	Net Payment
11111	121212121	XYZ Pediatrics	2222222222	Dr Brown	25	2 \$	2,000.00
22222	121212121	XYZ Pediatrics	3333333333	Dr Smith	35	1 \$	100.00

Facility

Claim ID	TAXID	NPI	Provider Name	Prov Type	Rev Code	Net Payment
11111	343434343	2222222222	University Hospital	1	110 \$	2,000.00
22222	454545454	3333333333	University Children's Hospital	1	120 \$	100.00

FINANCIAL RELATIONSHIP

Truven Health defines the relationship among financial fields as follows. Those marked with an asterisk are desirable, but not required for the data extract.



CORRECTIONS TO PAID CLAIMS

Data suppliers generally use either Void/Replacement or Adjustment records to make corrections to paid claims. Truven Health defines these as follows:

VOID/REPLACEMENT

A **void** is a claim that reverses or backs out a previously paid one. All financials and quantities are negated on the void record. A replacement record that contains the corrected information generally follows it. The original, void and replacement need not appear in the same file.

After adjudication, a paid claim with a \$25 Copay and \$50 Net Pay, a correction was necessary. The correction contains a \$10 Copay and \$65 Net Pay.

Record Type	Svc Count	Charge Submitted	Copay	Deductible	Net Payment
Original	1	\$ 75.00	\$ 25.00	\$ -	\$ 50.00
Void	-1	\$ (75.00)	\$ (25.00)	\$ -	\$ (50.00)
Replacement	1	\$ 75.00	\$ 10.00	\$ -	\$ 65.00

ADJUSTMENT

A financial **adjustment** is a claim line where one or more of the financial fields display the difference between the original amount and the final amount. Any financial not being adjusted should be zero. All quantities should be zero on the adjustment as well. The original and adjustment need not appear in the same file.

After a claim was adjudicated with a \$25 Copay and \$50 Net Pay, it was discovered that there should have been a \$10 Copay and \$65 Net Pay.

Record Type	Svc Count	Charge Submitted	Copay	Deductible	Net Payment
Original	1	\$ 75.00	\$ 25.00	\$ -	\$ 50.00
Adjustment	0	\$ -	\$ (15.00)	\$ -	\$ 15.00

FACILITY RECORD CONTENT

- The standard UB-04 claim form contains both information that pertains to the entire claim and single service/procedure within the claim.
- Each record in the data file should represent one service (detail) line.
- All financials and quantities on each record should pertain to that service only (as opposed to the entire claim).
- The repeating of non-quantitative claim-level information (e.g., Claim ID, Provider ID, Provider Type, etc.) on each record is necessary.

One facility claim with three service lines

CLAIM LEVEL INFORMATION			SERVICE LEVEL DETAIL			
Claim Id	Provider Id	Provider Type	Line Number	Revenue Code	Service Count	Net Payment
11111	121212121	25	1	120	2	\$ 2,000.00
11111	121212121	25	2	250	1	\$ 100.00
11111	121212121	25	3	720	10	\$ 1,532.00

PROFESSIONAL RECORD CONTENT

Truven Health does not store separate header/claim-level and detail/service-level information for professional claims. Truven Health requires the following:

- Each record in the data file should represent one service (detail) line.
- All financials and quantities on each record should pertain to that service only (as opposed to the entire claim).
- The repeating of non-quantitative claim-level information (e.g., Claim ID, Provider ID, Provider Type, etc.) on each record is necessary.

One professional claim with two service lines

CLAIM LEVEL INFORMATION			SERVICE LEVEL DETAIL			
Claim Id	Provider Id	Provider Type	Line Number	Procedure	Service Count	Net Payment
13331	621262121	51	1	99201	1	\$ 100.00
13331	621262121	51	2	99175	1	\$ 150.00

Med Claims Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary	Data Supplier Instructions/Notes
Fixed-Record Length												
1	Adjustment Type Code	1	1	1	Character	Client-specific code for the claim adjustment type	R	MC138	CLAIM LINE TYPE	Claim Line Activity Type Code		Adjustment Type values will be identified in the Data Dictionary. Valid Values 1 Adjustment (positive or negative adjustment) 2 Void (void, reversal or back-out) 3 Original or Replacement (original, resubmit or replacement) 4 Bulk Adjustment (gross or bulk adjustment)
2	Allowed Amount	2	11	10	Numeric	The maximum amount allowed by the plan for payment.	R	MC098	ALLOWED AMOUNT	Allowed Amount		Format 9(8)99 (2 - digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
3	Bill Type Code UB	12	15	4	Character	The UB-04 standard code for the billing type, indicating type of facility, bill classification, and frequency of bill.	S	MC036	TYPE OF BILL - ON FACILITY CLAIMS	Type of Bill		See Bill Type Code UB section for valid values
4	Capitated Service Indicator	16	16	1	Character	An indicator that this service (encounter record) was capitated	R	MC081	CAPITATED ENCOUNTER FLAG	Indicator - Capitation Payment		Valid Values Y - Yes N - No Applicable field values are "Y" for Capitated services and "N" for non-cap services.
5	Carrier Specific Unique Member ID	17	26	10	Character	The Member's Unique ID	R	MC137	CARRIER SPECIFIC UNIQUE MEMBER ID	The Member's unique ID. This is the ETF Member ID.		
6	Carrier Specific Unique Subscriber ID	27	36	10	Character	The Subscriber's unique ID.	R	MC141	CARRIER SPECIFIC UNIQUE SUBSCRIBER ID	The Subscriber's unique ID. This is the ETF Member ID		
7	Charge Submitted	37	46	10	Numeric	The submitted or billed charge amount	R	MC062	CHARGE AMOUNT	Amount of provider charges for the claim line		Format 9(8)99 (2 - digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
8	Filler_47_15	47	61	15	Character	Was the claim ID field. Please use the new field at position 1317.	R	MC004	Was the claim ID field. Please use the new field at position 1317.	Was the claim ID field. Please use the new field at position 1317.		Was the claim ID field. Please use the new field at position 1317.
9	Claim Processed Date	62	71	10	Date	Claim Processed Date	R	MC110	CLAIM PROCESSED DATE	Claim Processed Date		CCYMMDD Format
10	Claim Type Code	72	73	2	Character	Client-specific code for the type of claim	R	MC094	TYPE OF CLAIM	Type of Claim Indicator		Claim Type Codes will be identified in the Data Dictionary. Valid Values 1 Medical and MHSA 2 Drug 3 Dental 4 Vision 5 Hearing 7 Life Insurance 10 Long Term Disability (LTD) 11 Short Term Disability (STD) 12 Absentee 13 Worker Comp 20 Capitation Payment 21 Administrative Fee 22 Premium Payment 23 Employee Premium Contribution 25 Premium Income (Revenue) 31 Employee Assistance (EAP) 32 Health Risk Appraisal (HRA) 50 Other
11	Coinsurance	74	83	10	Numeric	The coinsurance paid by the subscriber as specified in the plan provision.	R	MC066	COINSURANCE AMOUNT	Amount of coinsurance member/patient is responsible to pay		Format 9(8)99 (2 - digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
12	FILLER_84_10	84	93	10	Character	This field was a duplicate of the third party field.			This field was a duplicate of the third party field.	This field was a duplicate of the third party field.		
13	Copayment	94	103	10	Numeric	The copayment paid by the subscriber as specified by the plan provision.	R	MC065	COPAY AMOUNT	Amount of Copay member/patient is responsible to pay		
14	Date of Birth	104	113	10	Date	Birth date of the person	R	MC013	MEMBER DATE OF BIRTH	Member/Patient's date of birth		CCYMMDD Format The member's birth date is part of the Person ID key and is, therefore, critical to tagging claims to eligibility. The four-digit year is required for date of birth. The century cannot be accurately assigned based on a two-digit year.
15	Date of First Service	114	123	10	Date	The date of the first service reported on the claim or authorization record.	S	MC059	DATE OF SERVICE - FROM	Date of Service		CCYMMDD Format
16	Date of Last Service	124	133	10	Date	The date of the last service reported on the claim or authorization record.	S	MC060	DATE OF SERVICE - TO	Date of Service		CCYMMDD Format
17	Date of Service Facility Detail	134	143	10	Date	The date of service for the facility detail record.	S	MC018	ADMISSION DATE	Inpatient Admit Date		CCYMMDD Format If Supplier cannot provide Date of Service on inpatient Facility Detail Records, we will set this = Date of First Service
18	Date Paid	144	153	10	Date	The date the claim or data record was paid.	R	MC089	PAID DATE	Paid date of the claim line		CCYMMDD Format This is the check date.
19	Days	154	159	6	Numeric	The number of inpatient days for the facility claim.	R	MC091 MC092 MC093	COINSURANCE DAYS COVERED DAYS NONCOVERED DAYS			
20	Deductible	160	169	10	Numeric	The amount paid by the subscriber through the deductible arrangement of the plan.	R	MC067	DEDUCTIBLE AMOUNT	Amount of deductible member/patient is responsible to pay on the claim line		Format 9(8)99 (2 - digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
21	Diagnosis Code Principal	170	177	8	Character	The first or principal diagnosis code for a service, claim or lab result. Length expanded from 5 to 8 for future use.	R	MC041	PRINCIPAL DIAGNOSIS	ICD Primary Diagnosis Code		No decimal point.
22	Diagnosis Code 2	178	185	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC042	OTHER DIAGNOSIS - 1	ICD Secondary Diagnosis Code		No decimal point.
23	Diagnosis Code 3	186	193	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC043	OTHER DIAGNOSIS - 2	ICD Other Diagnosis Code		No decimal point.
24	Diagnosis Code 4	194	201	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC044	OTHER DIAGNOSIS - 3	ICD Other Diagnosis Code		No decimal point.

Med Claims Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary Required	Data Supplier Instructions/Notes
Fixed-Record Length												
25	Diagnosis Code 5	202	209	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC045	OTHER DIAGNOSIS - 4	ICD Other Diagnosis Code		No decimal point.
26	Diagnosis Code 6	210	217	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC046	OTHER DIAGNOSIS - 5	ICD Other Diagnosis Code		No decimal point.
27	Diagnosis Code 7	218	225	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC047	OTHER DIAGNOSIS - 6	ICD Other Diagnosis Code		No decimal point.
28	Diagnosis Code 8	226	233	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC048	OTHER DIAGNOSIS - 7	ICD Other Diagnosis Code		No decimal point.
29	Diagnosis Code 9	234	241	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC049	OTHER DIAGNOSIS - 8	ICD Other Diagnosis Code		No decimal point.
30	Diagnosis Code 10	242	249	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC050	OTHER DIAGNOSIS - 9	ICD Other Diagnosis Code		No decimal point.
31	Diagnosis Code 11	250	257	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC051	OTHER DIAGNOSIS - 10	ICD Other Diagnosis Code		No decimal point.
32	Diagnosis Code 12	258	265	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC052	OTHER DIAGNOSIS - 11	ICD Other Diagnosis Code		No decimal point.
33	Diagnosis Code 13	266	273	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	MC053	OTHER DIAGNOSIS - 12	ICD Other Diagnosis Code		No decimal point.
34	Diagnosis Code 14	274	281	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
35	Diagnosis Code 15	282	289	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
36	Diagnosis Code 16	290	297	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
37	Diagnosis Code 17	298	305	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
38	Diagnosis Code 18	306	313	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
39	Diagnosis Code 19	314	321	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
40	Diagnosis Code 20	322	329	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
41	Diagnosis Code 21	330	337	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
42	Diagnosis Code 22	338	345	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
43	Diagnosis Code 23	346	353	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
44	Diagnosis Code 24	354	361	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
45	Diagnosis Code 25	362	369	8	Character	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.	S	N/A				No decimal point.
46	Discharge Status Code UB	370	371	2	Character	The UB-04 standard patient status code, indicating disposition at the time of billing.	R	MC023	DISCHARGE STATUS	Inpatient Discharge Status Code		Valid Values 1 Discharged to home or self-care -routine discharge 2 Discharged/transferred to short-term general hosp 3 Discharged/transferred to SNF (skilled nursing) 4 Discharged/transferred to ICF (intermediate care) 5 Discharged/transferred to another facility 6 Discharged/transferred to home health service 7 Left against medical advice or discontinued care 8 Discharged/transferred to home IV drug therapy 9 Admitted as an inpatient to this hospital 20 Expired 30 Still patient 40 Expired at home (hospice claims only) 41 Expired in medical facility (hospice claims only) 42 Expired - place unknown (hospice claims only) 43 Discharged/transferred to federal hospital 50 Hospice - home 51 Hospice - medical facility 61 Transferred to Medicare approved swing-bed 62 Transferred to inpatient rehab facility (IRF) 63 Transferred to long term care hospital (LTCH) 64 Transferred to nursing facility Medicaid-certified
47	Discount	372	381	10	Numeric	The discount amount of the claim, applied to charges for any plan pricing reductions.	R	N/A				Format 9(8)99 (2 - digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
48	Family ID/Employee SSN	382	390	9	Character	The unique identifier (Social Security Number) for the subscriber (contract holder, employee) and their associated dependents.	R	MC007	SUBSCRIBER SSN	Subscriber's Social Security Number		The subscriber's social security number is part of the Person ID key and is, therefore, critical to tagging claims to eligibility.
49	Former Claim Number	391	425	35	Character	Previous Claim Number	S	MC139	FORMER CLAIM NUMBER	Previous Claim Number		
50	Gender	426	426	1	Character	Gender of the person.	R	MC012	MEMBER GENDER	Patient's Gender		Valid Values M - Male F - Female U - Unknown
51	Line Number	427	431	5	Character	The detail line number for the service on the claim	R	MC005	LINE COUNTER	Incremental Line Counter		
52	Medicare Paid Amount	432	441	10	Numeric	The amount Medicare paid on the claim	R	MC097	MEDICARE PAID AMOUNT	The amount Medicare paid on the claim		This is just the amount that can be attributed to Medicare.
53	Net Payment	442	451	10	Numeric	The actual check amount for the record	R	MC063	PAID AMOUNT	Amount paid by the carrier for the claim line		Format 9(8)99 (2 - digit, implied decimal)
54	Network Paid Indicator	452	452	1	Character	An indicator of whether the claim was paid at in-network or out-of-network level	R	MC131	IN-NETWORK INDICATOR	Indicator - Network Rate Applied		On facility records, this field must be at the service/detail level as opposed to the header/claim level. Valid Values Y - Yes N - No

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--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary Required	Data Supplier Instructions/Notes
Fixed-Record Length												
55	Network Provider Indicator	453	453	1	Character	Indicates if the servicing provider participates in the network to which the patient belongs	R	N/A				Y or "N" Valid Values Y - Yes N - No
56	Non-Covered Amount	454	463	10	Numeric	The amount of claim line charged but not covered.	R	MC099	NON-COVERED AMOUNT	The amount of claim line charged but not covered.		
57	Non-Covered Days	464	467	4	Numeric	Non-Covered inpatient days	R	MC093	NON-COVERED DAYS	Non-Covered inpatient days		
58	Other Insurance Paid Amount	468	477	10	Numeric	The amount paid by a primary carrier	R	MC095 MC096	COORDINATION OF BENEFITS/TPL LIABILITY AMOUNT OTHER INSURANCE PAID AMOUNT	The amount paid by a primary carrier		This is the third party amount, but excludes any portion paid by Medicare.
59	Payment Arrangement Type	478	479	2	Character	Payment Arrangement Type Value	R	MC113	PAYMENT ARRANGEMENT TYPE VALUE	Payment Arrangement Type Value		Please see Payment Arrangement section for a list of values
60	FILLER_480_30	480	509	30	Character	This was once the Payment Reason Code. No longer required.	N		This was once the Payment Reason Code. No longer required.	This was once the Payment Reason Code. No longer required.		This was once the Payment Reason Code. No longer required.
61	PCP Responsibility Indicator	510	510	1	Character	An indicator signifying that the PCP is the physician considered responsible or accountable for this claim.	R	MC119	PCP INDICATOR	Indicator - PCP Rendered Service		Valid Values Y - Yes N - No
62	Place of Service Code	511	512	2	Character	Client-specific code for the place of service.	R	MC037	SITE OF SERVICE - ON NSF/1500 CLAIMS	Place of Service Code		Please see Place of Service section for a list of valid values.
63	Prepaid Amount	513	522	10	Numeric	The amount carrier has prepaid towards the claim line	R	MC064	PREPAID AMOUNT	The amount carrier has prepaid towards the claim line		This could be an amount related to Long Term Care, DME rental, or dental.
64	Procedure Code	523	529	7	Character	The procedure code for the service record. Length expanded from 5 to 7 for future use.	R	MC055	PROCEDURE CODE	HCPCS / CPT Code		CPT/HCPCS codes.
65	Procedure Code UB Surg 1	530	536	7	Character	The primary surgical procedure code (1) on the facility claim. Length expanded from 5 to 7 for future use.	S	MC058	ICD-CM PRIMARY CODE	ICD Primary Procedure Code		ICD-9 or 10 Surgical procedure codes.
66	Procedure Code UB Surg 2	537	543	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	MC083	OTHER ICD-CM PROCEDURE CODE - 1	ICD Secondary Procedure Code		ICD-9 or 10 Surgical procedure codes.
67	Procedure Code UB Surg 3	544	550	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	MC084	OTHER ICD-CM PROCEDURE CODE - 2	ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
68	Procedure Code UB Surg 4	551	557	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	MC085	OTHER ICD-CM PROCEDURE CODE - 3	ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
69	Procedure Code UB Surg 5	558	564	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	MC086	OTHER ICD-CM PROCEDURE CODE - 4	ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
70	Procedure Code UB Surg 6	565	571	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	MC087	OTHER ICD-CM PROCEDURE CODE - 5	ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
71	Procedure Code UB Surg 7	572	578	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	MC088	OTHER ICD-CM PROCEDURE CODE - 6	ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
72	Procedure Code UB Surg 8	579	585	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
73	Procedure Code UB Surg 9	586	592	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
74	Procedure Code UB Surg 10	593	599	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
75	Procedure Code UB Surg 11	600	606	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
76	Procedure Code UB Surg 12	607	613	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
77	Procedure Code UB Surg 13	614	620	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
78	Procedure Code UB Surg 14	621	627	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
79	Procedure Code UB Surg 15	628	634	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
80	Procedure Code UB Surg 16	635	641	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
81	Procedure Code UB Surg 17	642	648	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
82	Procedure Code UB Surg 18	649	655	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
83	Procedure Code UB Surg 19	656	662	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
84	Procedure Code UB Surg 20	663	669	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
85	Procedure Code UB Surg 21	670	676	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
86	Procedure Code UB Surg 22	677	683	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
87	Procedure Code UB Surg 23	684	690	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
88	Procedure Code UB Surg 24	691	697	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
89	Procedure Code UB Surg 25	698	704	7	Character	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.	S	N/A		ICD Other Procedure Code		ICD-9 or 10 Surgical procedure codes.
90	Procedure Modifier Code 1	705	706	2	Character	The 2-character code of the first procedure code modifier on the professional claim	R	MC056	PROCEDURE MODIFIER - 1	HCPCS / CPT Modifier		
91	Procedure Modifier Code 2	707	708	2	Character	The 2-character code of the second procedure code modifier on the professional claim	S	MC057	PROCEDURE MODIFIER - 2	HCPCS / CPT Modifier		
92	Procedure Modifier Code 3	709	710	2	Character	The 2-character code of the third procedure code modifier on the professional claim	S	MC108	PROCEDURE MODIFIER - 3	HCPCS / CPT Modifier		
93	Procedure Modifier Code 4	711	712	2	Character	The 2-character code of the fourth procedure code modifier on the professional claim	S	MC109	PROCEDURE MODIFIER - 4	HCPCS / CPT Modifier		
94	Withhold Amount	713	722	10	Numeric	The amount to be paid to the provider upon guarantee of performance.	R	MC116	WITHHOLD AMOUNT	The amount to be paid to the provider upon guarantee of performance.		
95	Provider Type Code Claim	723	725	3	Character	Client-specific code for the provider type on the claim record	R	N/A				Provider Type codes are further defined in the Data Dictionary See Provider Type Code Claim
96	Billing Provider NPI Number	726	735	10	Character	The National Provider ID number for the billing provider.	R		NATIONAL PROVIDER ID BILLING	Billing National Provider ID (NPI)		Please provide for all providers (in and out of network) as available
97	Billing TIN	736	744	9	Character	The federal tax ID of the billing provider.	R		BILLING TIN	Billing Provider's Tax ID Number		Please provide for all providers (in and out of network) as available

Med Claims Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary Number	Data Supplier Instructions/Notes
Fixed-Record Length												
98	Billing Provider Taxonomy Code	745	754	10	Character	The Healthcare Provider Taxonomy code specific to the professional billing provider associated with the claim. (Note: This is not a standard field in Advantage Suite. Truven asks for this field to aid in the mapping of Provider Type Code Code Claim to Truven's standard values.)	R		BILLING PROVIDER TAXONOMY	Billing Provider's Taxonomy Code		The National Uniform Claim Committee standard taxonomy code for the provider. Please provide for all providers (in and out of network) as available
99	Billing Provider Name	755	784	30	Character	The description or name corresponding to the billing provider ID.	R		BILLING PROVIDER FIRST NAME BILLING PROVIDER MIDDLE INITIAL BILLING PROVIDER LAST NAME/ ORGANIZATION NAME BILLING PROVIDER SUFFIX	Name of the Billing Provider Please format as Provider Last Name, Provider First Name Provider Middle Initial and spacing as indicated. A sample entry would be as follows. Pierce Benjamin F		The Provider Name associated with the record. It will vary based on whether it is the individual identifier, affiliation, provider group, etc. Please format as Provider Last Name, Provider First Name Provider Middle Initial with spacing as indicated. A sample entry would be as follows. Pierce Benjamin F
100	Billing Provider Address 1	785	834	50	Character	The current street address1 of the billing provider.	R		The current first line of the street address of the provider. This is the street address.	The current first line of the street address of the provider. This is the street address.		Please provide for all providers (in and out of network) as available
101	Billing Provider Address 2	835	884	50	Character	The current street address2 of the billing provider.	R		The current second line of the street address of the provider. This is the city and state.	The current second line of the street address of the provider. This is the city and state.		Please provide for all providers (in and out of network) as available
102	Billing Provider Zip Code	885	889	5	Character	The 5-digit zip code corresponding to the billing Provider ID	R		BILLING PROVIDER ZIP CODE	Zip Code of the Billing Provider		Please provide for all providers (in and out of network) as available
103	Referring/Ordering Provider NPI Number	890	899	10	Character	The National Provider ID (NPI) of the provider who referred the patient or ordered the test or procedure.	R		NATIONAL PROVIDER ID REFERRING/ORDERING	Referring/Ordering National Provider ID (NPI)		Please provide for all providers (in and out of network) as available
104	Referring/Ordering TIN	900	908	9	Character	The federal tax ID of the provider who referred the patient or ordered the test or procedure.	R		REFERRING/ORDERING TIN	Referring/Ordering Provider's Tax ID Number		Please provide for all providers (in and out of network) as available
105	Referring/Ordering Provider Taxonomy Code	909	918	10	Character	The Healthcare Provider Taxonomy code specific to the professional referring/ordering provider associated with the claim. (Note: This is not a standard field in Advantage Suite. Truven asks for this field to aid in the mapping of Provider Type Code Code Claim to Truven's standard values.)	R		REFERRING/ORDERING PROVIDER TAXONOMY	Referring/Ordering Provider's Taxonomy Code		The National Uniform Claim Committee standard taxonomy code for the provider. Please provide for all providers (in and out of network) as available
106	Referring/Ordering Provider Name	919	948	30	Character	The Name of the provider who referred the patient or ordered the test or procedure.	R		REFERRING/ORDERING PROVIDER FIRST NAME REFERRING/ORDERING PROVIDER MIDDLE INITIAL REFERRING/ORDERING PROVIDER LAST NAME/ ORGANIZATION NAME REFERRING/ORDERING PROVIDER SUFFIX	Name of the Referring/Ordering Provider Please format as Provider Last Name, Provider First Name Provider Middle Initial with spacing as indicated. A sample entry would be as follows. Pierce Benjamin F		Name of the Referring/Ordering Provider Please format as Provider Last Name Provider First Name Provider Middle Initial and spacing as indicated. A sample entry would be as follows. Pierce Benjamin F
107	Referring/Ordering Provider Address 1	949	998	50	Character	The current street address1 of the referring/ordering provider.	R		REFERRING/ORDERING PROVIDER CITY NAME REFERRING/ORDERING PROVIDER STATE	The current first line of the street address of the provider. This is the street address.		Please provide for all providers (in and out of network) as available
108	Referring/Ordering Provider Address 2	999	1048	50	Character	The current street address2 of the referring/ordering provider.	R			The current second line of the street address of the provider. This is the city and state.		Please provide for all providers (in and out of network) as available
109	Referring/Ordering Provider Zip Code	1049	1053	5	Character	The zip code of the provider who referred the patient or ordered the test or procedure.	R		REFERRING/ORDERING PROVIDER ZIP CODE	Zip Code of the Referring/Ordering Provider		Please provide for all providers (in and out of network) as available
110	Service Provider NPI Number	1054	1063	10	Character	The National Provider ID number for the service provider.	R	MC026	NATIONAL PROVIDER ID SERVICE	National Provider Identification (NPI) of the Service Provider		
111	Service TIN	1064	1072	9	Character	The federal tax ID of the service provider.	R	MC025	SERVICE PROVIDER TAX ID NUMBER	Service Provider's Tax ID number		Please provide for all providers (in and out of network) as available
112	Service Provider Taxonomy Code	1073	1082	10	Character	The Healthcare Provider Taxonomy code specific to the professional servicing provider associated with the claim. (Note: This is not a standard field in Advantage Suite. Truven asks for this field to aid in the mapping of Provider Type Code Code Claim to Truven's standard values.)	R	MC032	SERVICE PROVIDER TAXONOMY	Service Provider's Taxonomy Code		The National Uniform Claim Committee standard taxonomy code for the provider. Please provide for all providers (in and out of network) as available
113	Service Provider Name	1083	1112	30	Character	The description or name corresponding to the service provider ID.	R	MC028 MC029 MC030 MC031	SERVICE PROVIDER FIRST NAME SERVICE PROVIDER MIDDLE INITIAL SERVICING PROVIDER LAST NAME OR ORGANIZATION NAME SERVICE PROVIDER SUFFIX	Name of the Servicing Provider Please format as Provider Last Name, Provider First Name Provider Middle Initial and spacing as indicated. A sample entry would be as follows. Pierce Benjamin F		Name of the Referring/Ordering Provider Please format as Provider Last Name Provider First Name Provider Middle Initial and spacing as indicated. A sample entry would be as follows. Pierce Benjamin F
114	Service Provider Address 1	1113	1162	50	Character	The current street address1 of the service provider.	R	MC033 MC034 MC035	SERVICE PROVIDER CITY NAME SERVICE PROVIDER STATE	The current first line of the street address of the provider. This is the street address.		This is the address where the service was rendered. Please provide for all providers (in and out of network) as available
115	Service Provider Address 2	1163	1212	50	Character	The current street address2 of the service provider.	R	N/A		The current second line of the street address of the provider. This is the city and state.		This is the address where the service was rendered. Please provide for all providers (in and out of network) as available
116	Service Provider Zip Code	1213	1217	5	Character	The 5-digit zip code corresponding to the Service Provider ID	R	MC035	SERVICE PROVIDER ZIP CODE	Zip Code of the Servicing Provider		Provider Location zip code. To clarify, this is the location of the service. Please provide for all providers (in and out of network) as available
117	Revenue Code UB	1218	1221	4	Character	The CMS standard revenue code from the facility claim	R	MC054	REVENUE CODE	Revenue Code		This field must be at the service/detail level. Valid Values The CMS standard revenue code from the UB facility claim.
118	Third Party Amount	1222	1231	10	Numeric	The amount saved due to integration of third party liability (Coordination of Benefits) by all third party payers (including Medicare).	R	MC095 MC096 MC097	COORDINATION OF BENEFITS/TPL LIABILITY AMOUNT OTHER INSURANCE PAID AMOUNT MEDICARE PAID AMOUNT	The amount saved due to integration of third party liability (Coordination of Benefits) by all third party payers (including Medicare).		Format 9(8)99 (2 - digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
119	Units of Service	1232	1235	4	Numeric	Client-specific quantity of services or units	R	MC061	QUANTITY	Claim line units of service		Represents quantity of services or units on the claim as it was submitted for payment by the provider. While the number of units may be one (1) on many claims it may contain specific values for some claims such as the number of miles for an ambulance service or the number of minutes for an anesthesia service. Please round to the nearest whole number if you capture fractional units such as partial miles. If the claim record is a void the Units of Service field must be negative. If the claim record is a financial adjustment, the Units of Service field must be zero (0).

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Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary Required	Data Supplier Instructions/Notes
Fixed-Record Length												
120	Funding Type Code	1236	1236	1	Character	Specifies whether the claim was paid under a fully or self-funded arrangement	R	MC241	ID CODE	Member Enrollment Type		Valid Values S = Self-funded F = Fully-funded
121	FILLER_1237_8	1237	1244	8	Character	This was the Account Structure. Please leave this field blank.	N			This was the Account Structure. Please leave this field blank.		This was the Account Structure. Please leave this field blank.
122	HRA Amount	1245	1254	10	Numeric	The amount paid from the HRA as a result of this claim.	R	N/A				Format 9(8)99 (2 - digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
123	HSA Amount	1255	1264	10	Numeric	The amount paid from the HSA as a result of this claim.	R	N/A				Format 9(8)99 (2 - digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
124	Present on Admission Principal	1265	1265	1	Character	The principal POA code for the facility claim. Indicates whether the principal diagnosis was present on admission. Standard Values: 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission	R	MC154	PRESENT ON ADMISSION CODE (POA) 01	POA code for Principal Diagnosis		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
125	Present on Admission 02	1266	1266	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC155	PRESENT ON ADMISSION CODE (POA) 02	POA code for Other Diagnosis - 1		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
126	Present on Admission 03	1267	1267	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC156	PRESENT ON ADMISSION CODE (POA) 03	POA code for Other Diagnosis - 2		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
127	Present on Admission 04	1268	1268	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC157	PRESENT ON ADMISSION CODE (POA) 04	POA code for Other Diagnosis - 3		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
128	Present on Admission 05	1269	1269	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC158	PRESENT ON ADMISSION CODE (POA) 05	POA code for Other Diagnosis - 4		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
129	Present on Admission 06	1270	1270	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC159	PRESENT ON ADMISSION CODE (POA) 06	POA code for Other Diagnosis - 5		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
130	Present on Admission 07	1271	1271	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC160	PRESENT ON ADMISSION CODE (POA) 07	POA code for Other Diagnosis - 6		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
131	Present on Admission 08	1272	1272	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC161	PRESENT ON ADMISSION CODE (POA) 08	POA code for Other Diagnosis - 7		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission

Med Claims Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary Required	Data Supplier Instructions/Notes
Fixed-Record Length												
132	Present on Admission 09	1273	1273	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC162	PRESENT ON ADMISSION CODE (POA) 09	POA code for Other Diagnosis - 8		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
133	Present on Admission 10	1274	1274	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC163	PRESENT ON ADMISSION CODE (POA) 10	POA code for Other Diagnosis - 9		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
134	Present on Admission 11	1275	1275	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC164	PRESENT ON ADMISSION CODE (POA) 11	POA code for Other Diagnosis - 10		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
135	Present on Admission 12	1276	1276	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC165	PRESENT ON ADMISSION CODE (POA) 12	POA code for Other Diagnosis - 11		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
136	Present on Admission 13	1277	1277	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC166	PRESENT ON ADMISSION CODE (POA) 13	POA code for Other Diagnosis - 12		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
137	Present on Admission 14	1278	1278	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC167	PRESENT ON ADMISSION CODE (POA) 14	POA code for Other Diagnosis - 13		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
138	Present on Admission 15	1279	1279	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC168	PRESENT ON ADMISSION CODE (POA) 15	POA code for Other Diagnosis - 14		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
139	Present on Admission 16	1280	1280	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC169	PRESENT ON ADMISSION CODE (POA) 16	POA code for Other Diagnosis - 15		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission
140	Present on Admission 17	1281	1281	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC170	PRESENT ON ADMISSION CODE (POA) 17	POA code for Other Diagnosis - 16		If standard values are not used, define in the Data Dictionary. Valid Values 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission

Med Claims Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary	Data Supplier Instructions/Notes
Fixed-Record Length												
141	Present on Admission 18	1282	1282	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC171	PRESENT ON ADMISSION CODE (POA) 18	POA code for Other Diagnosis - 17		If standard values are not used, define in the Data Dictionary. Valid Values 1 - Unreported/Not Used N - No, not present at admission U - Unknown W - Clinically Undetermined Y - Yes, present at admission
142	Present on Admission 19	1283	1283	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC172	PRESENT ON ADMISSION CODE (POA) 19	POA code for Other Diagnosis - 18		If standard values are not used, define in the Data Dictionary. Valid Values 1 - Unreported/Not Used N - No, not present at admission U - Unknown W - Clinically Undetermined Y - Yes, present at admission
143	Present on Admission 20	1284	1284	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC173	PRESENT ON ADMISSION CODE (POA) 20	POA code for Other Diagnosis - 19		If standard values are not used, define in the Data Dictionary. Valid Values 1 - Unreported/Not Used N - No, not present at admission U - Unknown W - Clinically Undetermined Y - Yes, present at admission
144	Present on Admission 21	1285	1285	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC174	PRESENT ON ADMISSION CODE (POA) 21	POA code for Other Diagnosis - 20		If standard values are not used, define in the Data Dictionary. Valid Values 1 - Unreported/Not Used N - No, not present at admission U - Unknown W - Clinically Undetermined Y - Yes, present at admission
145	Present on Admission 22	1286	1286	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC175	PRESENT ON ADMISSION CODE (POA) 22	POA code for Other Diagnosis - 21		If standard values are not used, define in the Data Dictionary. Valid Values 1 - Unreported/Not Used N - No, not present at admission U - Unknown W - Clinically Undetermined Y - Yes, present at admission
146	Present on Admission 23	1287	1287	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC176	PRESENT ON ADMISSION CODE (POA) 23	POA code for Other Diagnosis - 22		If standard values are not used, define in the Data Dictionary. Valid Values 1 - Unreported/Not Used N - No, not present at admission U - Unknown W - Clinically Undetermined Y - Yes, present at admission
147	Present on Admission 24	1288	1288	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC177	PRESENT ON ADMISSION CODE (POA) 24	POA code for Other Diagnosis - 23		If standard values are not used, define in the Data Dictionary. Valid Values 1 - Unreported/Not Used N - No, not present at admission U - Unknown W - Clinically Undetermined Y - Yes, present at admission
148	Present on Admission 25	1289	1289	1	Character	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	S	MC178	PRESENT ON ADMISSION CODE (POA) 25	POA code for Other Diagnosis - 24		If standard values are not used, define in the Data Dictionary. Valid Values 1 - Unreported/Not Used N - No, not present at admission U - Unknown W - Clinically Undetermined Y - Yes, present at admission
149	DRG MS Payment Code	1290	1292	3	Character	The Diagnosis Related Group (MS-DRG) code under which the claim was paid.	R	MC071	DRG	Diagnostic Related Group Code		
150	ICD Version	1293	1293	1	Character	The ICD version or qualifier code that identifies either ICD-9 (9) or ICD-10 (0) diagnosis and procedure codes on the facility claim.	R	MC107	ICD INDICATOR	International Classification of Diseases Version		If 0 and 9 not used, values defined in the Data Dictionary. Valid Values 0 - ICD 10 9 - ICD 9
151	Tax Amount	1294	1303	10	Numeric	The amount charged by some states per medical claim.	R	N/A		These fields are required if available and cover special per claim taxes a state may levy against medical claims. Examples are the New York, Massachusetts, and Michigan surcharge. These surcharges are intended to fund Medicaid programs.		Format 9(8)99 (2 - digit, implied decimal)

Med Claims Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary Required	Data Supplier Instructions/Notes
Fixed-Record Length												
152	Tax Type Code	1304	1305	2	Character	Data Supplier specific code identifying the state and/or type of tax.	R	N/A		Please use the official USPS State Code		Tax Type Codes will be identified in the Data Dictionary.
153	NDC Number Code	1306	1316	11	Character	The FDA (Food and Drug Administration) registered number for the drug. Please include for any drugs dispensed in the medical setting if available.	R	MC075	DRUG CODE	National Drug Code (NDC)		Please leave out the dashes.
154	Claim ID	1317	1351	35	Character	Unique identification of the claim	R					
155	Internal Billing Provider ID	1352	1364	13	Character	Intended as a link to the correct provider file entry (NPI, taxonomy, office)	R			This would help to associate a specific the provider on the claim to the specific, NPI, taxonomy, and office location in the provider file.		This would help to associate a specific the provider on the claim to the specific, NPI, taxonomy, and office location in the provider file.
156	Internal Ordering Provider ID	1365	1377	13	Character	Intended as a link to the correct provider file entry (NPI, taxonomy, office)	R			This would help to associate a specific the provider on the claim to the specific, NPI, taxonomy, and office location in the provider file.		This would help to associate a specific the provider on the claim to the specific, NPI, taxonomy, and office location in the provider file.
157	Internal Servicing Provider ID	1378	1390	13	Character	Intended as a link to the correct provider file entry (NPI, taxonomy, office)	R			This would help to associate a specific the provider on the claim to the specific, NPI, taxonomy, and office location in the provider file.		This would help to associate a specific the provider on the claim to the specific, NPI, taxonomy, and office location in the provider file.
158	Filler	1391	2999	1609	Character	Reserved for future use	R					Fill with blanks
159	Record Type	3000	3000	1	Character	Record type identifier		MC899	RECORD TYPE			Hard Code to "D"
End of Layout - Do not remove this row - All field additions to be inserted above the Filler row												

Med Claims Functional Specifications for File Layout

--- Trailer Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
Fixed-Record Length							
1	Data Start Date	1	10	10	Date	Data Start Date	CCYYMMDD format – i.e. 20140901 This will represent the 1st day of the month for which data is provided.
2	Data End Date	11	20	10	Date	Data End Date	CCYYMMDD format – i.e. 20140901 This will represent the last day of the month for which data is provided.
3	Record Count	21	30	10	Numeric	Number of Records on File	The count of records provided in the data including the Trailer Record.
4	Total Net Payments	31	44	14	Numeric	Total net payments on the file	The sum of net payments provided in the file
5	Filler	45	2999	2955	Character	Reserved for future use	Fill with Blanks
6	Record Type	3000	3000	1	Character	Record Type Identifier	Hard Code 'T'

Bill Type Code UB

Bill Type values will be identified in the Data Dictionary only if standard codes are not used.
 The first digit of the bill type code is a leading zero, but this is not included on electronic claims.
 The next two digits represent the type and classification of the facility. The valid values are:

The third digit indicates the frequency of the bill. The valid values are:

11	Inpatient Hospital (including Medicare Part A)	0	Non-Payment/Zero
12	Inpatient Hospital (Medicare Part B only)	1	Admit Through Discharge Claim
13	Hospital Outpatient	2	Interim - First Claim
14	Hospital - Laboratory Services Provided to Non-patients	3	Interim - Continuing Claim
18	Hospital - Swing Beds	4	Interim - Last Claim
21	Skilled Nursing - Inpatient (including Medicare Part A)	5	Late Charge(s) Only
22	Skilled Nursing - Inpatient (Medicare Part B only)	7	Replacement of Prior Claim
23	Skilled Nursing - Outpatient	8	Void/Cancel of Prior Claim
28	Skilled Nursing - Swing Beds	9	Final Claim for a Home Health PPS Episode
32	Home Health - Inpatient (plan of treatment under Part B only)	A	Admission/Election Notice
			Hospice/CMS/Religious Non-Medical/Centers of Excellence/Provider Partnerships
33	Home Health - Outpatient (plan of treatment under Part A, including DME)	B	Demo Termination
	Home Health - Other (medical & surgical services not under plan of treatment)		
34		C	Hospice Change of Provider Notice
			Hospice/CMS/Religious Non-Medical/Centers of Excellence/Provider Partnerships
41	Religious Non-Medical Health Care Institutions - Hospital Inpatient	D	Demo Void/Cancel
43	Religious Non-Medical Health Care Institutions - Hospital Outpatient	E	Hospice Change of Ownership
65	Intermediate Care - Level I	F	Beneficiary Initiated Adjustment Claim
66	Intermediate Care - Level II	G	CWF Initiated Adjustment Claim
71	Clinic - Rural Health	H	CMS Initiated Adjustment
72	Clinic - Hospital Based or Independent Renal Dialysis Center	I	Intermediary Adjustment Claim (Other than QIO or Provider)
73	Clinic - Free Standing	J	Initiated Adjustment Claim - Other
74	Clinic - Outpatient Rehabilitation Facility (ORF)	K	OIG Initiated Adjustment Claim
75	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)	M	MSP Initiated Adjustment Claim
76	Clinic - Community Mental Health Center	O	Nonpayment/Zero Claims
79	Clinic - Other	P	QIO Adjustment Claim
81	Special Facility - Hospice (non-hospital based)	Q	Claim Submitted for Reconsideration Outside of Timely Limits
82	Special Facility - Hospice (hospital based)	X	Void/Cancel Prior Abbreviated Encounter Submission
83	Special Facility - Ambulatory Surgery Center	Y	Replacement of Prior Abbreviated Encounter Submission
84	Special Facility - Free Standing Birthing Center	Z	New Abbreviated Encounter Submission
85	Special Facility - Critical Access Hospital		
86	Special Facility - Residential Facility		
89	Special Facility - Other		

These two digits of the facility bill type may also be used to map to the standard values for Place of Service Code Medstat, as follows:

- 11, 12, 41, 85, 86 = Inpatient Hospital (21)
- 13, 14, 43 = Outpatient Hospital (22)
- 18, 21, 22, 28 = Skilled Nursing Facility (31)
- 23 = Outpatient, NOS (95)
- 32, 33, 34 = Patient Home (12)
- 65, 66 = Intermed Care/Mental Retarded (54)
- 71 = Rural Health Clinic (72)
- 72 = End-Stage Renal Disease Facil (65)
- 73 = Federally Qualified Health Ctr (50)
- 74, 75 = Comprehensive Outpt Rehab Fac (62)
- 76 = Community Mental Health Center (53)
- 79 = Public Health Clinic (71)
- 81, 82 = Hospice (34)
- 83 = Ambulatory Surgical Center (24)
- 84 = Birthing Center (25)
- 89 = ~Missing/Other (99)

Payment Arrangement Type	
Code	Description
01	Capitation
02	Fee-for-service
03	Percentage of Charges
04	DRG
05	Pay for Performance
06	Global Payment
07	Other
08	Bundled Payment
09	Payment Amount per Diem or Episode

Place of Service Valid Values	
01	Pharmacy (Place Group = 5)
03	School (Place Group = 4)
04	Homeless Shelter (Place Group = 4)
05	Indian Hlth Svc Free-stand Fac (Place Group = 4)
06	Indian Hlth Svc Prov-based Fac (Place Group = 4)
07	Tribal 638 Free-standing Fac (Place Group = 4)
08	Tribal 638 Provider-based Fac (Place Group = 4)
09	Prison-Correctional Facility (Place Group = 4)
11	Office (Place Group = 4)
12	Patient Home (Place Group = 4)
13	Assisted Living Facility (Place Group = 2)
14	Group Home (Place Group = 2)
15	Mobile Unit (Place Group = 4)
16	Temporary Lodging (Place Group = 4)
17	Walk-in Retail Health Clinic (Place Group = 4)
18	Place of Employment - Worksite (Place Group = 4)
19	Off Campus-Outpatient Hospital (Place Group = 4)
20	Urgent Care Facility (Place Group = 4)
21	Inpatient Hospital (Place Group = 1)
22	Outpatient Hospital (Place Group = 4)
23	Emergency Room - Hospital (Place Group = 4)
24	Ambulatory Surgical Center (Place Group = 4)
25	Birthing Center (Place Group = 1)
26	Military Treatment Facility (Place Group = 4)
31	Skilled Nursing Facility (Place Group = 2)
32	Nursing Facility (Place Group = 2)
33	Custodial Care Facility (Place Group = 2)
34	Hospice (Place Group = 3)
35	Adult Living Care Facility (Place Group = 2)
41	Ambulance (land) (Place Group = 4)
42	Ambulance (air or water) (Place Group = 4)
49	Independent Clinic (Place Group = 4)
50	Federally Qualified Health Ctr (Place Group = 4)
51	Inpatient Psychiatric Facility (Place Group = 1)
52	Psych Facility Partial Hosp (Place Group = 4)
53	Community Mental Health Center (Place Group = 4)
54	Intermed Care/Mental Retarded (Place Group = 2)
55	Residential Subst Abuse Facil (Place Group = 1)
56	Psych Residential Treatmnt Ctr (Place Group = 2)
57	Non-resident Subst Abuse Facil (Place Group = 4)
60	Mass Immunization Center (Place Group = 4)
61	Comprehensive Inpt Rehab Fac (Place Group = 3)
62	Comprehensive Outpt Rehab Fac (Place Group = 4)
65	End-Stage Renal Disease Facil (Place Group = 4)
71	Public Health Clinic (Place Group = 4)
72	Rural Health Clinic (Place Group = 4)
81	Independent Laboratory (Place Group = 4)
95	Outpatient, NOS (Place Group = 4)
99	~Missing/Unknown (Place Group = ~)

Valid Values:	Code	Description	
	1	Acute Care Hospital	(Hospitals, Trauma Center, Christian Science Hospital, Osteopathic Hospital, Teaching/University Hospital, VA/Military Hospital, Critical Access Hospital)
	5	Ambulatory Surgery Centers	(Freestanding Surgical Facility, SurgiCenter, Oral and Maxillofacial Surgery Center, Military Ambulatory Center)
	6	Urgent Care Facility	(Emergency Center, Medi First, Urgent Care Center, Walk-In Clinic)
	10	Birthing Center	
	15	Treatment Center	(Arthritis/Chemotherapy/Radiation/Hemodialysis/Hemophiliac Treatment Center)
	20	Mental Health/Chemical Dep NEC	
	21	Mental Health Facilities	(Community Mental Health Center, Psychiatric Hospital, State Psych)
	22	Chemical Depend Treatment Ctr	(Alcohol Abuse Clinic, Detoxification Clinic, Drug and Alcohol Facility, Substance Abuse Rehab/Treatment)
	25	Rehabilitation Facilities	(Cardiac Rehab Center, Occupational/Physical Therapy Treatment Center, Rehab Center/Clinic/Hospital, Sanatorium, TB Facility)
	30	Longterm Care (NEC)	(Alzheimer Center/Dementia Center)
	31	Extended Care Facility	(Skilled Nursing Facility/SNF, State Hospital)
	32	Geriatric Hospital	
	33	Convalescent Care Facility	(Non-Skilled Nursing Facility, Nursing Home, Custodial Care Facility, Adult Care Home, Assisted Living Facility)
	34	Intermediate Care Facility	(ICF, Mentally Retarded)
	35	Residential Treatment Center	(Psychiatric Residential RTF)
	36	Continuing Care Retirement Com	
	37	Day/Night Care Center	(Adult Day Care Center, Respite Care Facility)
	38	Hospice Facility	(Inpatient Hospice)
	40	Other Facility (NEC)	(Migrant/Public/Corporate/Rural/Student/Community Health Clinic/Center, Unknown Facility, Unknown Clinic)
	41	Infirmery	(Military Outpatient Clinic)
	42	Special Care Facility (NEC)	(Dental Clinic, Pain Clinic, Sleep Disorder Clinic, Hearing and Speech Clinic, Genetics Clinic, Oncology Center)
	100	Dentist - MD & DDS (NEC)	(Dental Public Health)
	105	Dental Specialist	(Endodontics, Orthodontics, Oral Pathology, Oral Surgery, Oral Radiology, Pedodontics, Prosthodontics, Pediatric Dentistry)
	120	Chiropractor/DCM	
	130	Podiatry	(Podiatrist, Chiropodist)
	140	Pain Mgmt/Pain Medicine	(Palliative Medicine)
	145	Pediatric Anesthesiology	
	150	Anesthesiology	
	160	Nuclear Medicine	(Nuclear Radiology, Nuclear Cardiology)
	170	Pathology	(Blood Banking/Transfusion Medicine, Chemical Pathology, Cytopathology, Forensic Pathology,
	202	Osteopathic Medicine	(Osteopath, DO, Neuromusculoskeletal Medicine and OMM, Allopathic/Osteopathic Medicine)
	204	Internal Medicine (NEC)	(Vascular Medicine)
	206	Multi-Specialty Physician Group	(EPO, HMO, PPO, POS)
	208	Proctology	
	210	Urology	
	215	Dermatology	(Dermatopathology, Dermatological Immunology, MOHS-Micrographic Surgery)
	220	Emergency Medicine	(Medical Toxicology, Sports Medicine)
	225	Hospitalist	
	230	Allergy & Immunology	(Clinical and Lab Immunology)
	240	Family Practice	(General Medicine, General Practitioner)
	245	Geriatric Medicine	
	250	Cardiovascular Disease/Cardiology,etc.	(Electrophysiology, Interventional Radiology)

260	Neurology	Radiology) (Neurophysiology, Special Qual. In Child Neurology, Neurodevelopmental Disabilities, Vascular Neurology)
265	Critical Care Medicine	
270	Endocrinology & Metabolism	(Diabetes)
275	Gastroenterology	(Hepatology)
280	Hematology	
285	Infectious Disease	
290	Nephrology	
295	Pulmonary Disease	
300	Rheumatology	
320	Obstetrics & Gynecology	(Fertility, Maternal & Fetal Medicine, Reproductive Specialist)
325	Genetics	(Clinical Genetics, Clinical Cytogenetics, Medical Genetics, Molecular Genetics)
330	Ophthalmology	
340	Otolaryngology	(ENT, Neurotology, Otology, Otorhinolaryngology)
350	Physical Medicine & Rehabilitation	(Spinal Cord Injury)
355	Plastic Surgery/Maxillofacial Surgery	(Craniofacial Surgery, Facial Plastic Surgery, Plastic and Reconstructive Surgery)
360	Preventative Medicine	(Occupational, Aerospace/Underseas Medicine)
365	Psychiatry	(Geriatric Psychiatry, Psychoanalysis, Addiction Psychiatry, Forensic Psychiatry, Psychosomatic Medicine)
380	Oncology	
400	Pediatrician (NEC)	
410	Pediatric Specialist (NEC)	(Adolescent Medicine)
413	Pediatric Nephrology	
415	Pediatric Ophthalmology	
418	Pediatric Orthopaedics	
420	Pediatric Otolaryngology	
423	Pediatric Critical Care Medicine	
425	Pediatric Pulmonology	
428	Pediatric Emergency Medicine	
430	Pediatric Allergy & Immunology	
433	Pediatric Endocrinology	
435	Neonatal-Perinatal Medicine	(Neonatology, Perinatology)
438	Pediatric Gastroenterology	
440	Pediatric Cardiology	
443	Pediatric Hematology-Oncology	
448	Pediatric Infectious Diseases	
450	Pediatric Rheumatology	
453	Sports Medicine (Pediatrics)	
455	Pediatric Urology	
458	Child Psychiatry	(Developmental-Behavioral Pediatrics)
460	Pediatric Medical Toxicology	
500	Surgeon (NEC)	(General Surgery)
510	Colon & Rectal Surgery	
520	Neurological Surgery	(Pediatric Neurosurgery)
530	Orthopaedic Surgery	(Hand Surgery, Orthopaedic Surgery, Reconstructive Surgery)
535	Abdominal Surgery	
540	Cardiovascular Surgery	
545	Dermatologic Surgery	
550	General Vascular Surgery	
555	Head and Neck Surgery	
560	Pediatric Surgery (Surgery)	
565	Surgical Critical Care	
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570	Transplant Surgery	
575	Traumatic Surgery	
580	Cardiothoracic Surgery	
585	Thoracic Surgery	
605	Dental Technician	(Hygienist, Denturist, Dental Lab, Dental Mechanic, Dental Assistant)
610	Dietitian	(Nutritional Specialist, Weight Control Specialist, Dietary Manager)
615	Medical Technician	(Bacteriologist, Cardiac Pump Technician, Certified Surgical Technician, Emergency Medical Technician, Specialist/Technologist, Phlebotomy, Lab/Pathology/Radiologic Technician, Infusion Therapist, Perfusionist)
620	Midwife	(Lay or Nurse Midwife)
622	Nursing Services	(LPN, RN, VNA, Aid, Vocational Nurse, Clinical Nurse Specialist, Home Health Aide, Companion/Chore Provider, Wound Specialist)
624	Psychiatric Nurse	(RN for Psych/Mental Health)
625	Nurse Practitioner	(ARNP)
627	Nurse Anesthetist	
630	Optometrist	(Doctor of Optometry)
635	Optician	
640	Pharmacist	
645	Physician Assistant	(Specialist Assistant, Physician Extender)
650	Therapy (Physical)	(Chemotherapist, Inhalation Therapist, OT, PT, Physiotherapist, Radiotherapist, Respiratory/Speech Therapist, Rehab Practitioner, Kinesiotherapist, Mechanotherapist, Electrodiagnostics, Trainer)
653	Therapists (Supportive)	(Counselor, Doctor of Divinity, Pastor, Marriage/Family Counselor, Social Worker, Rehab Counselor)
655	Therapists (Alternative)	(Herbalist, Hypnotist, Massage Therapist, Naprapath, Naturopath, Homeopath, Art/Dance/Music/Recreation Therapist, Rolfist)
657	Renal Dialysis Therapy	(Dialysis Center, ESRD Clinic)
660	Psychologist	(Clinical Neuropsychologist)
665	Acupuncturist	
670	Spiritual Healers	(Christian Science Practitioner, Medicine Man)
930	Laboratory	(Independent Lab, Pathology Clinic, Dental Lab)
935	Pharmacy	(Drug Store, Drug Supply Company, Mail Order Drugs, Compounding Pharmacy)
940	Supply Center	(Blood/Eye/Donor Bank, DME Supplier, Prosthetic/Orthotics Supply Center, Non-pharmacy Dispensing Site, Contractor)
945	Vision Center	
950	Public Health Agency	(Charitable Agency/School, Voluntary Health Agency, Welfare Agency, Local Education Agency)
960	Case Manager	(Disease Management)

Taxonomy Code	Grouping	Classification	Specialization	Definition	Notes
101Y0000X	Behavioral Health & Social Service Providers	Counselor		A provider who is trained and educated in the performance of behavior health services through interpersonal communications and analysis. Training and education at the specialty level usually requires a master's degree and clinical experience and supervision for licensure or certification.	Sources: Abridged from definitions provided by the National Board of Certified Counselors and the American Association of Pastoral Counselors.
101YA0400X	Behavioral Health & Social Service Providers	Counselor	Addiction (Substance Use Disorder)	Definition to come...	
101YM0800X	Behavioral Health & Social Service Providers	Counselor	Mental Health	Definition to come...	
101YP1600X	Behavioral Health & Social Service Providers	Counselor	Pastoral	Definition to come...	
101YP2500X	Behavioral Health & Social Service Providers	Counselor	Professional	Definition to come...	
101YS0200X	Behavioral Health & Social Service Providers	Counselor	School	Definition to come...	
102L0000X	Behavioral Health & Social Service Providers	Psychoanalyst		Psychoanalysis is a comprehensive, theoretical framework which, when applied to a treatment process, consists of an intensive verbal, therapeutic relationship between an analyst and an analysand which aims for symptom relief, emotional growth, and personal integration. The psychoanalytic treatment process includes, but is not limited to, the recognition of unconscious processes and conflicts; the significance of developmental influences; and the impact of resistances, defenses, transference and countertransference phenomena. Treatment is enhanced by an understanding developed in the analyst's training and personal analysis of unconscious manifestations, such as dreams, slips of the tongue, fantasies and day dreams. Psychoanalytic technique varies in relation to theoretical orientation.	Source: Registry of Psychoanalysts published by the National Association for the Advancement of Psychoanalysis [1/1/2007; new; 7/1/2007; definition changed, source changed]
102X0000X	Behavioral Health & Social Service Providers	Poetry Therapist		A medical or mental health professional who has attained credentials after satisfactorily completing a poetry therapy training program approved by the National Federation for Biblio/Poetry Therapy (NFBPT). Training includes didactic work, peer group experience, and supervised practicum. An NFBPT credentialed certified poetry therapist (CPT) or registered poetry therapist (PTR) integrates discussion of published literature and reflective or creative writing into the psychotherapeutic process to achieve goals of emotional well-being, symptom reduction, and improved interpersonal communication. Certified poetry therapists and registered poetry therapists are licensed mental health professionals with advanced training in the theory and practice of poetry therapy. CPTs and PTRs are qualified to work independently with emotionally troubled populations in clinical, rehabilitative, community and educational institutions. They also work with emotionally healthy individuals adjusting to developmental issues, life crises, or disabilities. The PTR completes an advanced level of training and fieldwork, commensurate with the highest levels of clinical practice. The terms poetry therapy, applied poetry facilitation, journal therapy, bibliotherapy, biblio/poetry therapy, and poetry/journal therapy reflect the interactive use of literature and/or writing to promote personal growth and emotional healing. In addition to poetry, poetry therapy applies all forms or written and spoken language including story, myth, folk and fairy tale and other genres of poetic expression as well as journal, memoir, and narrative. The poetry therapy process integrates discussion of published literature and reflective or creative writing for expression and communication of thoughts and feelings to facilitate participants' emotional well-being. The field of poetry therapy encompasses all of these modalities, though only a duly trained and licensed clinical practitioner can be credentialed as CPT or PTR.	Source: The National Federation for Biblio/Poetry Therapy [7/1/2007; new]
103G0000X	Behavioral Health & Social Service Providers	Clinical Neuropsychologist		An individual with a doctorate degree, licensure in clinical psychology and specialized training or board certification in neuropsychology who practices or adheres to the principles of neuropsychology; a specialty within the field of psychology focusing primarily on neurobehavioral functioning.	Source: American Psychological Association, Washington, DC, 1997. [1/1/2007; title modified]
103GC0700X	Behavioral Health & Social Service Providers	Clinical Neuropsychologist	Clinical		[1/1/2007; marked inactive; use 103G0000X]
103K0000X	Behavioral Health & Social Service Providers	Behavioral Analyst		A behavior analyst is qualified by at least a master's degree and Behavior Analyst Certification Board certification and/or a state-issued credential (such as a license) to practice behavior analysis independently. Behavior analysts provide the required supervision to assistant behavior analysts and behavior technicians. A behavior analyst delivers services consistent with the dimensions of applied behavior analysis. Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing and revising behavior-analytic treatment plans, training others to implement components of treatment plans, and overseeing implementation of treatment plans.	Source: Association of Professional Behavior Analysts, www.apbhome.net and Behavior Analyst Certification Board (http://www.bacb.com) [7/1/2008; new, 1/1/2016; modified definition]
103T0000X	Behavioral Health & Social Service Providers	Psychologist		A psychologist is an individual who is licensed to practice psychology which is defined as the observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health. The practice of psychology includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury, or disability; and psychoeducational evaluation, therapy, remediation, and consultation.	Source: American Psychological Association [1/1/2007; modified definition]
103TA0400X	Behavioral Health & Social Service Providers	Psychologist	Addiction (Substance Use Disorder)	Definition to come...	
103TA0700X	Behavioral Health & Social Service Providers	Psychologist	Adult Development & Aging	Definition to come...	
103TB0200X	Behavioral Health & Social Service Providers	Psychologist	Cognitive & Behavioral	Definition to come...	[1/1/2007; title modified]
103TC0700X	Behavioral Health & Social Service Providers	Psychologist	Clinical	Definition to come...	
103TC1900X	Behavioral Health & Social Service Providers	Psychologist	Counseling	Definition to come...	
103TC2200X	Behavioral Health & Social Service Providers	Psychologist	Clinical Child & Adolescent	Definition to come...	[1/1/2007; title modified]
103TE1000X	Behavioral Health & Social Service Providers	Psychologist	Educational	Definition to come...	[1/1/2007; marked inactive]
103TE1100X	Behavioral Health & Social Service Providers	Psychologist	Exercise & Sports	Definition to come...	
103TF0000X	Behavioral Health & Social Service Providers	Psychologist	Family	Definition to come...	
103TF0200X	Behavioral Health & Social Service Providers	Psychologist	Forensic	Definition to come...	
103TH004X	Behavioral Health & Social Service Providers	Psychologist	Health	The distinct focus of the clinical health psychologist is on physical health problems. A clinical health psychologist has special expertise or training in clinical health psychology -is and applies scientific knowledge of the interrelationships among behavioral, emotional, cognitive, social and biological components in health and disease to the promotion and maintenance of health; the prevention, treatment and rehabilitation of illness and disability; and the improvement of the health care system. Clinical health psychologists are dedicated to the development of knowledge regarding the interface between behavior and health, and to the delivery of high quality services based on that knowledge to individuals, families, and health care.	Source: American Psychological Association Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, 2008. [1/1/2007; new, 7/1/2008; definition added, source added]
103TH0100X	Behavioral Health & Social Service Providers	Psychologist	Health Service	A psychologist, certified/licensed at the independent practice level in his/her state, who is duly trained and experienced in the delivery of direct, preventative, assessment, and therapeutic intervention services to individuals whose growth, adjustment, or functioning is actually impaired or is demonstrably at high risk of impairment (1974).	Source: National Register of Health Service Providers in Psychology website http://www.nationalregister.org/about_NRP.html [7/1/2006; modified title, added definition]
103TM1700X	Behavioral Health & Social Service Providers	Psychologist	Men & Masculinity		[1/1/2007; marked inactive]
103TM1800X	Behavioral Health & Social Service Providers	Psychologist	Mental Retardation & Developmental Disabilities	Definition to come...	

103TP0016X	Behavioral Health & Social Service Providers	Psychologist	Prescribing (Medical)	Those licensed psychologists who have completed specialized, post-doctoral training in psychopharmacology, passed a national proficiency examination in psychopharmacology, and who are authorized by state statute to prescribe medications, in accordance with their state law and state licensing authority, for the evaluation, diagnosis, management and treatment of mental, nervous, emotional, behavioral, and related disorders.	Source: Louisiana Academy of Medical Psychologists Note: Some states issue licenses under Medical Psychologist. [1/1/2007: new]
103TP0814X	Behavioral Health & Social Service Providers	Psychologist	Psychoanalysis	(1) A practitioner of psychoanalysis: methods of eliciting from patients their past emotional experiences and their role in influencing their current mental life, in order to discover the conflicts and mechanisms by which their pathologic mental state has been produced and to furnish hints for psychotherapeutic procedures, the method employs free association, recall and interpretation of dreams and interpretation of transference and resistance phenomena; (2) An individual who is educated with a doctor's degree in psychoanalysis or psychology, trained at an established psychoanalytic institute, and practices or adheres to the principles of psychoanalysis. Psychoanalysis is a form of psychotherapy and a system of investigation for determining and understanding mental processes, which was originally conceived by Sigmund Freud. Psychoanalysis involves the analysis and interpretation of dreams, resistances, and transferences, and uses free association and catharsis. Clinical practice requires licensure.	Sources: (1) Dorlands Illustrated Medical Dictionary, 28th Edition, W.B. Saunders Company: Philadelphia, 1994, p. 1382; (2) American Psychological Association, Washington, DC, 1997, and Rhes, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
103TP2700X	Behavioral Health & Social Service Providers	Psychologist	Psychotherapy		[1/1/2007: marked inactive]
103TP2701X	Behavioral Health & Social Service Providers	Psychologist	Group Psychotherapy	Definition to come...	[1/1/2007: modified title]
103TR0400X	Behavioral Health & Social Service Providers	Psychologist	Rehabilitation	Definition to come...	
103TS0200X	Behavioral Health & Social Service Providers	Psychologist	School	Definition to come...	
103TW0100X	Behavioral Health & Social Service Providers	Psychologist	Women		[1/1/2007: marked inactive]
104100000X	Behavioral Health & Social Service Providers	Social Worker		A social worker is a person who is qualified by a Social Work degree, and licensed, certified or registered by the state as a social worker to practice within the scope of that license. A social worker provides assistance and counseling to clients and their families who are dealing with social, emotional and environmental problems. Social work services may be rendered to individuals, families, groups, and the public.	Source: National Association of Social Workers, 2009 [7/1/2009: definition modified]
1041C0700X	Behavioral Health & Social Service Providers	Social Worker	Clinical	A social worker who holds a master's or doctoral degree in social work from an accredited school of social work in addition to at least two years of post-master's supervised experience in a clinical setting. The social worker must be licensed, certified, or registered at the clinical level in the jurisdiction of practice. A clinical social worker provides direct services, including interventions focused on interpersonal interactions, intrapsychic dynamics, and life management issues. Clinical social work services are based on bio-psychosocial perspectives. Services consist of assessment, diagnosis, treatment (including psychotherapy and counseling), client-centered advocacy, consultation, evaluation, and prevention of mental illness, emotional, or behavioral disturbances.	Source: National Association of Social Workers, 2008 [7/1/2009: definition modified]
1041S0200X	Behavioral Health & Social Service Providers	Social Worker	School	Definition to come...	
106E00000X	Behavioral Health & Social Service Providers	Assistant Behavior Analyst		An assistant behavior analyst is qualified by Behavior Analyst Certification Board certification and/or a state-issued license or credential in behavior analysis to practice under the supervision of an appropriately credentialed professional behavior analyst. An assistant behavior analyst delivers services consistent with the dimensions of applied behavior analysis and supervision requirements defined in state laws or regulations and/or national certification standards. Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing behavior-analytic treatment plans, training and supervising others in implementation of components of treatment plans, and direct implementation of treatment plans.	Association of Professional Behavior Analysts, www.apahome.net and Behavior Analyst Certification Board (http://www.bacb.com) [7/1/2016: new]
106H00000X	Behavioral Health & Social Service Providers	Marriage & Family Therapist		A marriage and family therapist is a person with a master's degree in marriage and family therapy, or a master's or doctoral degree in a related mental health field with substantially equivalent coursework in marriage and family therapy, who receives supervised clinical experience, or a person who meets the state requirements to practice as a marriage and family therapist. A marriage and family therapist treats mental and emotional disorders within the context of marriage and family systems. A marriage and family therapist provides mental health and counseling services to individuals, couples, families, and groups.	
106S00000X	Behavioral Health & Social Service Providers	Behavior Technician		The behavior technician is a paraprofessional who practices under the close, ongoing supervision of a behavior analyst or assistant behavior analyst certified by the Behavior Analyst Certification Board and/or credentialed by a state (such as through licensure). The behavior technician is primarily responsible for the implementation of components of behavior-analytic treatment plans developed by the supervisor. That may include collecting data on treatment targets and conducting certain types of behavioral assessments (e.g., stimulus preference assessments). The behavior technician does not design treatment or assessment plans or procedures but provides services as assigned by the supervisor responsible for his or her work.	Association of Professional Behavior Analysts, www.apahome.net and Behavior Analyst Certification Board (http://www.bacb.com) [7/1/2016: new]
111N00000X	Chiropractic Providers	Chiropractor		A provider qualified by a Doctor of Chiropractic (D.C.), licensed by the State and who practices chiropractic medicine - that discipline within the healing arts which deals with the nervous system and its relationship to the spinal column and its interrelationship with other body systems.	
111N001013X	Chiropractic Providers	Chiropractor	Independent Medical Examiner	A special evaluator not involved with the medical care of the individual examinee that impartially evaluates the care being provided by other practitioners to clarify clinical, disability, liability or other case issues.	Source: American Board of Independent Medical Examiners [1/1/2007: new]
111N01900X	Chiropractic Providers	Chiropractor	Internist	The chiropractic internist may serve as a primary care physician or may see patients referred from other providers for evaluation and co-management. Evaluation is focused on the early detection of functional, nutritional, and pathological disorders. A chiropractic internist utilizes the diagnostic instruments necessary for proper examination. In cases where laboratory examination is necessary, a chiropractic internist utilizes a recognized reference laboratory facility. A chiropractic internist may manage his or her own cases or may refer to another specialist when prudent to do so. The chiropractic internist utilizes documented natural therapies, therapeutic lifestyle changes, patient education and other resources to promote patient health and avoidance of disease.	Source: American Chiropractic Association, 2008 [7/1/2009: definition added]
111NN0400X	Chiropractic Providers	Chiropractor	Neurology	Chiropractic Neurology is defined as the field of functional neurology that engages the internal - and external environment of the individual in a structured and targeted approach to affect positive changes in the nervous system and consequently the physiology and behavior of an individual. Chiropractic Neurologists are board-certified specialists in non-drug, non-surgical care for those with neurologically based health problems. There are many conditions people suffer from that are in this broad category: learning and attention disorders, headaches, vertigo, pain syndromes, developmental disorders, nerve injury, spinal cord injury, head injury or stroke, movement disorders, and many other conditions.	Source: American Chiropractic Neurology Board, 2008 & American Chiropractic Association, 2008 [7/1/2009: definition added]
111NN1001X	Chiropractic Providers	Chiropractor	Nutrition	Chiropractic Nutrition is that specialty within the chiropractic profession that deals with the overall factors that affect the patient's ability to maintain the manipulative correction and thus sustain better neurological integrity. The Chiropractic Nutrition Specialist will perform extensive research on the patient's previous health history, ethnicity, and any family history related to what the patient is being treated for. Patients fill out questionnaires concerning dietary and sleep patterns and previous or present symptomatology. A nutrition examination would be performed to assess areas such as absorption rates, adrenal function, kidney health, lung health etc. The patient is often instructed on how to check the pH of their saliva and urine, test for the presence of Candida Albicans, etc., at home. Outside laboratory testing includes blood, urine, hair analysis, food allergy testing etc. The patient's prescription and over the counter medications are recorded and analyzed.	Source: American Chiropractic Association, 2008 [7/1/2009: definition added]

111NP0017X	Chiropractic Providers	Chiropractor	Pediatric Chiropractor	The Pediatric Chiropractor is a chiropractor with specialized, advanced training and certification in the evaluation, care and management of health and wellness conditions of infancy, childhood and adolescence. This specialist provides primary, comprehensive, therapeutic and preventative chiropractic health care for newborns through adolescents.	Source: Council on Chiropractic Pediatrics, American Chiropractic Association, 2007 [1/1/2008: new]
111NR0200X	Chiropractic Providers	Chiropractor	Radiology	Chiropractic radiology is a referral specialty that provides consultation services at the request of other qualified doctors. Chiropractic radiologists provide consultation in health care facilities (private offices, hospitals and teaching institutions) to meet the needs of referring doctors and their patients. The quality of the consultative services by the chiropractic radiologist in independent practice is reflected by the quality of their professional credentials. Chiropractic radiologists recommend, supervise, and interpret radiologic studies as well as advanced imaging procedures. They advise referring physicians on the necessity and appropriateness of radiologic services and whether to select or to avoid certain diagnostic or clinical procedures. In some instances the radiologist may act as a private practitioner. They may conduct research and apply diagnostic radiologic procedures and may be called upon to act as expert witnesses in matters of litigation. Chiropractic radiologists are also concerned with imaging technology including image production, demonstration of normal and abnormal anatomy, and the interaction of energy and matter. The advances in the technological facets of radiology are so rapid that only qualified radiologists can reasonably be expected to maintain the high level of proficiency required to supervise and interpret these procedures. The practice of radiology continuously involves the application of this technology to patient imaging and treatment. It is now well recognized that chiropractic radiology includes, but is not limited to, plain film radiography, fluoroscopy, tomography, ultrasonography, radioisotope imaging, computed tomography, digital radiography, and magnetic resonance imaging. Individual practices may vary by intent, licensure, and scope of practice laws.	Source: American Chiropractic Board of Radiology, 2009 [7/1/2009: definition added]
111NR0400X	Chiropractic Providers	Chiropractor	Rehabilitation	Rehabilitation is the discipline focused on restoring a patient's functional abilities to pre-injury or pre-disease status. Functional abilities are defined as those activities in one's daily life, work, or sports and recreational activities that an individual participates in. Relevant impairments (e.g. strength, endurance, flexibility, motor control, etc.) are often intermediate goals of rehabilitation, but the final goal of successful care is return to participation in activities in which the patient was successful before the onset of the injury or disease. Essential to a rehabilitation approach is a focus on patient-centered outcomes such as independence and self-management or self-care skills.	Source: The American Chiropractic Association (ACA) and the ACA Council on Physiological Therapeutics [7/1/2006: new]
111NS0005X	Chiropractic Providers	Chiropractor	Sports Physician	A sports chiropractor is uniquely trained to provide care and treatment of injuries or illness resulting from sports and physical fitness activities. Doctors of Chiropractic with the Diplomate American Chiropractic Board of Sports Physicians (DACBSP) or the Certified Chiropractic Sports Physician (CCSP), sport specialty certifications from the American Chiropractic Board of Sports Physicians, have advanced training in the assessment, management and rehabilitation of sports related injuries. Extremity care, rehabilitation and soft tissue procedures are common skills utilized by these doctors. The specialty training covers a broad spectrum from the pediatric athlete to professional and Olympic athletes, and everything in between, using a variety of techniques and modalities.	Source: American Chiropractic Board of Sports Physicians, 2009 [7/1/2009: definition added]
111NT0100X	Chiropractic Providers	Chiropractor	Thermography	Definition to come...	
111NX0100X	Chiropractic Providers	Chiropractor	Occupational Health	Occupational Health is that specialty within the chiropractic profession that deals with the prevention and management of work related injuries. It also considers and assists clients with State and Federal Compliance assistance. Occupational Health goes much farther than simply treating injured workers however. This may mean working with clients to promote optimum safety and ergonomic principles, interacting with the injured worker to promote safety and prevent future injuries, assisting a company with accident investigation to identify root cause, redesigning a workstation to eliminate hazards, working with safety teams, providing training programs etc. The list of potential services that the specialist can interact with a client company or patient is lengthy and varied involving both in office services as well as on site services.	Source: American Chiropractic Association, 2008 [7/1/2009: title modified, definition added]
111NX0800X	Chiropractic Providers	Chiropractor	Orthopedic	Chiropractic Orthopedics is defined as that branch of chiropractic medicine that includes the continued acquisition of knowledge relative to both normal functions and diseases of the human body as they relate to the bones, joints, capsules, discs, muscles, ligaments, tendons, their complete neurological and vascular components, referred organ systems and contiguous tissues. This also includes the development and perfection of skills relative to health maintenance when such exists and when not, the investigations, historical review, physical detection, correlative diagnosis development and complete management of any disorder within the bounds defined herein. Also necessary is the delivery of the combined knowledge and skill on a primary basis to patients who both need and desire this service to the eventual outcome of remissions, whenever resolution is not readily achievable. In addition the certified chiropractic orthopedist provides consultation services at the request of other qualified doctors seeking assistance in the care of their patients. The chiropractic orthopedist may also engage in the teaching and or research of subjects and materials relevant to pursuing the quest for knowledge in the ever changing field of the orthopedic specialty.	Source: American Chiropractic Association, 2008 [7/1/2009: definition added]
122300000X	Dental Providers	Dentist		A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), licensed by the state to practice dentistry, and practicing within the scope of that license. There is no difference between the two degrees: dentists who have a DMD or DDS have the same education. Universities have the prerogative to determine what degree is awarded. Both degrees use the same curriculum requirements set by the American Dental Association's Commission on Dental Accreditation. Generally, three or more years of undergraduate education plus four years of dental school is required to graduate and become a general dentist. State licensing boards accept either degree as equivalent, and both degrees allow licensed individuals to practice the same scope of general dentistry. Additional post-graduate training is required to become a dental specialist.	Source: Council on Dental Education and Licensure, American Dental Association
1223D0001X	Dental Providers	Dentist	Dental Public Health	The science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice that serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.	Source: Council on Dental Education and Licensure, American Dental Association
1223D0004X	Dental Providers	Dentist	Dentist Anesthesiologist	A dentist who has successfully completed an accredited postdoctoral anesthesiology residency training program for dentists of two or more years duration, in accord with Commission on Dental Accreditation's Standards for Dental Anesthesiology Residency Programs, and/or meets the eligibility requirements for examination by the American Dental Board of Anesthesiology.	Source: The American Society of Dentist Anesthesiologists [1/1/2013: new]
1223E0200X	Dental Providers	Dentist	Endodontics	The branch of dentistry that is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.	Source: Council on Dental Education and Licensure, American Dental Association
1223G0001X	Dental Providers	Dentist	General Practice	A general dentist is the primary dental care provider for patients of all ages. The general dentist is responsible for the diagnosis, treatment, management and overall coordination of services related to patients' oral health needs.	Source: Academy of General Dentistry
1223P0106X	Dental Providers	Dentist	Oral and Maxillofacial Pathology	The specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral and maxillofacial pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.	Source: Council on Dental Education and Licensure, American Dental Association

1223P0221X	Dental Providers	Dentist	Pediatric Dentistry	An age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.	Source: Council on Dental Education and Licensure, American Dental Association
1223P0300X	Dental Providers	Dentist	Periodontics	That specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.	Source: Council on Dental Education and Licensure, American Dental Association
1223P0700X	Dental Providers	Dentist	Prosthodontics	That branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.	Source: Council on Dental Education and Licensure, American Dental Association
1223S0112X	Dental Providers	Dentist	Oral and Maxillofacial Surgery	The specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.	Source: Council on Dental Education and Licensure, American Dental Association
1223X0008X	Dental Providers	Dentist	Oral and Maxillofacial Radiology	The specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.	Source: Council on Dental Education and Licensure, American Dental Association
1223X0400X	Dental Providers	Dentist	Orthodontics and Dentofacial Orthopedics	That area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.	
122400000X	Dental Providers	Denturist		Definition to come.	
124Q00000X	Dental Providers	Dental Hygienist		An individual who has completed an accredited dental hygiene education program, and an individual who has been licensed by a state board of dental examiners to provide preventive care services under the supervision of a dentist. Functions that may be legally delegated to the dental hygienist vary based on the needs of the dentist, the educational preparation of the dental hygienist and state dental practice acts and regulations, but always include, at a minimum, scaling and polishing the teeth. To avoid misleading the public, no occupational title other than dental hygienist should be used to describe this dental auxiliary.	Source: Comprehensive Policy Statement on Dental Auxiliaries, American Dental Association.
125J00000X	Dental Providers	Dental Therapist		A Dental Therapist is an individual who has completed an accredited or non-accredited dental therapy program and who has been authorized by the relevant state board or a tribal entity to provide services within the scope of their practice under the supervision of a dentist. Functions that may be delegated to the dental therapist vary based on the needs of the dentist, the educational preparation of the dental therapist and state dental practice acts and regulations.	Source: Summarized from Minnesota Statute 150A.105. [7/1/2012: new]
125K00000X	Dental Providers	Advanced Practice Dental Therapist		An Advanced Practice Dental Therapist is: (1) A dental therapist who has completed additional training beyond basic dental therapy education and provides dental services in accordance with state advanced practice dental therapist laws or statutes; or (2) A dental hygienist with a graduate degree in advanced dental therapy prepared for independent and interdependent decision making and direct accountability for clinical judgment across the dental health care continuum. The individual has been authorized by the relevant state board or a tribal entity to provide services under the remote supervision of a dentist. The functions of the advanced practice dental therapist vary based on the needs of the dentist, the educational preparation of the advanced practice dental therapist and state dental practice acts and regulations.	Source: Summarized from Minnesota Statute 150A.106. [7/1/2012: new]
125Q00000X	Dental Providers	Oral Medicinist		A dentist with advanced training specializing in the recognition and treatment of oral conditions resulting from the interrelationship between oral disease and systemic health. The Oral Medicinist manages clinical and non-surgical treatment of non-dental pathologies affecting the oral and maxillofacial region, such as cancer, organ transplants, and acute and chronic pain. Activities include provision of interdisciplinary patient care in collaboration with medical specialists and other dentists in hospitals and outpatient medical clinics in the management of patients with complex medical conditions requiring multidisciplinary healthcare intervention.	Source: National Uniform Claim Committee [1/1/2015: new] Additional Resources: American Academy of Oral Medicine
126800000X	Dental Providers	Dental Assistant		An individual who may or may not have completed an accredited dental assisting education program and who aids the dentist in providing patient care services and performs other nonclinical duties in the dental office or other patient care facility. The scope of the patient care functions that may be legally delegated to the dental assistant varies based on the needs of the dentist the educational preparation of the dental assistant and state dental practice acts and regulations. Patient care services are provided under the supervision of a dentist. To avoid misleading the public, no occupational title other than dental assistant should be used to describe this dental auxiliary.	Source: Comprehensive Policy Statement on Dental Auxiliaries, American Dental Association
126900000X	Dental Providers	Dental Laboratory Technician		An individual who has the skill and knowledge in the fabrication of dental appliances, prostheses and devices in accordance with a dentist's laboratory work authorization. To avoid misleading the public, no occupational title other than dental laboratory technician or certified dental technician (when appropriate) should be used to describe this auxiliary.	Source: Comprehensive Policy Statement on Dental Auxiliaries, American Dental Association.
132700000X	Dietary & Nutritional Service Providers	Dietary Manager		A dietary manager is a trained food services professional who is charged with maintaining cost/profit objectives, purchasing foods and services for the department and supervising staff. Dietary managers are trained to understand the basic nutritional needs of clients and work in partnership with dietitians, who offer specialized nutritional expertise. The CDM certified dietary manager designation is an advanced professional credential awarded to dietary managers who have completed specific course work, have passed the national credentialing exams (including a sanitation and safety exam) and have applied for certification.	
133N00000X	Dietary & Nutritional Service Providers	Nutritionist		A specialist in adapting and applying food and nutrient knowledge to the solution of food and nutritional problems, the control of disease, and the promotion of health. Nutritionists perform research, instruct groups and individuals about nutritional requirements, and assist people in developing meal patterns that meet their nutritional needs; (2) A nutritionist is someone who has completed undergraduate and/or graduate training in the discipline of nutrition without necessarily meeting the academic and experience requirements to qualify for the Registered Dietitian designation.	Source: (1) Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
133NN1002X	Dietary & Nutritional Service Providers	Nutritionist	Nutrition, Education	Definition to come...	
133V00000X	Dietary & Nutritional Service Providers	Dietitian, Registered		A registered dietician (RD) is a food and nutrition expert who has successfully completed a minimum of a bachelor's degree at a US regionally accredited university or college and course work approved by The American Dietetic Association (ADA); an ADA-accredited or approved, supervised practice program, typically 6 to 12 months in length; a national examination administered by the Commission on Dietetic Registration; and continuing professional educational requirements to maintain registration.	Source: The American Dietetic Association. Becoming a Registered Dietitian – a food and nutrition expert. Chicago, IL: The American Dietetic Association, July 1997.
133VN1004X	Dietary & Nutritional Service Providers	Dietitian, Registered	Nutrition, Pediatric	Definition to come...	
133VN1005X	Dietary & Nutritional Service Providers	Dietitian, Registered	Nutrition, Renal	Definition to come...	
133VN1006X	Dietary & Nutritional Service Providers	Dietitian, Registered	Nutrition, Metabolic	Definition to come...	
136A00000X	Dietary & Nutritional Service Providers	Dietetic Technician, Registered		A person trained in food and nutrition who is an integral part of health care and foodservice management teams. A dietetic technician, registered (DTR) has successfully completed at least a two-year associate's degree at a US regionally accredited college or university; a dietetic technician program approved by The American Dietetic Association, including 450 hours of supervised practice experience; a national examination administered by the Commission on Dietetic Registration; and continuing professional educational requirements to maintain registration.	Source: The American Dietetic Association. Becoming a Dietetic Technician, Registered -- a food and nutrition practitioner. Chicago, IL: The American dietetic association, July 1997.

146D00000X	Emergency Medical Service Providers	Personal Emergency Response Attendant		Individuals that are specially trained to assist patients living at home with urgent/emergent situations. These individuals must be able to perform CPR and basic first aid and have sufficient counseling skills to allay fears and assist in working through processes necessary to resolve the crisis. Functions may include transportation to various facilities and businesses, contacting agencies to initiate remediation service or providing reassurance.	
146L00000X	Emergency Medical Service Providers	Emergency Medical Technician, Paramedic		An EMT, Paramedic is an individual trained and certified to perform advanced life support (ALS) in medical emergencies based on individual state boards.	Sources: Tabers Medical Dictionary and Florida EMS Clearing House.
146M00000X	Emergency Medical Service Providers	Emergency Medical Technician, Intermediate		An Intermediate EMT is an individual trained and certified to perform intermediate life support treatment in medical emergencies based on individual state boards.	Sources: Tabers Medical Dictionary and Florida EMS Clearing House.
146N00000X	Emergency Medical Service Providers	Emergency Medical Technician, Basic		A Basic EMT is an individual trained and certified to perform basic life support treatment in medical emergencies based on individual state boards.	Sources: Tabers Medical Dictionary and Florida EMS Clearing House.
152W00000X	Eye and Vision Services Providers	Optometrist		Doctors of optometry (ODs) are the primary health care professionals for the eye. Optometrists examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identify related systemic conditions affecting the eye. An optometrist has completed pre-professional undergraduate education in a college or university and four years of professional education at a college of optometry, leading to the doctor of optometry (O.D.) degree. Some optometrists complete an optional residency in a specific area of practice. Optometrists are eye health care professionals state-licensed to diagnose and treat diseases and disorders of the eye and visual system.	Source: American Optometric Association (AOA), approved by the AOA's Board of Trustees, June 21, 2005. [7/1/2006: definition modified]
152W00802X	Eye and Vision Services Providers	Optometrist	Corneal and Contact Management	The professional activities performed by an Optometrist related to the fitting of contact lenses to an eye, ongoing evaluation of the cornea's ability to sustain successful contact lens wear, and treatment of any external eye or corneal condition which can affect contact lens wear.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WL0500X	Eye and Vision Services Providers	Optometrist	Low Vision Rehabilitation	Optometrists who specialize in low-vision care having training to assess visual function, prescribe low-vision devices, develop treatment plans, and recommend other vision rehabilitation services.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WP0200X	Eye and Vision Services Providers	Optometrist	Pediatrics	Optometrists who work in Pediatrics are concerned with the prevention, development, diagnosis, and treatment of visual problems in children.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WS0006X	Eye and Vision Services Providers	Optometrist	Sports Vision	An optometrist who offers services designed to care for unique vision care needs of athletes, which may include one or more of the following services: corrective vision care unique to a specific sporting environment; protective eyewear for the prevention of sports-related injuries; vision enhancement – which may include vision therapy and techniques to improve visual skills specific to the athlete's sport.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WV0400X	Eye and Vision Services Providers	Optometrist	Vision Therapy	Optometrists who specialize in vision therapy as a treatment process used to improve vision function. It includes a broad range of developmental and rehabilitative treatment programs individually prescribed to remediate specific sensory, motor and/or visual perceptual dysfunctions.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WX0102X	Eye and Vision Services Providers	Optometrist	Occupational Vision	Optometrists who work in Occupational Vision, the branch of environmental optometry, consider all aspects of the relationship between work and vision, visual performances, eye safety, and health.	Source: American Optometric Association [1/1/2009: added definition, added source]
156F00000X	Eye and Vision Services Providers	Technician/Technologist		A broad category grouping different kinds of technologists and technicians. See individual definitions.	
156FC0800X	Eye and Vision Services Providers	Technician/Technologist	Contact Lens	An optician or other ancillary support staff person who, where authorized by state law and trained or certified to do so, may fit or dispense contact lenses to a patient based on the prescription of an optometrist or medical physician.	Source: American Optometric Association [1/1/2009: added definition, added source]
156FC0801X	Eye and Vision Services Providers	Technician/Technologist	Contact Lens Fitter	An optician or other ancillary support staff person who, where authorized by state law and trained or certified to do so, may fit or dispense contact lenses to a patient based on the prescription of an optometrist or medical physician.	Source: American Optometric Association [1/1/2009: added definition, added source]
156FX1100X	Eye and Vision Services Providers	Technician/Technologist	Ophthalmic	Definition to come...	
156FX1101X	Eye and Vision Services Providers	Technician/Technologist	Ophthalmic Assistant	Definition to come...	
156FX1201X	Eye and Vision Services Providers	Technician/Technologist	Optometric Assistant	Definition to come...	
156FX1202X	Eye and Vision Services Providers	Technician/Technologist	Optometric Technician	Definition to come...	
156FX1700X	Eye and Vision Services Providers	Technician/Technologist	Ocularist	Definition to come...	
156FX1800X	Eye and Vision Services Providers	Technician/Technologist	Optician	Definition to come...	
156FX1900X	Eye and Vision Services Providers	Technician/Technologist	Orthoptist	Definition to come...	
163W00000X	Nursing Service Providers	Registered Nurse		(1) A registered nurse is a person qualified by graduation from an accredited nursing school (depending upon schooling, a registered nurse may receive either a diploma from a hospital program, an associate degree in nursing (A.D.N.) or a Bachelor of Science degree in nursing (B.S.N.)), who is licensed or certified by the state, and is practicing within the scope of that license or certification. R.N.'s assist patient in recovering and maintaining their physical or mental health. They assist physicians during treatments and examinations and administer medications. (2) A provider who is trained and educated in a formal nursing education program at an accredited school of nursing, passes a national certification examination, and is licensed by the state to practice nursing. The individual provides nursing services to patients or clients in areas such as health promotion, disease prevention, acute and chronic care and restoration and maintenance of health across the life span.	Sources: (2) American Nurses Association. American Nurses Credentialing Center, 1996 Certification Catalogue, and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
163WA0400X	Nursing Service Providers	Registered Nurse	Addiction (Substance Use Disorder)	Definition to come...	
163WA2000X	Nursing Service Providers	Registered Nurse	Administrator	Definition to come...	
163WC0200X	Nursing Service Providers	Registered Nurse	Critical Care Medicine	Definition to come...	
163WC0400X	Nursing Service Providers	Registered Nurse	Case Management	Definition to come...	
163WC1400X	Nursing Service Providers	Registered Nurse	College Health	Definition to come...	
163WC1500X	Nursing Service Providers	Registered Nurse	Community Health	Definition to come...	
163WC1600X	Nursing Service Providers	Registered Nurse	Continuing Education/Staff Development	Definition to come...	
163WC2100X	Nursing Service Providers	Registered Nurse	Continence Care	Definition to come...	
163WC3500X	Nursing Service Providers	Registered Nurse	Cardiac Rehabilitation	Definition to come...	
163WD0400X	Nursing Service Providers	Registered Nurse	Diabetes Educator	Definition to come...	
163WD1100X	Nursing Service Providers	Registered Nurse	Dialysis, Peritoneal	Definition to come...	
163WE0003X	Nursing Service Providers	Registered Nurse	Emergency	Definition to come...	
163WE0900X	Nursing Service Providers	Registered Nurse	Enterostomal Therapy	Definition to come...	
163WF0300X	Nursing Service Providers	Registered Nurse	Flight	Definition to come...	
163WG0000X	Nursing Service Providers	Registered Nurse	General Practice	Definition to come...	
163WG0100X	Nursing Service Providers	Registered Nurse	Gastroenterology	Definition to come...	
163WG0600X	Nursing Service Providers	Registered Nurse	Gerontology	Definition to come...	
163WH0200X	Nursing Service Providers	Registered Nurse	Home Health	Definition to come...	
163WH0500X	Nursing Service Providers	Registered Nurse	Hemodialysis	Definition to come...	

163WH1000X	Nursing Service Providers	Registered Nurse	Hospice	Definition to come...	
163WI0500X	Nursing Service Providers	Registered Nurse	Infusion Therapy	Definition to come...	
163WI0600X	Nursing Service Providers	Registered Nurse	Infection Control	Definition to come...	
163WL0100X	Nursing Service Providers	Registered Nurse	Lactation Consultant	Definition to come...	
163WM0102X	Nursing Service Providers	Registered Nurse	Maternal Newborn	Definition to come...	
163WM0705X	Nursing Service Providers	Registered Nurse	Medical-Surgical	Definition to come...	
163WM1400X	Nursing Service Providers	Registered Nurse	Nurse Massage Therapist (NMT)	Definition to come...	
163WN0002X	Nursing Service Providers	Registered Nurse	Neonatal Intensive Care	Definition to come...	
163WN0003X	Nursing Service Providers	Registered Nurse	Neonatal, Low-Risk	Definition to come...	
163WN0300X	Nursing Service Providers	Registered Nurse	Nephrology	Definition to come...	
163WN0800X	Nursing Service Providers	Registered Nurse	Neuroscience	Definition to come...	
163WN1000X	Nursing Service Providers	Registered Nurse	Nutrition Support	Definition to come...	
163WP0000X	Nursing Service Providers	Registered Nurse	Pain Management	Definition to come...	
163WP0200X	Nursing Service Providers	Registered Nurse	Pediatrics	Definition to come...	
163WP0218X	Nursing Service Providers	Registered Nurse	Pediatric Oncology	Definition to come...	
163WP0807X	Nursing Service Providers	Registered Nurse	Psych/Mental Health, Child & Adolescent	Definition to come...	
163WP0808X	Nursing Service Providers	Registered Nurse	Psych/Mental Health	Definition to come...	
163WP0809X	Nursing Service Providers	Registered Nurse	Psych/Mental Health, Adult	Definition to come...	
163WP1700X	Nursing Service Providers	Registered Nurse	Perinatal	Definition to come...	
163WP2201X	Nursing Service Providers	Registered Nurse	Ambulatory Care	Definition to come...	
163WR0006X	Nursing Service Providers	Registered Nurse	Registered Nurse First Assistant	A perioperative registered nurse who works in collaboration with the surgeon and other health care team members to achieve optimal outcomes. The RNFA has acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice. Intraoperatively, the RNFA assists the surgeon.	Source: AORN Official Statement on RNFAs ratified by the AORN House of Delegates in 2004, [7/1/2006: new]
163WR0400X	Nursing Service Providers	Registered Nurse	Rehabilitation	Definition to come...	
163WR1000X	Nursing Service Providers	Registered Nurse	Reproductive Endocrinology/Infertility	Definition to come...	
163WS0121X	Nursing Service Providers	Registered Nurse	Plastic Surgery	Definition to come...	
163WS0200X	Nursing Service Providers	Registered Nurse	School	Definition to come...	
163WU0100X	Nursing Service Providers	Registered Nurse	Urology	Definition to come...	
163WW0000X	Nursing Service Providers	Registered Nurse	Wound Care	Definition to come...	
163WW0101X	Nursing Service Providers	Registered Nurse	Women's Health Care, Ambulatory	Definition to come...	
163WX0002X	Nursing Service Providers	Registered Nurse	Obstetric, High-Risk	Definition to come...	
163WX0003X	Nursing Service Providers	Registered Nurse	Obstetric, Inpatient	Definition to come...	
163WX0106X	Nursing Service Providers	Registered Nurse	Occupational Health	Definition to come...	
163WX0200X	Nursing Service Providers	Registered Nurse	Oncology	Definition to come...	
163WX0601X	Nursing Service Providers	Registered Nurse	Otorhinolaryngology & Head-Neck	Definition to come...	
163WX0800X	Nursing Service Providers	Registered Nurse	Orthopedic	Definition to come...	
163WX1100X	Nursing Service Providers	Registered Nurse	Ophthalmic	Definition to come...	
163WX1500X	Nursing Service Providers	Registered Nurse	Ostomy Care	Definition to come...	
164W00000X	Nursing Service Providers	Licensed Practical Nurse		An individual with post-high school vocational training and practical experience in the provision of nursing care at a level less than that required for certification as a Registered Nurse. Requirements for education, experience, licensure, and job responsibilities vary among the states.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
164X00000X	Nursing Service Providers	Licensed Vocational Nurse		An individual with post-high school vocational training and practical experience in the provision of nursing care at a level less than that required for certification as a Registered Nurse. [An alternate term for licensed practical nurse arising from difference in occupational titles between states and post-high school training programs and institutions.] Requirements for education, experience, licensure, and job responsibilities vary among the states.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
167G00000X	Nursing Service Providers	Licensed Psychiatric Technician		An individual licensed by the state board as a Psychiatric Technician based upon completion of a prescribed course of theory and clinical practice, with two thirds of the clinical practice time focused on mental and developmental disorders. The psychiatric technician practices under the direct supervision of a physician, psychologist, registered nurse or other professional to provide care to patients with mental disorders and developmental disabilities.	
170100000X	Other Service Providers	Medical Genetics, Ph.D. Medical Genetics		A medical geneticist works in association with a medical specialist, is affiliated with a clinical genetics program, and serves as a consultant to medical and dental specialists.	A general certificate was first issued by ABMS in 1982. ACGME Accredited Residency Program Requirements: None.
170300000X	Other Service Providers	Genetic Counselor, MS		A masters trained health care provider who collects and interprets genetic family histories; assesses the risk of disease occurrence or recurrence; identifies interventions to manage or ameliorate disease risk; educates about inheritance, testing, management, prevention, ethical issues, resources, and research; and counsels to promote informed choices and adaptation. Certification was established in 1993 by the American Board of Genetic Counseling and prior to that by the American Board of Medical Genetics. Requirements for experience, licensure, and job responsibilities vary among the states.	Source: National Society of Genetic Counselors [7/1/2005: new]
171000000X	Other Service Providers	Military Health Care Provider		Active duty military health care providers not otherwise classified who need to be separately identified for operational, clinical, or administrative processes.	[7/1/2005: new]
171011002X	Other Service Providers	Military Health Care Provider	Independent Duty Corpsman	A Navy Independent Duty Corpsman (IDC) is an active duty Sailor who has successfully completed one of the Navy's specific IDC training programs. IDCs are formally trained and educated to perform primary medical care and minor surgical services in a variety of health care and non-health care settings worldwide under indirect physician supervision. IDCs provide care to Department of Defense operational forces and other supporting forces such as contractors and foreign nationals.	Source: Bureau of Medicine and Surgery, Department of the Navy [7/1/2005: new]
171011003X	Other Service Providers	Military Health Care Provider	Independent Duty Medical Technicians	An Independent Duty Medical Technician (IDMT) is specially trained and educated to perform primary medical care, minor surgical services, and treatment of dental disorders for active duty military members in a variety of health care and non-health care settings worldwide under direct and indirect physician supervision. An IDMT may take medical histories, perform physical exams, order lab tests and x-rays, prescribe medications, and give immunizations. IDMTs work under the direct supervision of a physician preceptor when at home station and indirectly when assigned to a Mobile Aid Station, Mobile Medical Unit, remote site, or otherwise deployed specifically as an IDMT. An IDMT may be an experienced Aerospace Medical Service Technician who meets special task qualifications and is recommended for training by the Aerospace Medical Service Functional Manager at their Medical Treatment Facility. IDMTs maintain certification as Nationally Registered Emergency Medical Technicians and as Immunization Back-up Technicians.	Source: Air Force Surgeon General Office [7/1/2005: new]
171100000X	Other Service Providers	Acupuncturist		An acupuncturist is a person who performs ancient therapy for alleviation of pain, anesthesia and treatment of some diseases. Acupuncturists use long, fine needles inserted into specific points in order to treat painful conditions or produce anesthesia.	
171M00000X	Other Service Providers	Case Manager/Care Coordinator		A person who provides case management services and assists an individual in gaining access to needed medical, social, educational, and/or other services. The person has the ability to provide an assessment and review of completed plan of care on a periodic basis. This person is also able to take collaborative action to coordinate the services with other providers and monitor the enrollee's progress toward the cost-effective achievement of objectives specified in the plan of care. Credentials may vary from an experience in the fields of psychology, social work, rehabilitation, nursing or a closely related human service field, to a related Assoc of Arts Degree or to nursing credentials. Some states may require certification in case management.	Source: CMS State Medicaid Manual Section 4442.3 [7/1/2006: new]

171R0000X	Other Service Providers	Interpreter		An Interpreter is a person who translates oral communication between two or more people. This includes translating from one language to another or interpreting sign language. An interpreter is necessary for medical care when the patient does not speak the language of the health care provider or when the patient has a disability involving spoken language.	Source: National Medicaid EDI HIPAA NPI Sub Work Group [7/1/2006: new]
171W0000X	Other Service Providers	Contractor		A person who contracts to supply certain materials or do certain work for a stipulated sum; esp., one whose business is contracting work in any of the building trades. For purposes of the taxonomy, a person who contracts to complete home repairs or modifications to accommodate a health condition (e.g. wheelchair ramp, kitchen counter lowering).	Source: Websters New World Dictionary of the American Language, Second College Edition, William Collins - World Publishing Co., Inc., New York: 1974, p. 308
171WH0202X	Other Service Providers	Contractor	Home Modifications	Definition to come...	
171WV0202X	Other Service Providers	Contractor	Vehicle Modifications	A contractor who makes modifications to private vehicles to accommodate a health condition.	
172A0000X	Other Service Providers	Driver		A person employed to operate a motor vehicle as a carrier of persons or property.	
172M0000X	Other Service Providers	Mechanotherapist		A practitioner of mechanotherapy examines patients by verbal inquiry, examination of the musculoskeletal system by hand, and visual inspection and observation. In the treatment of patients, mechanotherapists employ the techniques of advised or supervised exercise, electrical neuromuscular stimulation, massage or manipulation; or air, water, heat, cold, sound, or infrared ray therapy.	Source: Summarized from Ohio Revised Code 4731.15 [1/1/2007: new]
172P0000X	Other Service Providers	Naprapath		Naprapathy means a branch of medicine that focuses on the evaluation and treatment of neuron-muscular conditions. Doctors of naprapathy are connective tissue specialists. Education and training are defined through individual states' licensing/certification requirements.	Source: National Uniform Claim Committee [1/1/2007: new]
172V0000X	Other Service Providers	Community Health Worker		Community health workers (CHW) are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve. They have been identified by many titles such as community health advisors, lay health advocates, "promotores(as), outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening. Some examples of these practitioners are Community Health Aides or Practitioners established under 25 USC §1616 (j) under HHS, Indian Health Service, Public Health Service.	Source: Health Resources and Services Administration, US Department of Health and Human Services - National Workforce Study on Community Health Workers, March, 2007. [7/1/2007: new] http://bhpr.hrsa.gov/healthworkforce/chw/
17300000X	Other Service Providers	Legal Medicine		The specialty areas of medicine concerned with matters of, and, relations with, substantive law and legal institutions; such as the conduct of medical examinations at crime scenes, performance of autopsies, giving of expert medical testimony in judicial proceedings, medical treatment of inmates of penal institutions, the practice of trauma medicine in law enforcement settings, and other clinical practice and medical science applications in the fields of law, law enforcement, and corrections.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
173C0000X	Other Service Providers	Reflexologist		Reflexologists perform a non-invasive complementary modality involving thumb and finger techniques to apply alternating pressure to the reflexes within the reflex maps of the body located on the feet, hands, and outer ears. Reflexologists apply pressure to specific areas (feet, hands, and ears) to promote a response from an area far removed from the tissue stimulated via the nervous system and acupuncture meridians. Reflexologists are recommended to complete a minimum of 200 hours of education, typically including anatomy & physiology, Reflexology theory, body systems, zones, meridians & relaxation response, ethics, business standards, and supervised practicum.	Source: National Uniform Claim Committee (based on the American Reflexology Certification Board definition of Reflexology), 2007 [1/1/2008: new] Additional Resources: Foot and hand reflexology is a scientific art based on the premise that there are zones and reflex areas in the feet and hands which correspond to all body parts. The physical act of applying specific pressures using thumb, finger and hand techniques result in stress reduction which causes a physiological change in the body. Reflexology is a non-invasive, complementary modality involving thumb and finger techniques to apply alternating pressure to reflexes shown on reflex maps of the body located on the feet, hands, and outer ears. American Reflexology Certification Board, www.arcb.net/definiti.htm ; Reflexology Association of America, www.reflexology-usa.org/standards.html
173F0000X	Other Service Providers	Sleep Specialist, PhD		Sleep medicine is a clinical specialty with a focus on clinical problems that require accurate diagnosis and treatment. The knowledge base of sleep medicine is derived from many disciplines including neuroanatomy, neurophysiology, respiratory physiology, pharmacology, psychology, psychiatry, neurology, general internal medicine, pulmonary medicine, and pediatrics as well as others.	Source: National Uniform Claim Committee (based on American Board of Sleep Medicine), 2007 [1/1/2008: new] Additional resources: www.absm.org
17420000X	Other Service Providers	Meals		A public or privately owned facility providing meals to individuals traveling long distances or receiving prolonged outpatient medical services away from home.	Source: SD DSS Non-Emergency Medical Transportation program Transportation Services [7/1/2010: new]
17440000X	Other Service Providers	Specialist		An individual educated and trained in an applied knowledge discipline used in the performance of work at a level requiring knowledge and skills beyond or apart from that provided by a general education or liberal arts degree.	Source: Expanded from Webster's II New Riverside University Dictionary, Boston: Riverside Publishing Company, 1974.
1744G0900X	Other Service Providers	Specialist	Graphics Designer	Definition to come...	
1744P3200X	Other Service Providers	Specialist	Prosthetics Case Management	Definition to come...	
1744R1102X	Other Service Providers	Specialist	Research Study	Definition to come...	
1744R1103X	Other Service Providers	Specialist	Research Data Abstracter/Coder	Definition to come...	
174H0000X	Other Service Providers	Health Educator		Health educators work in a variety of settings providing education to individuals or groups of individuals on healthy behaviors, wellness, and health-related topics with the goal of preventing diseases and health problems. Health educators generally require a bachelor's degree and may receive additional training, such as through mentoring, internships, or volunteer work.	Source: National Uniform Claim Committee, 2009 [7/1/2009: definition added]
174M0000X	Other Service Providers	Veterinarian		A doctor of veterinary medicine, trained and authorized to practice veterinarian medicine and surgery.	Source: Dorland's Illustrated Medical Dictionary, 28th edition. Philadelphia: W.B. Saunders Company, 1994, p. 1823
174MM1900X	Other Service Providers	Veterinarian	Medical Research	Definition to come...	
174N0000X	Other Service Providers	Lactation Consultant, Non-RN		An individual trained to provide breastfeeding assistance services to both mothers and infants. Lactation Consultants are not required to be nurses and are trained through specific courses of education. The Lactation Consultant may have additional certification through a national or international organization.	Source: National Uniform Claim Committee [1/1/2011: new]
174V0000X	Other Service Providers	Clinical Ethicist		A clinical ethicist has been trained in bioethics and ethics case consultation. The clinical ethicist addresses medical-ethical dilemmas arising in clinical practice, such as end-of-life care, refusal of treatment, and futility of care; assists patients and health care providers with medical decision-making; and provides ethics education for patients and families.	Source: National Uniform Claim Committee [1/1/2011: new]
175F0000X	Other Service Providers	Naturopath		Diagnoses, treats, and cares for patients, using system of practice that bases treatment of physiological functions and abnormal conditions on natural laws governing human body; Utilizes physiological, psychological, and mechanical methods, such as air, water, light, heat, earth, phototherapy, food and herb therapy, psychotherapy, electrotherapy, physiotherapy, minor and orificial surgery, mechanotherapy, naturopathic corrections and manipulation, and natural methods or modalities, together with natural medicines, natural processed foods, and herbs and nature's remedies. Excludes major surgery, therapeutic use of x ray and radium, and use of drugs, except those assimilable substances containing elements or compounds which are components of body tissues and are physiologically compatible to body processes for maintenance of life.	Source: The Federal Dictionary of Occupational Titles, U.S. Department of Labor, Washington, D.C., section #079, 101-014 [7/1/2007: definition changed, source added]
175L0000X	Other Service Providers	Homeopath		A provider who is educated and trained in a system of therapeutics in which diseases are treated by drugs which are capable of producing in healthy persons symptoms like those of the disease to be treated. Treatment requires administering a drug in minute doses.	Source: Dorland's Illustrated Medical Dictionary, 26th edition. Philadelphia: W.B. Saunders Company, 1981.
175M0000X	Other Service Providers	Midwife, Lay		A person qualified by experience and limited specialized training to provide obstetric and neo-natal care in the management of women having normal pregnancy, labor and childbirth. The lay midwife is licensed in some states.	

175T0000X	Other Service Providers	Peer Specialist		Individuals certified to perform peer support services through a training process defined by a government agency, such as the Department of Veterans Affairs or a state mental health department/certification/licensing authority.	Source: National Uniform Claim Committee [7/1/2014: new]
176B0000X	Other Service Providers	Midwife		A Midwife is a trained professional with special expertise in supporting women to maintain a healthy pregnancy birth, offering expert individualized care, education, counseling, and support to a woman and her newborn throughout the childbearing cycle. A Midwife is a skilled and independent practitioner who has undergone formalized training. Midwives are not required to be nurses and may be trained via multiple routes of education (apprenticeship, workshop, formal classes, or programs, etc., usually a combination). The educational background requirements and licensing requirements vary by state. The Midwife may or may not be certified by a state or national organization.	Source: The National Uniform Claim Committee [7/1/2007: title changed, definition changed, source changed]
176P0000X	Other Service Providers	Funeral Director		A person, usually an embalmer, whose business is to arrange for the burial or cremation of the dead and to assist at the funeral rites.	Source: Joint Commission on Accreditation of Healthcare Organizations, Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Oakbrook Terrace, IL: 1994, p. 323
177F0000X	Other Service Providers	Lodging		A public or privately owned facility providing overnight lodging to individuals traveling long distances or receiving prolonged outpatient medical services away from home.	
18350000X	Pharmacy Service Providers	Pharmacist		An individual licensed by the appropriate state regulatory agency to engage in the practice of pharmacy. The practice of pharmacy includes, but is not limited to, assessment, interpretation, evaluation, and implementation, initiation, monitoring or modification of medication and or medical orders; the compounding or dispensing of medication and or medical orders; participation in drug and device procurement, storage, and selection; drug administration; drug regimen reviews; drug or drug-related research; provision of patient education and the provision of those acts or services necessary to provide medication therapy management services in all areas of patient care.	Source: Adapted from National Association of Boards of Pharmacy Model State Pharmacy Act, Article 1, Section 104. [1/1/2006: definition modified, source modified]
1835C0205X	Pharmacy Service Providers	Pharmacist	Critical Care	A licensed pharmacist who has demonstrated specialized knowledge and skill in the delivery of patient care services by pharmacists, as integral members of interprofessional teams, working to ensure the safe and effective use of medications in critically ill patients.	Source: Board of Pharmacy Specialties, www.bpsweb.org [1/1/2016: new]
1835G0000X	Pharmacy Service Providers	Pharmacist	General Practice		[1/1/2006: marked inactive, use value 183500000X]
1835G0303X	Pharmacy Service Providers	Pharmacist	Geriatric	A pharmacist who is certified in geriatric pharmacy practice is designated as a "Certified Geriatric Pharmacist" (CGP). To become certified, candidates are expected to be knowledgeable about principles of geriatric pharmacotherapy and the provision of pharmaceutical care to the elderly.	Source: Commission for Certification in Geriatric Pharmacy (www.ccgp.org) [7/1/2006: new]
1835N0905X	Pharmacy Service Providers	Pharmacist	Nuclear	A licensed pharmacist who has demonstrated specialized knowledge and skill in procurement, compounding, quality control testing, dispensing, distribution, and monitoring of radiopharmaceuticals.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: modified title, added definition]
1835N1003X	Pharmacy Service Providers	Pharmacist	Nutrition Support	A licensed pharmacist who has demonstrated specialized knowledge and skill in maintenance and/or restoration of optimal nutritional status, designing and modifying treatment according to patient needs.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: definition modified]
1835P0018X	Pharmacy Service Providers	Pharmacist	Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist	Pharmacist Clinician/Clinical Pharmacy Specialist is a pharmacist with additional training and an expanded scope of practice that may include prescriptive authority, therapeutic management, and disease management.	Source: National Uniform Claim Committee, 2007 [1/1/2008: new]
1835P0200X	Pharmacy Service Providers	Pharmacist	Pediatrics	A licensed pharmacist who has demonstrated specialized knowledge and skill in the delivery of patient care services by pharmacists that ensures the safe and effective use of medications for all children from neonates through adolescents.	Source: Board of Pharmacy Specialties, www.bpsweb.org [1/1/2016: new]
1835P1200X	Pharmacy Service Providers	Pharmacist	Pharmacotherapy	A licensed pharmacist who has demonstrated specialized knowledge and skill in optimizing pharmacotherapeutic care of patients, by developing, implementing, monitoring, and modifying complex treatment plans, providing advanced level education and consultation, and collaborating with other health professionals in the management of therapy.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: modified definition]
1835P1300X	Pharmacy Service Providers	Pharmacist	Psychiatric	A licensed pharmacist who has demonstrated specialized knowledge and skill in optimizing care of patients with psychiatric illness by assessing and monitoring patients, recognizing drug-induced problems, and recommending appropriate treatment plans.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: modified title, added definition]
1835P2201X	Pharmacy Service Providers	Pharmacist	Ambulatory Care	A licensed pharmacist who has demonstrated specialized knowledge and skill in the provision of integrated, accessible health care services by pharmacists and is accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community.	Source: Board of Pharmacy Specialties, www.bpsweb.org [7/1/2015: new]
1835X0200X	Pharmacy Service Providers	Pharmacist	Oncology	A licensed pharmacist who has demonstrated specialized knowledge and skill in developing, recommending, implementing, monitoring, and modifying pharmacotherapeutic plans to optimize outcomes in patients with malignant diseases.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: new]
18370000X	Pharmacy Service Providers	Pharmacy Technician		A person who works under the direct supervision of a licensed pharmacist and performs many pharmacy-related functions that do not require the professional judgment of a pharmacist.	Source: Pharmacy Technician Certification Board, www.ptcb.org [1/1/2006: modified definition, modified source]
19320000X	Group	Multi-Specialty		A business group of one or more individual practitioners, who practice with different areas of specialization.	[7/1/2003: new]
19340000X	Group	Single Specialty		A business group of one or more individual practitioners, all of who practice with the same area of specialization.	[7/1/2003: new]
202C0000X	Allopathic & Osteopathic Physicians	Independent Medical Examiner		A special evaluator not involved with the medical care of the individual examinee that impartially evaluates the care being provided by other practitioners to clarify clinical, disability, liability or other case issues.	Source: American Board of Independent Medical Examiners [1/1/2007: new]
202K0000X	Allopathic & Osteopathic Physicians	Phlebology		Phlebology is the medical discipline that involves the diagnosis and treatment of venous disorders, including spider veins, varicose veins, chronic venous insufficiency, venous leg ulcers, congenital venous abnormalities, venous thromboembolism and other disorders of venous origin. A phlebologist has attained a minimum of 50 hours of CME units in phlebology-related courses, and is knowledgeable of and trained in a variety of diagnostic techniques including physical examination, venous imaging techniques such as duplex ultrasound, CT and MR, pletysmographic techniques and laboratory evaluation related to venous thromboembolism. The phlebologist is also trained in a variety of therapeutic interventions, which may include compression, sclerotherapy, cutaneous vascular laser, endovenous thermalablation procedures (laser and radiofrequency) endovenous chemical ablation, surgical procedures (e.g., ambulatory phlebectomy, venous ligation), vasoactive medications and the management of venous thromboembolism.	Source: American College of Phlebology 12/2006. [1/1/2007: new, 7/1/2009: definition reformatted] Additional Resources: Training Programs, Fellowships, and/or Preceptorships: Certification exam is being established by the American Board of Phlebology, ACGME Accredited Residency Program Requirements: None
204C0000X	Allopathic & Osteopathic Physicians	Neuromusculoskeletal Medicine, Sports Medicine		Definition to come.	
204D0000X	Allopathic & Osteopathic Physicians	Neuromusculoskeletal Medicine & OMM		Definition to come.	
204E0000X	Allopathic & Osteopathic Physicians	Oral & Maxillofacial Surgery		Oral and maxillofacial surgeons are trained to recognize and treat a wide spectrum of diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral and maxillofacial region. They are also trained to administer anesthesia, and provide care in an office setting. They are trained to treat problems such as the extraction of wisdom teeth, misaligned jaws, tumors and cysts of the jaw and mouth, and to perform dental implant surgery.	Source: American College of Surgeons, 2013. [7/1/2013: definition added, source added, additional resources added] Additional Resources: American Board of Oral and Maxillofacial Surgery and American Association of Oral and Maxillofacial Surgeons While this is generally considered a specialty of dentistry, physicians can also be board certified as oral and maxillofacial surgeons through the American Board of Oral and Maxillofacial Surgery.
204F0000X	Allopathic & Osteopathic Physicians	Transplant Surgery		Definition to come.	

204R0000X	Allopathic & Osteopathic Physicians	Electrodiagnostic Medicine		Electrodiagnostic medicine is the medical subspecialty that applies neurophysiologic techniques to diagnose, evaluate, and treat patients with impairments of the neurologic, neuromuscular, and/or muscular systems. Qualified physicians are trained in performing electrophysiological testing and interpretation of the test data. They require knowledge in anatomy, physiology, kinesiology, histology, and pathology of the brain, spinal cord, autonomic nerves, cranial nerves, peripheral nerves, neuromuscular junction, and muscles. They must know clinical features and treatment of diseases of the central, peripheral, and autonomic nervous systems, as well as those of neuromuscular junction and muscle. Physicians also require special knowledge about electric signal processing, including waveform analysis, electronics and instrumentation, stimulation and recording equipment, and statistics.	Source: American Association of Neuromuscular & Electrodiagnostic Medicine, 2011. www.aanem.org [1/1/2011: new] Additional Resources: American Board of Electrodiagnostic Medicine, 2011. www.abnemex.org
207K0000X	Allopathic & Osteopathic Physicians	Allergy & Immunology		An allergist-immunologist is trained in evaluation, physical and laboratory diagnosis, and management of disorders involving the immune system. Selected examples of such conditions include asthma, anaphylaxis, rhinitis, eczema, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation, or malignancies of the immune system.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Allergy and Immunology, 2007. http://www.abai.org/ No subspecialty certificates in allergy and immunology are offered by the American Board of Allergy and Immunology (ABAI). The ABAI, however, does offer formal special pathways for physicians seeking dual certification in allergy/immunology and pediatric pulmonology; allergy/immunology and pediatric rheumatology; and allergy/immunology and adult rheumatology.
207KA0200X	Allopathic & Osteopathic Physicians	Allergy & Immunology	Allergy	Definition to come...	
207KI0005X	Allopathic & Osteopathic Physicians	Allergy & Immunology	Clinical & Laboratory Immunology	Definition to come...	
207L0000X	Allopathic & Osteopathic Physicians	Anesthesiology		An anesthesiologist is trained to provide pain relief and maintenance, or restoration, of a stable condition during and immediately following an operation or an obstetric or diagnostic procedure. The anesthesiologist assesses the risk of the patient undergoing surgery and optimizes the patient's condition prior to, during and after surgery. In addition to these management responsibilities, the anesthesiologist provides medical management and consultation in pain management and critical care medicine. Anesthesiologists diagnose and treat acute, long-standing and cancer pain problems; diagnose and treat patients with critical illnesses or severe injuries; direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation; and supervise post-anesthesia recovery.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Anesthesiology, 2007. http://www.theaba.org/ ; American Osteopathic Board of Anesthesiology, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.
207LA0401X	Allopathic & Osteopathic Physicians	Anesthesiology	Addiction Medicine	An anesthesiologist who specializes in the diagnosis and treatment of addictions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Anesthesiology.
207LC0200X	Allopathic & Osteopathic Physicians	Anesthesiology	Critical Care Medicine	An anesthesiologist, who specializes in critical care medicine diagnoses, treats and supports patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Anesthesiology, 2007. http://www.theaba.org/ ; American Osteopathic Board of Anesthesiology, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.
207LH0002X	Allopathic & Osteopathic Physicians	Anesthesiology	Hospice and Palliative Medicine	An anesthesiologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207LP2900X	Allopathic & Osteopathic Physicians	Anesthesiology	Pain Medicine	An anesthesiologist who provides a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic and/or cancer pain in both hospital and ambulatory settings. Patient care needs are also coordinated with other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Anesthesiology, 2007. http://www.theaba.org/ ; American Osteopathic Board of Anesthesiology, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.
207LP3000X	Allopathic & Osteopathic Physicians	Anesthesiology	Pediatric Anesthesiology	An anesthesiologist who has had additional skill and experience in and is primarily concerned with the anesthesia, sedation, and pain management needs of infants and children. A pediatric anesthesiologist generally provides services including the evaluation of complex medical problems in infants and children when surgery is necessary, planning and care for children before and after surgery, pain control, anesthesia and sedation for any procedures out of the operating room such as MRI, CT scan, and radiation therapy.	Source: American Academy of Pediatrics [7/1/2006: new]
207N0000X	Allopathic & Osteopathic Physicians	Dermatology		A dermatologist is trained to diagnose and treat pediatric and adult patients with benign and malignant disorders of the skin, mouth, external genitalia, hair and nails, as well as a number of sexually transmitted diseases. The dermatologist has had additional training and experience in the diagnosis and treatment of skin cancers, melanomas, moles and other tumors of the skin, the management of contact dermatitis and other allergic and nonallergic skin disorders, and in the recognition of the skin manifestations of systemic (including internal malignancy) and infectious diseases. Dermatologists have special training in dermatopathology and in the surgical techniques used in dermatology. They also have expertise in the management of cosmetic disorders of the skin such as hair loss and scars and the skin changes associated with aging.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/ Board certification is provided by the American Board of Dermatology.
207ND0101X	Allopathic & Osteopathic Physicians	Dermatology	MOHS-Micrographic Surgery	The highly-trained surgeons that perform Mohs Micrographic Surgery are specialists both in dermatology and pathology. With their extensive knowledge of the skin and unique pathological skills, they are able to remove only diseased tissue, preserving healthy tissue and minimizing the cosmetic impact of the surgery. Mohs surgeons who belong to the American College of Mohs Surgery (ACMS) have completed a minimum of one year of fellowship training at one of the ACMS-approved training centers in the U.S.	Source: American College of Mohs Surgery, 2007 [1/1/2008: added definition, added source] Additional Resources: Additional Resources: http://www.mohscollege.org/ ; American Board of Dermatology, 2007. http://www.abderm.org/
207ND0900X	Allopathic & Osteopathic Physicians	Dermatology	Dermatopathology	A dermatopathologist has the expertise to diagnose and monitor diseases of the skin including infectious, immunologic, degenerative and neoplastic diseases. This entails the examination and interpretation of specially prepared tissue sections, cellular scrapings and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/ ; American Osteopathic Board of Dermatology, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Dermatology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Dermatology.

207NI002X	Allopathic & Osteopathic Physicians	Dermatology	Clinical & Laboratory Dermatological Immunology	A dermatologist who utilizes various specialized laboratory procedures to diagnose disorders characterized by defective responses of the body's immune system. Immunodermatologists also may provide consultation in the management of these disorders and administer specialized forms of therapy for these diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/ Board certification is provided by the American Board of Dermatology.
207NP0225X	Allopathic & Osteopathic Physicians	Dermatology	Pediatric Dermatology	A pediatric dermatologist has, through additional special training, developed expertise in the treatment of specific skin disease categories with emphasis on those diseases which predominate in infants, children and adolescents.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: changed definition, added source] Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/ A subspecialty certificate was approved by ABMS in 2000. ACGME Accredited Residency Program Requirements: None.
207NS0135X	Allopathic & Osteopathic Physicians	Dermatology	Procedural Dermatology	Procedural Dermatology, a subspecialty of Dermatology, encompassing a wide variety of surgical procedures and methods to remove or modify skin tissue for health or cosmetic benefit. These methods include scalpel surgery, laser surgery, chemical surgery, cryosurgery (liquid nitrogen), electrosurgery, aspiration surgery, liposuction, injection of filler substances, and Mohs micrographic controlled surgery (a special technique for the removal of growths, especially skin cancers).	Source: American Board of Dermatology, 2007 [1/1/2008: definition added, source added, title changed] Additional Resources: Some ABMS board certified dermatologists have completed a one-year ACGME approved fellowship in Procedural Dermatology, which has been offered since 2003. At this time the ABD does not offer subspecialty certification in Procedural Dermatology.
207P0000X	Allopathic & Osteopathic Physicians	Emergency Medicine		An emergency physician focuses on the immediate decision making and action necessary to prevent death or any further disability both in the pre-hospital setting by directing emergency medical technicians and in the emergency department. The emergency physician provides immediate recognition, evaluation, care, stabilization and disposition of a generally diversified population of adult and pediatric patients in response to acute illness and injury.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]->-br/>-Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/ ; American Osteopathic Board of Emergency Medicine, 2007. -br/>-Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Emergency Medicine.</td> </tr> <tr> <td>207PE0004X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Emergency Medicine</td> <td>Emergency Medical Services</td> <td>An emergency medicine physician who specializes in non-hospital based emergency medical services (e.g., disaster site, accident scene, transport vehicle, etc.) to provide pre-hospital assessment, treatment, and transport patients.</td> <td>Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) is issued by the American Osteopathic Board of Emergency Medicine.</td> </tr> <tr> <td>207PE0005X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Emergency Medicine</td> <td>Undersea and Hyperbaric Medicine</td> <td>A specialist who treats decompression illness and diving accident cases and uses hyperbaric oxygen therapy to treat such conditions as carbon monoxide poisoning, gas gangrene, non-healing wounds, tissue damage from radiation and burns, and bone infections. This specialist also serves as a consultant to other physicians in all aspects of hyperbaric chamber operations, and assesses risks and applies appropriate standards to prevent disease and disability in divers and other persons working in altered atmospheric conditions.</td> <td>Source: American Board of Emergency Medicine [7/1/2008: source added, additional resources added] Additional Resources: Additional Resources: www.abem.org & American Board of Preventive Medicine www.abprevm.org
207PH0002X	Allopathic & Osteopathic Physicians	Emergency Medicine	Hospice and Palliative Medicine	An emergency medicine physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207PP0204X	Allopathic & Osteopathic Physicians	Emergency Medicine	Pediatric Emergency Medicine	Pediatric Emergency Medicine is a clinical subspecialty that focuses on the care of the acutely ill or injured child in the setting of an emergency department.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/ Board certification is provided by the American Board of Emergency Medicine. Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine.
207PS0010X	Allopathic & Osteopathic Physicians	Emergency Medicine	Sports Medicine	An emergency physician with special knowledge in sports medicine is responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention and management of injury and illness. A sports medicine physician has knowledge and experience in the promotion of wellness and the role of exercise in promoting a healthy lifestyle. Knowledge of exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation and epidemiology is essential to the practice of sports medicine.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]->-br/>-Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/ . American Osteopathic Board of Emergency Medicine, 2007. <a "="" href="http://www.osteopathic.org/certification-br/>-br/>-Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Emergency Medicine.</td> </tr> <tr> <td>207PT0002X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Emergency Medicine</td> <td>Medical Toxicology</td> <td>Medical toxicologists are physicians who specialize in the prevention, evaluation, treatment and monitoring of injury and illness from exposures to drugs and chemicals, as well as biological and radiological agents. Medical toxicologists care for people in clinical, academic, governmental and public health settings, and provide poison control center leadership. Important areas of medical toxicology include acute drug poisoning, adverse drug events, drug abuse, addiction and withdrawal, chemicals and hazardous materials, terrorism preparedness, venomous bites and stings and environmental and workplace exposures.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]->-br/>-Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/ . American Osteopathic Board of Emergency Medicine, 2007. <a "="" href="http://www.osteopathic.org/certification-br/>-br/>-Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Emergency Medicine.</td> </tr> <tr> <td>207Q00000X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Family Medicine</td> <td></td> <td>Family Medicine is the medical specialty which is concerned with the total health care of the individual and the family. It is the specialty in breadth which integrates the biological, clinical, and behavioral sciences. The scope of family medicine is not limited by age, sex, organ system, or disease entity.</td> <td>Source: American Board of Family Medicine [1/1/2007: changed title; 7/1/2007: added definition, added source]</td> </tr> <tr> <td>207QA0000X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Family Medicine</td> <td>Adolescent Medicine</td> <td>A family medicine physician with multidisciplinary training in the unique physical, psychological and social characteristics of adolescents and their health care problems and needs.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]->-br/>-Additional Resources: American Board of Family Medicine, 2007. http://www.theabfm.org/ . American Osteopathic Board of Family Medicine, 2007. -br/>-Board certification for Medical Doctors (MDs) is provided by the American Board of Family Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Family Medicine.</td> </tr> <tr> <td>207QA0401X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Family Medicine</td> <td>Addiction Medicine</td> <td>A family medicine physician who specializes in the diagnosis and treatment of addictions.</td> <td>Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Family Physicians.</td> </tr> <tr> <td>207QA0505X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Family Medicine</td> <td>Adult Medicine</td> <td>Definition to come.</td> <td></td> </tr> <tr> <td>207QB0002X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Family Medicine</td> <td>Obesity Medicine</td> <td>A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.</td> <td>Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org .

207QG0300X	Allopathic & Osteopathic Physicians	Family Medicine	Geriatric Medicine	A family medicine physician with special knowledge of the aging process and special skills in the diagnostic, therapeutic, preventive and rehabilitative aspects of illness in the elderly. This specialist cares for geriatric patients in the patient's home, the office, long-term care settings such as nursing homes, and the hospital.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Family Medicine, 2007. http://www.theabfm.org/ . American Osteopathic Board of Family Medicine, 2007. -br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Family Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Family Medicine.</td> </tr> <tr> <td>207QH0002X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Family Medicine</td> <td>Hospice and Palliative Medicine</td> <td>A family medicine physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.</td> <td>Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]</td> </tr> <tr> <td>207QS0010X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Family Medicine</td> <td>Sports Medicine</td> <td>A family medicine physician that is trained to be responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention of injury and illness. A sports medicine physician must have knowledge and experience in the promotion of wellness and the prevention of injury. Knowledge about special areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation, injuries (treatment and prevention and referral practice) and the role of exercise in promoting a healthy lifestyle are essential to the practice of sports medicine. The sports medicine physician requires special education to provide the knowledge to improve the health care of the individual engaged in physical exercise (sports) whether as an individual or in team participation.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Family Medicine, 2007. http://www.theabfm.org/ . American Osteopathic Board of Family Medicine, 2007. -br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Family Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Family Medicine.</td> </tr> <tr> <td>207QS1201X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Family Medicine</td> <td>Sleep Medicine</td> <td>A Family Medicine Physician who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.</td> <td>Source: American Academy of Sleep Medicine, 2008 [7/1/2008: new]</td> </tr> <tr> <td>207R00000X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Internal Medicine</td> <td></td> <td>A physician who provides long-term, comprehensive care in the office and the hospital, managing both common and complex illness of adolescents, adults and the elderly. Internists are trained in the diagnosis and treatment of cancer, infections and diseases affecting the heart, blood, kidneys, joints and digestive, respiratory and vascular systems. They are also trained in the essentials of primary care internal medicine, which incorporates an understanding of disease prevention, wellness, substance abuse, mental health and effective treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ . American Osteopathic Board of Internal Medicine, 2007. -br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.</td> </tr> <tr> <td>207RA0000X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Internal Medicine</td> <td>Adolescent Medicine</td> <td>An internist who specializes in adolescent medicine is a multi-disciplinary healthcare specialist trained in the unique physical, psychological and social characteristics of adolescents, their healthcare problems and needs.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ . American Osteopathic Board of Internal Medicine, 2007. -br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.</td> </tr> <tr> <td>207RA0001X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Internal Medicine</td> <td>Advanced Heart Failure and Transplant Cardiology</td> <td>Specialists in Advanced Heart Failure and Transplant Cardiology would participate in the inpatient and outpatient management of patients with advanced heart failure across the spectrum from consideration for high-risk cardiac surgery, cardiac transplantation, or mechanical circulatory support, to pre-and post-operative evaluation and management of patients with cardiac transplants and mechanical support devices, and end-of-life care for patients with end-stage heart failure.</td> <td>Source: American Board of Internal Medicine, www.abim.org [7/1/2015: new]
207RA0201X	Allopathic & Osteopathic Physicians	Internal Medicine	Allergy & Immunology	An internist doctor of osteopathy that specializes in the treatment of allergy and immunologic disorders. A doctor of osteopathy that is board eligible/certified by the American Osteopathic Board of Internal Medicine can obtain a Certificate of Special Qualifications in the field of Allergy & Immunology.	Source: American Osteopathic Board of Internal Medicine, 2007. [7/1/2008: added definition, added source; 7/1/2011: modified source]- - Additional Resources: http://www.osteopathic.org/certification
207RA0401X	Allopathic & Osteopathic Physicians	Internal Medicine	Addiction Medicine	An internist doctor of osteopathy that specializes in the treatment of addiction disorders. A doctor of osteopathy that is board eligible/certified by the American Osteopathic Board of Internal Medicine can obtain a Certificate of Added Qualifications in the field of Addiction Medicine.	Source: American Osteopathic Board of Internal Medicine, 2007. [7/1/2008: added definition, added source; 7/1/2011: modified source]- - Additional Resources: http://www.osteopathic.org/certification
207RB0002X	Allopathic & Osteopathic Physicians	Internal Medicine	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org .
207RC0000X	Allopathic & Osteopathic Physicians	Internal Medicine	Cardiovascular Disease	An internist who specializes in diseases of the heart and blood vessels and manages complex cardiac conditions such as heart attacks and life-threatening, abnormal heartbeat rhythms.	Source: American Osteopathic Board of Internal Medicine, 2008 [7/1/2008: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, http://www.abim.org/ . American Osteopathic Board of Internal Medicine, -br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.</td> </tr> <tr> <td>207RC0001X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Internal Medicine</td> <td>Clinical Cardiac Electrophysiology</td> <td>A field of special interest within the subspecialty of cardiovascular disease, specialty of Internal Medicine, which involves intricate technical procedures to evaluate heart rhythms and determine appropriate treatment for them.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ . American Osteopathic Board of Internal Medicine, 2007.

207RC0200X	Allopathic & Osteopathic Physicians	Internal Medicine	Critical Care Medicine	An internist who diagnoses, treats and supports patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RE0101X	Allopathic & Osteopathic Physicians	Internal Medicine	Endocrinology, Diabetes & Metabolism	An internist who concentrates on disorders of the internal (endocrine) glands such as the thyroid and adrenal glands. This specialist also deals with disorders such as diabetes, metabolic and nutritional disorders, obesity, pituitary diseases and menstrual and sexual problems.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RG0100X	Allopathic & Osteopathic Physicians	Internal Medicine	Gastroenterology	An internist who specializes in diagnosis and treatment of diseases of the digestive organs including the stomach, bowels, liver and gallbladder. This specialist treats conditions such as abdominal pain, ulcers, diarrhea, cancer and jaundice and performs complex diagnostic and therapeutic procedures using endoscopes to visualize internal organs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RG0300X	Allopathic & Osteopathic Physicians	Internal Medicine	Geriatric Medicine	An internist who has special knowledge of the aging process and special skills in the diagnostic, therapeutic, preventive and rehabilitative aspects of illness in the elderly. This specialist cares for geriatric patients in the patient's home, the office, long-term care settings such as nursing homes and the hospital.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RH0000X	Allopathic & Osteopathic Physicians	Internal Medicine	Hematology	An internist with additional training who specializes in diseases of the blood, spleen and lymph. This specialist treats conditions such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia and lymphoma.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RH0002X	Allopathic & Osteopathic Physicians	Internal Medicine	Hospice and Palliative Medicine	An internal medicine physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207RH0003X	Allopathic & Osteopathic Physicians	Internal Medicine	Hematology & Oncology	An internist doctor of osteopathy that specializes in the treatment of the combination of hematology and oncology disorders. A doctor of osteopathy that is board eligible/certified by the American Osteopathic Board of Internal Medicine WAS able to obtain a Certificate of Special Qualifications in the field of Hematology and Oncology. The Certificate is NO longer offered.	Source: American Osteopathic Board of Internal Medicine, 2007. [7/1/2008: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: http://www.osteopathic.org/certification
207RH0005X	Allopathic & Osteopathic Physicians	Internal Medicine	Hypertension Specialist	A Hypertension Specialist is a physician who concentrates on all aspects of the diagnosis and treatment of hypertension.	Source: American Society of Hypertension [7/1/2011: new] Additional Resources: The American Society of Hypertension Specialists Program offers an examination and designation for Hypertension Specialists. This subspecialty is not a Board certificate issued by either the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.
207RI0001X	Allopathic & Osteopathic Physicians	Internal Medicine	Clinical & Laboratory Immunology	An internal medicine physician who specializes in clinical and laboratory immunology disease management.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A certification was, but is no longer issued by the American Board of Internal Medicine.
207RI0008X	Allopathic & Osteopathic Physicians	Internal Medicine	Hepatology	The discipline of Hepatology encompasses the structure, function, and diseases of the liver and biliary tract. The American Board of Internal Medicine considers Hepatology part of the subspecialty of gastroenterology. Physicians who identify themselves as Hepatologists usually, but not always, have been trained in gastrointestinal programs.	Training Programs, and/or Fellowships, Preceptorships: The American Association for the Study of Liver Diseases (AASLD) is the major professional society organized for physicians with an interest in Hepatology. A subcommittee of that organization has published guidelines for training programs in the 1992 November issue of Hepatology. Source: The American Board of Internal Medicine 9/1993 ACGME Accredited Residency Program Requirements: None
207RI0011X	Allopathic & Osteopathic Physicians	Internal Medicine	Interventional Cardiology	An area of medicine within the subspecialty of cardiology, which uses specialized imaging and other diagnostic techniques to evaluate blood flow and pressure in the coronary arteries and chambers of the heart and uses technical procedures and medications to treat abnormalities that impair the function of the cardiovascular system.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ Board Certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. ACGME Accredited Residency Program Requirements: 1 year of training plus a prerequisite of 3 years Internal Medicine, 3 years Cardiovascular Disease for a total of 7 years. ABMS Approved Subspecialty Certificate (Internal Medicine)
207RI0200X	Allopathic & Osteopathic Physicians	Internal Medicine	Infectious Disease	An internist who deals with infectious diseases of all types and in all organ systems. Conditions requiring selective use of antibiotics call for this special skill. This physician often diagnoses and treats AIDS patients and patients with fevers which have not been explained. Infectious disease specialists may also have expertise in preventive medicine and travel medicine.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RM1200X	Allopathic & Osteopathic Physicians	Internal Medicine	Magnetic Resonance Imaging (MRI)	Definition to come.	

207RN0300X	Allopathic & Osteopathic Physicians	Internal Medicine	Nephrology	An internist who treats disorders of the kidney, high blood pressure, fluid and mineral balance and dialysis of body wastes when the kidneys do not function. This specialist consults with surgeons about kidney transplantation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ . American Osteopathic Board of Internal Medicine, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RP1001X	Allopathic & Osteopathic Physicians	Internal Medicine	Pulmonary Disease	An internist who treats diseases of the lungs and airways. The pulmonologist diagnoses and treats cancer, pneumonia, pleurisy, asthma, occupational and environmental diseases, bronchitis, sleep disorders, emphysema and other complex disorders of the lungs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ . American Osteopathic Board of Internal Medicine, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RR0500X	Allopathic & Osteopathic Physicians	Internal Medicine	Rheumatology	An internist who treats diseases of joints, muscle, bones and tendons. This specialist diagnoses and treats arthritis, back pain, muscle strains, common athletic injuries and "collagen" diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ . American Osteopathic Board of Internal Medicine, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RS0010X	Allopathic & Osteopathic Physicians	Internal Medicine	Sports Medicine	An internist trained to be responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention of injury and illness. A sports medicine physician must have knowledge and experience in the promotion of wellness and the prevention of injury. Knowledge about special areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation, injuries (treatment and prevention and referral practice) and the role of exercise in promoting a healthy lifestyle are essential to the practice of sports medicine. The sports medicine physician requires special education to provide the knowledge to improve the healthcare of the individual.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ . American Osteopathic Board of Internal Medicine, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RS0012X	Allopathic & Osteopathic Physicians	Internal Medicine	Sleep Medicine	An Internist who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnia, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
207RT0003X	Allopathic & Osteopathic Physicians	Internal Medicine	Transplant Hepatology	An internist with special knowledge and the skill required of a gastroenterologist to care for patients prior to and following hepatic transplantation that spans all phases of liver transplantation. Selection of appropriate recipients requires assessment by a team having experience in evaluating the severity and prognosis of patients with liver disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine.
207RX0020X	Allopathic & Osteopathic Physicians	Internal Medicine	Medical Oncology	An internist who specializes in the diagnosis and treatment of all types of cancer and other benign and malignant tumors. This specialist decides on and administers therapy for these malignancies as well as consults with surgeons and radiotherapists on other treatments for cancer.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source. 11/5/2007: corrected definition]
207SC0300X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Cytogenetic	A clinical cytogeneticist demonstrates competence in providing laboratory diagnostic and clinical interpretive services dealing with cellular components, particularly chromosomes, associated with heredity.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics. A general certificate was first issued by the ABMS in 1982. ACGME Accredited Residency Program Requirements: None.
207SG0201X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Genetics (M.D.)	A clinical geneticist demonstrates competence in providing comprehensive diagnostic, management and counseling services for genetic disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SG0202X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Biochemical Genetics	A clinical biochemical geneticist demonstrates competence in performing and interpreting biochemical analyses relevant to the diagnosis and management of human genetic diseases and is a consultant regarding laboratory diagnosis of a broad range of inherited disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SG0203X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Molecular Genetics	A clinical molecular geneticist demonstrates competence in performing and interpreting molecular analyses relevant to the diagnosis and management of human genetic diseases and is a consultant regarding laboratory diagnosis of a broad range of inherited disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SG0205X	Allopathic & Osteopathic Physicians	Medical Genetics	Ph.D. Medical Genetics	A medical geneticist works in association with a medical specialist, is affiliated with a clinical genetics program and serves as a consultant to medical and dental specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SM0001X	Allopathic & Osteopathic Physicians	Medical Genetics	Molecular Genetic Pathology	A board certified subspecialty, the molecular genetic pathologist is expert in the principles, theory and technologies of molecular biology and molecular genetics. This expertise is used to make or confirm diagnoses of Mendelian genetic disorders, of human development, infectious diseases and malignancies and to assess the natural history of those disorders. A molecular genetic pathologist provides information about gene structure, function and alteration, and applies laboratory techniques for diagnosis, treatment and prognosis for individuals with related disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics. A subspecialty certificate for MGG was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Proposal under development.
207T00000X	Allopathic & Osteopathic Physicians	Neurological Surgery		A neurological surgeon provides the operative and non-operative management (i.e., prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes which modify function or activity of the nervous system; and the operative and non-operative management of pain. A neurological surgeon treats patients with disorders of the nervous system; disorders of the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, including those which may require treatment by spinal fusion or instrumentation; and disorders of the cranial and spinal nerves throughout their distribution.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Neurological Surgery, 2007. http://www.abns.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Neurological Surgery.

207U0000X	Allopathic & Osteopathic Physicians	Nuclear Medicine		A nuclear medicine specialist employs the properties of radioactive atoms and molecules in the diagnosis and treatment of disease and in research. Radiation detection and imaging instrument systems are used to detect disease as it changes the function and metabolism of normal cells, tissues and organs. A wide variety of diseases can be found in this way, usually before the structure of the organ involved by the disease can be seen to be abnormal by any other techniques. Early detection of coronary artery disease (including acute heart attack), early cancer detection and evaluation of the effect of tumor treatment, diagnosis of infection and inflammation anywhere in the body and early detection of blood clot in the lungs are all possible with these techniques. Unique forms of radioactive molecules can attack and kill cancer cells (e.g., lymphoma, thyroid cancer) or can relieve the severe pain of cancer that has spread to bone	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Nuclear Medicine, 2007. http://www.abnm.org/. A doctor of osteopathy was able to obtain a Certificate of Added Qualifications in the field of Nuclear Medicine. The Certificate is NO longer offered.-br/>-br/>American Osteopathic Board of Nuclear Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Nuclear Medicine.
207UN0901X	Allopathic & Osteopathic Physicians	Nuclear Medicine	Nuclear Cardiology	A nuclear medicine physician who specializes in nuclear cardiology.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Nuclear Medicine.
207UN0902X	Allopathic & Osteopathic Physicians	Nuclear Medicine	Nuclear Imaging & Therapy	A nuclear medicine physician who specializes in nuclear imaging and therapy.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Nuclear Medicine.
207UN0903X	Allopathic & Osteopathic Physicians	Nuclear Medicine	In Vivo & In Vitro Nuclear Medicine	A nuclear medicine physician who specializes in in vivo and in vitro nuclear medicine.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Nuclear Medicine.
207V0000X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology		An obstetrician/gynecologist possesses special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system and associated disorders. This physician serves as a consultant to other physicians and as a primary physician for women.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/. American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207VB0002X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
207VC0200X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Critical Care Medicine	An obstetrician/gynecologist, who specializes in critical care medicine diagnoses, treats and supports female patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/. American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207VE0102X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Reproductive Endocrinology	An obstetrician/gynecologist who is capable of managing complex problems relating to reproductive endocrinology and infertility.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/. American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207VF0040X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Female Pelvic Medicine and Reconstructive Surgery	A subspecialist in Female Pelvic Medicine and Reconstructive Surgery is a physician in Urology or Obstetrics and Gynecology who, by virtue of education and training, is prepared to provide consultation and comprehensive management of women with complex benign pelvic conditions, lower urinary tract disorders, and pelvic floor dysfunction. Comprehensive management includes those diagnostic and therapeutic procedures necessary for the total care of the patient with these conditions and complications resulting from them.	Source: American Board of Medical Specialties, 2011. [1/1/2012: new] Resources: www.abms.org
207VG0400X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Gynecology	Definition to come...	
207VH0002X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Hospice and Palliative Medicine	An obstetrician/gynecologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207VM0101X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Maternal & Fetal Medicine	An obstetrician/gynecologist who cares for, or provides consultation on, patients with complications of pregnancy. This specialist has advanced knowledge of the obstetrical, medical and surgical complications of pregnancy and their effect on both the mother and the fetus. The specialist also possesses expertise in the most current diagnostic and treatment modalities used in the care of patients with complicated pregnancies.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/. American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207VX0000X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Obstetrics	Definition to come...	

207VX0201X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Gynecologic Oncology	An obstetrician/gynecologist who provides consultation and comprehensive management of patients with gynecologic cancer, including those diagnostic and therapeutic procedures necessary for the total care of the patient with gynecologic cancer and resulting complications.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/ . American Osteopathic Board of Obstetrics and Gynecology, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.</td> </tr> <tr> <td>207W00000X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Ophthalmology</td> <td></td> <td>An ophthalmologist has the knowledge and professional skills needed to provide comprehensive eye and vision care. Ophthalmologists are medically trained to diagnose, monitor and medically or surgically treat all ocular and visual disorders. This includes problems affecting the eye and its component structures, the eyelids, the orbit and the visual pathways. In so doing, an ophthalmologist prescribes vision services, including glasses and contact lenses.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Ophthalmology, 2007. http://www.abop.org/ . American Osteopathic Board of Ophthalmology and Otolaryngology, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Ophthalmology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Ophthalmology and Otolaryngology.</td> </tr> <tr> <td>207W X0009X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Ophthalmology</td> <td>Glaucoma Specialist</td> <td>An ophthalmologist who specializes in the treatment of glaucoma and other disorders related to increased intraocular pressure and optic nerve damage. This specialty involves the medical and surgical treatment of these conditions.</td> <td>Source: American Academy of Ophthalmology, www.aao.org [1/1/2017: new] Additional Resources: Association of University Professors of Ophthalmology, www.aupo.org
207W X0107X	Allopathic & Osteopathic Physicians	Ophthalmology	Retina Specialist	An ophthalmologist who specializes in the diagnosis and treatment of vitreoretinal diseases.	Source: American Society of Retina Specialists, www.asrs.org [1/1/2017: new]- - Additional Resources: American Academy of Ophthalmology, www.aao.org . Macula Society, www.maculasociety.org . Retina Society, www.retinasociety.org . Association of University Professors of Ophthalmology, www.aupo.org .
207W X0108X	Allopathic & Osteopathic Physicians	Ophthalmology	Uveitis and Ocular Inflammatory Disease	An ophthalmologist who specializes in the treatment of intraocular inflammation, scleritis, keratitis and infectious disorders affecting the eye and inflammatory disorders of the adnexa and/or orbit.	Source: American Academy of Ophthalmology, www.aao.org [1/1/2017: new]- - Additional Resources: Association of University Professors of Ophthalmology, www.aupo.org
207W X0200X	Allopathic & Osteopathic Physicians	Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery	A physician who specializes in oculofacial plastic and reconstructive surgery. This subspecialty combines orbital and periocular surgery with facial plastic surgery, and includes aesthetic and reconstructive surgery of the face, orbit, eyelid, and lacrimal system. Practitioners evaluate, diagnose and treat conditions involving the eyelids, brows, midface, orbits, lacrimal systems and surrounding and supporting structures of the face and neck.	Source: American Academy of Ophthalmology, 2015 [1/1/2016: new]
207X00000X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery		An orthopaedic surgeon is trained in the preservation, investigation and restoration of the form and function of the extremities, spine and associated structures by medical, surgical and physical means. An orthopaedic surgeon is involved with the care of patients whose musculoskeletal problems include congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries and degenerative diseases of the spine, hands, feet, knee, hip, shoulder and elbow in children and adults. An orthopaedic surgeon is also concerned with primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . American Osteopathic Board of Orthopaedic Surgery, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Orthopaedic Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Orthopaedic Surgery.</td> </tr> <tr> <td>207XP3100X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Orthopaedic Surgery</td> <td>Pediatric Orthopaedic Surgery</td> <td>An orthopaedic surgeon who has additional training and experience in diagnosing, treating and managing musculoskeletal problems in infants, children and adolescents. These may include limb and spine deformities (such as club foot, scoliosis); gait abnormalities (limping); bone and joint infections; broken bones.</td> <td>Source: American Academy of Pediatrics [7/1/2006: new]</td> </tr> <tr> <td>207XS0106X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Orthopaedic Surgery</td> <td>Hand Surgery</td> <td>An orthopaedic surgeon trained in the investigation, preservation and restoration by medical, surgical and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . American Osteopathic Board of Orthopaedic Surgery, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Orthopaedic Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Orthopaedic Surgery.</td> </tr> <tr> <td>207XS0114X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Orthopaedic Surgery</td> <td>Adult Reconstructive Orthopaedic Surgery</td> <td>Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, adult reconstructive orthopaedic surgeons deal with reconstructive procedures such as joint arthroplasty (i.e., hip and knee), osteotomy, arthroscopy, soft-tissue reconstruction, and a variety of other adult reconstructive surgical procedures.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . Separate board certification is not currently offered.
207XS0117X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Orthopaedic Surgery of the Spine	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, orthopaedic surgeons of the spine deal with the evaluation and nonoperative and operative treatment of the full spectrum of primary spinal disorders including trauma, degenerative, deformity, tumor, and reconstructive.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . Separate board certification is not currently offered.
207XX0004X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Foot and Ankle Surgery	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, foot and ankle surgeons deal with adult reconstructive foot and ankle surgery, adult foot and ankle trauma, sports medicine foot and ankle, and children's foot and ankle reconstructive surgery.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: title modified, definition added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . Separate board certification is not currently offered. ACGME Accredited Residency Program Requirements: 1 year of training with 5 years Orthopedic Surgery for a total of 6 years.
207XX0005X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Sports Medicine	An orthopaedic surgeon trained in sports medicine provides appropriate care for all structures of the musculoskeletal system directly affected by participation in sporting activity. This specialist is proficient in areas including conditioning, training and fitness, athletic performance and the impact of dietary supplements, pharmaceuticals, and nutrition on performance and health, coordination of care within the team setting utilizing other health care professionals, field evaluation and management, soft tissue biomechanics and injury healing and repair. Knowledge and understanding of the principles and techniques of rehabilitation, athletic equipment and orthotic devices enables the specialist to prevent and manage athletic injuries.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Orthopaedic Surgery. ACGME Accredited Program Requirements: 1 year GME in the specialty + 5 years of Orthopaedic Surgery for a total of 6 years
207XX0801X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Orthopaedic Trauma	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, orthopaedic trauma surgeons deal with the evaluation and management of acute orthopaedic injuries, evaluation and treatment of post-traumatic deformities and nonunions, acute and delayed reconstruction of pelvic and acetabular fractures, as well as osteotomy in the adult hip for treatment of hip arthritis.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . Separate board certification is not currently offered.

207Y0000X	Allopathic & Osteopathic Physicians	Otolaryngology		An otolaryngologist-head and neck surgeon provides comprehensive medical and surgical care for patients with diseases and disorders that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. An otolaryngologist diagnoses and provides medical and/or surgical therapy or prevention of diseases, allergies, neoplasms, deformities, disorders and/or injuries of the ears, nose, sinuses, throat, respiratory and upper alimentary systems, face, jaws and the other head and neck systems. Head and neck oncology, facial plastic and reconstructive surgery and the treatment of disorders of hearing and voice are fundamental areas of expertise.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/. American Osteopathic Board of Ophthalmology and Otolaryngology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207Y0228X	Allopathic & Osteopathic Physicians	Otolaryngology	Pediatric Otolaryngology	A pediatric otolaryngologist has special expertise in the management of infants and children with disorders that include congenital and acquired conditions involving the aerodigestive tract, nose and paranasal sinuses, the ear and other areas of the head and neck. The pediatric otolaryngologist has special skills in the diagnosis, treatment, and management of childhood disorders of voice, speech, language and hearing.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology.
207YS0012X	Allopathic & Osteopathic Physicians	Otolaryngology	Sleep Medicine	An Otolaryngologist who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
207YS0123X	Allopathic & Osteopathic Physicians	Otolaryngology	Facial Plastic Surgery	An otolaryngologist who specializes in facial plastic surgery.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate was, but is no longer issued by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207YX0007X	Allopathic & Osteopathic Physicians	Otolaryngology	Plastic Surgery within the Head & Neck	An otolaryngologist with additional training in plastic and reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft tissue repair and neural surgery. The field is diverse and involves a wide age range of patients, from the newborn to the aged. While both cosmetic and reconstructive surgeries are practiced, there are many additional procedures which interface with them.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology. Board certification for Doctors of Osteopathy is currently provided in the subspecialty of Otolaryngology/Facial Plastic Surgery (see Taxonomy Code 207YX0905X)
207YX0602X	Allopathic & Osteopathic Physicians	Otolaryngology	Otolaryngic Allergy	An otolaryngologist who specializes in the diagnosis and treatment of otolaryngic allergies and other allergic diseases.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) is issued by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207YX0901X	Allopathic & Osteopathic Physicians	Otolaryngology	Otology & Neurotology	An otolaryngologist who treats diseases of the ear and temporal bone, including disorders of hearing and balance. The additional training in otology and neurotology emphasizes the study of embryology, anatomy, physiology, epidemiology, pathophysiology, pathology, genetics, immunology, microbiology and the etiology of diseases of the ear and temporal bone.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology.
207YX0905X	Allopathic & Osteopathic Physicians	Otolaryngology	Otolaryngology/Facial Plastic Surgery	An otolaryngologist who specializes in the diagnosis and surgical treatment of head and neck conditions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate is issued by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207ZB0001X	Allopathic & Osteopathic Physicians	Pathology	Blood Banking & Transfusion Medicine	A physician who specializes in blood banking/transfusion medicine is responsible for the maintenance of an adequate blood supply, blood donor and patient-recipient safety and appropriate blood utilization. Pre-transfusion compatibility testing and antibody testing assure that blood transfusions, when indicated, are as safe as possible. This physician directs the preparation and safe use of specially prepared blood components, including red blood cells, white blood cells, platelets and plasma constituents, and marrow or stem cells for transplantation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZC0006X	Allopathic & Osteopathic Physicians	Pathology	Clinical Pathology	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new, 7/1/2009: definition reformatted] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ This taxonomy code identifies the combined anatomic "clinical pathology only" route. Board Certification for Medical Doctors (MDs) is provided by the American Board of Pathology. To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only and clinical pathology only. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.
207ZC0008X	Allopathic & Osteopathic Physicians	Pathology	Clinical Informatics	Physicians who practice Clinical Informatics collaborate with other health care and information technology professionals to analyze, design, implement and evaluate information and communication systems that enhance individual and population health outcomes, improve patient care, and strengthen the clinician-patient relationship. Clinical Informaticians use their knowledge of patient care combined with their understanding of informatics concepts, methods, and tools to: assess information and knowledge needs of health care professionals and patients; characterize, evaluate, and refine clinical processes; develop, implement, and refine clinical decision support systems; and lead or participate in the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems.	Source: The American Board of Preventive Medicine, 2013 [1/1/2014: new] Additional Resources: The American Board of Pathology, www.abpath.org
207ZC0500X	Allopathic & Osteopathic Physicians	Pathology	Cytopathology	A cytopathologist is an anatomic pathologist trained in the diagnosis of human disease by means of the study of cells obtained from body secretions and fluids, by scraping, washing, or sponging the surface of a lesion, or by the aspiration of a tumor mass or body organ with a fine needle. A major aspect of a cytopathologist's practice is the interpretation of Papanicolaou-stained smears of cells from the female reproductive systems, the "Pap" test. However, the cytopathologist's expertise is applied to the diagnosis of cells from all systems and areas of the body. He/she is a consultant to all medical specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology.
207ZD0900X	Allopathic & Osteopathic Physicians	Pathology	Dermatopathology	A dermatopathologist is an expert in diagnosing and monitoring diseases of the skin including infectious, immunologic, degenerative, and neoplastic diseases. This entails the examination and interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of light microscopy, electron microscopy, and fluorescence microscopy.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. A subspecialty certificate was first issued by the ABMS in 1974. ACGME Accredited Residency Program Requirements: None.

207ZF0201X	Allopathic & Osteopathic Physicians	Pathology	Forensic Pathology	A forensic pathologist is expert in investigating and evaluating cases of sudden, unexpected, suspicious and violent death as well as other specific classes of death defined by law. The forensic pathologist serves the public as coroner or medical examiner, or by performing medicolegal autopsies for such officials.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pathology.
207ZH0000X	Allopathic & Osteopathic Physicians	Pathology	Hematology	A hematopathologist is expert in diseases that affect blood cells, blood clotting mechanisms, bone marrow and lymph nodes. This physician has the knowledge and technical skills essential for the laboratory diagnosis of anemias, leukemias, lymphomas, bleeding disorders and blood clotting disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZI0100X	Allopathic & Osteopathic Physicians	Pathology	Immunopathology	A pathologist who specializes in the diagnosis of immunologic diseases.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Pathology.
207ZM0300X	Allopathic & Osteopathic Physicians	Pathology	Medical Microbiology	A medical microbiologist is expert in the isolation and identification of microbial agents that cause infectious disease. Viruses, bacteria and fungi, as well as parasites, are identified and, where possible, tested for susceptibility to appropriate antimicrobial agents.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZN0500X	Allopathic & Osteopathic Physicians	Pathology	Neuropathology	A neuropathologist is expert in the diagnosis of diseases of the nervous system and skeletal muscles and functions as a consultant primarily to neurologists and neurosurgeons. The neuropathologist is knowledgeable in the infirmities of humans as they affect the nervous and neuromuscular systems, be they degenerative, infectious, metabolic, immunologic, neoplastic, vascular or physical in nature.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZP0007X	Allopathic & Osteopathic Physicians	Pathology	Molecular Genetic Pathology	A molecular genetic pathologist is expert in the principles, theory and technologies of molecular biology and molecular genetics. This expertise is used to make or confirm diagnoses of Mendelian genetic disorders, disorders of human development, infectious diseases and malignancies, and to assess the natural history of those disorders. A molecular genetic pathologist provides information about gene structure, function and alteration and applies laboratory techniques for diagnosis, treatment and prognosis for individuals with related disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. A subspecialty certificate for MGC was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Proposal under development.
207ZP0101X	Allopathic & Osteopathic Physicians	Pathology	Anatomic Pathology	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. [7/1/2007: definition added, source added; 7/1/2009: definition reformatted; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology (note: this taxonomy code identifies the "anatomic pathology only" route). To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only and clinical pathology only. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.
207ZP0102X	Allopathic & Osteopathic Physicians	Pathology	Anatomic Pathology & Clinical Pathology	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2009: definition reformatted] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ This taxonomy code identifies the combined anatomic pathology & clinical pathology route. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only and clinical pathology only. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.
207ZP0104X	Allopathic & Osteopathic Physicians	Pathology	Chemical Pathology	A chemical pathologist has expertise in the biochemistry of the human body as it applies to the understanding of the cause and progress of disease. This physician functions as a clinical consultant in the diagnosis and treatment of human disease. Chemical pathology entails the application of biochemical data to the detection, confirmation or monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZP0105X	Allopathic & Osteopathic Physicians	Pathology	Clinical Pathology/Laboratory Medicine	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pathology.
207ZP0213X	Allopathic & Osteopathic Physicians	Pathology	Pediatric Pathology	A pediatric pathologist is expert in the laboratory diagnosis of diseases that occur during fetal growth, infancy and child development. The practice requires a strong foundation in general pathology and substantial understanding of normal growth and development, along with extensive knowledge of pediatric medicine.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology.

20800000X	Allopathic & Osteopathic Physicians	Pediatrics		A pediatrician is concerned with the physical, emotional and social health of children from birth to young adulthood. Care encompasses a broad spectrum of health services ranging from preventive healthcare to the diagnosis and treatment of acute and chronic diseases. A pediatrician deals with biological, social and environmental influences on the developing child, and with the impact of disease and dysfunction on development.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080A000X	Allopathic & Osteopathic Physicians	Pediatrics	Adolescent Medicine	A pediatrician who specializes in adolescent medicine is a multi-disciplinary healthcare specialist trained in the unique physical, psychological and social characteristics of adolescents, their healthcare problems and needs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080B0002X	Allopathic & Osteopathic Physicians	Pediatrics	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: new] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
2080C0008X	Allopathic & Osteopathic Physicians	Pediatrics	Child Abuse Pediatrics	A Child Abuse Pediatrician serves as a resource to children, families and communities by accurately diagnosing abuse; consulting with community agencies on child safety; providing expertise in courts of law; treating consequences of abuse and neglect; directing child abuse and neglect prevention programs and participating on multidisciplinary teams investigating; and managing child abuse cases.	Source: American Board of Medical Specialties, 2009 [7/1/2009: definition added]
2080H0002X	Allopathic & Osteopathic Physicians	Pediatrics	Hospice and Palliative Medicine	A pediatrician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2080I0007X	Allopathic & Osteopathic Physicians	Pediatrics	Clinical & Laboratory Immunology	A pediatrician who specializes in clinical and laboratory immunology disease management.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A certification was, but is no longer issued by the American Board of Pediatrics.
2080N0001X	Allopathic & Osteopathic Physicians	Pediatrics	Neonatal-Perinatal Medicine	A pediatrician who is the principal care provider for sick newborn infants. Clinical expertise is used for direct patient care and for consulting with obstetrical colleagues to plan for the care of mothers who have high-risk pregnancies.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080P0006X	Allopathic & Osteopathic Physicians	Pediatrics	Developmental – Behavioral Pediatrics	A developmental-behavioral specialist is a pediatrician with special training and experience who aims to foster understanding and promotion of optimal development of children and families through research, education, clinical care and advocacy efforts. This physician assists in the prevention, diagnosis, and management of developmental difficulties and problematic behaviors in children and in the family dysfunctions that compromise children's development.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed, 3/26/2008: definition corrected] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0008X	Allopathic & Osteopathic Physicians	Pediatrics	Neurodevelopmental Disabilities	A pediatrician who treats children having developmental delays or learning disorders including those associated with visual and hearing impairment, mental retardation, cerebral palsy, spina bifida, autism and other chronic neurologic conditions. This specialist provides medical consultation and education and assumes leadership in the interdisciplinary management of children with neurodevelopmental disorders. They may also focus on the early identification and diagnosis of neurodevelopmental disabilities in infants and young children as well as on changes that occur as the child with developmental disabilities grows.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0201X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Allergy/Immunology	A pediatrician who specializes in the diagnosis and treatment of allergies, allergic reactions, and immunologic diseases in children.	Source: National Uniform Claim Committee, 2009 [1/1/2010: title modified, definition added, source added] Additional Resources: A Certification of Special Qualifications (CSQ) is issued by the American Osteopathic Board of Pediatrics.
2080P0202X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Cardiology	A pediatric cardiologist provides comprehensive care to patients with cardiovascular problems. This specialist is skilled in selecting, performing and evaluating the structural and functional assessment of the heart and blood vessels, and the clinical evaluation of cardiovascular disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.
2080P0203X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Critical Care Medicine	A pediatrician expert in advanced life support for children from the term or near-term neonate to the adolescent. This competence extends to the critical care management of life-threatening organ system failure from any cause in both medical and surgical patients and to the support of vital physiological functions. This specialist may have administrative responsibilities for intensive care units and also facilitates patient care among other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. ACGME Accredited Residency Program Requirements: 2 years of training with 3 years Pediatrics plus 1 year Pediatric Critical Care for certification for a total of 6 years. ABMS Approved Subspecialty Certificate (Pediatrics)
2080P0204X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Emergency Medicine	A pediatrician who has special qualifications to manage emergencies in infants and children.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.

2080P0205X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Endocrinology	A pediatrician who provides expert care to infants, children and adolescents who have diseases that result from an abnormality in the endocrine glands (glands which secrete hormones). These diseases include diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, birth defects, the genital region and disorders of the thyroid, the adrenal and pituitary glands.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080P0206X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Gastroenterology	A pediatrician who specializes in the diagnosis and treatment of diseases of the digestive systems of infants, children and adolescents. This specialist treats conditions such as abdominal pain, ulcers, diarrhea, cancer and jaundice and performs complex diagnostic and therapeutic procedures using lighted scopes to see internal organs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0207X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Hematology-Oncology	A pediatrician trained in the combination of pediatrics, hematology and oncology to recognize and manage pediatric blood disorders and cancerous diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.
2080P0208X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Infectious Diseases	A pediatrician trained to care for children in the diagnosis, treatment and prevention of infectious diseases. This specialist can apply specific knowledge to affect a better outcome for pediatric infections with complicated courses, underlying diseases that predispose to unusual or severe infections, unclear diagnoses, uncommon diseases and complex or investigational treatments.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.
2080P0210X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Nephrology	A pediatrician who deals with the normal and abnormal development and maturation of the kidney and urinary tract, the mechanisms by which the kidney can be damaged, the evaluation and treatment of renal diseases, fluid and electrolyte abnormalities, hypertension and renal replacement therapy.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.
2080P0214X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Pulmonology	A pediatrician dedicated to the prevention and treatment of all respiratory diseases affecting infants, children and young adults. This specialist is knowledgeable about the growth and development of the lung, assessment of respiratory function in infants and children, and experienced in a variety of invasive and noninvasive diagnostic techniques.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.
2080P0216X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Rheumatology	A pediatrician who treats diseases of joints, muscle, bones and tendons. A pediatric rheumatologist diagnoses and treats arthritis, back pain, muscle strains, common athletic injuries and "collagen" diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080S0010X	Allopathic & Osteopathic Physicians	Pediatrics	Sports Medicine	A pediatrician who is responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention of injury and illness. A sports medicine physician must have knowledge and experience in the promotion of wellness and the prevention of injury. Knowledge about special areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation, injuries (treatment and prevention and referral practice) and the role of exercise in promoting a healthy lifestyle are essential to the practice of sports medicine. The sports medicine physician requires special education to provide the knowledge to improve the healthcare of the individual engaged in physical exercise (sports) whether as an individual or in team participation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080S0012X	Allopathic & Osteopathic Physicians	Pediatrics	Sleep Medicine	A Pediatrician who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
2080T0002X	Allopathic & Osteopathic Physicians	Pediatrics	Medical Toxicology	Medical toxicologists are physicians that specialize in the prevention, evaluation, treatment and monitoring of injury and illness from exposures to drugs and chemicals, as well as biological and radiological agents. Medical toxicologists care for people in clinical, academic, governmental and public health settings, and provide poison control center leadership. Important areas of medical toxicology include acute drug poisoning, adverse drug events, drug abuse, addiction and withdrawal, chemicals and hazardous materials, terrorism preparedness, venomous bites and stings, and environmental and workplace exposures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. ACME Accredited Residency Program Requirements: Medical Toxicology (EM) 2 years with 3-4 years Emergency Medicine for a total of 5-6 years; for Medical Toxicology (Preventive Medicine) 2 years with 3 years Preventive Medicine for a total of 5 years. Medical Toxicology (Pediatrics): None. ABMS Approved Subspecialty Certificates (Emergency Medicine) (Pediatrics) (Preventive Medicine)
2080T0004X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Transplant Hepatology	A pediatrician with expertise in transplant hepatology encompasses the special knowledge and skill required of pediatric gastroenterologists to care for patients prior to and following hepatic transplantation; it spans all phases of liver transplantation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.

20810000X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation		Physical medicine and rehabilitation, also referred to as rehabilitation medicine, is the medical specialty concerned with diagnosing, evaluating, and treating patients with physical disabilities. These disabilities may arise from conditions affecting the musculoskeletal system such as neck and back pain, sports injuries, or other painful conditions affecting the limbs, such as carpal tunnel syndrome. Alternatively, the disabilities may result from neurological trauma or disease such as spinal cord injury, head injury or stroke. A physician certified in physical medicine and rehabilitation is often called a physiatrist. The primary goal of the physiatrist is to achieve maximal restoration of physical, psychological, social and vocational function through comprehensive rehabilitation. Pain management is often an important part of the role of the physiatrist. For diagnosis and evaluation, a physiatrist may include the techniques of electromyography to supplement the standard history, physical, x-ray and laboratory examinations. The physiatrist has expertise in the appropriate use of therapeutic exercise, prosthetics (artificial limbs), orthotics and mechanical and electrical devices.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/ . American Osteopathic Board of Physical Medicine and Rehabilitation, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Physical Medicine and Rehabilitation.
2081H0002X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Hospice and Palliative Medicine	A physical medicine and rehabilitation physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2081N0008X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Neuromuscular Medicine	A physician who specializes in neuromuscular medicine possesses specialized knowledge in the science, clinical evaluation and management of these disorders. This encompasses the knowledge of the pathology, diagnosis and treatment of these disorders at a level that is significantly beyond the training and knowledge expected of a general neurologist, child neurologist or physiatrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation.
2081P0004X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Spinal Cord Injury Medicine	A physician who addresses the prevention, diagnosis, treatment and management of traumatic spinal cord injury and non-traumatic etiologies of spinal cord dysfunction by working in an interdisciplinary manner. Care is provided to patients of all ages on a lifelong basis and covers related medical, physical, psychological and vocational disabilities and complications.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. ACGME Accredited Residency Program Requirements: 1 year of training with 3-5 years in relevant specialty for a total of 4-6 years. ABMS Approved Subspecialty Certificate: (Physical Medicine and Rehabilitation)
2081P0010X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Pediatric Rehabilitation Medicine	A physiatrist who utilizes an interdisciplinary approach and addresses the prevention, diagnosis, treatment and management of congenital and childhood-onset physical impairments including related or secondary medical, physical, functional, psychosocial and vocational limitations or conditions, with an understanding of the life course of disability. This physician is trained in the identification of functional capabilities and selection of the best of rehabilitation intervention strategies, with an understanding of the continuum of care.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. A subspecialty certificate for PRM was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Early discussions underway
2081P0301X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Brain Injury Medicine	A Brain Injury Medicine physician specializes in disorders of brain function due to injury and disease. These disorders encompass a range of medical, physical, neurologic, cognitive, sensory, and behavioral disorders that result in psychosocial, educational, and vocational consequences.	Source: American Board of Physical Medicine and Rehabilitation, 2015 [1/1/2016: new]
2081P2900X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Pain Medicine	A physician who provides a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic or cancer pain in both hospital and ambulatory settings. Patient care needs may also be coordinated with other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. A subspecialty certificate was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Proposal under development.
2081S0010X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Sports Medicine	A physician who specializes in Sports Medicine is responsible for continuous care related to the enhancement of health and fitness as well as the prevention of injury and illness. The specialist possesses knowledge and experience in the promotion of wellness and the prevention of injury from many areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation and injuries. It is the goal of a Sports Medicine specialist to improve the healthcare of the individual engaged in physical exercise.	Source: American Board of Medical Specialties, 2009. www.abms.org [7/1/2009: definition added]
20820000X	Allopathic & Osteopathic Physicians	Plastic Surgery		A plastic surgeon deals with the repair, reconstruction or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk and external genitalia or cosmetic enhancement of these areas of the body. Cosmetic surgery is an essential component of plastic surgery. The plastic surgeon uses cosmetic surgical principles to both improve overall appearance and to optimize the outcome of reconstructive procedures. The surgeon uses aesthetic surgical principles not only to improve undesirable qualities of normal structures but in all reconstructive procedures as well.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Plastic Surgery, 2007. http://www.abplsurg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Plastic Surgery.
2082S0099X	Allopathic & Osteopathic Physicians	Plastic Surgery	Plastic Surgery Within the Head and Neck	A plastic surgeon with additional training in plastic and reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft tissue repair and neural surgery. The field is diverse and involves a wide age range of patients, from the newborn to the aged. While both cosmetic and reconstructive surgery is practiced, there are many additional procedures which interface with them.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Plastic Surgery, 2007. http://www.abplsurg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Plastic Surgery. A subspecialty certificate was approved by the ABMS in 2000. ACGME Accredited Residency Program Requirements: None.
2082S0105X	Allopathic & Osteopathic Physicians	Plastic Surgery	Surgery of the Hand	A plastic surgeon with additional training in the investigation, preservation, and restoration by medical, surgical and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Plastic Surgery, 2007. http://www.abplsurg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Plastic Surgery.
2083A0100X	Allopathic & Osteopathic Physicians	Preventive Medicine	Aerospace Medicine	Aerospace medicine focuses on the clinical care, research, and operational support of the health, safety, and performance of crewmembers and passengers of air and space vehicles, together with the support personnel who assist operation of such vehicles. This population often works and lives in remote, isolated, extreme, or enclosed environments under conditions of physical and psychological stress. Practitioners strive for an optimal human-machine match in occupational settings rich with environmental hazards and engineering countermeasures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Preventive Medicine, 2007. http://www.abpremed.org/ . American Osteopathic Board of Preventive Medicine, 2007. -br/>">http://www.osteopathic.org/certification-br/>-br/> Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Preventive Medicine.

2083B0002X	Allopathic & Osteopathic Physicians	Preventive Medicine	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: new] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
2083C0008X	Allopathic & Osteopathic Physicians	Preventive Medicine	Clinical Informatics	Physicians who practice Clinical Informatics collaborate with other health care and information technology professionals to analyze, design, implement and evaluate information and communication systems that enhance individual and population health outcomes, improve patient care, and strengthen the clinician-patient relationship. Clinical Informaticians use their knowledge of patient care combined with their understanding of informatics concepts, methods, and tools to: assess information and knowledge needs of health care professionals and patients; characterize, evaluate, and refine clinical processes; develop, implement, and refine clinical decision support systems; and lead or participate in the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems.	Source: The American Board of Preventive Medicine, 2013 [1/1/2014: new] Additional Resources: The American Board of Preventive Medicine, www.theabpm.org
2083P0011X	Allopathic & Osteopathic Physicians	Preventive Medicine	Undersea and Hyperbaric Medicine	A specialist who treats decompression illness and diving accident cases and uses hyperbaric oxygen therapy to treat such conditions as carbon monoxide poisoning, gas gangrene, non-healing wounds, tissue damage from radiation and burns and bone infections. This specialist also serves as consultant to other physicians in all aspects of hyperbaric chamber operations and assesses risks and applies appropriate standards to prevent disease and disability in divers and other persons working in altered atmospheric conditions.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Preventive Medicine, 2007. http://www.abpremed.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine.
2083P0500X	Allopathic & Osteopathic Physicians	Preventive Medicine	Preventive Medicine/Occupational Environmental Medicine	A preventive medicine physician who specializes in preventive medicine/occupational-environmental medicine, which is focused on protecting the population from occupational and environmental conditions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate is issued by the American Osteopathic Board of Preventive Medicine.
2083P0901X	Allopathic & Osteopathic Physicians	Preventive Medicine	Public Health & General Preventive Medicine	Public health and general preventive medicine focuses on promoting health, preventing disease, and managing the health of communities and defined populations. These practitioners combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice in a wide variety of settings.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>Additional Resources: American Board of Preventive Medicine, 2007. http://www.abpremed.org/. American Osteopathic Board of Preventive Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Preventive Medicine.
2083S0010X	Allopathic & Osteopathic Physicians	Preventive Medicine	Sports Medicine	A preventive medicine physician who specializes in the diagnosis and treatment of sports related conditions and injuries.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) is issued by the American Osteopathic Board of Preventive Medicine.
2083T0002X	Allopathic & Osteopathic Physicians	Preventive Medicine	Medical Toxicology	Medical toxicologists are physicians who specialize in the prevention, evaluation, treatment and monitoring of injury and illness from exposures to drugs and chemicals, as well as biological and radiological agents. Medical toxicologists care for people in clinical, academic, governmental and public health settings, and provide poison control center leadership. Important areas of medical toxicology include acute drug poisoning, adverse drug events, drug abuse, addiction and withdrawal, chemicals and hazardous materials, terrorism preparedness, venomous bites and stings, and environmental and workplace exposures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Preventive Medicine, 2007. http://www.abpremed.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine.
2083X0100X	Allopathic & Osteopathic Physicians	Preventive Medicine	Occupational Medicine	Occupational medicine focuses on the health of workers, including the ability to perform work; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental exposures. Practitioners in this field address the promotion of health in the work place, and the prevention and management of occupational and environmental injury, illness, and disability.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Preventive Medicine, 2007. http://www.abpremed.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine.
2084A0401X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Addiction Medicine	A doctor of osteopathy board eligible/certified in the field of Psychiatry by the American Osteopathic Board of Neurology and Psychiatry is able to obtain a Certificate of Added Qualifications in the field of Addiction Medicine	Source: American Osteopathic Board of Neurology and Psychiatry, 2007 [1/1/2008: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: http://www.osteopathic.org/certification
2084A2900X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurocritical Care	The medical subspecialty of Neurocritical Care is devoted to the comprehensive, multisystem care of the critically-ill neurological patient. Like other intensivists, the neurointensivist generally assumes the primary role for coordinating the care of his or her patients in the ICU, both the neurological and medical management of the patient. They may also provide consultative services for these patients as requested within the health system.	Source: Adapted from the United Council for Neurologic Subspecialties website definition at: http://www.ucns.org/go/subspecialty/neurocritical [7/1/2016: new] Additional Resources: Additional Resources: National Board for Certification of Orthopaedic Assistants
2084B0002X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
2084B0040X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Behavioral Neurology & Neuropsychiatry	Behavioral Neurology & Neuropsychiatry is a medical subspecialty involving the diagnosis and treatment of neurologically based behavioral issues.	Source: National Uniform Claim Committee, [1/1/2012: new] Additional Resources: American Academy of Neurology, www.aan.com.
2084D0003X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Diagnostic Neuroimaging	A licensed physician, who has completed a residency program in Neurology, and who has additional training, experience, and competence in the standards of performance and interpretation of Magnetic Resonance Imaging (MRI) / MRA of the head, spine, and peripheral nerves, and Computed Tomography (CT) of the head and spine. Physicians are trained in the administration of contrast media and the recognition and treatment of adverse reactions to contrast media. Neuroimaging training encompasses thorough knowledge of clinical neurology, neurophysiology, neuroanatomy, neurochemistry, neuropharmacology, and dynamics of cerebrospinal fluid circulation. Physicians possess special expertise in the technical aspects and clinical applications of each of the modalities and techniques of neuroimaging.	Source: American Academy of Neurology [1/1/2007: new]
2084F0202X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Forensic Psychiatry	Forensic Psychiatry is a subspecialty with psychiatric focus on interrelationships with civil, criminal and administrative law, evaluation and specialized treatment of individuals involved with the legal system, incarcerated in jails, prisons, and forensic psychiatry hospitals.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084H0002X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Hospice and Palliative Medicine	A psychiatrist or neurologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]

2084N0008X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neuromuscular Medicine	A neurologist or child neurologist who specializes in the diagnosis and management of disorders of nerve, muscle or neuromuscular junction, including amyotrophic lateral sclerosis, peripheral neuropathies (e.g., diabetic and immune mediated neuropathies), various muscular dystrophies, congenital and acquired myopathies, inflammatory myopathies (e.g., polymyositis, inclusion body myositis) and neuromuscular transmission disorders (e.g., myasthenia gravis, Lambert-Eaton myasthenic syndrome).	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Psychiatry and Neurology, 2007. http://www.abpn.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Psychiatry and Neurology
2084N0400X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurology	A Neurologist specializes in the diagnosis and treatment of diseases or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and blood vessels that relate to these structures.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084N0402X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurology with Special Qualifications in Child Neurology	A Child Neurologist specializes in neurology with special skills in diagnosis and treatment of neurologic disorders of the neonatal period, infancy, early childhood, and adolescence.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084N0600X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Clinical Neurophysiology	Clinical Neurophysiology is a subspecialty with psychiatric or neurologic expertise in the diagnosis and management of central, peripheral, and autonomic nervous system disorders using combined clinical evaluation and electrophysiologic testing such as electroencephalography (EEG), electromyography (EMG), and nerve conduction studies (NCS).	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0005X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurodevelopmental Disabilities	A pediatrician or neurologist who specializes in the diagnosis and management of chronic conditions that affect the developing and mature nervous system such as cerebral palsy, mental retardation and chronic behavioral syndromes, or neurologic conditions.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Psychiatry and Neurology, 2007. http://www.abpn.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Psychiatry and Neurology. A subspecialty certificate for NDN was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Ongoing early discussions regarding proposal.
2084P0015X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Psychosomatic Medicine	Psychosomatic Medicine is subspecialty in the diagnosis and treatment of psychiatric disorders and symptoms in complex medically ill patients. This subspecialty includes treatment of patients with acute or chronic medical, neurological, obstetrical or surgical illness in which psychiatric illness is affecting their medical care and/or quality of life such as HIV infection, organ transplantation, heart disease, renal failure, cancer, stroke, traumatic brain injury, high-risk pregnancy and COPD, among others. Patients also may be those who have a psychiatric disorder that is the direct consequence of a primary medical condition, or a somatoform disorder or psychological factors affecting a general medical condition. Psychiatrists specializing in Psychosomatic Medicine provide consultation-liaison services in general medical hospitals, attend on medical psychiatry inpatient units, and provide collaborative care in primary care and other outpatient settings.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new]
2084P0301X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Brain Injury Medicine	A Brain Injury Medicine physician specializes in disorders of brain function due to injury and disease. These disorders encompass a range of medical, physical, neurologic, cognitive, sensory, and behavioral disorders that result in psychosocial, educational, and vocational consequences.	Source: American Board of Physical Medicine and Rehabilitation, 2015 [1/1/2016: new]
2084P0800X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Psychiatry	A Psychiatrist specializes in the prevention, diagnosis, and treatment of mental disorders, emotional disorders, psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender identity disorders and adjustment disorders. Biologic, psychological, and social components of illnesses are explored and understood in treatment of the whole person. Tools used may include diagnostic laboratory tests, prescribed medications, evaluation and treatment of psychological and interpersonal problems with individuals and families, and intervention for coping with stress, crises, and other problems.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0802X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Addiction Psychiatry	Addiction Psychiatry is a subspecialty of psychiatry that focuses on evaluation and treatment of individuals with alcohol, drug, or other substance-related disorders, and of individuals with dual diagnosis of substance-related and other psychiatric disorders.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0804X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Child & Adolescent Psychiatry	Child & Adolescent Psychiatry is a subspecialty of psychiatry with additional skills and training in the diagnosis and treatment of developmental, behavioral, emotional, and mental disorders of childhood and adolescence.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0805X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Geriatric Psychiatry	Geriatric Psychiatry is a subspecialty with psychiatric expertise in prevention, evaluation, diagnosis and treatment of mental and emotional disorders in the elderly, and improvement of psychiatric care for healthy and ill elderly patients.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P2900X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Pain Medicine	A neurologist, child neurologists or psychiatrist who provides a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic or cancer pain in both hospital and ambulatory settings. Patient care needs may also be coordinated with other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Psychiatry and Neurology, 2007. http://www.abpn.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Psychiatry and Neurology. A subspecialty certificate was approved by ABMS in 1998. ACGME Accredited Residency Program Requirements: None.
2084S0010X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Sports Medicine	A psychiatrist or neurologist who specializes in the diagnosis and treatment of sports related conditions and injuries.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Neurology and Psychiatry.
2084S0012X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Sleep Medicine	A Psychiatrist or Neurologist who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
2084V0102X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Vascular Neurology	Vascular Neurology is a subspecialty in the evaluation, prevention, treatment and recovery from vascular diseases of the nervous system. This subspecialty includes the diagnosis and treatment of vascular events of arterial or venous origin from a large number of causes that affect the brain or spinal cord such as ischemic stroke, intracranial hemorrhage, spinal cord ischemia and spinal cord hemorrhage.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2085B0100X	Allopathic & Osteopathic Physicians	Radiology	Body Imaging	A Radiology doctor of Osteopathy that specializes in Body Imaging.	Source: National Uniform Claim Committee, 2008 [7/1/2008: definition added, source added] Additional Resources: The American Osteopathic Board of Radiology no longer offers a certificate in this specialty.
2085D0003X	Allopathic & Osteopathic Physicians	Radiology	Diagnostic Neuroimaging	A licensed physician, who has completed a residency program in Neurology, and who has additional training, experience, and competence in the standards of performance and interpretation of Magnetic Resonance Imaging (MRI / MRA) of the head, spine, and peripheral nerves, and Computed Tomography (CT) of the head and spine. Physicians are trained in the administration of contrast media and the recognition and treatment of adverse reactions to contrast media. Neuroimaging training encompasses thorough knowledge of clinical neurology, neurophysiology, neuroanatomy, neurochemistry, neuropharmacology, and dynamics of cerebrospinal fluid circulation. Physicians possess special expertise in the technical aspects and clinical applications of each of the modalities and techniques of neuroimaging.	Source: American Academy of Neurology [1/1/2007: new]

2085H0002X	Allopathic & Osteopathic Physicians	Radiology	Hospice and Palliative Medicine	A radiologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2085N0700X	Allopathic & Osteopathic Physicians	Radiology	Neuroradiology	A radiologist who diagnoses and treats diseases utilizing imaging procedures as they relate to the brain, spine and spinal cord, head, neck and organs of special sense in adults and children.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085N0904X	Allopathic & Osteopathic Physicians	Radiology	Nuclear Radiology	A radiologist who is involved in the analysis and imaging of radionuclides and radiolabeled substances in vitro and in vivo for diagnosis and the administration of radionuclides and radiolabeled substances for the treatment of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085P0229X	Allopathic & Osteopathic Physicians	Radiology	Pediatric Radiology	A radiologist who is proficient in all forms of diagnostic imaging as it pertains to the treatment of diseases in the newborn, infant, child and adolescent. This specialist has knowledge of both imaging and interventional procedures related to the care and management of diseases of children. A pediatric radiologist must be highly knowledgeable of all organ systems as they relate to growth and development, congenital malformations, diseases peculiar to infants and children and diseases that begin in childhood but cause substantial residual impairment in adulthood.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085R0001X	Allopathic & Osteopathic Physicians	Radiology	Radiation Oncology	A radiologist who deals with the therapeutic applications of radiant energy and its modifiers and the study and management of disease, especially malignant tumors.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification
2085R0202X	Allopathic & Osteopathic Physicians	Radiology	Diagnostic Radiology	A radiologist who utilizes x-ray, radionuclides, ultrasound and electromagnetic radiation to diagnose and treat disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085R0203X	Allopathic & Osteopathic Physicians	Radiology	Therapeutic Radiology	Definition to come...	
2085R0204X	Allopathic & Osteopathic Physicians	Radiology	Vascular & Interventional Radiology	A radiologist who diagnoses and treats diseases by various radiologic imaging modalities. These include fluoroscopy, digital radiography, computed tomography, sonography and magnetic resonance imaging.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology.
2085R0205X	Allopathic & Osteopathic Physicians	Radiology	Radiological Physics	A radiological physicist deals with the diagnostic and therapeutic applications of roentgen rays, gamma rays from sealed sources, ultrasonic radiation and radio-frequency radiation, as well as the equipment associated with their production and use, including radiation safety.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology.
2085U0001X	Allopathic & Osteopathic Physicians	Radiology	Diagnostic Ultrasound	A Radiology doctor of Osteopathy that specializes in Diagnostic Ultrasound.	Source: National Uniform Claim Committee, 2008 [7/1/2008: definition added, source added] Additional Resources: The American Osteopathic Board of Radiology no longer offers a certificate in this specialty. [Note: In medical practice, Diagnostic Ultrasound is part of the scope of training and practice of a Diagnostic Radiologists – see Taxonomy Code 2085R0202X.]
208600000X	Allopathic & Osteopathic Physicians	Surgery		A general surgeon has expertise related to the diagnosis - preoperative, operative and postoperative management - and management of complications of surgical conditions in the following areas: alimentary tract; abdomen; breast, skin and soft tissue; endocrine system; head and neck surgery; pediatric surgery; surgical critical care; surgical oncology; trauma and burns; and vascular surgery. General surgeons increasingly provide care through the use of minimally invasive and endoscopic techniques. Many general surgeons also possess expertise in transplantation surgery, plastic surgery and cardiothoracic surgery.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. American Osteopathic Board of Surgery, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Surgery.
2086H0002X	Allopathic & Osteopathic Physicians	Surgery	Hospice and Palliative Medicine	A surgeon with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2086S0102X	Allopathic & Osteopathic Physicians	Surgery	Surgical Critical Care	A surgeon with expertise in the management of the critically ill and postoperative patient, particularly the trauma victim, who specializes in critical care medicine diagnoses, treats and supports patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. American Osteopathic Board of Surgery, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Surgery.
2086S0105X	Allopathic & Osteopathic Physicians	Surgery	Surgery of the Hand	A surgeon with expertise in the investigation, preservation and restoration by medical, surgical and rehabilitative means, of all structures of the upper extremity directly affecting the form and function of the hand and wrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery.

2086S0120X	Allopathic & Osteopathic Physicians	Surgery	Pediatric Surgery	A surgeon with expertise in the management of surgical conditions in premature and newborn infants, children and adolescents.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery.
2086S0122X	Allopathic & Osteopathic Physicians	Surgery	Plastic and Reconstructive Surgery	A surgeon who specializes in plastic and reconstructive surgery.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate is issued by the American Osteopathic Board of Surgery.
2086S0127X	Allopathic & Osteopathic Physicians	Surgery	Trauma Surgery	Trauma surgery is a recognized subspecialty of general surgery. Trauma surgeons are physicians who have completed a five-year general surgery residency and usually continue with a one to two year fellowship in trauma and/or surgical critical care, typically leading to additional board certification in surgical critical care. There is no trauma surgery board certification at this point. To obtain board certification in surgical critical care, a fellowship in surgical critical care or anesthesiology critical care must be completed during or after general surgery residency.	Source: American Board of Surgery, 2007 [1/1/2008: definition added, source added] Additional Resources: http://www.absurgery.org/ .
2086S0129X	Allopathic & Osteopathic Physicians	Surgery	Vascular Surgery	A surgeon with expertise in the management of surgical disorders of the blood vessels, excluding the intracranial vessels or the heart.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]->->-Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/ . American Osteopathic Board of Surgery, 2007. http://www.osteopathic.org/certification ->->-Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Surgery.
2086X0206X	Allopathic & Osteopathic Physicians	Surgery	Surgical Oncology	A surgical oncologist is a well-qualified surgeon who has obtained additional training and experience in the multidisciplinary approach to the prevention, diagnosis, treatment, and rehabilitation of cancer patients, and devotes a major portion of his or her professional practice to these activities and cancer research.	Source: Society of Surgical Oncology, 2007 [1/1/2008: definition added, source added, 7/1/2009: definition reformatted] Additional Resources: http://www.surgonc.org/ ; American Board of Medical Specialties, 2007, www.abms.org ; American Board of Surgery, 2007, http://www.absurgery.org/ Surgical oncology is a recognized fellowship subspecialty program of surgery. Separate board certification is not currently offered.
208800000X	Allopathic & Osteopathic Physicians	Urology		A urologist manages benign and malignant medical and surgical disorders of the genitourinary system and the adrenal gland. This specialist has comprehensive knowledge of and skills in endoscopic, percutaneous and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Urology, 2007. http://www.abu.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Urology.
2088F0040X	Allopathic & Osteopathic Physicians	Urology	Female Pelvic Medicine and Reconstructive Surgery	A subspecialist in Female Pelvic Medicine and Reconstructive Surgery is a physician in Urology or Obstetrics and Gynecology who, by virtue of education and training, is prepared to provide consultation and comprehensive management of women with complex benign pelvic conditions, lower urinary tract disorders, and pelvic floor dysfunction. Comprehensive management includes those diagnostic and therapeutic procedures necessary for the total care of the patient with these conditions and complications resulting from them.	Source: American Board of Medical Specialties, 2011. [1/1/2012: new] Resources: www.abms.org
2088P0231X	Allopathic & Osteopathic Physicians	Urology	Pediatric Urology	Surgeons who can diagnose, treat, and manage children's urinary and genital problems. A pediatric urologist devotes a minimum of 50% of his or her practice to the urologic problems of infants, children, and adolescents. Pediatric urologists generally provide the following services: the evaluation and management of voiding disorders; vesicoureteral reflux, and urinary tract infections that require surgery; surgical reconstruction of the urinary tract (kidneys, ureters, and bladder) including genital abnormalities, hypospadias, and intersex conditions; surgery for groin conditions in childhood and adolescence (undescended testes, hydrocele/hernia, varicocele).	Source: American Academy of Pediatrics [7/1/2006: new]
208C00000X	Allopathic & Osteopathic Physicians	Colon & Rectal Surgery		A colon and rectal surgeon is trained to diagnose and treat various diseases of the intestinal tract, colon, rectum, anal canal and perianal area by medical and surgical means. This specialist also deals with other organs and tissues (such as the liver, urinary and female reproductive system) involved with primary intestinal disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Colon and Rectal Surgery, 2007. http://www.abcrs.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Colon and Rectal Surgery. Colon and rectal surgeons have the expertise to diagnose and often manage anorectal conditions such as hemorrhoids, fissures (painful tears in the anal lining), abscesses and fistulae (infections located around the anus and rectum) in the office setting. They also treat problems of the intestine and colon, and perform endoscopic procedures to evaluate and treat problems such as cancer, polyps (precancerous growths) and inflammatory conditions.
208D00000X	Allopathic & Osteopathic Physicians	General Practice		Definition to come...	
208G00000X	Allopathic & Osteopathic Physicians	Thoracic Surgery (Cardiothoracic Vascular Surgery)		A thoracic surgeon provides the operative, perioperative and critical care of patients with pathologic conditions within the chest. Included is the surgical care of coronary artery disease, cancers of the lung, esophagus and chest wall, abnormalities of the trachea, abnormalities of the great vessels and heart valves, congenital anomalies, tumors of the mediastinum and diseases of the diaphragm. The management of the airway and injuries of the chest is within the scope of the specialty.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Thoracic Surgery, 2007. http://www.abts.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Thoracic Surgery. Thoracic surgeons have the knowledge, experience and technical skills to accurately diagnose, operate upon safely, and effectively manage patients with thoracic diseases of the chest. This requires substantial knowledge of cardiorespiratory physiology and oncology, as well as capability in the use of heart assist devices, management of abnormal heart rhythms and drainage of the chest cavity, respiratory support systems, endoscopy and invasive and noninvasive diagnostic techniques.
208M00000X	Allopathic & Osteopathic Physicians	Hospitalist		Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research, and leadership related to Hospital Medicine. The term 'hospitalist' refers to physicians whose practice emphasizes providing care for hospitalized patients.	Source: American Society of Hospital Medicine, 2007. http://www.hospitalmedicine.org/ [7/1/2009: definition added] Additional Resources: Hospitalist is a recognized fellowship specialty program offered by many medical institutions. There is no board certification for the specialty at this point.
208U00000X	Allopathic & Osteopathic Physicians	Clinical Pharmacology		Clinical pharmacology encompasses the spectrum of activities related to the discovery, development, regulation, and utilization of safe and effective drugs.	Source: American Society for Clinical Pharmacology and Therapeutics, 2008 [7/1/2008: modified definition] Additional Resources: Clinical pharmacology is a recognized fellowship program for physicians, pharmacists, and post-doctoral researchers delivered through medical education institutions accredited by the American Board of Clinical Pharmacology. http://www.ascpt.org/ ; American Board of Clinical Pharmacology http://www.abcp.net/

208VP0000X	Allopathic & Osteopathic Physicians	Pain Medicine	Pain Medicine	Pain Medicine is a primary medical specialty based on a distinct body of knowledge and a well-defined scope of clinical practice that is founded on science, research and education. It is concerned with the study of pain, the prevention of pain, and the evaluation, treatment, and rehabilitation of persons in pain. A comprehensive evaluation incorporates the physical, psychological, cognitive and socio-cultural contributions to pain. The treatment protocol may include pharmacological, invasive, behavioral, cognitive, rehabilitative and complementary strategies provided in a concurrent focused and patient specific manner. The pain medicine physician often serves the patient as a frontline physician regarding their pain, but also may serve as a consultant to other physicians, direct an interdisciplinary/multidisciplinary treatment team, conduct research, or advocate for the patient's pain care with public and private agencies. The Pain Medicine physician may work in variety of settings including office, clinic, hospital, university, or governmental/public agencies.	Source: American Academy of Pain Medicine The American Board of Pain Medicine provides Board Certification.
208VP0014X	Allopathic & Osteopathic Physicians	Pain Medicine	Interventional Pain Medicine	Interventional Pain Medicine is the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders principally with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatment.	
209800000X	Allopathic & Osteopathic Physicians	Legal Medicine		Legal Medicine is a special field of medicine that focuses on various aspects of medicine and law. Historically, the practice of legal medicine made contributions to medicine as a scientific instrument to solve criminal perplexities. Since World War II, the domain of legal medicine has broadened to include not only aspects of medical science to solve legal and criminal problems but aspects of law as it applies to medicine. Legal Medicine continues to grow as medicolegal issues like medical malpractice and liability, government regulation of health care, issues of tort reform, and moral and ethical complexities presented by technological advances become increasingly prominent. Many medical schools have implemented courses which supply medicolegal instruction for medical students, and many law schools now offer medicolegal courses. Also, dual degree programs in law and medicine have been created to assist physicians to bridge the gap between medicine and the law.	Source: American Board of Legal Medicine 08/1992 [7/1/2009: definition reformatted] Additional Resources: Training Programs, and/or Fellowships, Preceptorships: Certification available through the American Board of Legal Medicine. ACGME Accredited Residency Program Requirements: None.
211D00000X	Podiatric Medicine & Surgery Service Providers	Assistant, Podiatric		An individual who assists a podiatrist in tasks, such as exposing and developing x-rays; taking and recording patient histories; assisting in biomechanical evaluations and negative castings; preparing and sterilizing instruments and equipment; providing the patient with postoperative instructions; applying surgical dressings; preparing the patient for treatment, padding, and strapping; and performing routine office procedures.	Source: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 622.
213E00000X	Podiatric Medicine & Surgery Service Providers	Podiatrist		A podiatrist is a person qualified by a Doctor of Podiatric Medicine (D.P.M.) degree, licensed by the state, and practicing within the scope of that license. Podiatrists diagnose and treat foot diseases and deformities. They perform medical, surgical and other operative procedures, prescribe corrective devices and prescribe and administer drugs and physical therapy.	
213EG0000X	Podiatric Medicine & Surgery Service Providers	Podiatrist	General Practice		[7/1/2006: marked inactive, use value 213E00000X]
213EP0504X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Public Medicine	Definition to come...	
213EP1101X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Primary Podiatric Medicine	Definition to come...	
213ER0200X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Radiology	Definition to come...	
213ES0000X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Sports Medicine	Definition to come...	
213ES0103X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Foot & Ankle Surgery	Definition to come...	
213ES0131X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Foot Surgery	Definition to come...	
221700000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Art Therapist		(1) An individual who uses art to achieve the therapeutic goals of symptom relief, emotional integration, and recovery from or adjustment to illness or disability. (2) An art therapist uses a form of treatment that enables patients with mental or physical disabilities to use art as a way of expressing and dealing with feelings and inner conflicts. (3) An individual who uses arts modalities and creative processes during intentional intervention in therapeutic, rehabilitative, community, or educational settings to foster health, communication, and expression; promote the integration of physical, emotional, cognitive, and social functioning; enhance self-awareness; and facilitate change.	Source: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 107. (2) Art Therapy Program, Marymount College, Tarrytown, NY (3) National Coalition of Arts
222Q00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Developmental Therapist		A Developmental Therapist is a person qualified by completion of an approved program in Developmental Therapy and where applicable credentialed by the state and practicing within the scope of the credential, or credentialed by completion of education experiences as approved by the state and practicing within the scope of that credential or, where state credentialing does not exist, certified by the Board of the Developmental Therapy Association. A developmental therapist evaluates children's global development in order to identify areas of developmental delay whether arising from physiological, neurological, or environmental factors, or a combination of factors; and designs, implements, and modifies therapeutic interventions for the child and the family to promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction in order to maximize functional independence and developmental homeostasis, and improve the quality of life at home and in the community; and provides consultation for the parents and other professionals working with the family on global development.	Source: The Illinois Developmental Therapists Association [1/1/2007: new]
222Z00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Orthotist		A health care professional who is specifically educated and trained to manage comprehensive orthotic patient care, including musculoskeletal and neuromuscular anomalies resulting from injuries or disease processes involving the lower extremity, upper extremity or spinal segment/s and positional deformation of the cranium. Orthotists assess specific patient needs, formulate an appropriate treatment plan, implement the treatment plan and provide follow-up care.	Source: American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. [7/1/2010: modified, 7/1/2013: modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
224900000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Mastectomy Fitter		An individual trained in the fitting and adjusting of breast prostheses and management of post-mastectomy prostheses services.	Source: National Uniform Claim Committee [7/1/2010: new] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
224L00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Pedorthist		An individual who is trained in the management and treatment of conditions of the foot, ankle, and lower extremities requiring fitting, fabricating, and adjusting of pedorthic devices.	Source: National Uniform Claim Committee [7/1/2010: new] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
224P00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Prosthetist		A health care professional who is specifically educated and trained to manage comprehensive prosthetic patient care for individuals who have sustained complete or partial limb loss or absence. Prosthetists assess specific patient needs, formulate an appropriate treatment plan, implement the treatment plan and provide follow-up care.	Source: American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. [7/1/2010: modified, 7/1/2013: modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
224Y00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Clinical Exercise Physiologist		A Clinical Exercise Physiologist is a health care professional who is trained to work with patients with chronic disease where exercise training has been shown to be of therapeutic benefit, including but not limited to cardiovascular and pulmonary disease, and metabolic disorders.	Source: What is a Clinical Exercise Physiologist? Clinical Exercise Physiology Association (CEPA), CEPA Executive Board, 2008

224Z0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant		An occupational therapy assistant is a person who has graduated from an occupational therapy assistant program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations, has successfully completed a period of supervised fieldwork experience required by the accredited occupational therapy assistant program, has passed a nationally recognized entry-level examination for occupational therapy assistants, and fulfills state requirements for licensure, certification, or registration. An occupational therapy assistant provides interventions under the supervision of an occupational therapist which emphasize the therapeutic use of everyday life activities (i.e., occupations) with individuals or groups for the purpose of facilitating participation in roles and situations and in home, school, workplace, community and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and are provided to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy assistants address the physical, cognitive, psychosocial, sensory, and other aspects of occupational performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: definition changed, source changed]
224ZE0001X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Environmental Modification	Occupational therapy assistants provide environmental modifications under the supervision of an occupational therapist. OTAs develop and implement an individualized occupational therapy environmental modification plan that reflects the relevant contexts of the client and relevant others and maximizes current and future occupational performance, safety, and participation of the client. Clients receive environmental modification recommendations and interventions that enable them to meet occupational performance and participation goals and that have adequate flexibility to accommodate for their future needs.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for an Environmental Modification Occupational Therapy Assistant if the applicant meets the following requirements: -Professional or technical degree or equivalent in occupational therapy. -Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. -Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. -600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. -Verification of employment. -Fact Sheet: Home Modifications and OT. AOTA Website: Specialty Certifications
224ZF0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Feeding, Eating & Swallowing	Occupational therapy assistants provide environmental modifications under the supervision of an occupational therapist. OTAs develop and implement an individualized occupational therapy environmental modification plan that reflects the relevant contexts of the client and relevant others and maximizes current and future occupational performance, safety, and participation of the client. Clients receive environmental modification recommendations and interventions that enable them to meet occupational performance and participation goals and that have adequate flexibility to accommodate for their future needs.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Feeding, Eating & Swallowing Occupational Therapy Assistant if the applicant meets the following requirements: -Professional or technical degree or equivalent in occupational therapy. -Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. -Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. -600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. -Verification of employment. -AOTA Website: Specialty Certifications; AOTA Specialized Knowledge and Skills Paper: Feeding, Eating and Swallowing in Occupational Therapy Practice, 2007; AOTA Fact Sheets: OT: A Vital Role in Dysphagia Care
224ZL0004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Low Vision	Occupational therapy assistants contribute to the completion of an individualized occupational therapy low-vision evaluation under the direction and supervision of the occupational therapist to identify factors that may facilitate, compensate for, or inhibit use of vision in occupational performance. Clients are engaged in the identification of strengths, limitations, and goals as they relate to low vision to optimize independence and participation in desired occupations. Occupational therapy assistants also contribute to the development and implementation of an individualized occupational therapy low-vision intervention plan in collaboration with the occupational therapist, client, and relevant others that reflects the client's priorities for occupational performance.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Low Vision Occupational Therapy Assistant if the applicant meets the following requirements: -Professional or technical degree or equivalent in occupational therapy. -Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. -Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. -600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. -Verification of employment. -AOTA Fact Sheets: Low Vision; OT Services for Individuals with Visual Impairments
224ZR0403X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Driving and Community Mobility	Occupational therapy assistants contribute to the completion of an individualized occupational therapy driving and community mobility evaluation by administering delegated assessments and identifying findings that impact the client's occupational performance. Clients engage in the assessment and occupational profile process to customize the evaluation to their individual driving and community mobility needs. Occupational therapy assistants administer and continuously modify individualized in-vehicle and community mobility assessments within the naturalistic context of the community in response to the occupational performance and safety behaviors of the client. They also implement an individualized intervention plan, within the parameters established in collaboration with the occupational therapist that reflects the contexts of the client and meets his or her occupational performance and safety needs. Occupational therapy assistants address immediate and long-term implications of psychosocial issues related to compromised driving and community mobility throughout the occupational therapy process and makes recommendations to the occupational therapist for modification to service delivery.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Driving & Community Mobility Occupational Therapy Assistant if the applicant meets the following requirements: -Professional or technical degree or equivalent in occupational therapy. -Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. -Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. -600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. -Verification of employment. -AOTA Fact Sheets: Older Driver; AOTA Website: Specialty Certification
225000000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Orthotic Fitter		An individual trained in the management of fitting prefabricated orthoses.	Source: National Uniform Claim Committee [1/1/2011: title modified, definition modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abocp.org and Board of Certification/Accreditation, International, www.bccusa.org.
225100000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist		(1) Physical therapists are health care professionals who evaluate and treat people with health problems resulting from injury or disease. PT's assess joint motion, muscle strength and endurance, function of heart and lungs, and performance of activities required in daily living, among other responsibilities. Treatment includes therapeutic exercises, cardiovascular endurance training, and training in activities of daily living. (2) A physical therapist is a person qualified by an accredited program in physical therapy, licensed by the state, and practicing within the scope of that license. Physical therapists treat disease, injury, or loss of a bodily part by physical means, such as the application of light, heat, cold, water, electricity, massage and exercise. They develop treatment plans based upon each patient's strengths, weaknesses, range of motion and ability to function. (3) A health professional who specializes in physical therapy- the health care field concerned primarily with the treatment of disorders with physical agents and methods, such as massage, manipulation, therapeutic exercises, cold, heat (including short-wave, microwave, and ultrasonic diathermy), hydrotherapy, electric stimulation and light to assist in rehabilitating patients and in restoring normal function after an illness or injury.	Source: (1) APTA Guidelines for Physical Therapy Claims Review, American Physical Therapy Association. (3) Lexicon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL: 1994, p. 612
2251C2600X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Cardiopulmonary	Definition to come...	

2251E1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Ergonomics	Definition to come...	
2251E1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Electrophysiology, Clinical	Definition to come...	
2251G0304X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Geriatrics	Definition to come...	
2251H1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Hand	Definition to come...	
2251H1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Human Factors	Definition to come...	
2251N0400X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Neurology	Definition to come...	
2251P0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Pediatrics	Definition to come...	
2251S0007X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Sports	Definition to come...	
2251X0800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Orthopedic	Definition to come...	
225200000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapy Assistant		(1)Physical therapist assistants are skilled health care providers who are graduates of a physical therapist assistant associate degree program accredited by an agency recognized by the Secretary of the U.S. Department of Education or Council on Postsecondary Accreditation, who assists the physical therapist in providing physical therapy. The supervising physical therapist is directly responsible for the actions of the physical therapist assistant. The PTA performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist. Duties of the PTA include assisting the physical therapist in implementing treatment programs, training patients in exercised and activities of daily living, conducting treatments, and reporting to the physical therapist on the patient's responses. In addition to direct patient care, the PTA may also perform such functions as patient transport, and clinic or equipment preparation and maintenance. Currently more than half of all states require PTAs to be licensed, registered or certified. (2) An individual who works under the supervision of a physical therapist to assist him or her in providing physical therapy services. A physical therapy assistant may, for instance, help patients follow an appropriate exercise program that will increase their strength, endurance, coordination, and range of motion and train patients to perform activities of daily life.	Source: (1) American Physical Therapy Association, P.O. Box 37257, Washington, D.C. 20013. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL: 1994, p. 612
225400000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Practitioner		A health care practitioner who trains or retrains individuals disabled by disease or injury to help them attain their maximum functional capacity.	
225500000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Specialist/Technologist		General classification identifying individuals who are trained on a specific piece of equipment or technical procedure.	
2255A2300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Specialist/Technologist	Athletic Trainer	Athletic trainers are allied health care professionals who work in consultation with or under the direction of physicians, and specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses. Currently, the entry-level employment requirements are a bachelor's degree with a major in athletic training from an accredited university or college. A majority of athletic trainers hold advanced degrees. National board certification is generally required as a condition of state licensure and employment. Most states regulate athletic trainers, and they practice within the scope of that license or regulation. Clinical practice includes emergency care, rehabilitation, reconditioning, therapeutic exercise, wellness programs, exercise physiology, kinesiology, biomechanics, nutrition, psychology and health care administration.	Source: National Athletic Trainers' Association (www.NATA.org) [1/1/2006: modified definition, modified source]
2255R0406X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Specialist/Technologist	Rehabilitation, Blind	Definition to come...	
225600000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Dance Therapist		The dance therapist, sometimes called a movement therapist, focuses on rhythmic body movements as a medium of physical and psychological change. Dance therapy is practiced more often with mental health patients than with physically disabled patients. A master's degree is required by the American Dance Therapy Association to award the credentials Dance Therapist Registered (DTR).	Source: Joel A. DeLisa and Bruce M. Gans, Rehabilitation Medicine: Principles and Practice Second Edition, J.B. Lippincott Company, Philadelphia: 1993, p. 11
225700000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Massage Therapist		An individual trained in the manipulation of tissues (as by rubbing, stroking, kneading, or tapping) with the hand or an instrument for remedial or hygienic purposes.	
225800000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Recreation Therapist		A recreation therapist uses recreational activities for intervention in some physical, social or emotional behavior to bring about a desired change in that behavior and promote the growth and development of the patient.	Source: Joel A. DeLisa and Bruce M. Gans, Rehabilitation Medicine: Principles and Practice Second Edition, J.B. Lippincott Company, Philadelphia: 1993, p. 7
225A00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Music Therapist		Music therapists use music interventions to assess clients' strengths and needs, develop goals, implement services, and evaluate and document progress for individuals of all ages. Music therapists facilitate changes in physical, cognitive, emotional, and/or psychosocial health.	Source: American Music Therapy Association
225B00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Pulmonary Function Technologist		An individual who is trained and qualified to perform pulmonary diagnostic tests. In the course of conducting these tests, the Pulmonary Function Technologist is able to setup, calibrate, maintain, and ensure the quality assurance of the pulmonary function testing equipment. In the laboratory, clinical or patient care setting the technologist instructs patients, elicits cooperation, performs procedures, monitors patient response, and evaluates patient performance. Tests results are calculated, compared with predicted normal ranges, and evaluated for reliability. The technologist collects clinical history data and evaluates the clinical implications of the test results.	
225C00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor		An individual trained and educated in a systematic process of assisting persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals assessment and appraisal, diagnosis and treatment planning, career (vocational) counseling, individual and group counseling interventions for adjustments to the medical and psychosocial impact of disability, case management, program evaluation and research, job analysis and placement counseling, and consultation on rehabilitation resources and technology. Certification generally requires a Master's degree with specialized courses in rehabilitation processes and technology.	Sources: Commission on Rehabilitation Counselor Certification and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
225CA2400X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor	Assistive Technology Practitioner	Definition to come...	
225CA2500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor	Assistive Technology Supplier	Definition to come...	
225CX0006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor	Orientation and Mobility Training Provider	Orientation and Mobility (O&M) specialists teach children and adults who have visual impairments the specific orientation skills used to find one's way in the environment and the mobility skills needed to travel safely and efficiently at home, school, work, and in the community. Instruction is usually provided one-on-one and can include skills such as how to use a long cane, the operation of low vision devices and electronic travel aids when appropriate, how to orient oneself to new environments, navigate public transportation systems, how to cross streets safely, and traveling by using hearing, remaining vision, and other senses. In addition, O&M Specialists help children to develop fundamental skills such as fine and gross motor skills, concept development and problem solving skills. Adult clients can also benefit from an O&M specialist evaluating their current use of travel-related skills, discussing their future goals, and helping them select a program of instruction that will allow them to reach their greatest travel potential.	Source: San Francisco State University Orientation and Mobility Program web site http://online.sfsu.edu/~mobility/ [7/1/2006: new]

225X0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist		An occupational therapist is a person who has graduated from an entry-level occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations, or approved by the World Federation of Occupational Therapists (WFOT), or an equivalent international occupational therapy education program; has successfully completed a period of supervised fieldwork experience required by the occupational therapy program; has passed a nationally recognized entry-level examination for occupational therapists, and fulfills state requirements for licensure, certification, or registration. An occupational therapist provides interventions based on evaluation and which emphasize the therapeutic use of everyday life activities (i.e., occupations) with individuals or groups for the purpose of facilitating participation in roles and situations and in home, school, workplace, community and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and are provided to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapists address the physical, cognitive, psychosocial, sensory, and other aspects of occupational performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: definition changed, added source]
225XE0001X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Environmental Modification	Occupational therapy practitioners are experts at identifying the cause of difficulties in performance of activities of daily living and instrumental activities of daily living. Occupational therapy practitioners evaluate the client, their environment, and their occupational performance in that environment, as well as make recommendations for products to improve the fit between the client, place, and activity. Occupational therapists can evaluate both the skills the client and the environmental features that support or limit the performance of meaningful or necessary activities, thereby enhancing health, safety and well-being. Based on this assessment, they recommend modification and intervention strategies that improve the fit between the person and his or her environment.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for an Environmental Modification Occupational Therapist if the applicant meets the following requirements: -Professional or technical degree or equivalent in occupational therapy.-Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body.-Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant.-600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary.-Verification of employment.-AOTA Fact Sheets: Home Modifications
225XE1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Ergonomics	Definition to come...	
225XF0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Feeding, Eating & Swallowing	Occupational therapists provide interventions to clients of all ages with feeding, eating and swallowing difficulties. Occupational therapists provide comprehensive rehabilitative, habitative, and palliative dysphagia care, which includes collaborating with clients to provide individualized compensatory swallowing strategies, modified diet textures, adapted mealtime environments, enhanced feeding skills, preparatory exercises and positioning to clients, reinforcement of mealtime strategies to enhance and improve swallowing skills, and training to caregivers to enhance eating and feeding performance. Occupational therapists provide screening and in-depth clinical assessment which may include instrumental dysphagia assessments including videofluoroscopy.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Feeding, Eating & Swallowing Occupational Therapist if the applicant meets the following requirements: -Professional or technical degree or equivalent in occupational therapy.-Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body.-Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant.-600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary.-Verification of employment.-AOTA Specialized Knowledge and Skills Paper: Feeding, Eating and Swallowing in Occupational Therapy Practice, 2007; AOTA Fact Sheets: OT: A Vital Role in Dysphagia Care
225XG0600X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Gerontology	Occupational therapists work with older adults in virtually every setting: assisted living, wellness programs, hospitals, nursing homes, senior centers, clinics and in the home. Occupational therapists bring an understanding of the importance of participation and occupation for overall well-being to those who are experiencing disabling conditions related to aging. The primary overarching goal of occupational therapy services with this population is to maximize independence and participation, thereby enabling an older person to continue to live successfully in his or her chosen environment. Occupational therapists can help older adults by developing strategies to help or maintain safety and well-being, to assist with life transitions, and to compensate for challenges they experience in activities of daily living, instrumental activities of daily living, leisure participation, social participation, and productive activities.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary board certification for a Gerontology Occupational Therapist if the applicant meets the following requirements: -Professional degree or equivalent in occupational therapy.-Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body.-Minimum of 5 years of practice as an occupational therapist.-Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years.-Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary.-Verification of employment.-AOTA Fact Sheets: Senior Center and Assisted Living Facilities
225XH1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Hand	Definition to come...	
225XH1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Human Factors	Definition to come...	
225XL0004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Low Vision	Occupational therapists enable children and adults with visual impairment to engage in their chosen daily living activities safely and as independently as possible. This is accomplished by 1) teaching the person to use their remaining vision as efficiently as possible to complete activities; (2) modifying activities so that they can be completed with less vision; (3) training the person in use of adaptive equipment to compensate for vision loss, including high and low technology assistive devices; and (4) modifying the person's environment.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Low Vision Occupational Therapist if the applicant meets the following requirements: -Professional or technical degree or equivalent in occupational therapy.-Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body.-Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant.-600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary.-Verification of employment.-AOTA Fact Sheets: Low Vision; OT Services for Individuals with Visual Impairments

225XM0800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Mental Health	Occupational therapists provide treatment for people recovering from a mental or physical illness to regain their independence and stability and to engage in normal daily occupations (work, home, family life, school, leisure). Occupational therapists provide particular emphasis on interventions that result in improved quality of life and decrease hospitalization.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary board certification for a Mental Health Occupational Therapist if the applicant meets the following requirements: -Professional degree or equivalent in occupational therapy. -Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. -Minimum of 5 years of practice as an occupational therapist. -Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years. -Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary. -Verification of employment. -AOTA Fact Sheets: Partial Hospitalization Programs and Consumer
225XN1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Neurorehabilitation	Definition to come....	
225XP0019X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Physical Rehabilitation	Occupational therapists are experts at helping people lead as independent a life as possible. Occupational therapists bring an understanding of the physical and psychological implications of illness and injury and their effects on peoples' ability to perform the tasks of daily living. Occupational therapists provide interventions that can aide a person in completing ADL and IADL tasks, such as dressing, bathing, preparing meals, and driving. They also may fabricate custom orthotics to improve function, evaluate the environment for safety hazards and recommend adaptations to remove those hazards, help a person compensate for cognitive changes, and build a persons' physical endurance and strength. Occupational therapists' knowledge of adapting tasks and modifying the environment to compensate for functional limitations is used to increase the involvement of clients and to promote safety and success.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary board certification for a Physical Rehabilitation Occupational Therapist if the applicant meets the following requirements: -Professional degree or equivalent in occupational therapy. -Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. -Minimum of 5 years of practice as an occupational therapist. -Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years. -Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary. -Verification of employment. -AOTA Consumer Tip Sheets: Stroke, Hip
225XP0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Pediatrics	Occupational therapists provide services to infants, toddlers and children who have or who are at risk for developmental delays or disabilities. Occupational therapy is concerned with a child's ability to participate in daily life activities or "occupations." Occupational therapists use their unique expertise to help children with social-emotional, physical, cognitive, communication, and adaptive behavioral challenges and to help children to be prepared for and perform important learning and school-related activities and to fulfill their role as students. Through an understanding of the impact of disability, illness, and impairment on a child's development, plan, ability to learn new skills, and overall occupational performance, occupational therapists design interventions that promote healthy development, establish needed skills, and/or modify environments, all in support of participation in daily activities.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary board certification for a Pediatric Occupational Therapist if the applicant meets the following requirements: -Professional degree or equivalent in occupational therapy. -Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. -Minimum of 5 years of practice as an occupational therapist. -Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years. -Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary. -Verification of employment. -AOTA Specialized Knowledge and Skills Paper: Occupational Therapy Practice in the Neonatal Intensive Care Unity (2006); AOTA Fact Sheets: Children and the Tsunami, OT for Children Birth to 3 Years of Age, OT's Role with Autism, OT in Educational Settings Under the Individuals with Disabilities Education Act, Transforming Caseload to Workload in School Based and Early Intervention OT Services, OT in Preschool Settings.
225XR0403X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Driving and Community Mobility	Occupational therapists can optimize and prolong an older driver's ability to drive safely and ease the transition to other forms of transportation if driving cessation becomes necessary. By identifying strengths as well as physical or cognitive challenges, occupational therapists can evaluate an individual's overall ability to operate a vehicle safely and recommend assistive devices or behavioral changes to limit risks. Occupational therapy practitioners offer a continuum of services related to community mobility, from evaluation of driving performance, through counseling and support for lifestyle changes, to maintaining independence and quality of life.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: title changed, definition added, source added] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Driving & Community Mobility Occupational Therapist if the applicant meets the following requirements: -Professional or technical degree or equivalent in occupational therapy. -Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. -Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. -600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. -Verification of employment. -AOTA Fact Sheets: Older Driver
226000000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Recreational Therapist Assistant		Recreational Therapist Assistants work in support of or assistant to Recreational Therapists treating patients with disabilities, injuries, and illnesses. Recreational Therapist Assistants work in a variety of settings providing treatments using recreational activities, including games, sports, and crafts.	Source: National Uniform Claim Committee, 2015 [1/1/2016: new]
226300000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Kinesiotherapist		A provider trained and educated in the applied science of medically prescribed therapeutic exercise, education and adapted physical activities designed to improve the quality of life and health of adults and children by developing physical fitness, increasing mobility and independence, and improving psychosocial behavior. The kinesiotherapist seeks a coach-player relationship in which he/she helps the patient/client reach the goal of becoming an independent, self-sustaining person. Kinesiotherapists, as compared with physical therapists, put more emphasis on geriatric care, reconditioning and fitness, and psychiatric care. A large percentage of kinesiotherapists practice in Veterans Administration hospitals.	Source: The Kinesiotherapy Association.
227800000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified		A Certified Respiratory Therapist (CRT) is an entry level therapist who has passed a standardized written examination administered by the National Board for Respiratory Care (NBRC). CRTs provide diagnostic testing, therapeutics, monitoring, rehabilitation, and education to patients with disorders of the cardiopulmonary system. They provide these respiratory care services in all health care facilities and in the home. A CRT is a graduate of an associate degree program approved by the Commission on Accreditation of Allied Health Educational Programs (CAAHEP) and where applicable, is licensed by the state and is practicing within the scope of the license.	
2278C0205X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Critical Care	Respiratory emergencies are commonplace in the treatment of critical care patients. Included in the assessment measurements conducted by the respiratory therapist in the critical care settings are arterial blood gas puncture and analysis, intratracheal monitoring, bedside measurements of lung mechanics, hemodynamic monitoring, and inspired and expired gas measurements. This is coupled with the initiation and management of mechanical ventilation patients.	
2278E0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Emergency Care	The immediate availability of diagnostic and therapeutic cardiopulmonary services in the assessment and management of trauma victims, patients requiring airway management and others requiring emergency care.	

2278E1000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Educational	The focus of patient and family education activities is to promote knowledge of disease process, medical therapy, and self help. Respiratory therapists are uniquely qualified to provide this service in regard to cardiopulmonary diseases and injury.
2278G0305X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Geriatric Care	Care of older patients who have age and/or disease related decremental pulmonary changes. Diagnosis and treatment is very important for this group since chronic lung disease is the major cause of morbidity and mortality among them. Furthermore, as this segment of the population increases, life expectancy is being extended.
2278G1100X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	General Care	This level of care includes diagnostics testing, therapeutics, monitoring, rehabilitation of patients with disorders of the cardiopulmonary system, as well as, education of the patient and family in regard to those disorders.
2278H0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Home Health	Home care fosters individual responsibility for self-management of chronic respiratory conditions. It includes individualized assessment based plans of care service developed to promote safe, proper, and sustained use of prescribed respiratory therapy medications, equipment, and techniques in the home.
2278P1004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Pulmonary Diagnostics	Included in the area of pulmonary diagnostics are the following: collection and analysis of physiological specimens, interpretation of physiological data, administration of tests of the cardiopulmonary system, and the conduct of both neurophysiological and sleep disorders studies.
2278P1005X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Pulmonary Rehabilitation	The respiratory therapist can assist the chronic pulmonary patient in returning to an optimal role in society by providing an effective program. It includes bronchopulmonary drainage, exercise therapy, and patient education.
2278P1006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Pulmonary Function Technologist	An individual who is trained and qualified to perform pulmonary diagnostic tests. In the course of conducting these tests, the Pulmonary Function Technologist is able to setup, calibrate, maintain, and ensure the quality assurance of the pulmonary function testing equipment. In the laboratory, clinical or patient care setting the technologist instructs patients, elicits cooperation, performs procedures, monitors patient response, and evaluates patient performance. Tests results are calculated, compared with predicted normal ranges, and evaluated for reliability. The technologist collects clinical history data and evaluates the clinical implications of the test results.
2278P3800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Palliative/Hospice	A coordinated plan of care to help dying patients and their families handle the burden of terminal care. Effective secretion management and relief of dyspnea are paramount in caring for patients with end-stage pulmonary disease.
2278P3900X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Neonatal/Pediatrics	The care and treatment of premature infants, newborns and children. This includes management of mechanical ventilation, assessment, diagnostics and generalized respiratory treatments.
2278P4000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Patient Transport	Transport respiratory therapist provide patient assessment, initiation of treatment modalities and continued monitoring of patient status of the critically ill and injured patients with special attention to advanced airway and ventilator management. The transport respiratory therapist knowledge and experience with complex neonatal, pediatric and adult patient care issues provides them with an expertise to assist with any patient care issue in a variety of transport modes.
2278S1500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	SNF/Subacute Care	Care of residents in a long-term care environment. Respiratory modalities delivered include those similar in the general care and critical care areas but provided to less critical patients.
227900000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered		A Registered Respiratory Therapist (RRT) is an advanced therapist who has passed standardized written and clinical simulation examinations administered by the National Board for Respiratory Care (NBRC). In addition, to the certified therapist (CRT) entry level skills, RRTs have advanced education and training in patient assessment, in the development and modification of patient care plans, and in assuring the appropriate utilization of respiratory care resources. An RRT is a graduate of an associate or baccalaureate degree producing educational programs approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and where applicable, is licensed by the state and is practicing within the scope of that license.
2279C0205X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Critical Care	Respiratory emergencies are commonplace in the treatment of critical care patients. Included in the assessment measurements conducted by the respiratory therapist in the critical care settings are arterial blood gas puncture and analysis, intratracheal monitoring, bedside measurements of lung mechanics, hemodynamic monitoring, and inspired and expired gas measurements. This is coupled with the initiation and management of mechanical ventilation patients.
2279E0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Emergency Care	The immediate availability of diagnostic and therapeutic cardiopulmonary services in the assessment and management of trauma victims, patients requiring airway management and others requiring emergency care.
2279E1000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Educational	The focus of patient and family education activities is to promote knowledge of disease process, medical therapy, and self help. Respiratory therapists are uniquely qualified to provide this service in regard to cardiopulmonary diseases and injury.
2279G0305X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Geriatric Care	Care of older patients who have age and/or disease related decremental pulmonary changes. Diagnosis and treatment is very important for this group since chronic lung disease is the major cause of morbidity and mortality among them. Furthermore, as this segment of the population increases, life expectancy is being extended.
2279G1100X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	General Care	This level of care includes diagnostics testing, therapeutics, monitoring, rehabilitation of patients with disorders of the cardiopulmonary system, as well as, education of the patient and family in regard to those disorders.
2279H0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Home Health	Home care fosters individual responsibility for self-management of chronic respiratory conditions. It includes individualized assessment based plans of care service developed to promote safe, proper, and sustained use of prescribed respiratory therapy medications, equipment, and techniques in the home.
2279P1004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Pulmonary Diagnostics	Included in the area of pulmonary diagnostics are the following: collection and analysis of physiological specimens, interpretation of physiological data, administration of tests of the cardiopulmonary system, and the conduct of both neurophysiological and sleep disorders studies.
2279P1005X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Pulmonary Rehabilitation	The respiratory therapist can assist the chronic pulmonary patient in returning to an optimal role in society by providing an effective program. It includes bronchopulmonary drainage, exercise therapy, and patient education.
2279P1006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Pulmonary Function Technologist	An individual who is trained and qualified to perform pulmonary diagnostic tests. In the course of conducting these tests, the Pulmonary Function Technologist is able to setup, calibrate, maintain, and ensure the quality assurance of the pulmonary function testing equipment. In the laboratory, clinical or patient care setting the technologist instructs patients, elicits cooperation, performs procedures, monitors patient response, and evaluates patient performance. Tests results are calculated, compared with predicted normal ranges, and evaluated for reliability. The technologist collects clinical history data and evaluates the clinical implications of the test results.
2279P3800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Palliative/Hospice	A coordinated plan of care to help dying patients and their families handle the burden of terminal care. Effective secretion management and relief of dyspnea are paramount in caring for patients with end-stage pulmonary disease.
2279P3900X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Neonatal/Pediatrics	The care and treatment of premature infants, newborns and children. This includes management of mechanical ventilation, assessment, diagnostics and generalized respiratory treatments.

2279P4000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Patient Transport	Transport respiratory therapist provide patient assessment, initiation of treatment modalities and continued monitoring of patient status of the critically ill and injured patients with special attention to advanced airway and ventilator management. The transport respiratory therapist knowledge and experience with complex neonatal, pediatric and adult patient care issues provides them with an expertise to assist with any patient care issue in a variety of transport modes.	
2279S1500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	SNF/Subacute Care	Care of residents in a long-term care environment. Respiratory modalities delivered include those similar in the general care and critical care areas but provided to less critical patients.	
229N00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Anaplastologist		An anaplastologist is a professional who creates prostheses for the face and body. Patients treated include those missing anatomy due to cancer, traumatic injury, or birth differences. Generally, there are no state licensing requirements for anaplastologists. Certification specific to anaplastology is provided through the Board for Certified Clinical Anaplastology (BCCA) with a credential title of Certified Clinical Anaplastologist (CCA).	Source: American Anaplastology Association, www.anaplastology.org . [7/1/2006: new]
231H00000X	Speech, Language and Hearing Service Providers	Audiologist		(1) A specialist in evaluation, habilitation and rehabilitation of those whose communication disorders center in whole or in part in hearing function. Audiologists are autonomous professionals who identify, assess, and manage disorders of the auditory, balance and other neural systems. Audiologists provide audiological (aural) rehabilitation to children and adults across the entire age span. Audiologists select, fit and dispense amplification systems such as hearing aids and related devices. (2) An audiologist is a person qualified by a master's degree in audiology, licensed by the state, where applicable, and practicing within the scope of that license. Audiologists evaluate and treat patients with impaired hearing. They plan, direct and conduct rehabilitative programs with auditory substitutional devices (hearing aids) and other therapy.	Source: (1) American Speech-Language-Hearing Association, (1996, Spring) Scope of practice in Audiology, p. 2
231HA2400X	Speech, Language and Hearing Service Providers	Audiologist	Assistive Technology Practitioner	Definition to come...	
231HA2500X	Speech, Language and Hearing Service Providers	Audiologist	Assistive Technology Supplier	Definition to come...	
235500000X	Speech, Language and Hearing Service Providers	Specialist/Technologist		General classification identifying individuals who are trained on a specific piece of equipment or technical procedure.	
2355A2700X	Speech, Language and Hearing Service Providers	Specialist/Technologist	Audiology Assistant	Definition to come...	
2355S0801X	Speech, Language and Hearing Service Providers	Specialist/Technologist	Speech-Language Assistant	Definition to come...	
235Z00000X	Speech, Language and Hearing Service Providers	Speech-Language Pathologist		The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Speech-language pathologists address typical and atypical impairments and disorders related to communication and swallowing in the areas of speech sound production, resonance, voice, fluency, language (comprehension and expression), cognition, and feeding and swallowing.	"Scope of Practice in Speech-Language Pathology", American Speech-Language-Hearing Association, 2013.
237600000X	Speech, Language and Hearing Service Providers	Audiologist-Hearing Aid Fitter		An audiologist/hearing aid fitter is the professional who specializes in evaluating and treating people with hearing loss, conducts a wide variety of tests to determine the exact nature of an individual's hearing problem, presents a variety of treatment options to patients, dispenses and fits hearing aids, administers tests of balance to evaluate dizziness and provides hearing rehabilitation training. This classification should be used where individuals are licensed as "audiologist-hearing aid fitters" as opposed to states that license individuals as "audiologists".	Source: American Academy of Audiology, 1735 N. Lynn St, Suite 950, Arlington VA 22209, (800)AAA-2336
237700000X	Speech, Language and Hearing Service Providers	Hearing Instrument Specialist		Individuals who test hearing for the selection, adaptation, fitting, adjusting, servicing, and sale of hearing aids. Hearing Instrument Specialist is a designation provided individuals who qualify by the National Hearing Aid Society	
242T00000X	Technologists, Technicians & Other Technical Service Providers	Perfusionist		A perfusionist operates extracorporeal circulation and autotransfusion equipment during any medical situation where it is necessary to support or temporarily replace the patient's circulatory or respiratory function. The perfusionist is knowledgeable concerning the variety of equipment available to perform extracorporeal circulation functions and is responsible, in consultation with the physician, for selecting the appropriate equipment and techniques to be used.	Source: Health Professions Career and Education Directory, American Medical Association [1/1/2007: new]
243U00000X	Technologists, Technicians & Other Technical Service Providers	Radiology Practitioner Assistant		A Radiology Practitioner Assistant (RPA) is a health professional certified as a registered radiographer with the American Registry of Radiologic Technologists (ARRT) and, in addition, is credentialed to provide primary radiology health care with radiologist supervision. Radiology Practitioner Assistants are qualified by graduation from an educational program recognized by the Board of Directors of the Certification Board for Radiology Practitioner Assistants (CBRPA) and certified by the CBRPA. Within the Radiologist/RPA relationship, Radiology Practitioner Assistants exercise autonomy in decision making in the role of a primary caregiver with regard to patient assessment, patient management and in providing a broad range of radiology diagnostic and interventional services. The clinical role of the Radiology Practitioner Assistant includes primary and specialty care in radiology practice settings in rural and urban areas.	Source: Certification Board of Radiology Practitioner Assistants [7/1/2006: new] Additional Resources: www.cbrpa.org
246Q00000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech_Pathology		(1) An individual educated and trained in clinical chemistry, microbiology or other biological sciences; and in gathering data on the blood, tissues, and fluids in the human body. Tests and procedures performed or supervised center on major areas of hematology, microbiology, immunohematology, immunology, clinical chemistry and urinalysis. Education and certification requires the equivalent of an associate degree and alternative combinations of accredited training and experience. (2) A specially trained individual who works under the direction of a pathologist, other physician, or scientist, and performs specialized chemical, microscopic, and bacteriological tests of human blood, tissue, and fluids. Also known as medical technologists, they perform and supervise tests and procedures in clinical chemistry, immunology, serology, bacteriology, hematology, parasitology, mycology, urinalysis, and blood banking. The work requires the correlation of test results with other data, interpretation of test findings, and exercise of independent judgment. The minimum educational requirement (for one of several certification programs in medical technology) is a baccalaureate degree with appropriate science course requirements, plus a twelve-month, structured, AMA approved medical technology program and an examination; or a baccalaureate degree with appropriate science course requirements and experience.	
246QB0000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech_Pathology	Blood Banking	Definition to come...	
246QC1000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech_Pathology	Chemistry	Definition to come...	
246QC2700X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech_Pathology	Cytotechnology	Definition to come...	
246QH0000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech_Pathology	Hematology	Definition to come...	
246QH0401X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech_Pathology	Hemapheresis Practitioner	Definition to come...	
246QH0600X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech_Pathology	Histology	Definition to come...	

246QI0000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Immunology	Definition to come...	
246QL0900X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Laboratory Management	Definition to come...	
246QL0901X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Laboratory Management, Diplomate	Definition to come...	
246QM0706X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Medical Technologist	Definition to come...	
246QM0900X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Microbiology	Definition to come...	
246R00000X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology		An individual with knowledge of specific techniques and instruments who performs all of the routine tests in a medical laboratory and who has the ability to discriminate between similar factors that directly affect procedures and results.	
246RH0600X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology	Histology	Definition to come...	
246RM2200X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology	Medical Laboratory	Definition to come...	
246RP1900X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology	Phlebotomy	Definition to come...	
246W00000X	Technologists, Technicians & Other Technical Service Providers	Technician, Cardiology		An individual who has knowledge of specific techniques, instruments, and equipment required in performing specific cardiovascular/peripheral vascular diagnostic procedures.	
246X00000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular		An allied health professional who performs diagnostic examinations at the request or direction of a physician in one or more of the following three areas: invasive cardiology, noninvasive cardiology, and noninvasive peripheral vascular study. Cardiovascular technologists are one type of allied health professional for which the Committee on Allied Health Education and Accreditation has accredited education programs	Source: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 159.
246XC2901X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular	Cardiovascular Invasive Specialist	Definition to come...	
246XC2903X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular	Vascular Specialist	Definition to come...	
246XS1301X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular	Sonography	Definition to come...	
246Y00000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info		An individual with a high school diploma, on-the-job experience and coding education from seminars or college classes who passes a national certification examination in either inpatient and outpatient facility services coding, or physician services coding.	Source: American Health Information Management Association, Chicago, IL, 1996.
246YC3301X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info	Coding Specialist, Hospital Based	Definition to come...	
246YC3302X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info	Coding Specialist, Physician Office Based	Definition to come...	
246YR1600X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info	Registered Record Administrator	Definition to come...	
246Z00000X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other		General classification identifying individuals trained on specific equipment and technical procedures in one of a collection of miscellaneous healthcare disciplines.	
246ZA2600X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Art, Medical	Definition to come...	
246ZB0301X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biomedical Engineering	Definition to come...	
246ZB0302X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biomedical Photographer	Definition to come...	
246ZB0500X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biochemist	Definition to come...	
246ZB0600X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biostatistician	Definition to come...	
246ZC0007X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Surgical Assistant	A surgical assistant is a skilled practitioner who has undergone formalized education and training as a surgical assistant. The surgical assistant performs surgical functions that include, but are not limited to: retracting, manipulating, suturing, clamping, cauterizing, ligating, and tying tissue; suctioning, irrigating and sponging; positioning the patient; closure of body planes and skin; and participating in hemostasis and volume replacement. Surgical assistants are certified and registered or licensed by the state, or, in states without licensure, certified as surgical assistants by completing appropriate education and training.	Source: Association of Surgical Assistants, 2014. [7/1/2014: title modified, definition modified] http://www.surgicalassistant.org/index.php/surgical-assisting Additional Resources: National Surgical Assistant Association, www.nsaa.net .
246ZE0500X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	EEG	Definition to come...	
246ZE0600X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Electroneurodiagnostic	Definition to come...	
246ZG0701X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Graphics Methods	Definition to come...	
246ZG1000X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Geneticist, Medical (PhD)	Definition to come...	
246Z11000X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Illustration, Medical	Definition to come...	
246ZN0300X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Nephrology	Definition to come...	
246ZS0410X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Surgical Technologist	Surgical technologists are allied health professionals, who are an integral part of the team of medical practitioners providing surgical care to patients. Surgical technologists work under the supervision of a surgeon to facilitate the safe and effective conduct of invasive surgical procedures, ensuring that the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. Surgical technologists possess expertise in the theory and application of sterile and aseptic technique and combine the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.	Source: Association of Surgical Technologists, "Job Description: Surgical Technologist," 2014. [7/1/2014: code modified, title modified, definition added]
246ZX2200X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Orthopedic Assistant	An Orthopaedic Assistant is a person who has been trained to work as a physician extender in both clinical and surgical environments. An Orthopaedic Assistant assists with aspects of patient care as determined by the supervising surgeon including, but not limited to, obtaining patient history, assisting with examinations, injections, recording of office notes, and application/adjustment/removal of splints, casts, and other immobilization devices. Acting as a surgical first assistant for orthopaedic surgery cases includes providing aid in exposure, hemostasis, positioning of the patient, suturing and closure of body planes and skin, application of wound dressings or immobilization devices, and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient. An Orthopaedic Assistant may be licensed, registered, or certified depending on the state in which the individual practices.	Source: American Society of Orthopaedic Assistants (ASOA), 2014 [7/1/2014: new] Additional Resources: National Board for Certification of Orthopaedic Assistants

24700000X	Technologists, Technicians & Other Technical Service Providers	Technician, Health Information		Preferred term for an Accredited Record Technician who is an individual with an associate's degree from an accredited college or independent study program who is skilled in analyzing health information and in examination of medical records for accuracy, reporting of patient data for reimbursement, and creation of disease registries for researchers.	Source: American Health Information Management Association, Chicago, IL, 1996.
2470A2800X	Technologists, Technicians & Other Technical Service Providers	Technician, Health Information	Assistant Record Technician	Definition to come...	
247100000X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist		An individual who is trained and qualified in the art and science of both ionizing and non-ionizing radiation for the purposes of diagnostic medical imaging, interventional procedures and therapeutic treatment.	
2471B0102X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Bone Densitometry	Definition to come.	
2471C1101X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Cardiovascular-Interventional Technology	Definition to come...	
2471C1106X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Cardiac-Interventional Technology	Definition to come.	
2471C3401X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Computed Tomography	Definition to come...	
2471C3402X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Radiography	Definition to come...	
2471M1202X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Magnetic Resonance Imaging	Definition to come...	
2471M2300X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Mammography	Definition to come...	
2471N0900X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Nuclear Medicine Technology	Definition to come.	
2471Q0001X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Quality Management	Definition to come...	
2471R0002X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Radiation Therapy	Definition to come...	
2471S1302X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Sonography	Definition to come...	
2471V0105X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Vascular Sonography	Definition to come.	
2471V0106X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Vascular-Interventional Technology	Definition to come.	
247200000X	Technologists, Technicians & Other Technical Service Providers	Technician, Other		A collective term for persons with specialized training in various narrow fields of expertise whose occupations require training and skills in specific technical processes and procedures; and where further classification is deemed unnecessary by the user.	Sources: Rhea, Ott, and Shafiritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988; Dorland's Illustrated Medical Dictionary, 26th Edition, Philadelphia: W.B. Saunders Company, 1981; and Webster's II New Riverside University Dictionary, Boston: Riverside Publishing Company, 1984.
2472B0301X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Biomedical Engineering	Definition to come...	
2472D0500X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Darkroom	Definition to come...	
2472E0500X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	EEG	Definition to come...	
2472R0900X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Renal Dialysis	Definition to come...	
2472V0600X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Veterinary	Definition to come...	
2472C0005X	Technologists, Technicians & Other Technical Service Providers	Pathology	Clinical Laboratory Director, Non-physician	An individual who is state-licensed as a clinical laboratory director and meets the qualifications in the Clinical Laboratory Improvement Amendments of 1988 for non-physicians (non-MD/DO) as defined in the CFR 42 Part 493.1405.	Source: National Uniform Claim Committee [1/1/2007: new]
251300000X	Agencies	Local Education Agency (LEA)		The term local education agency means a public board of education or other public authority legally constituted within a State to either provide administrative control or direction of, or perform a service function for public schools serving individuals ages 0-21 in a state, city, county, township, school district, or other political subdivision including a combination of school districts or counties recognized in a State as an administrative agency for its public schools. An LEA may provide, or employ professional who provide, services to children included in the Individuals with Disabilities Education Act (IDEA), such services may include, but are not limited to, such medical services as physical, occupational, and speech therapy.	Source: Portions of IDEA Regulations Part B (34 CFR Part 300.18, Assistance to States for the Education of Children with Disabilities) [1/1/2006: new]
251B00000X	Agencies	Case Management		An organization that is responsible for providing case management services. The agency provides services which assist an individual in gaining access to needed medical, social, educational, and/or other services. Case management services may be used to locate, coordinate, and monitor necessary appropriate services. It may be used to encourage the use of cost-effective medical care by referrals to appropriate providers and to discourage over utilization of costly services. Case management may also serve to provide necessary coordination of non-medical services such as vocational rehabilitation, education, employment, when the services provided enable the individual to function at the highest level.	Source: CMS State Medicaid Manual Section 4442.3 [7/1/2006: definition modified]
251C00000X	Agencies	Day Training, Developmentally Disabled Services		These agencies are authorized to provide day habilitation services to developmentally disabled individuals who live in their homes. The function of day habilitation is to assist an individual to acquire and maintain those life skills that enable the individual to cope more effectively with the demands of independent living. Also to raise the level of the individual's physical, mental, social, and vocational functioning.	
251E00000X	Agencies	Home Health		A public agency or private organization, or a subdivision of such an agency or organization, that is primarily engaged in providing skilled nursing services and other therapeutic services, such as physical therapy, speech-language pathology services, or occupational therapy, medical social services, and home health aide services. It has policies established by a professional group associated with the agency or organization (including at least one physician and one registered nurse) to govern the services and provides for supervision of such services by a physician or a registered nurse; maintains clinical records on all patients; is licensed in accordance with State or local law or is approved by the State or local licensing agency as meeting the licensing standards, where applicable; and meets other conditions found by the Secretary of Health and Human Services to be necessary for health and safety.	Source: CFR42 Chapter IV Part 484, http://www.access.gpo.gov/nara/cfr/waisidx_99/42cfr484_99.html [7/1/2007: definition added, source added]
251F00000X	Agencies	Home Infusion		Definition to come...	
251G00000X	Agencies	Hospice Care, Community Based		Definition to come...	
251J00000X	Agencies	Nursing Care		A Nursing Care Agency is an entity that provides skilled nursing care through the services of a Registered Nurse (RN) or a Licensed Practical Nurse (LPN), by employees, contracted individuals, or via a registry, in a variety of settings. The agency may engage in providing private duty nursing and/or staffing services.	Source: National Uniform Claim Committee, 2008 [7/1/2008: modified definition]
251K00000X	Agencies	Public Health or Welfare		Definition to come...	

251S0000X	Agencies	Community/Behavioral Health		A private or public agency usually under local government jurisdiction, responsible for assuring the delivery of community based mental health, mental retardation, substance abuse and/or behavioral health services to individuals with those disabilities. Services may range from companion care, respite, transportation, community integration, crisis intervention and stabilization, supported employment, day support, prevocational services, residential support, therapeutic and supportive consultation, environmental modifications, intensive in-home therapy and day treatment, in addition to traditional mental health and behavioral treatment.	Source: National Medicaid EDI HIPAA NPI Sub Work Group [1/1/2007: modified definition]
251T0000X	Agencies	PACE Provider Organization		A PACE provider organization is a not-for-profit private or public entity that is primarily engaged in providing PACE services (unique capitated managed care benefits for the frail elderly which include comprehensive medical and social services). The following characteristics also apply to a PACE organization. It must: have a governing board that includes community representation; be able to provide complete PACE services regardless of frequency or duration of services; have a physical site to provide adult day services; have a defined service area; have safeguards against conflict of interest; have demonstrated fiscal soundness and have a formal Participant Bill of Rights.	Source: Centers for Medicare and Medicaid, PACE Fact Sheet http://www.cms.hhs.gov/PACE/Downloads/PACEfactSheet.pdf [7/1/2006: new]
251V0000X	Agencies	Voluntary or Charitable		Definition to come...	
251X0000X	Agencies	Supports Brokerage		A provider of service/function that assists participating individuals to make informed decisions about what will work best for them is consistent with their needs and reflects their individual circumstances. Serving as the agent of the individual, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services and may include assistance with recruiting, screening, hiring, and training in-home support providers. A family or person-centered planning approach is used. Supports Brokerage offers practical skills training to enable families and individuals to remain independent. Examples of skills training include providing information on recruiting and hiring personal care workers, managing personal care workers and providing information on effective communication and problem solving. The service/function provides sufficient information to assure that individuals understand the responsibilities involved with self-direction and assist in the development of an effective back-up and emergency plan. Plans may elect to fulfill the requirement of this service/function using a self-directed case manager or creating a distinct service. The Supports Brokerage documents the need for assistive services, planning for and documenting the use of excess funds and locating and maintaining services.	Source: CMS Independence Plus Waiver template. [7/1/2006: new]
252Y0000X	Agencies	Early Intervention Provider Agency		Early intervention services are an effective way to address the needs of infants and toddlers who have developmental delays or disabilities. The services are made available through a federal law known as the Individuals with Disabilities Education Act (IDEA). IDEA provides states and territories with specific requirements for providing early intervention services to infants and toddlers with special needs. In turn, each state and territory develops its own policies for carrying out IDEA and its requirements. Broadly speaking, early intervention services are special services for eligible infants and toddlers and their families. These services are designed to identify and meet children's needs in five developmental areas. These areas are: physical development, cognitive development, communication, social or emotional development, and adaptive development.	Source: National Dissemination Center for Children with Disabilities [7/1/2007: new] http://www.nichcy.org/pubs/parent/pa2txt.htm
253J0000X	Agencies	Foster Care Agency		A Foster Care Agency is an agency that provides foster care as defined in the Code of Federal Regulations (CFR) as "24-hour substitute care for children outside their own homes." Foster care settings include, but are not limited to, nonrelative foster family homes, relative foster homes (whether payments are being made or not), group homes, emergency shelters, residential facilities, and pre-adoptive homes.	Source: Code Of Federal Regulations, Title 45, Volume 4, Part 1355, Section 57 [1/1/2008: new]
253Z0000X	Agencies	In Home Supportive Care		An In Home Supportive Care Agency provides services in the patient's home with the goal of enabling the patient to remain at home. The services provided may include personal care services such as hands-on assistance with activities of daily living (ADLs), e.g., eating, bathing, dressing, and bladder and bowel requirements; homemaker services and instrumental activities of daily living (IADLs), e.g., taking medications, shopping for groceries, laundry, housekeeping, and companionship; and/or supervision or cuing so that a person can perform tasks themselves.	Source: National Uniform Claim Committee, 2008 [7/1/2008: new]
261Q0000X	Ambulatory Health Care Facilities	Clinic/Center		A facility or distinct part of one used for the diagnosis and treatment of outpatients. "Clinic/Center" is irregularly defined, sometimes being limited to organizations serving specialized treatment requirements or distinct patient/client groups (e.g., radiology, poor, and public health).	
261QA0005X	Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Family Planning Facility	An abortion/family planning facility where services are provided at a fixed specific location. An Ambulatory Family Planning Facility does not provide overnight accommodations. The following procedures may be performed at an Ambulatory Family Planning Facility: abortions, laproscopy, hysterectomies, tubule ligation and other related procedures. Abortion is considered voluntary termination of pregnancy.	
261QA0006X	Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Fertility Facility	A fertility facility, which may be licensed, registered, or certified in some states, that is not hospital-based, where services are provided at a fixed specific location. An Ambulatory Fertility Facility does not provide overnight accommodations. The following fertility procedures may be performed at an Ambulatory Fertility Facility: In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Embryo Transfer-Thaw (ET-T), Zygote Intrafallopian Transfer (ZIFT), Donor OOCYTE (DO)	
261QA0600X	Ambulatory Health Care Facilities	Clinic/Center	Adult Day Care	Definition to come...	
261QA0900X	Ambulatory Health Care Facilities	Clinic/Center	Amputee	An entity, facility, or distinct part of a facility providing counseling, fitting, custom design, prescriptive, and training services related to congenital or postoperative absence of all or part of a limb or limbs.	[7/1/2003: new]
261QA1903X	Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Surgical	Definition to come...	
261QA3000X	Ambulatory Health Care Facilities	Clinic/Center	Augmentative Communication	An entity, facility, or distinct part of a facility staffed by audiology and/or speech professionals with special training in the evaluation of a patient's potential for use of an augmentative communication device, determination of the most appropriate device, adjustment and maintenance of the device, and training the patient to use the device.	[7/1/2003: new]
261QB0400X	Ambulatory Health Care Facilities	Clinic/Center	Birthing	A freestanding birth center is a health facility other than a hospital where childbirth is planned to occur away from the pregnant woman's residence, and that provides prenatal, labor and delivery, and postpartum care, as well as other ambulatory services for women and newborns.	Source: Summarized from Social Security Act [42 U.S.C. §1396d(1)(3)(B)] [1/1/2013: added definition]
261QC0050X	Ambulatory Health Care Facilities	Clinic/Center	Critical Access Hospital	An outpatient entity, facility, or distinct part of a facility within or affiliated with a Critical Access Hospital that provides access to primary care services for individuals in a small rural community and is Medicare certified.	[7/1/2003: new]
261QC1500X	Ambulatory Health Care Facilities	Clinic/Center	Community Health	Definition to come...	
261QC1800X	Ambulatory Health Care Facilities	Clinic/Center	Corporate Health	Definition to come...	
261QD0000X	Ambulatory Health Care Facilities	Clinic/Center	Dental	Definition to come...	
261QD1600X	Ambulatory Health Care Facilities	Clinic/Center	Developmental Disabilities	An entity, facility, or distinct part of a facility providing comprehensive, multidiscipline diagnostic, treatment, therapy, training, and counseling services to children with congenital disorders that precipitate developmental delays and in many instances mental deficiencies (e.g., Cerebral Palsy, metabolic disorders, Sturge-Weber Syndrome, etc.).	[7/1/2003: new]
261QE0002X	Ambulatory Health Care Facilities	Clinic/Center	Emergency Care	Definition to come...	
261QE0700X	Ambulatory Health Care Facilities	Clinic/Center	End-Stage Renal Disease (ESRD) Treatment	Definition to come...	
261QE0800X	Ambulatory Health Care Facilities	Clinic/Center	Endoscopy	Definition to come...	

261QF050X	Ambulatory Health Care Facilities	Clinic/Center	Family Planning, Non-Surgical	An entity, facility, or distinct part of a facility, or mobile unit providing non-surgical, family planning/reproductive services including physical examination, laboratory services such as PAP or pregnancy tests; pregnancy, pregnancy prevention/contraceptive, and nutritional counseling, and contraceptives or prescriptions for contraceptives.	[7/1/2003: new]
261QF0400X	Ambulatory Health Care Facilities	Clinic/Center	Federally Qualified Health Center (FQHC)	Definition to come...	
261QG0250X	Ambulatory Health Care Facilities	Clinic/Center	Genetics	An entity, facility, or distinct part of a facility providing analysis of family history, genetic laboratory testing and analysis, diagnosis of genetic trait, prognosis and options. Laboratory studies may be outsourced.	[7/1/2003: new]
261QH0100X	Ambulatory Health Care Facilities	Clinic/Center	Health Service	Definition to come...	[7/1/2006: modified title]
261QH0700X	Ambulatory Health Care Facilities	Clinic/Center	Hearing and Speech	An entity, facility, or distinct part of a facility providing diagnostic, treatment, prescriptive, and therapy services related to congenital and acquired conditions and diseases that affect hearing capacity and speech ability.	[7/1/2003: new]
261QI0500X	Ambulatory Health Care Facilities	Clinic/Center	Infusion Therapy	Definition to come...	
261QL0400X	Ambulatory Health Care Facilities	Clinic/Center	Lithotripsy	Definition to come...	
261QM0801X	Ambulatory Health Care Facilities	Clinic/Center	Mental Health (Including Community Mental Health Center)	Definition to come...	
261QM0850X	Ambulatory Health Care Facilities	Clinic/Center	Adult Mental Health	An entity, facility, or distinct part of a facility providing diagnostic, treatment, and prescriptive services related to mental and behavioral disorders in adults.	[7/1/2003: new]
261QM0855X	Ambulatory Health Care Facilities	Clinic/Center	Adolescent and Children Mental Health	An entity, facility, or distinct part of a facility providing diagnostic, treatment, and prescriptive services related to mental and behavioral disorders in children and adolescents. Services may be provided to parents and family members of the patient in the form of conjoint, group, or individual therapy, and education and/or training.	[7/1/2003: new]
261QM1000X	Ambulatory Health Care Facilities	Clinic/Center	Migrant Health	Definition to come...	
261QM1100X	Ambulatory Health Care Facilities	Clinic/Center	Military/U.S. Coast Guard Outpatient	The Defense Health Program or U.S. Coast Guard funded "fixed" facilities or distinct parts of a facility, providing outpatient medical and dental services, primarily for Uniformed Services beneficiaries. A "fixed" facility is a non-temporary, non-deployed facility. It includes mobile specialty units such as Magnetic Resonance Imaging (MRI) units that may furnish services at the "fixed" facility. It includes, as examples, the institutional portion of outpatient encounters (except Ambulatory Procedure Visits), supplies issued (e.g., glasses, ostomy supplies, crutches), and radiology and laboratory studies. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: title modified, definition added; 7/1/2006 title modified, definition modified]
261QM1101X	Ambulatory Health Care Facilities	Clinic/Center	Military and U.S. Coast Guard Ambulatory Procedure	That part of a "fixed" (non-temporary, non-deployed) DoD or Coast Guard entity furnishing surgical procedures requiring medically supervised recovery. Similar to a civilian ambulatory surgical center. May be in shared resources with a DoD or Coast Guard Clinic or a DoD Hospital. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport. Includes initial "take home" pharmaceuticals.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: title modified, definition added; 7/1/2006 title modified, definition modified]
261QM1102X	Ambulatory Health Care Facilities	Clinic/Center	Military Outpatient Operational (Transportable) Component	"Non-fixed" facilities or distinct parts of a "non-fixed" facility, providing outpatient medical and dental services, primarily intended for DoD active duty. The entity is funded with other than Defense Health Program funding. Non-DoD active duty may receive services from this entity. "Non-fixed" facilities are generally deployed DoD health care activities, not providing services on or in association with a DoD fort or base. "Non-fixed" facilities include outpatient services furnished onboard ships. "Non-fixed" facilities also include deployed clinics. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport.	[1/1/2005: title modified, definition added]
261QM1103X	Ambulatory Health Care Facilities	Clinic/Center	Military Ambulatory Procedure Visits Operational (Transportable)	"Non-fixed" facilities or distinct parts of a "non-fixed" facility, providing outpatient surgical procedures requiring medically supervised recovery. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport. Includes initial "take home" pharmaceuticals.	[1/1/2005: new]
261QM1200X	Ambulatory Health Care Facilities	Clinic/Center	Magnetic Resonance Imaging (MRI)	Definition to come...	
261QM1300X	Ambulatory Health Care Facilities	Clinic/Center	Multi-Specialty	Definition to come...	
261QM2500X	Ambulatory Health Care Facilities	Clinic/Center	Medical Specialty	An entity, facility, or distinct part of a facility providing diagnostic, treatment, and prescriptive services related to a specific area of medical specialization. Frequently used for Title V related Children's Specialty services or to meet specific public health needs (e.g., infectious diseases or breast and cervical cancer).	[7/1/2003: new]
261QM2800X	Ambulatory Health Care Facilities	Clinic/Center	Methadone Clinic	An entity, facility, or distinct part of a facility providing diagnostic, and replacement maintenance treatment services related to individuals with drug addiction.	[7/1/2003: new]
261QM3000X	Ambulatory Health Care Facilities	Clinic/Center	Medically Fragile Infants and Children Day Care	An entity, facility, or distinct part of a facility specially equipped and staffed to provide care for medically fragile children with varied and complex care needs (e.g., enteral or parental feeding, ostomy care, respiratory/ventilator care, medications and therapies, etc.).	[7/1/2003: new]
261QP0904X	Ambulatory Health Care Facilities	Clinic/Center	Public Health, Federal	Definition to come...	
261QP0905X	Ambulatory Health Care Facilities	Clinic/Center	Public Health, State or Local	Definition to come...	
261QP1100X	Ambulatory Health Care Facilities	Clinic/Center	Podiatric	Definition to come...	
261QP2000X	Ambulatory Health Care Facilities	Clinic/Center	Physical Therapy	Definition to come...	
261QP2300X	Ambulatory Health Care Facilities	Clinic/Center	Primary Care	Definition to come...	
261QP2400X	Ambulatory Health Care Facilities	Clinic/Center	Prison Health	Definition to come...	
261QP3300X	Ambulatory Health Care Facilities	Clinic/Center	Pain	Definition to come...	
261QR0200X	Ambulatory Health Care Facilities	Clinic/Center	Radiology	Definition to come...	
261QR0206X	Ambulatory Health Care Facilities	Clinic/Center	Radiology, Mammography	Definition to come...	
261QR0207X	Ambulatory Health Care Facilities	Clinic/Center	Radiology, Mobile Mammography	Definition to come...	
261QR0208X	Ambulatory Health Care Facilities	Clinic/Center	Radiology, Mobile	Definition to come...	
261QR0400X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation	Definition to come...	
261QR0401X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF)	Definition to come...	
261QR0404X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation, Cardiac Facilities	Definition to come...	
261QR0405X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation, Substance Use Disorder	Definition to come...	
261QR0800X	Ambulatory Health Care Facilities	Clinic/Center	Recovery Care	Definition to come...	
261QR1100X	Ambulatory Health Care Facilities	Clinic/Center	Research	Definition to come...	
261QR1300X	Ambulatory Health Care Facilities	Clinic/Center	Rural Health	Definition to come...	
261QS0112X	Ambulatory Health Care Facilities	Clinic/Center	Oral and Maxillofacial Surgery	The specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.	Source: Council on Dental Education and Licensure, American Dental Association
261QS0132X	Ambulatory Health Care Facilities	Clinic/Center	Ophthalmologic Surgery	Definition to come...	
261QS1000X	Ambulatory Health Care Facilities	Clinic/Center	Student Health	Definition to come...	
261QS1200X	Ambulatory Health Care Facilities	Clinic/Center	Sleep Disorder Diagnostic	Definition to come...	
261QU0200X	Ambulatory Health Care Facilities	Clinic/Center	Urgent Care	Definition to come...	
261QV0200X	Ambulatory Health Care Facilities	Clinic/Center	VA	Definition to come...	
261QX0100X	Ambulatory Health Care Facilities	Clinic/Center	Occupational Medicine	Definition to come...	
261QX0200X	Ambulatory Health Care Facilities	Clinic/Center	Oncology	An entity, facility, or distinct part of a facility providing diagnostic, treatment and prescriptive services related to cancerous conditions. Services include chemotherapy infusions and monitoring of implanted chemotherapeutic agents.	[7/1/2003: new]
261QX0203X	Ambulatory Health Care Facilities	Clinic/Center	Oncology, Radiation	Definition to come...	

27310000X	Hospital Units	Epilepsy Unit		An Epilepsy Unit is a distinct unit of a hospital that provides services that may include observation, urgent care, diagnostic testing, treatment, and medication management for patients with seizure disorders.	Source: National Uniform Claim Committee [7/1/2007: new]
273R0000X	Hospital Units	Psychiatric Unit		In general, a distinct unit of a hospital that provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to the chronically mentally ill, mentally disordered or other mentally incompetent persons; (2) For Medicare, a distinct part of a general acute care hospital admitting only patients whose admission to the unit is required for active treatment, whose treatment is of an intensity that can be provided only in an inpatient hospital setting, and whose condition is described by a psychiatric principal diagnosis contained in the Third Edition of the American Psychiatric Association Diagnostic and Statistical Manual or in Chapter 5 (Mental Disorders) of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). The unit must furnish, through the use of qualified personnel, psychological services, social work services, psychiatric nursing, occupational therapy, and recreational therapy. The unit must maintain medical records that permit determination of the degree and intensity of treatment provided to individuals who are furnished services in the unit; the unit must meet special staff requirements in that the unit must have adequate numbers of qualified professional and supportive staff to evaluate inpatients, formulate written, individualized, comprehensive treatment plans, provide active treatment measures and engage in discharge planning.	Source: (1) AHA Annual Survey p. A10 1996 AHA Guide; (2) Code of Federal Regulations #42, Section 412.27.
273Y0000X	Hospital Units	Rehabilitation Unit		In general, a distinct unit of a general acute care hospital that provides care encompassing a comprehensive array of restoration services for the disabled and all support services necessary to help patients attain their maximum functional capacity. Source: AHA Annual Survey p. A10 1996 AHA Guide. For Medicare, a distinct part of a general acute care hospital providing inpatient rehabilitation services that meets the following requirements. Rehabilitation Units have in effect a preadmission screening procedure under which each prospective patient's condition and medical history are reviewed to determine whether the patient is likely to benefit significantly from an intensive inpatient program or assessment; ensure that the patients receive close medical supervision and furnish, through the use of qualified personnel, rehabilitation nursing, physical therapy and occupational therapy, plus, as needed, speech therapy, social services or psychological services and orthotic and prosthetic services; have a plan of treatment for each inpatient that is established, reviewed, and revised as needed by a physician in consultation with other professional personnel who provide services to the patient; use a coordinated multidisciplinary team approach in the rehabilitation of each inpatient, as documented by periodic clinical entries made in the patient's medical record to note the patient's status in relationship to goal attainment, and that team conferences are held at least every two weeks to determine the appropriateness of treatment; have a director of rehabilitation who provides services to the unit and its inpatients for at least 20 hours a week, is a doctor of medicine or osteopathy, is licensed under State law to practice medicine or surgery, and has had, after completing a one-year hospital internship at least two years of training or experience in the medical management of inpatients requiring rehabilitation services.	Source: Code of Federal Regulations #42, Section 412.29.
275N0000X	Hospital Units	Medicare Defined Swing Bed Unit		A unit of a hospital that has a Medicare provider agreement and has been granted approval from HCFA to provide post-hospital extended care services and be reimbursed as a swing-bed unit.	Source: Code of Federal Regulations #42, Section 482.66.
27640000X	Hospital Units	Rehabilitation Substance Use Disorder Unit		A distinct part of a hospital that provides medically monitored, interdisciplinary addiction-focused treatment to patients/clients who have psychoactive substance use disorders (commonly referred to as alcohol and drug abuse or substance abuse.)	Source: Department of Defense Regulation 6010.8-R, Chapter 6.
281P0000X	Hospitals	Chronic Disease Hospital		(1) A hospital including a physical plant and personnel that provides multidisciplinary diagnosis and treatment for diseases that have one or more of the following characteristics: is permanent; leaves residual disability; is caused by nonreversible pathological alteration; requires special training of the patient for rehabilitation; and/or may be expected to require a long period of supervision or care. In addition, patients require the safety, security, and shelter of these specialized inpatient or partial hospitalization settings. (2) A hospital that provides medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase but who require an intensity of services not available in nursing homes.	Source: (1) Expanded from Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
281PC2000X	Hospitals	Chronic Disease Hospital	Children	Definition to come...	
282E0000X	Hospitals	Long Term Care Hospital		Long-term care hospitals (LTCHs) furnish extended medical and rehabilitative care to individuals who are clinically complex and have multiple acute or chronic conditions.	Source: American Hospital Association [7/1/2006: new]
282J0000X	Hospitals	Religious Nonmedical Health Care Institution		Furnishes only nonmedical nursing items and services to patients who choose to rely solely upon a religious method of healing, and for whom the acceptance of medical services would be inconsistent with their religious beliefs. Furnishes nonmedical items and services exclusively through nonmedical nursing personnel who are experienced in caring for the physical needs of nonmedical patients. For example, caring for the physical needs such as assistance with activities of daily living; assistance in moving, positioning, and ambulation; nutritional needs; and comfort and support measures. Furnishes nonmedical items and services to inpatients on a 24-hour basis. Does not furnish, on the basis of religious beliefs, through its personnel or otherwise, medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment, or the administration of drugs) for its patients.	Source: Centers for Medicare & Medicaid Services, http://www.cms.hhs.gov/CertificationandCompliance/19_RNHCI.aspx#TopOfPage [7/1/2006: new]
282N0000X	Hospitals	General Acute Care Hospital		An acute general hospital is an institution whose primary function is to provide inpatient diagnostic and therapeutic services for a variety of medical conditions, both surgical and non-surgical, to a wide population group. The hospital treats patients in an acute phase of illness or injury, characterized by a single episode or a fairly short duration, from which the patient returns to his or her normal or previous level of activity.	
282NC0060X	Hospitals	General Acute Care Hospital	Critical Access	Definition to come.	[7/1/2003: new]
282NC2000X	Hospitals	General Acute Care Hospital	Children	Definition to come...	
282NR1301X	Hospitals	General Acute Care Hospital	Rural	Definition to come...	
282NW0100X	Hospitals	General Acute Care Hospital	Women	Definition to come...	
283Q0000X	Hospitals	Psychiatric Hospital		An organization including a physical plant and personnel that provides multidisciplinary diagnostic and treatment mental health services to patients requiring the safety, security, and shelter of the inpatient or partial hospitalization settings.	Source: Expanded from Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
283X0000X	Hospitals	Rehabilitation Hospital		A hospital or facility that provides health-related, social and/or vocational services to disabled persons to help them attain their maximum functional capacity.	Source: Joint Commission on Accreditation of Healthcare Organizations, Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Oakbrook Terrace, IL: 1994, p. 323
283XC2000X	Hospitals	Rehabilitation Hospital	Children	Definition to come...	
28430000X	Hospitals	Special Hospital		A designation by the AHA of a hospital whose primary function of the institution is to provide diagnostic and treatment services for patients who have specified medical conditions, both surgical and nonsurgical.	Source: AHA Guide, Registration section, p. A5.
28650000X	Hospitals	Military Hospital		A health care facility operated by the Department of Defense.	
2865C1500X	Hospitals	Military Hospital	Community Health		[1/1/2005: marked inactive]

2865M2000X	Hospitals	Military Hospital	Military General Acute Care Hospital	A Department of Defense (DoD) health care organization furnishing inpatient care 24 hours per day in "fixed" facilities, primarily for DoD beneficiaries. Entity is Defense Health Program (DHP) funded. A "fixed" facility is a non-temporary, non-deployed facility usually used for health care services. It includes mobile specialty units such as Magnetic Resonance Imaging (MRI) units that may furnish services at the "fixed" facility. It includes those services and institutional costs usually included in a Diagnosis Related Group as well as "pass-through" items.	[1/1/2005: title modified, definition added]
2865X1600X	Hospitals	Military Hospital	Military General Acute Care Hospital, Operational (Transportable)	A Department of Defense (DoD) health care organization furnishing inpatient care 24 hours per day in "non-fixed" or deployed facilities. Entity is not Defense Health Program funded. Services are primarily intended for DoD active duty though some services may be furnished for non-DoD active duty. "Non-fixed" facilities are generally deployed DoD health care activities, not providing services on or in association with a DoD fort or base. "Non-fixed" facilities include hospital ships.	[1/1/2005: title modified, definition added]
287300000X	Hospitals	Christian Science Sanatorium		Inactive, use 282J00000X	[7/1/2009: marked inactive]
291900000X	Laboratories	Military Clinical Medical Laboratory		A Department of Defense (DoD) medical clinical reference laboratory not associated with a DoD Hospital or DoD Clinic. An example is the Armed Forces Institute of Pathology.	[1/1/2005: new]
291U00000X	Laboratories	Clinical Medical Laboratory		(1) A clinical laboratory is a facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, human beings. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered clinical laboratories. (2) Any facility that examines materials from the human body for purposes of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of, the health of human beings. Typical divisions of a clinical laboratory include hematology, cytology, bacteriology, histology, biochemistry, medical toxicology, and serology.	Source: (1) Code of Federal Regulations #42, Public Health, Section 493.2. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 186.
292200000X	Laboratories	Dental Laboratory		A commercial laboratory specializing in the construction of dental appliances that conform to a dentist's specifications including the construction of dentures (complete or partial), orthodontic appliances, bridgework, crowns, and inlays.	Source: Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 1245.
293D00000X	Laboratories	Physiological Laboratory		A laboratory that operates independently of a hospital and physician's office to furnish physiological diagnostic services (e.g. EEG's, EKG's, scans, etc.). Facilities offering ONLY physiological services are not certified as independent laboratories. If an independent laboratory offers physiological services IN ADDITION to clinical laboratory services, they are surveyed only for compliance with the clinical laboratory regulations because there are no health and safety regulations for physiological services.	Source: Paraphrased from the Medicare Carrier Manual, Section 2070.5.
302F00000X	Managed Care Organizations	Exclusive Provider Organization		(1) An EPO is a form of PPO, in which patients must visit a caregiver that is specified on its panel of providers (is a participating provider). If a visit to an outside(not participating) provider is made the EPO offers very limited or no coverage for the medical service; (2) While similar to a PPO in that an EPO allows patients to go outside the network for care, if they do so in an EPO, they are required to pay the entire cost of care. An EPO differs from an HMO in that EPO physicians do not receive capitation but instead are reimbursed only for actual services provided; (3) An organization identical to a preferred provider organization except that persons enrolled in the plan are eligible to receive benefits only when they use the services of the contracting providers. No benefits are available when non-contracting providers are used, except in certain emergency situations.	Source: (1) Medical Interface: Managed Care A thru Z: Managed Care Terms published by Medicom International, Bronxville, New York Telephone (914) 337-5023, p. 15; (2) "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 58; (3) Rhea, Ott, and Sharfritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
302R00000X	Managed Care Organizations	Health Maintenance Organization		(1) A form of health insurance in which its members prepay a premium for the HMO's health services which generally include inpatient and ambulatory care. For the patient, an HMO means reduced out-of-pocket costs (i.e. no deductible), no paperwork (i.e. insurance forms), and only a small copayment for each office visit to cover the paperwork handled by the HMO; (2) A organization of health care personnel and facilities that provides a comprehensive range of health services to an enrolled population for a fixed sum of money paid in advance for a specified period of time. These health services include a wide variety of medical treatments and consults, inpatient and outpatient hospitalization, home health service, ambulance service, and sometimes dental and pharmacy services. The HMO may be organized as a group model, an individual practice association (IPA), a network model or a staff model.	Source: (1) Medical Interface: Managed Care A thru Z: Managed Care Terms published by Medicom International, Bronxville, New York Telephone (914) 337-5023, p. 20; (2) "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 58
305R00000X	Managed Care Organizations	Preferred Provider Organization		A group of physicians and/or hospitals who contract with an employer to provide services to their employees. In a PPO, the patient may go to the physician of his/her choice, even if that physician does not participate in the PPO, but the patient receives care at a lower benefit level.	Source: "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 62
305S00000X	Managed Care Organizations	Point of Service		This product may also be called an open-ended HMO and offers a transition product incorporating features of both HMOs and PPOs. Beneficiaries are enrolled in an HMO but have the option to go outside the networks for an additional cost.	Source: "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 62
310400000X	Nursing & Custodial Care Facilities	Assisted Living Facility		A facility providing supportive services to individuals who can function independently in most areas of activity, but need assistance and/or monitoring to assure safety and well being.	[7/1/2003: new]
3104A0625X	Nursing & Custodial Care Facilities	Assisted Living Facility	Assisted Living, Mental Illness	A facility providing supportive services to individuals who can function independently in most areas of activity, but need special guidance, assistance and/or monitoring as the result of a psychiatric problem. This type of facility requires a staff with special training in mental health training and dealing with psychiatric emergencies.	[7/1/2003: new]
3104A0630X	Nursing & Custodial Care Facilities	Assisted Living Facility	Assisted Living, Behavioral Disturbances	A facility providing supportive services to individuals who can function independently in most areas of activity, but exhibit abnormal behavioral responses and habits and therefore need special guidance, assistance and/or monitoring to assure safety and well being. This type of facility requires a staff with special training in dealing with and redirecting negative, violent or destructive behaviors.	[7/1/2003: new]
310500000X	Nursing & Custodial Care Facilities	Intermediate Care Facility, Mental Illness		A nursing facility that provides an intermediate level of nursing care to individuals whose functional abilities are significantly compromise by mental illness.	[7/1/2003: new]
311500000X	Nursing & Custodial Care Facilities	Alzheimer Center (Dementia Center)		A freestanding facility or special care unit of a long term care facility focusing on patient care of individuals diagnosed with dementia or Alzheimer's Disease or their related diseases. Six elements of the facility/unit set it apart from other (the rest of the) facilities(y): Admission of residents with dementia (including those with Alzheimer's disease); Staff who are specially selected, trained, and supervised; Activities that are specifically designed for the cognitively impaired; A marketing of a special care unit in brochures; A high level of family involvement; and A physical environment designed to keep residents safe and segregated from other populations.	
311Z00000X	Nursing & Custodial Care Facilities	Custodial Care Facility		A facility providing care that serves to assist an individual in the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, and using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered. Custodial care essentially is personal care that does not require the continuing attention of trained medical or paramedical personnel.	Source: Paraphrased from Section 3159 A3 of the Medicare Intermediary Manual.
311ZA0620X	Nursing & Custodial Care Facilities	Custodial Care Facility	Adult Care Home	A custodial care facility providing supportive and personal care services to disabled and/or elderly individuals who cannot function independently in most areas of activity and need assistance and monitoring to enable them to remain in a home like environment.	[7/1/2003: new]

313M00000X	Nursing & Custodial Care Facilities	Nursing Facility/Intermediate Care Facility		An institution (or a distinct part of an institution) which- (1) is primarily engaged in providing to residents- (A) skilled nursing care and related services for residents who require medical or nursing care, (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases; (2) has in effect a transfer agreement with one or more hospitals.	Source: Paraphrased from Section 1919 (a) of the Social Security Act.
314000000X	Nursing & Custodial Care Facilities	Skilled Nursing Facility		(1) A skilled nursing facility is a facility or distinct part of an institution whose primary function is to provide medical, continuous nursing, and other health and social services to patients who are not in an acute phase of illness requiring services in a hospital, but who require primary restorative or skilled nursing services on an inpatient basis above the level of intermediate or custodial care in order to reach a degree of body functioning to permit self care in essential daily living. It meets any licensing or certification standards set forth by the jurisdiction where it is located. A skilled nursing facility may be a freestanding facility or part of a hospital that has been certified by Medicare to admit patients requiring subacute care and rehabilitation; (2) Provides non-acute medical and skilled nursing care services, therapy and social services under the supervision of a licensed registered nurse on a 24-hour basis.	Source: (1) "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 64; (2) AHA Guide, 1996 Annual Survey.
3140N1450X	Nursing & Custodial Care Facilities	Skilled Nursing Facility	Nursing Care, Pediatric	A nursing care facility designed and staffed for the provision of nursing care and appropriate educational and habilitative/rehabilitative services to children with multiple, complex or profound disabilities that can not be cared for in a less restrictive environment.	[7/1/2003: new]
315D00000X	Nursing & Custodial Care Facilities	Hospice, Inpatient		A provider organization, or distinct part of the organization, which renders an interdisciplinary program providing palliative care, chiefly medical relief of pain and supporting services, which addresses the emotional, social, financial, and legal needs of terminally ill patients and their families where an institutional care environment is required for the patient.	Source: AHA Guide, American Hospital Association.
315P00000X	Nursing & Custodial Care Facilities	Intermediate Care Facility, Mentally Retarded		(1) A public institution for care of the mentally retarded or people with related conditions. (2) An institution giving active treatment to mentally retarded or developmentally disabled persons or persons with related conditions. The primary purpose of the institution is to provide health or rehabilitative services to such individuals.	Sources: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL: 1994, p. 403 (2) Paraphrased from Code of Federal Regulations #42, Public Health, Section 440.150(c).
317400000X	Nursing & Custodial Care Facilities	Christian Science Facility		Inactive, use 282J00000X	[7/1/2009: marked inactive]
320600000X	Residential Treatment Facilities	Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities		A residential facility that provides habilitation services and other care and treatment to adults or children diagnosed with developmental disabilities and/or mental retardation and are not able to live independently.	[7/1/2003: new]
320700000X	Residential Treatment Facilities	Residential Treatment Facility, Physical Disabilities		A residential facility that provides habilitation services and other care and treatment to adults or children diagnosed with developmental disabilities and/or mental retardation and are not able to live independently.	[7/1/2003: new]
320800000X	Residential Treatment Facilities	Community Based Residential Treatment Facility, Mental Illness		A home-like residential facility providing psychiatric treatment and psycho/social rehabilitative services to individuals diagnosed with mental illness.	[7/1/2003: new]
320900000X	Residential Treatment Facilities	Community Based Residential Treatment, Mental Retardation and/or Developmental Disabilities		A home-like residential facility providing habilitation, support and monitoring services to individuals diagnosed with mental retardation and/or developmental disabilities.	[7/1/2003: new]
322D00000X	Residential Treatment Facilities	Residential Treatment Facility, Emotionally Disturbed Children		A provider facility or distinct part of the organization which renders an interdisciplinary program of mental health treatment to individuals under 21 years of age who have persistent dysfunction in major life areas. The dysfunction is of an extent and pervasiveness that requires a protected and highly structured therapeutic environment. These organizations, or distinct part of organizations, exclude those that provide acute psychiatric care, partial hospitalization, group living, therapeutic schooling, primary diagnosis substance abuse disorder treatment, or primary diagnosis mental retardation or developmental disability treatment.	Source: U.S. Department of Defense Regulation 6010.8-R, Chapter 6.
323P00000X	Residential Treatment Facilities	Psychiatric Residential Treatment Facility		A residential treatment facility (RTF) is a facility or distinct part of a facility that provides to children and adolescents, a total, twenty-four hour, therapeutically planned group living and learning situation where distinct and individualized psychotherapeutic interventions can take place. Residential treatment is a specific level of care to be differentiated from acute, intermediate, and long-term hospital care, when the least restrictive environment is maintained to allow for normalization of the patient's surroundings. The RTF must be both physically and programmatically distinct if it is a part or subunit of a larger treatment program. An RTF is organized and professionally staffed to provide residential treatment of mental disorders to children and adolescents who have sufficient intellectual potential to respond to active treatment (that is, for whom it can reasonably be assumed that treatment of the mental disorder will result in an improved ability to function outside the RTF) for whom outpatient treatment, partial hospitalization or protected and structured environment is medically or psychologically necessary.	Source: Champus Policy manual, Volume II, p. 6010.47M dated 9/12/94. Revision: Definition title revised 7/1/03
324500000X	Residential Treatment Facilities	Substance Abuse Rehabilitation Facility		A facility or distinct part of a facility that provides a 24 hr therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with disorders in the abuse of drugs, alcohol, and other substances.	[7/1/2003: modified title, modified definition]
3245S0500X	Residential Treatment Facilities	Substance Abuse Rehabilitation Facility	Substance Abuse Treatment, Children	A facility or distinct part of a facility that provides a 24 hr therapeutically planned living and rehabilitative intervention environment for the treatment of children with disorders in the use of drugs, alcohol, and other substances. Medical and supportive counseling services and education services are included.	[7/1/2003: new]
331L00000X	Suppliers	Blood Bank		An institution (organization or distinct part thereof) that performs, or is responsible for the performance of, the collection, processing, storage and/or issuance of human blood and blood components, intended for transfusion. The institution may also collect, process, and/or distribute human tissue, including bone marrow and peripheral blood progenitor cells, intended for transplantation.	Source: American Association of Blood Banks, Standards for Blood Banks and Transfusion, 17th ed.
332000000X	Suppliers	Military/U.S. Coast Guard Pharmacy		A Department of Defense (DoD) or U.S. Coast Guard entity whose primary function is to store, prepare and dispense pharmaceuticals and other associated items to Uniformed Services beneficiaries. These pharmacies may be associated with a DoD or U.S. Coast Guard clinic, DoD Hospital or freestanding. Usually associated with outpatient services.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006: modified title, modified definition]

33210000X	Suppliers	Department of Veterans Affairs (VA) Pharmacy		Department of Veterans Affairs (VA) Pharmacy means any place under VA jurisdiction where drugs are dispensed and Pharmaceutical Care is provided to enrolled Veterans, by licensed pharmacists. The Pharmacy is reviewed by JCAHO, utilizes the VA hospital's DEA number, and has a designated NCPDP number. VA facility pharmacies include Inpatient (Institutional), Outpatient, Consolidated Mail Outpatient Pharmacies (CMOPs), Research, Addiction Treatment Centers, Long Term Care and Community Based Outpatient Clinics Pharmacies. The VHA Pharmacy Benefits Management – Strategic Healthcare Group has oversight for professional and practice activities of VA Pharmacies. Each pharmacy is under the direct supervision of a U.S. or U.S. territory licensed pharmacist, and has staffing to meet its designated scope of service.	Source: Pharmacy Benefits Management – Strategic Healthcare Group, Veterans Health Administration, Department of Veterans Affairs [1/1/2006: new]
33280000X	Suppliers	Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy		An Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy means a pharmacy operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, all of which are defined in Section 4 of the Indian Health Care Improvement Act, 25 U.S.C. 1603.	Source: The Medicare Prescription Drug, Improvement and Modernization Act of 2003 [1/1/2006: new]
33290000X	Suppliers	Non-Pharmacy Dispensing Site		A site other than a pharmacy that dispenses medicinal preparations under the supervision of a physician to patients for self-administration. (e.g. physician offices, ER, Urgent Care Centers, Rural Health Facilities, etc.)	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
332B0000X	Suppliers	Durable Medical Equipment & Medical Supplies		A supplier of medical equipment such as respirators, wheelchairs, home dialysis systems, or monitoring systems, that are prescribed by a physician for a patient's use in the home and that are usable for an extended period of time.	
332BC3200X	Suppliers	Durable Medical Equipment & Medical Supplies	Customized Equipment	Definition to come...	
332BD1200X	Suppliers	Durable Medical Equipment & Medical Supplies	Dialysis Equipment & Supplies	Definition to come...	
332BN1400X	Suppliers	Durable Medical Equipment & Medical Supplies	Nursing Facility Supplies	Definition to come...	
332BP3500X	Suppliers	Durable Medical Equipment & Medical Supplies	Parenteral & Enteral Nutrition	Definition to come...	
332BX2000X	Suppliers	Durable Medical Equipment & Medical Supplies	Oxygen Equipment & Supplies	Definition to come...	
332G0000X	Suppliers	Eye Bank		An eye bank procures and distributes eyes for transplant, education and research. To promote patient safety, donated eyes and donor medial histories are evaluated based on strict Eye Bank Association of America Medical Standards	
332H0000X	Suppliers	Eyewear Supplier (Equipment, not the service)		An organization that provides spectacles, contact lenses, and other vision enhancement devices prescribed by an optometrist or ophthalmologist.	
332S0000X	Suppliers	Hearing Aid Equipment		The manufacture and/or sale of electronic hearing aids, their component parts, and related products and services on a national basis.	
332U0000X	Suppliers	Home Delivered Meals		Home-delivered meals are those services or activities designed to prepare and deliver one or more meals a day to an individual's residence in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization services; and information and referral.	Source: Code of Federal Regulations #45, Part 96, Appendix A, Uniform Definition of Services.
33300000X	Suppliers	Emergency Response System Companies		A supplier of a personal emergency response system (PERS), which is an electronic device that enables a patient to receive emergency assistance when needed. The PERS is one of two different methodologies of notification: (1) where the patient summons emergency assistance themselves directly through the device or (2) emergency assistance is summoned through secure activation by the caretaker/guardian, which sends the device location to emergency responders.	Source: National Uniform Claim Committee, 2010 [7/1/2010: modified]
33360000X	Suppliers	Pharmacy		A facility used by pharmacists for the compounding and dispensing of medicinal preparations and other associated professional and administrative services. A pharmacy is a facility whose primary function is to store, prepare and legally dispense prescription drugs under the professional supervision of a licensed pharmacist. It meets any licensing or certification standards set forth by the jurisdiction where it is located.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: added definition]
3336C0002X	Suppliers	Pharmacy	Clinic Pharmacy	A pharmacy in a clinic, emergency room or hospital (outpatient) that dispenses medications to patients for self-administration under the supervision of a pharmacist.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336C0003X	Suppliers	Pharmacy	Community/Retail Pharmacy	A pharmacy where pharmacists store, prepare, and dispense medicinal preparations and/or prescriptions for a local patient population in accordance with federal and state law; counsel patients and caregivers (sometimes independent of the dispensing process); administer vaccinations; and provide other professional services associated with pharmaceutical care such as health screenings, consultative services with other health care providers, collaborative practice, disease state management, and education classes.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336C0004X	Suppliers	Pharmacy	Compounding Pharmacy	A pharmacy that specializes in the preparation of components into a drug preparation as the result of a Practitioner's Prescription Drug Order or initiative based on the Practitioner/Patient/Pharmacist relationship in the course of professional practice. A compounding pharmacy utilizes specialized equipment and specially designed facilities necessary to meet the legal and quality requirements of its scope of compounding practice.	Sources: NABP Model Practice Act, Appendix C - Good Compounding Practice, USP <795>- and <797>-, and Pharmacy Compounding Accreditation Board [7/1/2006: new]
3336H0001X	Suppliers	Pharmacy	Home Infusion Therapy Pharmacy	Pharmacy-based, decentralized patient care organization with expertise in USP 797-compliant sterile drug compounding that provides care to patients with acute or chronic conditions generally pertaining to parenteral administration of drugs, biologics and nutritional formulae administered through catheters and/or needles in home and alternate sites. Extensive professional pharmacy services, care coordination, infusion nursing services, supplies and equipment are provided to optimize efficacy and compliance.	Source: National Home Infusion Association [1/1/2006: new]
3336I0012X	Suppliers	Pharmacy	Institutional Pharmacy	A pharmacy in a hospital (inpatient) or institution used by pharmacists for the compounding and delivery of medicinal preparations to be administered to the patient by nursing or other authorized personnel. Institutional Pharmacies also counsel patients and caregivers; administer vaccinations; and provide other professional services associated with pharmaceutical care such as health screenings, consultative services with other health care providers, collaborative practice, disease state management, and education classes.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336L0003X	Suppliers	Pharmacy	Long Term Care Pharmacy	A pharmacy that dispenses medicinal preparations delivered to patients residing within an intermediate or skilled nursing facility, including intermediate care facilities for mentally retarded, hospice, assisted living facilities, group homes, and other forms of congregate living arrangements.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]

3336M0002X	Suppliers	Pharmacy	Mail Order Pharmacy	A pharmacy where pharmacists compound or dispense prescriptions or other medications in accordance with federal and state law, using common carriers to deliver the medications to patient or their caregivers. Mail order pharmacies counsel patients and caregivers (sometimes independent of the dispensing process) through telephone or email contact and provide other professional services associated with pharmaceutical care appropriate to the setting. Mail order pharmacies are licensed as a Mail Order Pharmacy in the state where they are located and may also be licensed or registered as nonresident pharmacies in other states.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336M0003X	Suppliers	Pharmacy	Managed Care Organization Pharmacy	A pharmacy owned by a managed care organization (MCO) used by pharmacists for the compounding and dispensing of medicinal preparations to that MCO's covered members only.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336N0007X	Suppliers	Pharmacy	Nuclear Pharmacy	A pharmacy dedicated to the compounding and dispensing of radioactive materials for use in nuclear imaging and nuclear medical procedures.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336S0011X	Suppliers	Pharmacy	Specialty Pharmacy	A pharmacy that dispenses generally low volume and high cost medicinal preparations to patients who are undergoing intensive therapies for illnesses that are generally chronic, complex and potentially life threatening. Often these therapies require specialized delivery and administration.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
335E00000X	Suppliers	Prosthetic/Orthotic Supplier		An organization that provides prosthetic and orthotic care which may include, but is not limited to, patient evaluation, prosthesis or orthosis design, fabrication, fitting and modification to treat limb loss for purposes of restoring physiological function and/or cosmesis or to treat a neuromusculoskeletal disorder or acquired condition.	Source: American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. [7/1/2010: modified, 7/1/2013: modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.aboop.org and Board of Certification/Accreditation, International, www.bocusa.org.
335G00000X	Suppliers	Medical Foods Supplier		A supplier of special replacement foods for clients with errors of metabolism that prohibit them from eating a regular diet. Medical foods are lacking in the compounds which cause complications of the metabolic disorder, and are not generally available in grocery stores, health food stores, or pharmacies.	Source: The Children with Special Healthcare Needs (CSHCN) Services Program, a program of the Texas Department of State Health Services
335U00000X	Suppliers	Organ Procurement Organization		A federally designated organization that works with hospital personnel in retrieval of organs for transplantation. The federal government designates an OPO's service area and the hospitals with which an OPO is to establish working relationships.	
335V00000X	Suppliers	Portable X-ray and/or Other Portable Diagnostic Imaging Supplier		A supplier that provides one or more of the following portable services, including but not limited to, x-ray, electrocardiogram (EKG), long-term EKG (Holter Monitor), bone densitometry, sonography, and other imaging services in accordance with all state and federal requirements, under the general supervision of a qualified physician. All necessary resources are transported to the patient's location where the services are performed.	Source: National Uniform Claim Committee, 2015 [1/1/2016: title and definition modified]
341600000X	Transportation Services	Ambulance		An emergency vehicle used for transporting patients to a health care facility after injury or illness. Types of ambulances used in the United States include ground (surface) ambulance, rotor-wing (helicopter), and fixed-wing aircraft (airplane).	Source: Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 37.
3416A0800X	Transportation Services	Ambulance	Air Transport	Definition to come...	[1/1/2005: title modified]
3416L0300X	Transportation Services	Ambulance	Land Transport	Definition to come...	[1/1/2005: title modified]
3416S0300X	Transportation Services	Ambulance	Water Transport	Definition to come...	[1/1/2005: title modified]
341800000X	Transportation Services	Military/U.S. Coast Guard Transport		Definition to come...	[1/1/2005: new: 7/1/2006 title modified]
3418M1110X	Transportation Services	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Ambulance, Ground Transport	Vehicle and staff for patient emergency or non-emergency ground transport. Includes traditional ambulances as well as ambulance buses.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006 modified title, added source]
3418M1120X	Transportation Services	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Ambulance, Air Transport	Vehicle and staff for patient emergency or non-emergency air transport.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006 modified title, added source]
3418M1130X	Transportation Services	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Ambulance, Water Transport	Vehicle and staff for patient emergency or non-emergency sea/water transport	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006 modified title, added source]
343800000X	Transportation Services	Secured Medical Transport (VAN)		A public or privately owned transportation service with vehicles, specially equipped to provide enhanced safety, security and passenger restraint, and staffed by one or more individuals trained to work with patients in crisis situations resulting from mental or emotional illness and/or substance abuse.	
343900000X	Transportation Services	Non-emergency Medical Transport (VAN)		A land vehicle with a capacity to meet special height, clearance, access, and seating, for the conveyance of persons in non-emergency situations. The vehicle may or may not be required to meet local county or state regulations.	
344600000X	Transportation Services	Taxi		A land commercial vehicle used for the transporting of persons in non-emergency situations. The vehicle meets local, county or state regulations set forth by the jurisdictions where it is located.	
344800000X	Transportation Services	Air Carrier		An air company that the Federal Aviation Administration, the certificate-holding district office (CHDO), regional Flight Standards Division (RFSO) offices, and AFS-900 has verified that the company is capable of operating safely and that it complies with the regulations and standards prescribed by the Administrator.	Source: Federal Aviation Administration [1/1/2010: new] Additional Resources: www.faa.gov/about/initiatives/atos/air_carrier/intro_to_part121_cert/
347B00000X	Transportation Services	Bus		A public or private organization or business licensed to provide bus services.	
347C00000X	Transportation Services	Private Vehicle		An individual paid to provide non-emergency transportation using their privately owned/leased vehicle.	
347D00000X	Transportation Services	Train		An organization or business licensed to provide passenger train service, including light rail, subway, and traditional services.	
347E00000X	Transportation Services	Transportation Broker		A public or private organization or business contracted to arrange non-emergency medical transportation services, including appropriate ancillary services, e.g., lodging.	
363A00000X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant		A physician assistant is a person who has successfully completed an accredited education program for physician assistant, is licensed by the state and is practicing within the scope of that license. Physician assistants are formally trained to perform many of the routine, time-consuming tasks a physician can do. In some states, they may prescribe medications. They take medical histories, perform physical exams, order lab tests and x-rays, and give inoculations. Most states require that they work under the supervision of a physician.	
363AM0700X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant	Medical	Definition to come...	
363AS0400X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant	Surgical Technologist	Definition to come...	
363L00000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner		(1) A registered nurse provider with a graduate degree in nursing prepared for advanced practice involving independent and interdependent decision making and direct accountability for clinical judgment across the health care continuum or in a certified specialty. (2) A registered nurse who has completed additional training beyond basic nursing education and who provides primary health care services in accordance with state nurse practice laws or statutes. Tasks performed by nurse practitioners vary with practice requirements mandated by geographic, political, economic, and social factors. Nurse practitioner specialties include, but are not limited to, family nurse practitioners, gerontological nurse practitioners, pediatric nurse practitioners, obstetric-gynecologic nurse practitioners, and school nurse practitioners.	Source: (1) American Nurses' Association, American Nurses Credentialing Center, 1996 Certification Catalogue. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 549.
363LA2100X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Acute Care	Definition to come...	
363LA2200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Adult Health	Definition to come...	
363LC0200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Critical Care Medicine	Definition to come...	

363LC1500X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Community Health	Definition to come...	
363LF0000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Family	Definition to come...	
363LG0600X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Gerontology	Definition to come...	
363LN0000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Neonatal	Definition to come...	
363LN0005X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Neonatal, Critical Care	Definition to come...	
363LP0200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Pediatrics	Definition to come...	
363LP0222X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Pediatrics, Critical Care	Definition to come...	
363LP0808X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Psych/Mental Health	Definition to come...	
363LP1700X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Perinatal	Definition to come...	
363LP2300X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Primary Care	Definition to come...	
363LS0200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	School	Definition to come...	
363LW0102X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Women's Health	Definition to come...	
363LX0001X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Obstetrics & Gynecology	Definition to come...	
363LX0106X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Occupational Health	Definition to come...	
364S00000X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist		A registered nurse who, through a graduate degree program in nursing, or through a formal post-basic education program or continuing education courses and clinical experience, is expert in a specialty area of nursing practice within one or more of the components of direct patient/client care, consultation, education, research and administration.	Sources: American Nurses Association, American Nurses Credentialing Center, 1996 Certification Catalogue and The Interagency Conference on Nursing Statistics.
364SA2100X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Acute Care	Definition to come...	
364SA2200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Adult Health	Definition to come...	
364SC0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Critical Care Medicine	Definition to come...	
364SC1501X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Community Health/Public Health	Definition to come...	
364SC2300X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Chronic Care	Definition to come...	
364SE0003X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Emergency	Definition to come...	
364SE1400X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Ethics	Definition to come...	
364SF0001X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Family Health	Definition to come...	
364SG0600X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Gerontology	Definition to come...	
364SH0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Home Health	Definition to come...	
364SH1100X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Holistic	Definition to come...	
364SI0800X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Informatics	Definition to come...	
364SL0600X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Long-Term Care	Definition to come...	
364SM0705X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Medical-Surgical	Definition to come...	
364SN0000X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Neonatal	Definition to come...	
364SN0800X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Neuroscience	Definition to come...	
364SP0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Pediatrics	Definition to come...	
364SP0807X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Child & Adolescent	Definition to come...	
364SP0808X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health	Definition to come...	
364SP0809X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Adult	Definition to come...	
364SP0810X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Child & Family	Definition to come...	
364SP0811X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Chronically Ill	Definition to come...	
364SP0812X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Community	Definition to come...	
364SP0813X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Geropsychiatric	Definition to come...	
364SP1700X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Perinatal	Definition to come...	
364SP2800X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Perioperative	Definition to come...	
364SR0400X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Rehabilitation	Definition to come...	

364S0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	School	Definition to come...	
364ST0500X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Transplantation	Definition to come...	
364SW0102X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Women's Health	Definition to come...	
364SX0106X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Occupational Health	Definition to come...	
364SX0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Oncology	Definition to come...	
364SX0204X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Oncology, Pediatrics	Definition to come...	
367500000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Anesthetist, Certified Registered		(1) A licensed registered nurse with advanced specialty education in anesthesia who, in collaboration with appropriate health care professionals, provides preoperative, intraoperative, and postoperative care to patients and assists in management and resuscitation of critical patients in intensive care, coronary care, and emergency situations. Nurse anesthetists are certified following successful completion of credentials and state licensure review and a national examination directed by the Council on Certification of Nurse Anesthetists. (2) A registered nurse who is qualified by special training to administer anesthesia in collaboration with a physician or dentist and who can assist in the care of patients who are in critical condition.	Sources: (1) Council on Certification of Nurse Anesthetists, Park Ridge, IL, and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 548.
367A00000X	Physician Assistants & Advanced Practice Nursing Providers	Advanced Practice Midwife		Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).	Source: American College of Nurse-Midwives, 2008 [7/1/2008: title changed, definition changed, source changed]. Additional Resources: American College of Nurse-Midwives www.acnm.org. The American Midwifery Certification Board, Inc. [AMCB, formerly the ACNM Certification Council, Inc. (ACC)] opened its national certification exam to non-nurse graduates of midwifery education programs and issued the first certified midwife (CM) credential in 1997. Certified midwives are educated to meet the same high standards that certified nurse-midwives must meet. These are the standards that every state in the U.S. has recognized as the legal basis for nurse-midwifery practice. All education programs for CMs, like CNMs, award a post-baccalaureate certificate or higher degree. CMs take the same AMCB certification exam as CNMs and study side by side with nurse-midwifery students in some education programs. As an organization, ACNM supports efforts to legally recognize CMs as qualified midwifery practitioners granted the same rights and responsibilities as CNMs.
367H00000X	Physician Assistants & Advanced Practice Nursing Providers	Anesthesiologist Assistant		An individual certified by the state to perform anesthesia services under the direct supervision of an anesthesiologist. Anesthesiologist Assistants are required to have a bachelor's degree with a premed curriculum prior to entering a two-year anesthesiology assistant program, which is focused upon the delivery and maintenance of anesthesia care as well as advanced patient monitoring techniques. An Anesthesiologist Assistant must work as a member of the anesthesia care team under the direction of a qualified Anesthesiologist.	
372500000X	Nursing Service Related Providers	Chore Provider		An individual who provides home maintenance services required to sustain a safe, sanitary living environment for individuals who because of age or disabilities is unable to perform the activities. These services include heavy household chores such as washing floors, windows, and walls; tacking down loose rugs and tiles; and moving heavy items of furniture in order to provide safe access and egress.	[7/1/2003: new]
372600000X	Nursing Service Related Providers	Adult Companion		An individual who provides supervision, socialization, and non-medical care to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. These services are provided in accordance with a therapeutic goal in the plan of care.	[7/1/2003: new]
373H00000X	Nursing Service Related Providers	Day Training/Habilitation Specialist		Individuals experienced or trained in working with developmentally disabled individuals who need assistance in acquiring and maintaining life skills that enable them to cope more effectively with the demands of independent living.	
374700000X	Nursing Service Related Providers	Technician		(1) A person with specialized training in a narrow field of expertise whose occupation requires training and is skilled in specific technical processes and procedures. (2) An individual having special skill or practical knowledge in an area, such as operation and maintenance of equipment or performance of laboratory procedures involving biochemical analyses. Special technical qualifications are normally required, though an increasing number of technicians also possess university degrees in science, and occasionally doctorate degrees. The distinction between technician and technologist in the health care field is not always clear.	Sources: (1) Rhea, Ott, and Shafritz, The Facts on File Dictionary of Health Care Management, New York: Facts on File Publications, 1988; Dorland's Illustrated Medical Dictionary, 26th Edition, Philadelphia: W.B. Saunders Company, 1981 and Webster's II New Riverside University Dictionary, Boston: Riverside Publishing Company, 1984. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 776.
3747A0650X	Nursing Service Related Providers	Technician	Attendant Care Provider	An individual who provides hands-on care, of both a supportive and health related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law.	[7/1/2003: new]
3747P1801X	Nursing Service Related Providers	Technician	Personal Care Attendant	An individual who provides assistance with eating, bathing, dressing, personal hygiene, activities of daily living as specified in the plan of care. Services which are incidental to the care furnished, or essential to the health and welfare of the individual may also be provided. Personal care providers must meet state defined training and certification standards.	[7/1/2003: definition added]
374J00000X	Nursing Service Related Providers	Doula		Doulas work in a variety of settings and have been trained to provide physical, emotional, and informational support to a mother before, during, and just after birth and/or provide emotional and practical support to a mother during the postpartum period.	Source: National Uniform Claim Committee, 2009 [7/1/2009: definition added]
374K00000X	Nursing Service Related Providers	Religious Nonmedical Practitioner		A religious nonmedical practitioner offers spiritually-based care. Services may be rendered in an office, home, or care facility or by phone, email, or written correspondence.	Source: National Uniform Claim Committee, 2009 [7/1/2009: definition added]
374T00000X	Nursing Service Related Providers	Religious Nonmedical Nursing Personnel		Religious nonmedical nursing personnel are experienced in caring for the physical needs of nonmedical patients. For example, caring for the physical needs such as assistance with activities of daily living; assistance with moving, positioning, and ambulation; nutritional needs; and comfort and support measures.	Source: Centers for Medicare & Medicaid Services [7/1/2009: title modified, definition modified] Additional Resources: www.cms.hhs.gov/CertificationandComplianc/19_RNHClis.asp 2005 Code of Federal Regulations, Title 42, Chapter IV, Part 403, Subpart G, 403.702 Definitions and Terms
374U00000X	Nursing Service Related Providers	Home Health Aide		A person trained to assist public health nurses, home health nurses, and other health professionals in the bedside care of patients in their homes.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
376G00000X	Nursing Service Related Providers	Nursing Home Administrator		An individual, often licensed by the state, who is responsible for the management of a nursing home.	Source: Lexikon: Dictionary of Health Care Terms, Organizations, and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, 1994, p. 552.
376J00000X	Nursing Service Related Providers	Homemaker		An individual who provides general household activities such as meal preparation, laundry, and light housekeeping, when the individual regularly responsible for these activities is temporarily absent or unable to provide for himself. Homemakers must meet the state defined training standards.	[7/1/2003: definition added]

				(1) An unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient/client activities as delegated by the nurse; (2) An individual trained (either on-the-job or through a formal course generally of less than one year) and experienced in performing patient or client-care nursing tasks that do not require the skills of a specialist, technician, or professional. Examples of tasks performed by nurses aides include changing clothes, diapers, and beds; assisting patients to perform exercises or personal hygiene tasks, and supporting communication or social interaction. Specific education and credentials are not required for this work.	Source: (1) American Nurses Association, Registered Professional Nurses and Unlicensed Personnel, 2nd ed., 1996; (2) Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
376K00000X	Nursing Service Related Providers	Nurse's Aide			
385H00000X	Respite Care Facility	Respite Care		Definition to come.	
385HR2050X	Respite Care Facility	Respite Care	Respite Care Camp	A camping facility that provides specialized respite care to individuals requiring enhanced services to enable them to remain in the community, (e.g., those with developmental delays, mental retardation, mental/behavioral disorders). The staff must have training in working with the target populations and dealing with emergency situations which might be related to or exacerbate the individual's condition.	[7/1/2003: new]
385HR2055X	Respite Care Facility	Respite Care	Respite Care, Mental Illness, Child	A facility or distinct part of a facility that provides short term, residential care to children, diagnosed with mental illness, as respite for the regular caregivers.	[7/1/2003: new]
385HR2060X	Respite Care Facility	Respite Care	Respite Care, Mental Retardation and/or Developmental Disabilities, Child	A facility or distinct part of a facility that provides short term, residential care to children, diagnosed with mental retardation and/or developmental disabilities as respite for the regular caregivers.	[7/1/2003: new]
385HR2065X	Respite Care Facility	Respite Care	Respite Care, Physical Disabilities, Child	A facility or distinct part of a facility that provides short term, residential care to children, diagnosed with complex or profound disabilities as respite for the regular caregivers.	[7/1/2003: new]
390200000X	Student, Health Care	Student in an Organized Health Care Education/Training Program		An individual who is enrolled in an organized health care education/training program leading to a degree, certification, registration, and/or licensure to provide health care.	[1/1/2005: new]
405300000X	Other Service Providers	Prevention Professional		Prevention Professionals work in programs aimed to address specific patient needs, such as suicide prevention, violence prevention, alcohol avoidance, drug avoidance, and tobacco prevention. The goal of the program is to reduce the risk of relapse, injury, or re-injury of the patient. Prevention Professionals work in a variety of settings and provide appropriate case management, mediation, referral, and mentorship services. Individuals complete prevention professionals training for the population of patients with whom they work.	Source: National Uniform Claim Committee, 2015 [1/1/2016: new]



Wisconsin Employee Trust Funds (ETF) Dental Claims Functional Specification

29 March 2017

Dental Claims Functional Specifications for File Layout

DESCRIPTION/GENERAL INFORMATION

This interface is designed to produce a dental claims file for plan participants administered through Delta Dental of Wisconsin.

FILE/DATA FORMATTING AND SUBMISSION

<p>DATA SUBMISSION</p>	<p>[To be determined] Truven Health Analytics supports a number of file submission options including: FTP, Web Submission, as well as physical media.</p> <p>The data will be submitted to Truven Health Analytics on a monthly basis. Monthly files should be submitted on or before the 15th of the month following the close of each month.</p>
<p>FILE FORMAT</p>	<ul style="list-style-type: none"> • Fixed-Record Length, ASCII File • Contains Detail (Data) Layout and Trailer Layout for each layout group
<p>CHARACTER FIELDS</p>	<ul style="list-style-type: none"> • Includes A - Z (lower or upper case), 0 – 9, and spaces • Left justified, right blank/space filled • Unrecorded or missing values in character fields are blank/spaces
<p>DATE FIELDS</p>	<ul style="list-style-type: none"> • Format of all dates should be MM/DD/CCYY
<p>NUMERIC FIELDS</p>	<ul style="list-style-type: none"> • All numeric fields should be right-justified and left zero-filled • Unrecorded or missing values in numeric fields should be set to zero
<p>FINANCIAL FIELDS</p>	<ul style="list-style-type: none"> • All financial fields should be right-justified and left zero-filled • Truven Health Analytics prefers to receive both dollars and cents, with an implied decimal point before the last two digits in the data. For example: "1234567" would represent \$12,345.67 <i>Please do not include an actual decimal point in the data.</i> • Negative signs should be the leading value in the first position. For example: "-1234567" would represent -\$12,345.67 • Unrecorded or missing values in numeric fields should be zero (000 to accommodate the 2-digit implied decimal)
<p>INVALID CHARACTERS</p>	<p>Please note that the following characters should not be included in the data or the descriptions in the data dictionary.</p> <p>* ! ? % _ (under score) , (comma)</p>

DEFINITIONS

- **Fee-for-service claims:** Claims records for services that result in direct payment to providers on a service-specific basis.
- **Encounter records:** Utilization records for services provided under capitation arrangements (i.e., plans in which a provider is paid based on the number of enrollees rather than the services rendered.) These records enable documentation of all services provided regardless of whether or not direct payment was made to the provider.
- **Professional Data:** Professional data includes all services rendered by a physician or other professional provider. The basis for the requirements of professional data is the information found on the standard ADA Dental Claim Form (eg. J430).
- **Fee-for-Service Equivalents:** Financial amounts for services rendered under a capitated arrangement found within encounter records.

DISCUSSION ITEMS

- If both fee-for-service claims and encounter records are included on the data file, Truven Health will rely on the data supplier to explain how to differentiate them, preferably using the field Capitated Service Indicator.
- If encounter records contain fee-for-service equivalents, it is essential for Truven Health to understand which fields contain these amounts.
- Financial fields should be populated at the service line level, not at the claim level.
- If the managed care program includes a risk-sharing arrangement with providers such that a portion of the approved payment amount is withheld from the provider payment and placed in a risk-sharing pool for later distribution, then the withhold amount should be recorded as a separate field and also included in the Charge Submitted, Allowed Amount and Net Payment fields.

PROFESSIONAL RECORD CONTENT

Truven Health does not store separate header/claim-level and detail/service-level information for professional claims. Truven Health requires the following:

- Each record in the data file should represent one service (detail) line.
- All financials and quantities on each record should pertain to that service only (as opposed to the entire claim).
- The repeating of non-quantitative claim-level information (e.g., Claim ID, Provider ID, Provider Type, etc.) on each record is necessary.

One professional claim with two service lines

CLAIM LEVEL INFORMATION			SERVICE LEVEL DETAIL			
Claim Id	Provider Id	Provider Type	Line Number	Procedure Code	Service Count	Net Payment
13331	621262121	100	1	D1201	1	\$ 100.00
13331	621262121	100	2	D1330	1	\$ 150.00

Dental Claims Functional Specifications for File Layout

DISCUSSION ITEMS - PROVIDER

- Truven Health requires unique provider identifiers and associated names. Truven Health would like both the identifier and the name to be specific to each provider, rather than group level information. TAXID is preferred for the identifier.
- If providers within group practices use a single TAXID, Truven Health would prefer an additional qualifier that would make each identifier and name unique.
- If only the group name is available with the associated TIN, and a qualifier is not available, Truven Health prefers another identifier for professional claims and the TAXID for the facility claims. NPI is preferred for the alternate identifier. In this case the TAXID is still requested in addition to the NPI or alternate identifier.

Provider Example 1

When providers in group practices use the same TAXID, a qualifier is needed to insure unique provider names.

Claim ID	TAXID	Qualifier	Provider Name	Prov Type	Service Count	Net Payment
11111	121212121	2222	Dr. Brown	25	2	\$ 2,000.00
22222	121212121	3333	Dr. Smith	35	1	\$ 100.00

Provider Example 2

The following is an example of what is not desired.

Claim ID	TAXID	Provider Name	Prov Type	Svc Count	Net Payment
11111	121212121	Dr. Brown	25	2	\$ 2,000.00
22222	121212121	Dr. Smith	35	1	\$ 100.00
33333	232323232	XYZ	25	1	\$ 125.00
22222	232323232	XYZ	35	1	\$ 110.00

Provider Example 3

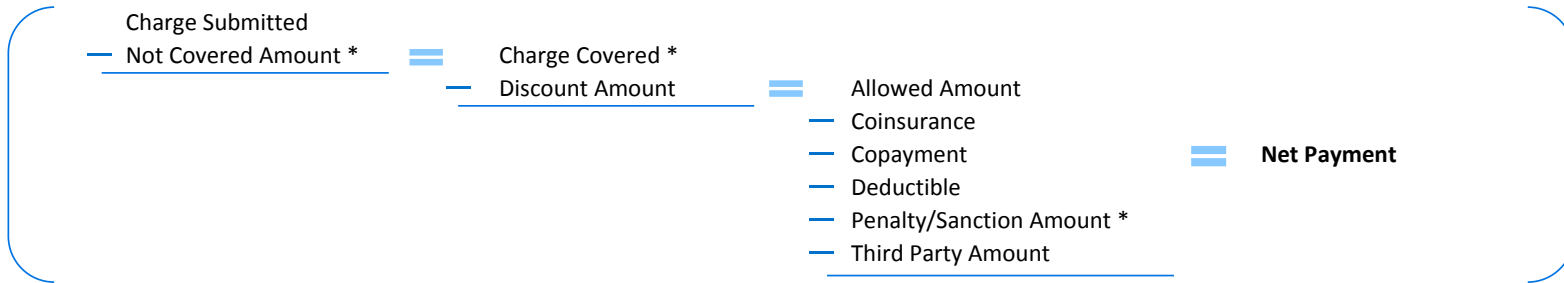
When only the groups name is available with TAXID, NPI is requested in addition to TAXID.

Claim ID	TAXID	Group Name	NPI	Prov Name	Prov Type	Svc Count	Net Payment
11111	121212121	XYZ Pediatrics	222222222	Dr Brown	25	2	\$ 2,000.00
22222	121212121	XYZ Pediatrics	333333333	Dr Smith	35	1	\$ 100.00

Dental Claims Functional Specifications for File Layout

FINANCIAL RELATIONSHIP

Truven Health defines the relationship among financial fields as follows. Those marked with an asterisk are desirable, but not required for the data extract.



CORRECTIONS TO PAID CLAIMS

Data suppliers generally use either Void/Replacement or Adjustment records to make corrections to paid claims. Truven Health defines these as follows:

VOID/REPLACEMENT

A **void** is a claim that reverses or backs out a previously paid one. All financials and quantities are negated on the void record. A replacement record that contains the corrected information generally follows it. The original, void and replacement need not appear in the same file.

After adjudication, a paid claim with a \$25 Copay and \$50 Net Pay, a correction was necessary. The correction contains a \$10 Copay and \$65 Net Pay.

Record Type	Svc Count	Charge Submitted	Copay	Deductible	Net Payment
Original	1	\$ 75.00	\$ 25.00	\$ -	\$ 50.00
Void	-1	\$ (75.00)	\$ (25.00)	\$ -	\$ (50.00)
Replacement	1	\$ 75.00	\$ 25.00	\$ -	\$ 50.00

ADJUSTMENT

A financial **adjustment** is a claim line where one or more of the financial fields display the difference between the original amount and the final amount. Any financial not being adjusted should be zero. All quantities should be zero on the adjustment as well. The original and adjustment need not appear in the same file.

After a claim was adjudicated with a \$25 Copay and \$50 Net Pay, it was discovered that there should have been a \$10 Copay and \$65 Net Pay.

Record Type	Svc Count	Charge Submitted	Copay	Deductible	Net Payment
Original	1	\$ 75.00	\$ 25.00	\$ -	\$ 50.00
Adjustment	0	\$ -	\$ (15.00)	\$ -	\$ 15.00

Dental Claims Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Delta Dental of WI Truven Shell	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary Needed	Data Supplier Instructions/Notes
Fixed-Record Length													
1	Adjustment Type Code	1	1	1	Character	Client-specific code for the claim adjustment type, for example void, adjustment and original.	R	ADJTYPE					Adjustment Type values will be identified in the Data Dictionary. Valid Values 1 Adjustment (positive or negative adjustment) 2 Void (void, reversal or back-out) 3 Original or Replacement (original, resubmit or replacement) 4 Bulk Adjustment (gross or bulk adjustment)
2	Allowed Amount	2	11	10	Numeric	The maximum amount allowed by the plan for payment.	R	CHGALLOW	DC046	ALLOWED AMOUNT	Allowed Amount		Format 9(8)y99 (2 - digit, implied decimal)
3	Capitated Service Indicator	12	12	1	Character	An indicator that this service (encounter record) was capitated	R	Set = "N"					Valid Values Y - Yes N - No Applicable field values are "Y" for Capitated services and "N" for non-cap services.
4	Carrier Specific Unique Member ID	13	22	10	Character	The Member's Unique ID	R			The Member's unique ID. This is the ETF Member ID.	The Member's unique ID. This is the ETF Member ID.		
5	Carrier Specific Unique Subscriber ID	23	32	10	Character	The Subscriber's unique ID.	R			The Subscriber's unique ID. This is the ETF Member ID	The Subscriber's unique ID. This is the ETF Member ID		
6	Charge Submitted	33	42	10	Numeric	The submitted or billed charge amount	R	CHGSUBMIT	DC037	CHARGE AMOUNT	Amount of provider charges for the claim line.		Format 9(8)y99 (2 - digit, implied decimal)
7	Claim ID	43	57	15	Character	The client-specific identifier of the claim.	R	CLAIMID	DC004	PAYER CLAIM CONTROL NUMBER	Payer Claim Control Identification		
8	Co-insurance	58	67	10	Numeric	The coinsurance paid by the subscriber as specified in the plan provision.	R	COINSAMT	DC040	COINSURANCE AMOUNT	Amount of coinsurance member/patient is responsible to pay		Format 9(8)y99 (2 - digit, implied decimal)
9	Copayment	68	77	10	Numeric	The copayment paid by the subscriber as specified in the plan provision.	R	COPAYAMT	DC039	COPAY AMOUNT	Amount of copay member/patient is responsible to pay.		Format 9(8)y99 (2 - digit, implied decimal)
10	Date of Birth	78	87	10	Date	The birth date of the person.	R	PATDOB	DC013	MEMBER DATE OF BIRTH	Member / Patient's Date of Birth		CCYYMMDD format The member's birth date is part of the Person ID key and is, therefore, critical to tagging claims to eligibility. The four-digit year is required for date of birth. The century cannot be accurately assigned based on a two-digit year.
11	Date of First Service	88	97	10	Date	The date of the first service reported on the claim or authorization record.	R	FIRSTSVCDT	DC035	DATE OF SERVICE - FROM	Date of Service		CCYYMMDD format
12	Date of Last Service	98	107	10	Date	The date of the last service reported on the claim or authorization record.	R	LASTSVCDT	DC036	DATE OF SERVICE - THRU	Last Date of service for this service line.		CCYYMMDD format
13	Date Paid	108	117	10	Date	The date the claim or data record was paid.	R	PAIDDT	DC045	PAID DATE	Paid Date of the claim line		CCYYMMDD format This is the check date.
14	Deductible	118	127	10	Numeric	The amount paid by the subscriber through the deductible arrangement of the plan.	R	DEDUCTAMT	DC041	DEDUCTIBLE AMOUNT	Amount of deductible member/patient is responsible to pay on the claim line.		Format 9(8)y99 (2 - digit, implied decimal)
15	Diagnosis Code Principal	128	135	8	Character	The first or principal diagnosis code for a service, claim or lab result. Length expanded from 5 to 8 for future use.	S	Set = "no"	DC061	DIAGNOSIS CODE	ICD Diagnosis Code		No decimal point.
16	Diagnosis Code 2 UB	136	143	8	Character	A secondary diagnosis code for the facility claim. Length expanded from 5 to 8 for future use.	S	N/A	N/A				UB DX Codes are Surgical DX Codes and we typically do not have these for Professional/Dental Claims. Suggest removing this field from the functional specifications/layout.
17	Diagnosis Code 3 UB	144	151	8	Character	A secondary diagnosis code for the facility claim. Length expanded from 5 to 8 for future use.	S	N/A	N/A				UB DX Codes are Surgical DX Codes and we typically do not have these for Professional/Dental Claims. Suggest removing this field from the functional specifications/layout.
18	Diagnosis Code 4 UB	152	159	8	Character	A secondary diagnosis code for the facility claim. Length expanded from 5 to 8 for future use.	S	N/A	N/A				UB DX Codes are Surgical DX Codes and we typically do not have these for Professional/Dental Claims. Suggest removing this field from the functional specifications/layout.
19	Diagnosis Code 5 UB	160	167	8	Character	A secondary diagnosis code for the facility claim. Length expanded from 5 to 8 for future use.	S	N/A	N/A				UB DX Codes are Surgical DX Codes and we typically do not have these for Professional/Dental Claims. Suggest removing this field from the functional specifications/layout.
20	Diagnosis Code 6 UB	168	175	8	Character	A secondary diagnosis code for the facility claim. Length expanded from 5 to 8 for future use.	S	N/A	N/A				UB DX Codes are Surgical DX Codes and we typically do not have these for Professional/Dental Claims. Suggest removing this field from the functional specifications/layout.

Dental Claims Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Delta Dental of WI Truven Shell	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary Needed	Data Supplier Instructions/Notes
Fixed-Record Length													
21	Diagnosis Code 7 UB	176	183	8	Character	A secondary diagnosis code for the facility claim. Length expanded from 5 to 8 for future use.	S	N/A	N/A				UB DX Codes are Surgical DX Codes and we typically do not have these for Professional/Dental Claims. Suggest removing this field from the functional specifications/layout.
22	Diagnosis Code 8 UB	184	191	8	Character	A secondary diagnosis code for the facility claim. Length expanded from 5 to 8 for future use.	S	N/A	N/A				UB DX Codes are Surgical DX Codes and we typically do not have these for Professional/Dental Claims. Suggest removing this field from the functional specifications/layout.
23	Diagnosis Code 9 UB	192	199	8	Character	A secondary diagnosis code for the facility claim. Length expanded from 5 to 8 for future use.	S	N/A	N/A				UB DX Codes are Surgical DX Codes and we typically do not have these for Professional/Dental Claims. Suggest removing this field from the functional specifications/layout.
24	Diagnosis Code 10 UB	200	207	8	Character	A secondary diagnosis code for the facility claim. Length expanded from 5 to 8 for future use.	S	N/A	N/A				UB DX Codes are Surgical DX Codes and we typically do not have these for Professional/Dental Claims. Suggest removing this field from the functional specifications/layout.
25	Discount	208	217	10	Numeric	The discount amount of the claim, applied to charges for any plan pricing reductions.	R	DISCAMT	N/A				Format 9(8)v99 (2 - digit, implied decimal)
26	Family ID / Employee SSN	218	226	9	Character	The unique identifier (Social Security Number) for the subscriber (contract holder, employee) and their associated dependents.	R	EMPSSN	DC007	SUBSCRIBER SSN	Subscriber's Social Security Number		The subscriber's social security number is part of the Person ID key and is, therefore, critical to tagging claims to eligibility.
27	Gender Code	227	227	1	Character	The member's gender code.	R	GENDER	DC012	MEMBER GENDER	PATIENT'S GENDER		Valid Values M - Male F - Female U - Unknown "M" or "F" The member's gender is part of the Person ID key and is, therefore, critical to tagging claims to eligibility.
28	Line Number	228	232	5	Character	The detail line number for the service on the claim	R	LINENBR	DC005 DC005A	LINE COUNTER VERSION NUMBER	Incremental Line Counter Claim Service Line Version Number		
29	Net Payment	233	242	10	Numeric	The actual check amount for the record	R	NETPAY	DC038	PAID AMOUNT	Amount paid by the carrier for the claim line		Format 9(8)v99 (2 - digit, implied decimal)
30	Network Paid Indicator	243	243	1	Character	An indicator of whether the claim was paid at in-network or out-of-network level	R	PDNTWK	N/A				Y or "N" Valid Values Y - Yes N - No
31	Network Provider Indicator	244	244	1	Character	Indicates if the servicing provider participates in the network to which the patient belongs	R	Set = "no"	N/A				Y or "N" Valid Values Y - Yes N - No
32	Ordering Provider ID	245	257	13	Character	The ID number of the provider who referred the patient or ordered the test or procedure.	S	Set = "no"	N/A				The ID should be the physician's Federal Tax ID (TIN).
33	Ordering Provider Name	258	287	30	Character	The Name of the provider who referred the patient or ordered the test or procedure.	S	N/A	N/A		Name of the Referring/Ordering Provider Please format as Provider Last Name Provider First Name Provider Middle Initial and spacing as indicated. A sample entry would be as follows. Pierce Benjamin F		
34	Ordering Provider Zip Code	288	292	5	Character	The zip code of the provider who referred the patient or ordered the test or procedure.	S	N/A	N/A				
35	Ordering Provider NPI	293	302	10	Character	The National Provider ID number for the provider.	R						
36	PCP Responsibility Indicator	303	303	1	Character	An indicator signifying that the PCP is the physician considered responsible or accountable for this claim.	S	Set = "no"	N/A				Y or "N" Valid Values Y - Yes N - No
37	Place of Service Code	304	305	2	Character	Client-specific code for the place of service.	R	PLACE	DC030	FACILITY TYPE - PROFESSIONAL	Place of Service Code		See Place of Service section for valid values
38	Procedure Code	306	312	7	Character	The procedure code for the service record. Expanded from 5 to 7 for future use.	R	PROCCD	N/A				ADA codes with the leading D.
39	Procedure Modifier Code 1	313	314	2	Character	The 2-character code of the first procedure code modifier on the professional claim.	S	Set = "no"	DC033	PROCEDURE MODIFIER - 1	HCPCS / CPT Code Modifier		
40	Procedure Modifier Code 2	315	316	2	Character	The 2-character code of the first procedure code modifier on the professional claim.	S			PROCEDURE MODIFIER - 2	HCPCS / CPT Code Modifier		

Dental Claims Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Delta Dental of WI Truven Shell	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Dictionary Needed	Data Supplier Instructions/Notes
Fixed-Record Length													
41	Rendering/Service Provider ID	317	329	13	Character	The identifier for the provider of service.	S	PROVID	DC019	SERVICE PROVIDER TAX ID NUMBER	Service Provider's Tax ID Number		This must be the federal tax ID in order to use the Standard Physician lookup.
42	Provider Type Code Claim	330	332	3	Character	Client-specific code for the provider type on the claim record	S	PROVTYPE	DC021	SERVICE PROVIDER ENTITY TYPE QUALIFIER	Service Provider entity identifier code		Provider Type codes are further defined in the Data Dictionary See Provider Type Code Claim
43	Rendering/Service Provider Zip Code	333	337	5	Character	The 5-digit zip code corresponding to the Provider ID	S	PROVZIP	DC029	SERVICE PROVIDER ZIP CODE	Zip Code of the Service Provider		Provider Location zip code
44	Third Party Amount	338	347	10	Numeric	The amount saved due to integration of third party liability (Coordination of Benefits) by all third party payers (including Medicare).	R	THIRDPARTY	N/A				Format 9(8)y99 (2 – digit, implied decimal)
45	Units of Service	348	351	4	Numeric	Client-specific quantity of services or units	R	QTVSVC	N/A				
46	Rendering/Service Provider Name	352	381	30	Character	The description or name corresponding to the Provider ID.	S	PROVNAME	DC022		Name of the Referring/Ordering Provider Please format as Provider Last Name Provider First Name Provider Middle Initial and spacing as indicated. A sample entry would be as follows. Pierce Benjamin F		
47	Funding Type Code	382	383	2	Character	Specifies whether the claim was paid under a fully or self-funded arrangement	R	N/A	N/A				"S" = Self-funded "F" = Fully-funded
48	FILLER_384_8	384	391	8	Character	This was the account structure. Please leave it blank.	N						
49	Rendering/Service Provider NPI Number	392	401	10	Character	The National Provider ID number for the provider.	R	N/A	DC020	NATIONAL PROVIDER ID - SERVICE	NPI of the Service Provider		
50	Rendering/Service Provider Address 1	402	451	50	Character	The current street address1 of the provider of service.	S	Set = ""Missing"	N/A	The current first line of the street address of the provider. This is the street address.	The current first line of the street address of the provider. This is the street address.		
51	Rendering/Service Provider Address 2	452	501	50	Character	The current street address2 of the provider of service.	S	N/A	N/A	The current second line of the street address of the provider. This is the city and state.	The current second line of the street address of the provider. This is the city and state.		
52	Tooth Code	502	503	2	Character	The standard ADA tooth code for the dental claim record.	R	N/A	DC047	TOOTH NUMBER/LETTER	Tooth Number of Letter Identification		Please see Dental Tooth Codes
53	Tooth Surface Code	504	508	5	Character	The tooth surface code for dental claims.	R	N/A	DC049	TOOTH SURFACE	Tooth Service Identification		Please see Dental Tooth Codes
54	Tooth Quadrant	509	510	2	Character	The area of the month as designated by the ADA.	S			TOOTH QUAD			Please see Dental Tooth Codes
55	ICD Version	511	511	1	Character	The ICD version or qualifier code that identifies either ICD-9 (9) or ICD-10 (0) diagnosis codes.	R	N/A	DC062	ICD INDICATOR	International Classification of Diseases Version		If 0 and 9 not used, values defined in the Data Dictionary.
56	FILLER_512_10	512	521	10	Character	This was the National Plan ID. Please leave it blank.	N						
57	FILLER_522_2	522	523	2	Character	This was the Insurance Type Code. Please leave it blank.	N						
58	Member SSN	524	532	9	Character	Member/Patient's Social Security Number	R	N/A	DC010				
59	Date Service Approved (AP Date)	533	540	8	Date	Date Service Approved by payer	R	N/A	DC017				CCYYMMDD format
60	FILLER_541_6	541	546	6	Character	This was the Delegated Benefite Administrator Organization ID. Please leave it blank	N						
61	Service Provider Taxonomy	547	556	10	Character	Taxonomy Code	S	N/A	DC026				Please see the taxonomy section
62	Service Provider City Name	557	586	30	Character	City Name of the Service Provider	S	N/A	DC027				
63	Service Provider State	587	588	2	Character	State of the Service Provider	S	N/A	DC028				Please use the USPS state codes (e.g. AL, AR, WI, etc.)
64	FILLER_589_2	589	590	2	Character	This was the Claim Status. Please leave it blank.	N						
65	FILLER_591_5	591	595	5	Character	This was the CDT Code. Please leave it blank.	N	N/A	DC032				
66	FILLER_596_30	596	625	30	Character	This was the Product ID Number	N						
67	Billing Provider Tax ID Number	626	634	9	Character	The Billing Provider's Federal Tax Identification Number (FTIN)	S	N/A	DC044				
68	Former Claim Number	635	669	35	Character	Previous Claim Number	S	N/A	DC060				
69	Payment Arrangement	670	671	2	Character	This was the Payment Arrangement Reason. Please leave it blank.	R	N/A					Please see Payment Arrangement section for a list of values
70	Internal Billing Provider ID	672	684	13	Character	Intended as a link to the correct provider file entry (NPI, taxonomy, office)	R						This would help to associate a specific the provider on the claim to the specific, NPI, taxonomy, and office location in the provider file.
71	Internal Ordering Provider ID	685	697	13	Character	Intended as a link to the correct provider file entry (NPI, taxonomy, office)	R						This would help to associate a specific the provider on the claim to the specific, NPI, taxonomy, and office location in the provider file.
72	Internal Servicing Provider ID	698	710	13	Character	Intended as a link to the correct provider file entry (NPI, taxonomy, office)	R						This would help to associate a specific the provider on the claim to the specific, NPI, taxonomy, and office location in the provider file.
73	Filler	711	999	289	Character	Reserved for future use							Fill with blanks
74	Record Type	1000	1000	1	Character	Record type identifier							Hard Code to "D"

Dental Claims Functional Specifications for File Layout

--- Trailer Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
Fixed-Record Length							
1	Data Start Date	1	10	10	Date	Data Start Date	CCYYMMDD format i.e. 20140930 This will represent the 1st day of the month for which data is provided.
2	Data End Date	11	20	10	Date	Data End Date	CCYYMMDD format i.e. 20140930 This will represent the last day of the month for which data is provided.
3	Record Count	21	30	10	Numeric	Number of Records on File	The count of records provided in the data including the Trailer Record.
4	Total Net Payments	31	44	14	Numeric	Total net payments on the file	The sum of net payments provided in the file
5	Filler	45	999	955	Character	Reserved for future use	Fill with Blanks
6	Record Type	1000	1000	1	Character	Record Type Identifier	Hard Code 'T'

Country	
English short name (upper/lower case)	<u>Numeric code</u>
Afghanistan	4
Åland Islands	248
Albania	8
Algeria	12
American Samoa	16
Andorra	20
Angola	24
Anguilla	660
Antarctica	10
Antigua and Barbuda	28
Argentina	32
Armenia	51
Aruba	533
Australia	36
Austria	40
Azerbaijan	31
Bahamas	44
Bahrain	48
Bangladesh	50
Barbados	52
Belarus	112
Belgium	56
Belize	84
Benin	204
Bermuda	60
Bhutan	64
Bolivia (Plurinational State of)	68
Bonaire, Sint Eustatius and Saba	535
Bosnia and Herzegovina	70
Botswana	72
Bouvet Island	74
Brazil	76
British Indian Ocean Territory	86
Brunei Darussalam	96
Bulgaria	100
Burkina Faso	854
Burundi	108
Cabo Verde	132
Cambodia	116
Cameroon	120
Canada	124
Cayman Islands	136
Central African Republic	140
Chad	148

Chile	152
China	156
Christmas Island	162
Cocos (Keeling) Islands	166
Colombia	170
Comoros	174
Congo	178
Congo (Democratic Republic of the)	180
Cook Islands	184
Costa Rica	188
Côte d'Ivoire	384
Croatia	191
Cuba	192
Curaçao	531
Cyprus	196
Czechia	203
Denmark	208
Djibouti	262
Dominica	212
Dominican Republic	214
Ecuador	218
Egypt	818
El Salvador	222
Equatorial Guinea	226
Eritrea	232
Estonia	233
Ethiopia	231
Falkland Islands (Malvinas)	238
Faroe Islands	234
Fiji	242
Finland	246
France	250
French Guiana	254
French Polynesia	258
French Southern Territories	260
Gabon	266
Gambia	270
Georgia	268
Germany	276
Ghana	288
Gibraltar	292
Greece	300
Greenland	304
Grenada	308
Guadeloupe	312
Guam	316
Guatemala	320

Guernsey	831
Guinea	324
Guinea-Bissau	624
Guyana	328
Haiti	332
Heard Island and McDonald Islands	334
Holy See	336
Honduras	340
Hong Kong	344
Hungary	348
Iceland	352
India	356
Indonesia	360
Iran (Islamic Republic of)	364
Iraq	368
Ireland	372
Isle of Man	833
Israel	376
Italy	380
Jamaica	388
Japan	392
Jersey	832
Jordan	400
Kazakhstan	398
Kenya	404
Kiribati	296
Korea (Democratic People's Republic of)	408
Korea (Republic of)	410
Kuwait	414
Kyrgyzstan	417
Lao People's Democratic Republic	418
Latvia	428
Lebanon	422
Lesotho	426
Liberia	430
Libya	434
Liechtenstein	438
Lithuania	440
Luxembourg	442
Macao	446
Macedonia (the former Yugoslav Republic of)	807
Madagascar	450
Malawi	454
Malaysia	458
Maldives	462
Mali	466
Malta	470

Marshall Islands	584
Martinique	474
Mauritania	478
Mauritius	480
Mayotte	175
Mexico	484
Micronesia (Federated States of)	583
Moldova (Republic of)	498
Monaco	492
Mongolia	496
Montenegro	499
Montserrat	500
Morocco	504
Mozambique	508
Myanmar	104
Namibia	516
Nauru	520
Nepal	524
Netherlands	528
New Caledonia	540
New Zealand	554
Nicaragua	558
Niger	562
Nigeria	566
Niue	570
Norfolk Island	574
Northern Mariana Islands	580
Norway	578
Oman	512
Pakistan	586
Palau	585
Palestine, State of	275
Panama	591
Papua New Guinea	598
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Poland	616
Portugal	620
Puerto Rico	630
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Romania	642
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Saint Helena, Ascension and Tristan da Cunha	654
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Saint Pierre and Miquelon	666
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Singapore	702
Sint Maarten (Dutch part)	534
Slovakia	703
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Swaziland	748
Sweden	752
Switzerland	756
Syrian Arab Republic	760
Taiwan, Province of China^[a]	158
Tajikistan	762
Tanzania, United Republic of	834
Thailand	764
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Tokelau	772
Tonga	776
Trinidad and Tobago	780
Tunisia	788
Turkey	792
Turkmenistan	795
Turks and Caicos Islands	796
Tuvalu	798
Uganda	800

Ukraine	804
United Arab Emirates	784
United Kingdom of Great Britain and Northern Ireland	826
United States of America	840
United States Minor Outlying Islands	581
Uruguay	858
Uzbekistan	860
Vanuatu	548
Venezuela (Bolivarian Republic of)	862
Viet Nam	704
Virgin Islands (British)	92
Virgin Islands (U.S.)	850
Wallis and Futuna	876
Western Sahara	732
Yemen	887
Zambia	894
Zimbabwe	716

FIPS_US_STATE_AND_W ICOUNTY_CODE	FIPS_STATE_US_ AB	US_STATE_AND_WICOUNTY_NAM E
00001	AL	ALABAMA
00002	AK	ALASKA
00004	AZ	ARIZONA
00005	AR	ARKANSAS
00006	CA	CALIFORNIA
00008	CO	COLORADO
00009	CT	CONNECTICUT
00010	DE	DELAWARE
00011	DC	DISTRICT OF COLUMBIA
00012	FL	FLORIDA
00013	GA	GEORGIA
00015	HI	HAWAII
00016	ID	IDAHO
00017	IL	ILLINOIS
00018	IN	INDIANA
00019	IA	IOWA
00020	KS	KANSAS
00021	KY	KENTUCKY
00022	LA	LOUISIANA
00023	ME	MAINE
00024	MD	MARYLAND
00025	MA	MASSACHUSETTS
00026	MI	MICHIGAN
00027	MN	MINNESOTA
00028	MS	MISSISSIPPI
00029	MO	MISSOURI
00030	MT	MONTANA
00031	NE	NEBRASKA
00032	NV	NEVADA
00033	NH	NEW HAMPSHIRE
00034	NJ	NEW JERSEY
00035	NM	NEW MEXICO
00036	NY	NEW YORK
00037	NC	NORTH CAROLINA
00038	ND	NORTH DAKOTA
00039	OH	OHIO
00040	OK	OKLAHOMA
00041	OR	OREGON
00042	PA	PENNSYLVANIA
00044	RI	RHODE ISLAND
00045	SC	SOUTH CAROLINA
00046	SD	SOUTH DAKOTA
00047	TN	TENNESSEE
00048	TX	TEXAS
00049	UT	UTAH
00050	VT	VERMONT
00051	VA	VIRGINIA

00053	WA	WASHINGTON
00054	WV	WEST VIRGINIA
55001	WI	ADAMS
55003	WI	ASHLAND
55005	WI	BARRON
55007	WI	BAYFIELD
55009	WI	BROWN
55011	WI	BUFFALO
55013	WI	BURNETT
55015	WI	CALUMET
55017	WI	CHIPPEWA
55019	WI	CLARK
55021	WI	COLUMBIA
55023	WI	CRAWFORD
55025	WI	DANE
55027	WI	DODGE
55029	WI	DOOR
55031	WI	DOUGLAS
55033	WI	DUNN
55035	WI	EAU CLAIRE
55037	WI	FLORENCE
55039	WI	FOND DU LAC
55041	WI	FOREST
55043	WI	GRANT
55045	WI	GREEN
55047	WI	GREEN LAKE
55049	WI	IOWA
55051	WI	IRON
55053	WI	JACKSON
55055	WI	JEFFERSON
55057	WI	JUNEAU
55059	WI	KENOSHA
55061	WI	KEWAUNEE
55063	WI	LA CROSSE
55065	WI	LAFAYETTE
55067	WI	LANGLADE
55069	WI	LINCOLN
55071	WI	MANITOWOC
55073	WI	MARATHON
55075	WI	MARINETTE
55077	WI	MARQUETTE
55078	WI	MENOMINEE
55079	WI	MILWAUKEE
55081	WI	MONROE
55083	WI	OCONTO
55085	WI	ONEIDA
55087	WI	OUTAGAMIE
55089	WI	OZAUKEE
55091	WI	PEPIN

55093	WI	PIERCE
55095	WI	POLK
55097	WI	PORTAGE
55099	WI	PRICE
55101	WI	RACINE
55103	WI	RICHLAND
55105	WI	ROCK
55107	WI	RUSK
55111	WI	SAUK
55113	WI	SAWYER
55115	WI	SHAWANO
55117	WI	SHEBOYGAN
55109	WI	ST. CROIX
55119	WI	TAYLOR
55121	WI	TREMPEALEAU
55123	WI	VERNON
55125	WI	VILAS
55127	WI	WALWORTH
55129	WI	WASHBURN
55131	WI	WASHINGTON
55133	WI	WAUKESHA
55135	WI	WAUPACA
55137	WI	WAUSHARA
55139	WI	WINNEBAGO
55141	WI	WOOD
00056	WY	WYOMING
00060	AS	AMERICAN SAMOA
00066	GU	GUAM
00069	MP	NORTHERN MARIANA ISLANDS
00072	PR	PUERTO RICO
00074	UM	U.S. MINOR OUTLYING ISLANDS
00078	VI	U.S. VIRGIN ISLANDS
99998	N/A	UNKNOWN
99999	N/A	OTHER

Tooth Surfaces(s) Codes	Tooth Surface(s) and Quadrant/(Segment) Codes
D	Distal
DF	Distal-Facial
DFI	Distal-Facial Incisal
DFIL	Distal-Facial Incisal Lingual
DL	Distal-Lingual
DO	Distal-Occlusal
DOF	Distal-Occlusal Facial
DOL	Distal-Occlusal Lingual
DOLF	Distal-Occlusal Lingual Facial
F	Facial
FO	Facial-Occlusal
FOL	Facial-Occlusal Lingual
I	Incisal
L	Lingual/Palatal
M	Mesial
MDFIL	Mesial-Distal Facial Incisal Lingual
MDFIL	Mesial-Facial-Distal.
MFI	Mesial-Facial Incisal
MFIL	Mesial-Facial Incisal Lingual
ML	Mesial-Lingual
MLD	Mesial-Lingual-Distal
MLF	Mesial-Lingual-Facial
MO	Mesial Occlusal
MOD	Mesial-Occlusal Distal
MODF	Mesial-Occlusal Distal Facial
MODLF	Mesial-Occlusal Distal Lingual Facial
MOF	Mesial-Occlusal Facial
MOL	Mesial-Occlusal Lingual
MOLF	Mesial-Occlusal Lingual Facial
O	Occlusal
OL	Occlusal Lingual

Quadrant/Segment Codes*

U Maxillary

L	Mandibular
UR	Maxillary Right
UA	Maxillary Anterior
UL	Maxillary Left
LR	Mandibular Right
LA	Mandibular Anterior
	Mandibular Left

* Maximum of four quadrants/segments

Universal numbering system table

Permanent Dentition												
upper right							upper left					
1	2	3	4	5	6	7	8	9	10	11	12	13
32	31	30	29	28	27	26	25	24	23	22	21	20
lower right							lower left					
Primary Dentition												
upper right							upper left					
			A	B	C	D	E	F	G	H	I	J
			T	S	R	Q	P	O	N	M	L	K
lower right							lower left					

14	15	16
19	18	17

Payment Arrangement Type	
Code	Description
01	Capitation
02	Fee-for-service
03	Percentage of Charges
04	DRG
05	Pay for Performance
06	Global Payment
07	Other
08	Bundled Payment
09	Payment Amount per Episode

Place of Service Valid Values
1 Pharmacy (Place Group = 5)
3 School (Place Group = 4)
4 Homeless Shelter (Place Group = 4)
5 Indian Hlth Svc Free-stand Fac (Place Group = 4)
6 Indian Hlth Svc Prov-based Fac (Place Group = 4)
7 Tribal 638 Free-standing Fac (Place Group = 4)
8 Tribal 638 Provider-based Fac (Place Group = 4)
9 Prison-Correctional Facility (Place Group = 4)
11 Office (Place Group = 4)
12 Patient Home (Place Group = 4)
13 Assisted Living Facility (Place Group = 2)
14 Group Home (Place Group = 2)
15 Mobile Unit (Place Group = 4)
16 Temporary Lodging (Place Group = 4)
20 Urgent Care Facility (Place Group = 4)
21 Inpatient Hospital (Place Group = 1)
22 Outpatient Hospital (Place Group = 4)
23 Emergency Room - Hospital (Place Group = 4)
24 Ambulatory Surgical Center (Place Group = 4)
25 Birthing Center (Place Group = 1)
26 Military Treatment Facility (Place Group = 4)
31 Skilled Nursing Facility (Place Group = 2)
32 Nursing Facility (Place Group = 2)
33 Custodial Care Facility (Place Group = 2)
34 Hospice (Place Group = 3)
35 Adult Living Care Facility (Place Group = 2)
41 Ambulance (land) (Place Group = 4)
42 Ambulance (air or water) (Place Group = 4)
49 Independent Clinic (Place Group = 4)
50 Federally Qualified Health Ctr (Place Group = 4)
51 Inpatient Psychiatric Facility (Place Group = 1)
52 Psych Facility Partial Hosp (Place Group = 4)
53 Community Mental Health Center (Place Group = 4)
54 Intermed Care/Mental Retarded (Place Group = 2)
55 Residential Subst Abuse Facil (Place Group = 1)
56 Psych Residential Treatmnt Ctr (Place Group = 2)
57 Non-resident Subst Abuse Facil (Place Group = 4)
60 Mass Immunization Center (Place Group = 4)
61 Comprehensive Inpt Rehab Fac (Place Group = 3)
62 Comprehensive Outpt Rehab Fac (Place Group = 4)
65 End-Stage Renal Disease Facil (Place Group = 4)
71 Public Health Clinic (Place Group = 4)
72 Rural Health Clinic (Place Group = 4)
81 Independent Laboratory (Place Group = 4)
95 Outpatient, NOS (Place Group = 4)
99 ~Missing/Unknown (Place Group = ~)

Provider Type Code Claim

Valid Values:	Code	Description	
	1	Acute Care Hospital	(Hospitals, Trauma Center, Christian Science Hospital, Osteopathic Hospital, Teaching/University Hospital, VA/Military Hospital, Critical Access Hospital)
	5	Ambulatory Surgery Centers	(Freestanding Surgical Facility, SurgiCenter, Oral and Maxillofacial Surgery Center, Military Ambulatory Center)
	6	Urgent Care Facility	(Emergency Center, Medi First, Urgent Care Center, Walk-In Clinic)
	10	Birthing Center	
	15	Treatment Center	(Arthritis/Chemotherapy/Radiation/Hemodialysis/Hemophilic Treatment Center)
	20	Mental Health/Chemical Dep NEC	
	21	Mental Health Facilities	(Community Mental Health Center, Psychiatric Hospital, State Psych)
	22	Chemical Depend Treatment Ctr	(Alcohol Abuse Clinic, Detoxification Clinic, Drug and Alcohol Facility, Substance Abuse Rehab/Treatment Center, Recovery Care Center)
	23	Mental Hlth/Chem Dep Day Care	
	25	Rehabilitation Facilities	(Cardiac Rehab Center, Occupational/Physical Therapy Treatment Center, Rehab Center/Clinic/Hospital, Sanatorium, TB Facility)
	30	Longterm Care (NEC)	(Alzheimer Center/Dementia Center)
	31	Extended Care Facility	(Skilled Nursing Facility/SNF, State Hospital)
	32	Geriatric Hospital	
	33	Convalescent Care Facility	(Non-Skilled Nursing Facility, Nursing Home, Custodial Care Facility, Adult Care Home, Assisted Living Facility)
	34	Intermediate Care Facility	(ICF, Mentally Retarded)
	35	Residential Treatment Center	(Psychiatric Residential RTF)
	36	Continuing Care Retirement Com	
	37	Day/Night Care Center	(Adult Day Care Center, Respite Care Facility)
	38	Hospice Facility	(Inpatient Hospice)
	40	Other Facility (NEC)	(Migrant/Public/Corporate/Rural/Student/Community Health Clinic/Center, Unknown Facility, Unknown Clinic)
	41	Infirmery	(Military Outpatient Clinic)
	42	Special Care Facility (NEC)	(Dental Clinic, Pain Clinic, Sleep Disorder Clinic, Hearing and Speech Clinic, Genetics Clinic, Oncology Center)
	100	Dentist - MD & DDS (NEC)	(Dental Public Health)
	105	Dental Specialist	(Endodontics, Orthodontics, Oral Pathology, Oral Surgery, Oral Radiology, Pedodontics, Prosthodontics, Pediatric Dentistry)
	120	Chiropractor/DCM	
	130	Podiatry	(Podiatrist, Chiropodist)
	140	Pain Mgmt/Pain Medicine	(Palliative Medicine)
	145	Pediatric Anesthesiology	
	150	Anesthesiology	
	160	Nuclear Medicine	(Nuclear Radiology, Nuclear Cardiology)
	170	Pathology	(Blood Banking/Transfusion Medicine, Chemical Pathology, Cytopathology, Forensic Pathology, Immunopathology, Microbiology, Neuropathology, Legal Medicine)
	175	Pediatric Pathology	
	180	Radiology	(Diagnostic Radiology, Radiological Oncology, Radiological Physics, Therapeutic Radiology)
	185	Pediatric Radiology	
	200	Medical Doctor - MD (NEC)	(Miscellaneous MD specialty)

202	Osteopathic Medicine	(Osteopath, DO, Neuromusculoskeletal Medicine and OMM, Allopathic/Osteopathic Medicine)
204	Internal Medicine (NEC)	(Vascular Medicine)
206	Multi-Specialty Physician Group	(EPO, HMO, PPO, POS)
208	Proctology	
210	Urology	
215	Dermatology	(Dermatopathology, Dermatological Immunology, MOHS-Micrographic Surgery)
220	Emergency Medicine	(Medical Toxicology, Sports Medicine)
225	Hospitalist	
230	Allergy & Immunology	(Clinical and Lab Immunology)
240	Family Practice	(General Medicine, General Practitioner)
245	Geriatric Medicine	
250	Cardiovascular Disease/Cardiology, etc.	(Electrophysiology, Interventional Radiology)
260	Neurology	(Neurophysiology, Special Qual. In Child Neurology, Neurodevelopmental Disabilities, Vascular Neurology)
265	Critical Care Medicine	
270	Endocrinology & Metabolism	(Diabetes)
275	Gastroenterology	(Hepatology)
280	Hematology	
285	Infectious Disease	
290	Nephrology	
295	Pulmonary Disease	
300	Rheumatology	
320	Obstetrics & Gynecology	(Fertility, Maternal & Fetal Medicine, Reproductive Specialist)
325	Genetics	(Clinical Genetics, Clinical Cytogenetics, Medical Genetics, Molecular Genetics)
330	Ophthalmology	
340	Otolaryngology	(ENT, Neurotology, Otology, Otorhinolaryngology)
350	Physical Medicine & Rehabilitation	(Spinal Cord Injury)
355	Plastic Surgery/Maxillofacial Surgery	(Craniofacial Surgery, Facial Plastic Surgery, Plastic and Reconstructive Surgery)
360	Preventative Medicine	(Occupational, Aerospace/Underseas Medicine)
365	Psychiatry	(Geriatric Psychiatry, Psychoanalysis, Addiction Psychiatry, Forensic Psychiatry, Psychosomatic Medicine)

380	Oncology	
400	Pediatrician (NEC)	
410	Pediatric Specialist (NEC)	(Adolescent Medicine)
413	Pediatric Nephrology	
415	Pediatric Ophthalmology	
418	Pediatric Orthopaedics	
420	Pediatric Otolaryngology	
423	Pediatric Critical Care Medicine	
425	Pediatric Pulmonology	
428	Pediatric Emergency Medicine	
430	Pediatric Allergy & Immunology	
433	Pediatric Endocrinology	
435	Neonatal-Perinatal Medicine	(Neonatology, Perinatology)
438	Pediatric Gastroenterology	
440	Pediatric Cardiology	
443	Pediatric Hematology-Oncology	
448	Pediatric Infectious Diseases	
450	Pediatric Rheumatology	
453	Sports Medicine (Pediatrics)	
455	Pediatric Urology	
458	Child Psychiatry	(Developmental-Behavioral Pediatrics)
460	Pediatric Medical Toxicology	
500	Surgeon (NEC)	(General Surgery)
510	Colon & Rectal Surgery	
520	Neurological Surgery	(Pediatric Neurosurgery)
530	Orthopaedic Surgery	(Hand Surgery, Orthopaedic Surgery, Reconstructive Surgery)
535	Abdominal Surgery	
540	Cardiovascular Surgery	
545	Dermatologic Surgery	
550	General Vascular Surgery	
555	Head and Neck Surgery	
560	Pediatric Surgery (Surgery)	
565	Surgical Critical Care	
570	Transplant Surgery	
575	Traumatic Surgery	
580	Cardiothoracic Surgery	
585	Thoracic Surgery	
805	Dental Technician	(Hygienist, Denturist, Dental Lab, Dental Mechanic, Dental Assistant)
810	Dietitian	(Nutritional Specialist, Weight Control Specialist, Dietary Manager)

815	Medical Technician	(Bacteriologist, Cardiac Pump Technician, Certified Surgical Technician, Emergency Medical Technician, Specialist/Technologist, Phlebology, Lab/Pathology/Radiologic Technician, Infusion Therapist, Perfusionist)
820	Midwife	(Lay or Nurse Midwife)
822	Nursing Services	(LPN, RN, VNA, Aid, Vocational Nurse, Clinical Nurse Specialist, Home Health Aide, Companion/Chore Provider, Wound Specialist)
824	Psychiatric Nurse	(RN for Psych/Mental Health)
825	Nurse Practitioner	(ARNP)
827	Nurse Anesthetist	
830	Optometrist	(Doctor of Optometry)
835	Optician	
840	Pharmacist	
845	Physician Assistant	(Specialist Assistant, Physician Extender)
850	Therapy (Physical)	(Chemotherapist, Inhalation Therapist, OT, PT, Physiotherapist, Radiotherapist, Respiratory/Speech Therapist, Rehab Practitioner, Kinesiotherapist, Mechanotherapist, Electrodiagnostics, Trainer)
853	Therapists (Supportive)	(Counselor, Doctor of Divinity, Pastor, Marriage/Family Counselor, Social Worker, Rehab Counselor)
855	Therapists (Alternative)	(Herbalist, Hypnotist, Massage Therapist, Naprapath, Naturopath, Homeopath, Art/Dance/Music/Recreation Therapist, Reiki)
857	Renal Dialysis Therapy	(Dialysis Center, ESRD Clinic)
860	Psychologist	(Clinical Neuropsychologist)
865	Acupuncturist	
870	Spiritual Healers	(Christian Science Practitioner, Medicine Man)
900	Health Educator/Agency	(Doctor of Education, Master of Liberal Arts/Science, Student/Fellow, PhD)
905	Transportation	(Ambulance, Medical Transport, Paramedic, Driver, Taxi, Bus, Private Vehicle)
910	Health Resort	(Spa)
915	Hearing Labs	(Audiologist, Hearing Aid Dealer, Hearing Instrument Specialist, Speech-Language Pathology)
920	Home Health Organiz/Agency	
925	Imaging Center	(Radiology Clinic, Endoscopy Center, MRI Clinic)
930	Laboratory	(Independent Lab, Pathology Clinic, Dental Lab)
935	Pharmacy	(Drug Store, Drug Supply Company, Mail Order Drugs, Compounding Pharmacy)
940	Supply Center	(Blood/Eye/Donor Bank, DME Supplier, Prosthetic/Orthotics Supply Center, Non-pharmacy Dispensing Site, Contractor)
945	Vision Center	
950	Public Health Agency	(Charitable Agency/School, Voluntary Health Agency, Welfare Agency, Local Education Agency)
960	Case Manager	(Disease Management)

Taxonomy Code	Grouping	Classification	Specialization	Definition	Notes
101Y00000X	Behavioral Health & Social Service Providers	Counselor		A provider who is trained and educated in the performance of behavior health services through interpersonal communications and analysis. Training and education at the specialty level usually requires a master's degree and clinical experience and supervision for licensure or certification.	Sources: Abridged from definitions provided by the National Board of Certified Counselors and the American Association of Pastoral Counselors.
101YA0400X	Behavioral Health & Social Service Providers	Counselor	Addiction (Substance Use Disorder)	Definition to come...	
101YM0800X	Behavioral Health & Social Service Providers	Counselor	Mental Health	Definition to come...	
101YP1600X	Behavioral Health & Social Service Providers	Counselor	Pastoral	Definition to come...	
101YP2500X	Behavioral Health & Social Service Providers	Counselor	Professional	Definition to come...	
101YS0200X	Behavioral Health & Social Service Providers	Counselor	School	Definition to come...	
102L00000X	Behavioral Health & Social Service Providers	Psychoanalyst		Psychoanalysis is a comprehensive, theoretical framework which, when applied to a treatment process, consists of an intensive verbal, therapeutic relationship between an analyst and an analysand which aims for symptom relief, emotional growth, and personal integration. The psychoanalytic treatment process includes, but is not limited to, the recognition of unconscious processes and conflicts; the significance of developmental influences; and the impact of resistances, defenses, transference and countertransference phenomena. Treatment is enhanced by an understanding developed in the analyst's training and personal analysis of unconscious manifestations, such as dreams, slips of the tongue, fantasies and day dreams. Psychoanalytic technique varies in relation to theoretical orientation.	Source: Registry of Psychoanalysts published by the National Association for the Advancement of Psychoanalysis [1/1/2007: new; 7/1/2007: definition changed, source changed]
102X00000X	Behavioral Health & Social Service Providers	Poetry Therapist		A medical or mental health professional who has attained credentials after satisfactorily completing a poetry therapy training program approved by the National Federation for Biblio/Poetry Therapy (NFBPT). Training includes didactic work, peer group experience, and supervised practicum. An NFBPT credentialed certified poetry therapist (CPT) or registered poetry therapist (PTR) integrates discussion of published literature and reflective or creative writing into the psychotherapeutic process to achieve goals of emotional well-being, symptom reduction, and improved interpersonal communication. Certified poetry therapists and registered poetry therapists are licensed mental health professionals with advanced training in the theory and practice of poetry therapy. CPTs and PTRs are qualified to work independently with emotionally troubled populations in clinical, rehabilitative, community and educational institutions. They also work with emotionally healthy individuals adjusting to developmental issues, life crises, or disabilities. The PTR completes an advanced level of training and fieldwork, commensurate with the highest levels of clinical practice. The terms poetry therapy, applied poetry facilitation, journal therapy, bibliotherapy, biblio/poetry therapy, and poetry/journal therapy reflect the interactive use of literature and/or writing to promote personal growth and emotional healing. In addition to poetry, poetry therapy applies all forms or written and spoken language including story, myth, folk and fairy tale and other genres of poetic expression as well as journal, memoir, and narrative. The poetry therapy process integrates discussion of published literature and reflective or creative writing for expression and communication of thoughts and feelings to facilitate participants' emotional well-being. The field of poetry therapy encompasses all of these modalities, though only a duly trained and licensed clinical practitioner can be credentialed as CPT or PTR.	Source: The National Federation for Biblio/Poetry Therapy [7/1/2007: new]
103G00000X	Behavioral Health & Social Service Providers	Clinical Neuropsychologist		An individual with a doctorate degree, licensure in clinical psychology and specialized training or board certification in neuropsychology who practices or adheres to the principles of neuropsychology; a specialty within the field of psychology focusing primarily on neurobehavioral functioning.	Source: American Psychological Association, Washington, DC, 1997. [1/1/2007: title modified]
103GC0700X	Behavioral Health & Social Service Providers	Clinical Neuropsychologist	Clinical		[1/1/2007: marked inactive, use 103G00000X]
103K00000X	Behavioral Health & Social Service Providers	Behavioral Analyst		A behavior analyst is qualified by at least a master's degree and Behavior Analyst Certification Board certification and/or a state-issued credential (such as a license) to practice behavior analysis independently. Behavior analysts provide the required supervision to assistant behavior analysts and behavior technicians. A behavior analyst delivers services consistent with the dimensions of applied behavior analysis. Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing and revising behavior-analytic treatment plans, training others to implement components of treatment plans, and overseeing implementation of treatment plans.	Source: Association of Professional Behavior Analysts, www.apbhome.net and Behavior Analyst Certification Board (http://www.bacb.com) [7/1/2008: new, 1/1/2016: modified definition]

103T0000X	Behavioral Health & Social Service Providers	Psychologist		A psychologist is an individual who is licensed to practice psychology which is defined as the observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health. The practice of psychology includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury, or disability; and psychoeducational evaluation, therapy, remediation, and consultation. Psychological services may be rendered to individuals, families, groups and the public.	Source: American Psychological Association [1/1/2007: modified definition]
103TA0400X	Behavioral Health & Social Service Providers	Psychologist	Addiction (Substance Use Disorder)	Definition to come...	
103TA0700X	Behavioral Health & Social Service Providers	Psychologist	Adult Development & Aging	Definition to come...	
103TB0200X	Behavioral Health & Social Service Providers	Psychologist	Cognitive & Behavioral	Definition to come...	[1/1/2007: title modified]
103TC0700X	Behavioral Health & Social Service Providers	Psychologist	Clinical	Definition to come...	
103TC1900X	Behavioral Health & Social Service Providers	Psychologist	Counseling	Definition to come...	
103TC2200X	Behavioral Health & Social Service Providers	Psychologist	Clinical Child & Adolescent	Definition to come...	[1/1/2007: title modified]
103TE1000X	Behavioral Health & Social Service Providers	Psychologist	Educational		[1/1/2007: marked inactive]
103TE1100X	Behavioral Health & Social Service Providers	Psychologist	Exercise & Sports	Definition to come...	
103TF0000X	Behavioral Health & Social Service Providers	Psychologist	Family	Definition to come...	
103TF0200X	Behavioral Health & Social Service Providers	Psychologist	Forensic	Definition to come...	
103TH0004X	Behavioral Health & Social Service Providers	Psychologist	Health	The distinct focus of the clinical health psychologist is on physical health problems. A clinical health psychologist has special expertise or training in clinical health psychology -applies scientific knowledge of the interrelationships among behavioral, emotional, cognitive, social and biological components in health and disease to the promotion and maintenance of health; the prevention, treatment and rehabilitation of illness and disability; and the improvement of the health care system. Clinical health psychologists are dedicated to the development of knowledge regarding the interface between behavior and health, and to the delivery of high quality services based on that knowledge to individuals, families, and health care.	Source: American Psychological Association Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, 2008. [1/1/2007: new, 7/1/2008: definiton added, source added]
103TH0100X	Behavioral Health & Social Service Providers	Psychologist	Health Service	A psychologist, certified/licensed at the independent practice level in his/her state, who is duly trained and experienced in the delivery of direct, preventative, assessment, and therapeutic intervention services to individuals whose growth, adjustment, or functioning is actually impaired or is demonstrably at high risk of impairment (1974).	Source: National Register of Health Service Providers in Psychology website http://www.nationalregister.org/about_NR.html [7/1/2006: modified title, added definition]
103TM1700X	Behavioral Health & Social Service Providers	Psychologist	Men & Masculinity		[1/1/2007: marked inactive]
103TM1800X	Behavioral Health & Social Service Providers	Psychologist	Mental Retardation & Developmental Disabilities	Definition to come...	
103TP0016X	Behavioral Health & Social Service Providers	Psychologist	Prescribing (Medical)	Those licensed psychologists who have completed specialized, post-doctoral training in psychopharmacology, passed a national proficiency examination in psychopharmacology, and who are authorized by state statute to prescribe medications, in accordance with their state law and state licensing authority, for the evaluation, diagnosis, management and treatment of mental, nervous, emotional, behavioral, and related disorders.	Source: Louisiana Academy of Medical Psychologists Note: Some states issue licenses under Medical Psychologist. [1/1/2007: new]
103TP0814X	Behavioral Health & Social Service Providers	Psychologist	Psychoanalysis	(1) A practitioner of psychoanalysis: methods of eliciting from patients their past emotional experiences and their role in influencing their current mental life, in order to discover the conflicts and mechanisms by which their pathologic mental state has been produced and to furnish hints for psychotherapeutic procedures, the method employs free association, recall and interpretation of dreams and interpretation of transference and resistance phenomena; (2) An individual who is educated with a doctor's degree in psychoanalysis or psychology, trained at an established psychoanalytic institute, and practices or adheres to the principles of psychoanalysis. Psychoanalysis is a form of psychotherapy and a system of investigation for determining and understanding mental processes, which was originally conceived by Sigmund Freud. Psychoanalysis involves the analysis and interpretation of dreams, resistances, and transferences, and uses free association and catharsis. Clinical practice requires licensure.	Sources: (1) Dorlands Illustrated Medical Dictionary, 28th Edition, W.B. Saunders Company: Philadelphia, 1994, p. 1382; (2) American Psychological Association, Washington, DC, 1997, and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.

103TP2700X	Behavioral Health & Social Service Providers	Psychologist	Psychotherapy		[1/1/2007: marked inactive]
103TP2701X	Behavioral Health & Social Service Providers	Psychologist	Group Psychotherapy	Definition to come...	[1/1/2007: modified title]
103TR0400X	Behavioral Health & Social Service Providers	Psychologist	Rehabilitation	Definition to come...	
103TS0200X	Behavioral Health & Social Service Providers	Psychologist	School	Definition to come...	
103TW0100X	Behavioral Health & Social Service Providers	Psychologist	Women		[1/1/2007: marked inactive]
104100000X	Behavioral Health & Social Service Providers	Social Worker		A social worker is a person who is qualified by a Social Work degree, and licensed, certified or registered by the state as a social worker to practice within the scope of that license. A social worker provides assistance and counseling to clients and their families who are dealing with social, emotional and environmental problems. Social work services may be rendered to individuals, families, groups, and the public.	Source: National Association of Social Workers, 2009 [7/1/2009: definition modified]
1041C0700X	Behavioral Health & Social Service Providers	Social Worker	Clinical	A social worker who holds a master's or doctoral degree in social work from an accredited school of social work in addition to at least two years of post-master's supervised experience in a clinical setting. The social worker must be licensed, certified, or registered at the clinical level in the jurisdiction of practice. A clinical social worker provides direct services, including interventions focused on interpersonal interactions, intrapsychic dynamics, and life management issues. Clinical social work services are based on bio-psychosocial perspectives. Services consist of assessment, diagnosis, treatment (including psychotherapy and counseling), client-centered advocacy, consultation, evaluation, and prevention of mental illness, emotional, or behavioral disturbances.	Source: National Association of Social Workers, 2008 [7/1/2009: definition modified]
1041S0200X	Behavioral Health & Social Service Providers	Social Worker	School	Definition to come...	
106E00000X	Behavioral Health & Social Service Providers	Assistant Behavior Analyst		An assistant behavior analyst is qualified by Behavior Analyst Certification Board certification and/or a state-issued license or credential in behavior analysis to practice under the supervision of an appropriately credentialed professional behavior analyst. An assistant behavior analyst delivers services consistent with the dimensions of applied behavior analysis and supervision requirements defined in state laws or regulations and/or national certification standards. Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing behavior-analytic treatment plans, training and supervising others in implementation of components of treatment plans, and direct implementation of treatment plans.	Association of Professional Behavior Analysts, www.apbahome.net and Behavior Analyst Certification Board (http://www.bacb.com) [7/1/2016: new]
106H00000X	Behavioral Health & Social Service Providers	Marriage & Family Therapist		A marriage and family therapist is a person with a master's degree in marriage and family therapy, or a master's or doctoral degree in a related mental health field with substantially equivalent coursework in marriage and family therapy, who receives supervised clinical experience, or a person who meets the state requirements to practice as a marriage and family therapist. A marriage and family therapist treats mental and emotional disorders within the context of marriage and family systems. A marriage and family therapist provides mental health and counseling services to individuals, couples, families, and groups.	
106S00000X	Behavioral Health & Social Service Providers	Behavior Technician		The behavior technician is a paraprofessional who practices under the close, ongoing supervision of a behavior analyst or assistant behavior analyst certified by the Behavior Analyst Certification Board and/or credentialed by a state (such as through licensure). The behavior technician is primarily responsible for the implementation of components of behavior-analytic treatment plans developed by the supervisor. That may include collecting data on treatment targets and conducting certain types of behavioral assessments (e.g., stimulus preference assessments). The behavior technician does not design treatment or assessment plans or procedures but provides services as assigned by the supervisor responsible for his or her work.	Association of Professional Behavior Analysts, www.apbahome.net and Behavior Analyst Certification Board (http://www.bacb.com) [7/1/2016: new]
111N00000X	Chiropractic Providers	Chiropractor		A provider qualified by a Doctor of Chiropractic (D.C.), licensed by the State and who practices chiropractic medicine -that discipline within the healing arts which deals with the nervous system and its relationship to the spinal column and its interrelationship with other body systems.	
111N0013X	Chiropractic Providers	Chiropractor	Independent Medical Examiner	A special evaluator not involved with the medical care of the individual examinee that impartially evaluates the care being provided by other practitioners to clarify clinical, disability, liability or other case issues.	Source: American Board of Independent Medical Examiners [1/1/2007: new]
111N0900X	Chiropractic Providers	Chiropractor	Internist	The chiropractic internist may serve as a primary care physician or may see patients referred from other providers for evaluation and co-management. Evaluation is focused on the early detection of functional, nutritional, and pathological disorders. A chiropractic internist utilizes the diagnostic instruments necessary for proper examination. In cases where laboratory examination is necessary, a chiropractic internist utilizes a recognized reference laboratory facility. A chiropractic internist may manage his or her own cases or may refer to another specialist when prudent to do so. The chiropractic internist utilizes documented natural therapies, therapeutic lifestyle changes, patient education and other resources to promote patient health and avoidance of disease.	Source: American Chiropractic Association, 2008 [7/1/2009: definition added]

111NN0400X	Chiropractic Providers	Chiropractor	Neurology	Chiropractic Neurology is defined as the field of functional neurology that engages the internal - and external environment of the individual in a structured and targeted approach to affect positive changes in the nervous system and consequently the physiology and behavior of an individual. Chiropractic Neurologists are board-certified specialists in non-drug, non-surgical care for those with neurologically based health problems. There are many conditions people suffer from that are in this broad category: learning and attention disorders, headaches, vertigo, pain syndromes, developmental disorders, nerve injury, spinal cord injury, head injury or stroke, movement disorders, and many other conditions.	Source: American Chiropractic Neurology Board, 2008 & American Chiropractic Association, 2008 [7/1/2009: definition added]
111NN1001X	Chiropractic Providers	Chiropractor	Nutrition	Chiropractic Nutrition is that specialty within the chiropractic profession that deals with the overall factors that affect the patient's ability to maintain the manipulative correction and thus sustain better neurological integrity. The Chiropractic Nutrition Specialist will perform extensive research on the patient's previous health history, ethnicity, and any family history related to what the patient is being treated for. Patients fill out questionnaires concerning dietary and sleep patterns and previous or present symptomology. A nutrition examination would be performed to assess areas such as absorption rates, adrenal function, kidney health, lung health etc. The patient is often instructed on how to check the pH of their saliva and urine, test for the presence of Candida Albicans, etc., at home. Outside laboratory testing includes blood, urine, hair analysis, food allergy testing etc. The patient's prescription and over the counter medications are recorded and analyzed.	Source: American Chiropractic Association, 2008 [7/1/2009: definition added]
111NP0017X	Chiropractic Providers	Chiropractor	Pediatric Chiropractor	The Pediatric Chiropractor is a chiropractor with specialized, advanced training and certification in the evaluation, care and management of health and wellness conditions of infancy, childhood and adolescence. This specialist provides primary, comprehensive, therapeutic and preventative chiropractic health care for newborns through adolescents.	Source: Council on Chiropractic Pediatrics, American Chiropractic Association, 2007 [1/1/2008: new]
111NR0200X	Chiropractic Providers	Chiropractor	Radiology	Chiropractic radiology is a referral specialty that provides consultation services at the request of other qualified doctors. Chiropractic radiologists provide consultation in health care facilities (private offices, hospitals and teaching institutions) to meet the needs of referring doctors and their patients. The quality of the consultative services by the chiropractic radiologist in independent practice is reflected by the quality of their professional credentials. Chiropractic radiologists recommend, supervise, and interpret radiologic studies as well as advanced imaging procedures. They advise referring physicians on the necessity and appropriateness of radiologic services and whether to select or to avoid certain diagnostic or clinical procedures. In some instances the radiologist may act as a private practitioner. They may conduct research and apply diagnostic radiologic procedures and may be called upon to act as expert witnesses in matters of litigation. Chiropractic radiologists are also concerned with imaging technology including image production, demonstration of normal and abnormal anatomy, and the interaction of energy and matter. The advances in the technological facets of radiology are so rapid that only qualified radiologists can reasonably be expected to maintain the high level of proficiency required to supervise and interpret these procedures. The practice of radiology continuously involves the application of this technology to patient imaging and treatment. It is now well recognized that chiropractic radiology includes, but is not limited to, plain film radiography, fluoroscopy, tomography, ultrasonography, radioisotope imaging, computed tomography, digital radiography, and magnetic resonance imaging. Individual practices may vary by intent, licensure, and scope of practice laws.	Source: American Chiropractic Board of Radiology, 2009 [7/1/2009: definition added]
111NR0400X	Chiropractic Providers	Chiropractor	Rehabilitation	Rehabilitation is the discipline focused on restoring a patient's functional abilities to pre-injury or pre-disease status. Functional abilities are defined as those activities in one's daily life, work, or sports and recreational activities that an individual participates in. Relevant impairments (e.g. strength, endurance, flexibility, motor control, etc.) are often intermediate goals of rehabilitation, but the final goal of successful care is return to participation in activities in which the patient was successful before the onset of the injury or disease. Essential to a rehabilitation approach is a focus on patient-centered outcomes such as independence and self-management or self-care skills.	Source: The American Chiropractic Association (ACA) and the ACA Council on Physiological Therapeutics [7/1/2006: new]
111NS0005X	Chiropractic Providers	Chiropractor	Sports Physician	A sports chiropractor is uniquely trained to provide care and treatment of injuries or illness resulting from sports and physical fitness activities. Doctors of Chiropractic with the Diplomate American Chiropractic Board of Sports Physicians (DACBSP) or the Certified Chiropractic Sports Physician (CCSP), sport specialty certifications from the American Chiropractic Board of Sports Physicians, have advanced training in the assessment, management and rehabilitation of sports related injuries. Extremity care, rehabilitation and soft tissue procedures are common skills utilized by these doctors. The specialty training covers a broad spectrum from the pediatric athlete to professional and Olympic athletes, and everything in between, using a variety of techniques and modalities.	Source: American Chiropractic Board of Sports Physicians, 2009 [7/1/2009: definition added]
111NT0100X	Chiropractic Providers	Chiropractor	Thermography	Definition to come...	

111NX0100X	Chiropractic Providers	Chiropractor	Occupational Health	Occupational Health is that specialty within the chiropractic profession that deals with the prevention and management of work related injuries. It also considers and assists clients with State and Federal Compliance assistance. Occupational Health goes much farther than simply treating injured workers however. This may mean working with clients to promote optimum safety and ergonomic principles, interacting with the injured worker to promote safety and prevent future injuries, assisting a company with accident investigation to identify root cause, redesigning a workstation to eliminate hazards, working with safety teams, providing training programs etc. The list of potential services that the specialist can interact with a client company or patient is lengthy and varied involving both in office services as well as on site services.	Source: American Chiropractic Association, 2008 [7/1/2009: title modified, definition added]
111NX0800X	Chiropractic Providers	Chiropractor	Orthopedic	Chiropractic Orthopedics is defined as that branch of chiropractic medicine that includes the continued acquisition of knowledge relative to both normal functions and diseases of the human body as they relate to the bones, joints, capsules, discs, muscles, ligaments, tendons, their complete neurological and vascular components, referred organ systems and contiguous tissues. This also includes the development and perfection of skills relative to health maintenance when such exists and when not, the investigations, historical review, physical detection, correlative diagnosis development and complete management of any disorder within the bounds defined herein. Also necessary is the delivery of the combined knowledge and skill on a primary basis to patients who both need and desire this service to the eventual outcome of remissions, whenever resolution is not readily achievable. In addition the certified chiropractic orthopedist provides consultation services at the request of other qualified doctors seeking assistance in the care of their patients. The chiropractic orthopedist may also engage in the teaching and or research of subjects and materials relevant to pursuing the quest for knowledge in the ever changing field of the orthopedic specialty.	Source: American Chiropractic Association, 2008 [7/1/2009: definition added]
122300000X	Dental Providers	Dentist		A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), licensed by the state to practice dentistry, and practicing within the scope of that license. There is no difference between the two degrees: dentists who have a DMD or DDS have the same education. Universities have the prerogative to determine what degree is awarded. Both degrees use the same curriculum requirements set by the American Dental Association's Commission on Dental Accreditation. Generally, three or more years of undergraduate education plus four years of dental school is required to graduate and become a general dentist. State licensing boards accept either degree as equivalent, and both degrees allow licensed individuals to practice the same scope of general dentistry. Additional post-graduate training is required to become a dental specialist.	Source: Council on Dental Education and Licensure, American Dental Association
1223D0001X	Dental Providers	Dentist	Dental Public Health	The science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice that serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.	Source: Council on Dental Education and Licensure, American Dental Association
1223D0004X	Dental Providers	Dentist	Dentist Anesthesiologist	A dentist who has successfully completed an accredited postdoctoral anesthesiology residency training program for dentists of two or more years duration, in accord with Commission on Dental Accreditation's Standards for Dental Anesthesiology Residency Programs, and/or meets the eligibility requirements for examination by the American Dental Board of Anesthesiology.	Source: The American Society of Dentist Anesthesiologists [1/1/2013: new]
1223E0200X	Dental Providers	Dentist	Endodontics	The branch of dentistry that is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.	Source: Council on Dental Education and Licensure, American Dental Association
1223G0001X	Dental Providers	Dentist	General Practice	A general dentist is the primary dental care provider for patients of all ages. The general dentist is responsible for the diagnosis, treatment, management and overall coordination of services related to patients' oral health needs.	Source: Academy of General Dentistry
1223P0106X	Dental Providers	Dentist	Oral and Maxillofacial Pathology	The specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral and maxillofacial pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.	Source: Council on Dental Education and Licensure, American Dental Association
1223P0221X	Dental Providers	Dentist	Pediatric Dentistry	An age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.	Source: Council on Dental Education and Licensure, American Dental Association
1223P0300X	Dental Providers	Dentist	Periodontics	That specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.	Source: Council on Dental Education and Licensure, American Dental Association

1223P0700X	Dental Providers	Dentist	Prosthodontics	That branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.	Source: Council on Dental Education and Licensure, American Dental Association
1223S0112X	Dental Providers	Dentist	Oral and Maxillofacial Surgery	The specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.	Source: Council on Dental Education and Licensure, American Dental Association
1223X0008X	Dental Providers	Dentist	Oral and Maxillofacial Radiology	The specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.	Source: Council on Dental Education and Licensure, American Dental Association
1223X0400X	Dental Providers	Dentist	Orthodontics and Dentofacial Orthopedics	That area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.	
122400000X	Dental Providers	Denturist		Definition to come.	
124Q00000X	Dental Providers	Dental Hygienist		An individual who has completed an accredited dental hygiene education program, and an individual who has been licensed by a state board of dental examiners to provide preventive care services under the supervision of a dentist. Functions that may be legally delegated to the dental hygienist vary based on the needs of the dentist, the educational preparation of the dental hygienist and state dental practice acts and regulations, but always include, at a minimum, scaling and polishing the teeth. To avoid misleading the public, no occupational title other than dental hygienist should be used to describe this dental auxiliary.	Source: Comprehensive Policy Statement on Dental Auxiliaries, American Dental Association.
125J00000X	Dental Providers	Dental Therapist		A Dental Therapist is an individual who has completed an accredited or non-accredited dental therapy program and who has been authorized by the relevant state board or a tribal entity to provide services within the scope of their practice under the supervision of a dentist. Functions that may be delegated to the dental therapist vary based on the needs of the dentist, the educational preparation of the dental therapist and state dental practice acts and regulations.	Source: Summarized from Minnesota Statute 150A.105. [7/1/2012: new]
125K00000X	Dental Providers	Advanced Practice Dental Therapist		An Advanced Practice Dental Therapist is:-(1) A dental therapist who has completed additional training beyond basic dental therapy education and provides dental services in accordance with state advanced practice dental therapist laws or statutes; or-(2) A dental hygienist with a graduate degree in advanced dental therapy prepared for independent and interdependent decision making and direct accountability for clinical judgment across the dental health care continuum.-The individual has been authorized by the relevant state board or a tribal entity to provide services under the remote supervision of a dentist. The functions of the advanced practice dental therapist vary based on the needs of the dentist, the educational preparation of the advanced practice dental therapist and state dental practice acts and regulations.	Source: Summarized from Minnesota Statute 150A.106. [7/1/2012: new]
125Q00000X	Dental Providers	Oral Medicinist		A dentist with advanced training specializing in the recognition and treatment of oral conditions resulting from the interrelationship between oral disease and systemic health. The Oral Medicinist manages clinical and non-surgical treatment of non-dental pathologies affecting the oral and maxillofacial region, such as cancer, organ transplants, and acute and chronic pain. Activities include provision of interdisciplinary patient care in collaboration with medical specialists and other dentists in hospitals and outpatient medical clinics in the management of patients with complex medical conditions requiring multidisciplinary healthcare intervention.	Source: National Uniform Claim Committee [1/1/2015: new] Additional Resources: American Academy of Oral Medicine
126800000X	Dental Providers	Dental Assistant		An individual who may or may not have completed an accredited dental assisting education program and who aids the dentist in providing patient care services and performs other nonclinical duties in the dental office or other patient care facility. The scope of the patient care functions that may be legally delegated to the dental assistant varies based on the needs of the dentist the educational preparation of the dental assistant and state dental practice acts and regulations. Patient care services are provided under the supervision of a dentist. To avoid misleading the public, no occupational title other than dental assistant should be used to describe this dental auxiliary.	Source: Comprehensive Policy Statement on Dental Auxiliaries, American Dental Association
126900000X	Dental Providers	Dental Laboratory Technician		An individual who has the skill and knowledge in the fabrication of dental appliances, prostheses and devices in accordance with a dentist's laboratory work authorization. To avoid misleading the public, no occupational title other than dental laboratory technician or certified dental technician (when appropriate) should be used to describe this auxiliary.	Source: Comprehensive Policy Statement on Dental Auxiliaries, American Dental Association.

132700000X	Dietary & Nutritional Service Providers	Dietary Manager		A dietary manager is a trained food services professional who is charged with maintaining cost/profit objectives, purchasing foods and services for the department and supervising staff.. Dietary managers are trained to understand the basic nutritional needs of clients and work in partnership with dietitians, who offer specialized nutritional expertise. The CDM certified dietary manager designation is an advanced professional credential awarded to dietary managers who have completed specific course work, have passed the national credentialing exams (including a sanitation and safety exam) and have applied for certification.	
133N00000X	Dietary & Nutritional Service Providers	Nutritionist		A specialist in adapting and applying food and nutrient knowledge to the solution of food and nutritional problems, the control of disease, and the promotion of health. Nutritionists perform research, instruct groups and individuals about nutritional requirements, and assist people in developing meal patterns that meet their nutritional needs; (2) A nutritionist is someone who has completed undergraduate and/or graduate training in the discipline of nutrition without necessarily meeting the academic and experience requirements to qualify for the Registered Dietitian designation.	Source: (1) Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
133NN1002X	Dietary & Nutritional Service Providers	Nutritionist	Nutrition, Education	Definition to come...	
133V00000X	Dietary & Nutritional Service Providers	Dietitian, Registered		A registered dietitian (RD) is a food and nutrition expert who has successfully completed a minimum of a bachelor's degree at a US regionally accredited university or college and course work approved by The American Dietetic Association (ADA); an ADA-accredited or approved, supervised practice program, typically 6 to 12 months in length; a national examination administered by the Commission on Dietetic Registration; and continuing professional educational requirements to maintain registration.	Source: The American Dietetic Association. Becoming a Registered Dietitian -- a food and nutrition expert. Chicago, IL: The American Dietetic Association, July 1997.
133VN1004X	Dietary & Nutritional Service Providers	Dietitian, Registered	Nutrition, Pediatric	Definition to come...	
133VN1005X	Dietary & Nutritional Service Providers	Dietitian, Registered	Nutrition, Renal	Definition to come...	
133VN1006X	Dietary & Nutritional Service Providers	Dietitian, Registered	Nutrition, Metabolic	Definition to come...	
136A00000X	Dietary & Nutritional Service Providers	Dietetic Technician, Registered		A person trained in food and nutrition who is an integral part of health care and foodservice management teams. A dietetic technician, registered (DTR) has successfully completed at least a two-year associate's degree at a US regionally accredited college or university; a dietetic technician program approved by The American Dietetic Association, including 450 hours of supervised practice experience; a national examination administered by the Commission on Dietetic Registration; and continuing professional educational requirements to maintain registration.	Source: The American Dietetic Association. Becoming a Dietetic Technician, Registered -- a food and nutrition practitioner. Chicago, IL: The American dietetic association, July 1997.
146D00000X	Emergency Medical Service Providers	Personal Emergency Response Attendant		Individuals that are specially trained to assist patients living at home with urgent/emergent situations. These individuals must be able to perform CPR and basic first aid and have sufficient counseling skills to allay fears and assist in working through processes necessary to resolve the crisis. Functions may include transportation to various facilities and businesses, contacting agencies to initiate remediation service or providing reassurance.	
146L00000X	Emergency Medical Service Providers	Emergency Medical Technician, Paramedic		An EMT, Paramedic is an individual trained and certified to perform advanced life support (ALS) in medical emergencies based on individual state boards.	Sources: Tabers Medical Dictionary and Florida EMS Clearing House.
146M00000X	Emergency Medical Service Providers	Emergency Medical Technician, Intermediate		An Intermediate EMT is an individual trained and certified to perform intermediate life support treatment in medical emergencies based on individual state boards.	Sources: Tabers Medical Dictionary and Florida EMS Clearing House.
146N00000X	Emergency Medical Service Providers	Emergency Medical Technician, Basic		A Basic EMT is an individual trained and certified to perform basic life support treatment in medical emergencies based on individual state boards.	Sources: Tabers Medical Dictionary and Florida EMS Clearing House.
152W00000X	Eye and Vision Services Providers	Optometrist		Doctors of optometry (ODs) are the primary health care professionals for the eye. Optometrists examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identify related systemic conditions affecting the eye. An optometrist has completed pre-professional undergraduate education in a college or university and four years of professional education at a college of optometry, leading to the doctor of optometry (O.D.) degree. Some optometrists complete an optional residency in a specific area of practice. Optometrists are eye health care professionals state-licensed to diagnose and treat diseases and disorders of the eye and visual system.	Source: American Optometric Association (AOA), approved by the AOA's Board of Trustees, June 21, 2005. [7/1/2006: definition modified]
152WC0802X	Eye and Vision Services Providers	Optometrist	Corneal and Contact Management	The professional activities performed by an Optometrist related to the fitting of contact lenses to an eye, ongoing evaluation of the cornea's ability to sustain successful contact lens wear, and treatment of any external eye or corneal condition which can affect contact lens wear.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WL0500X	Eye and Vision Services Providers	Optometrist	Low Vision Rehabilitation	Optometrists who specialize in low-vision care having training to assess visual function, prescribe low-vision devices, develop treatment plans, and recommend other vision rehabilitation services.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WP0200X	Eye and Vision Services Providers	Optometrist	Pediatrics	Optometrists who work in Pediatrics are concerned with the prevention, development, diagnosis, and treatment of visual problems in children.	Source: American Optometric Association [1/1/2009: added definition, added source]

152WS0006X	Eye and Vision Services Providers	Optometrist	Sports Vision	An optometrist who offers services designed to care for unique vision care needs of athletes, which may include one of more of the following services: corrective vision care unique to a specific sporting environment; protective eyewear for the prevention of sports-related injuries; vision enhancement – which may include vision therapy and techniques to improve visual skills specific to the athlete's sport.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WV0400X	Eye and Vision Services Providers	Optometrist	Vision Therapy	Optometrists who specialize in vision therapy as a treatment process used to improve vision function. It includes a broad range of developmental and rehabilitative treatment programs individually prescribed to remediate specific sensory, motor and/or visual perceptual dysfunctions.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WX0102X	Eye and Vision Services Providers	Optometrist	Occupational Vision	Optometrists who work in Occupational Vision, the branch of environmental optometry, consider all aspects of the relationship between work and vision, visual performances, eye safety, and health.	Source: American Optometric Association [1/1/2009: added definition, added source]
156F00000X	Eye and Vision Services Providers	Technician/Technologist		A broad category grouping different kinds of technologists and technicians. See individual definitions.	
156FC0800X	Eye and Vision Services Providers	Technician/Technologist	Contact Lens	An optician or other ancillary support staff person who, where authorized by state law and trained or certified to do so, may fit or dispense contact lenses to a patient based on the prescription of an optometrist or medical physician.	Source: American Optometric Association [1/1/2009: added definition, added source]
156FC0801X	Eye and Vision Services Providers	Technician/Technologist	Contact Lens Fitter	An optician or other ancillary support staff person who, where authorized by state law and trained or certified to do so, may fit or dispense contact lenses to a patient based on the prescription of an optometrist or medical physician.	Source: American Optometric Association [1/1/2009: added definition, added source]
156FX1100X	Eye and Vision Services Providers	Technician/Technologist	Ophthalmic	Definition to come...	
156FX1101X	Eye and Vision Services Providers	Technician/Technologist	Ophthalmic Assistant	Definition to come...	
156FX1201X	Eye and Vision Services Providers	Technician/Technologist	Optometric Assistant	Definition to come...	
156FX1202X	Eye and Vision Services Providers	Technician/Technologist	Optometric Technician	Definition to come...	
156FX1700X	Eye and Vision Services Providers	Technician/Technologist	Ocularist	Definition to come...	
156FX1800X	Eye and Vision Services Providers	Technician/Technologist	Optician	Definition to come...	
156FX1900X	Eye and Vision Services Providers	Technician/Technologist	Orthoptist	Definition to come...	
163W00000X	Nursing Service Providers	Registered Nurse		(1) A registered nurse is a person qualified by graduation from an accredited nursing school (depending upon schooling, a registered nurse may receive either a diploma from a hospital program, an associate degree in nursing (A.D.N.) or a Bachelor of Science degree in nursing (B.S.N.), who is licensed or certified by the state, and is practicing within the scope of that license or certification. R.N.'s assist patient in recovering and maintaining their physical or mental health. They assist physicians during treatments and examinations and administer medications. (2) A provider who is trained and educated in a formal nursing education program at an accredited school of nursing, passes a national certification examination, and is licensed by the state to practice nursing. The individual provides nursing services to patients or clients in areas such as health promotion, disease prevention, acute and chronic care and restoration and maintenance of health across the life span.	Sources: (2) American Nurses Association, American Nurses Credentialing Center, 1996 Certification Catalogue, and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
163WA0400X	Nursing Service Providers	Registered Nurse	Addiction (Substance Use Disorder)	Definition to come...	
163WA2000X	Nursing Service Providers	Registered Nurse	Administrator	Definition to come...	
163WC0200X	Nursing Service Providers	Registered Nurse	Critical Care Medicine	Definition to come...	
163WC0400X	Nursing Service Providers	Registered Nurse	Case Management	Definition to come...	
163WC1400X	Nursing Service Providers	Registered Nurse	College Health	Definition to come...	
163WC1500X	Nursing Service Providers	Registered Nurse	Community Health	Definition to come...	
163WC1600X	Nursing Service Providers	Registered Nurse	Continuing Education/Staff Development	Definition to come...	
163WC2100X	Nursing Service Providers	Registered Nurse	Continence Care	Definition to come...	
163WC3500X	Nursing Service Providers	Registered Nurse	Cardiac Rehabilitation	Definition to come...	
163WD0400X	Nursing Service Providers	Registered Nurse	Diabetes Educator	Definition to come...	
163WD1100X	Nursing Service Providers	Registered Nurse	Dialysis, Peritoneal	Definition to come...	
163WE0003X	Nursing Service Providers	Registered Nurse	Emergency	Definition to come...	
163WE0900X	Nursing Service Providers	Registered Nurse	Enterostomal Therapy	Definition to come...	
163WF0300X	Nursing Service Providers	Registered Nurse	Flight	Definition to come...	
163WG0000X	Nursing Service Providers	Registered Nurse	General Practice	Definition to come...	
163WG0100X	Nursing Service Providers	Registered Nurse	Gastroenterology	Definition to come...	
163WG0600X	Nursing Service Providers	Registered Nurse	Gerontology	Definition to come...	
163WH0200X	Nursing Service Providers	Registered Nurse	Home Health	Definition to come...	
163WH0500X	Nursing Service Providers	Registered Nurse	Hemodialysis	Definition to come...	
163WH1000X	Nursing Service Providers	Registered Nurse	Hospice	Definition to come...	
163WI0500X	Nursing Service Providers	Registered Nurse	Infusion Therapy	Definition to come...	
163WI0600X	Nursing Service Providers	Registered Nurse	Infection Control	Definition to come...	
163WL0100X	Nursing Service Providers	Registered Nurse	Lactation Consultant	Definition to come...	
163WM0102X	Nursing Service Providers	Registered Nurse	Maternal Newborn	Definition to come...	

163WM0705X	Nursing Service Providers	Registered Nurse	Medical-Surgical	Definition to come...	
163WM1400X	Nursing Service Providers	Registered Nurse	Nurse Massage Therapist (NMT)	Definition to come...	
163WN0002X	Nursing Service Providers	Registered Nurse	Neonatal Intensive Care	Definition to come...	
163WN0003X	Nursing Service Providers	Registered Nurse	Neonatal, Low-Risk	Definition to come...	
163WN0300X	Nursing Service Providers	Registered Nurse	Nephrology	Definition to come...	
163WN0800X	Nursing Service Providers	Registered Nurse	Neuroscience	Definition to come...	
163WN1003X	Nursing Service Providers	Registered Nurse	Nutrition Support	Definition to come...	
163WP0000X	Nursing Service Providers	Registered Nurse	Pain Management	Definition to come...	
163WP0200X	Nursing Service Providers	Registered Nurse	Pediatrics	Definition to come...	
163WP0218X	Nursing Service Providers	Registered Nurse	Pediatric Oncology	Definition to come...	
163WP0807X	Nursing Service Providers	Registered Nurse	Psych/Mental Health, Child & Adolescent	Definition to come...	
163WP0808X	Nursing Service Providers	Registered Nurse	Psych/Mental Health	Definition to come...	
163WP0809X	Nursing Service Providers	Registered Nurse	Psych/Mental Health, Adult	Definition to come...	
163WP1700X	Nursing Service Providers	Registered Nurse	Perinatal	Definition to come...	
163WP2201X	Nursing Service Providers	Registered Nurse	Ambulatory Care	Definition to come...	
163WR0006X	Nursing Service Providers	Registered Nurse	Registered Nurse First Assistant	A perioperative registered nurse who works in collaboration with the surgeon and other health care team members to achieve optimal outcomes. The RNFA has acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice. Intraoperatively, the RNFA assists the surgeon.	Source: AORN Official Statement on RNFAs ratified by the AORN House of Delegates in 2004. [7/1/2006: new]
163WR0400X	Nursing Service Providers	Registered Nurse	Rehabilitation	Definition to come...	
163WR1000X	Nursing Service Providers	Registered Nurse	Reproductive Endocrinology/Infertility	Definition to come...	
163WS0121X	Nursing Service Providers	Registered Nurse	Plastic Surgery	Definition to come...	
163WS0200X	Nursing Service Providers	Registered Nurse	School	Definition to come...	
163WU0100X	Nursing Service Providers	Registered Nurse	Urology	Definition to come...	
163WW0000X	Nursing Service Providers	Registered Nurse	Wound Care	Definition to come...	
163WW0101X	Nursing Service Providers	Registered Nurse	Women's Health Care, Ambulatory	Definition to come...	
163WX0002X	Nursing Service Providers	Registered Nurse	Obstetric, High-Risk	Definition to come...	
163WX0003X	Nursing Service Providers	Registered Nurse	Obstetric, Inpatient	Definition to come...	
163WX0106X	Nursing Service Providers	Registered Nurse	Occupational Health	Definition to come...	
163WX0200X	Nursing Service Providers	Registered Nurse	Oncology	Definition to come...	
163WX0601X	Nursing Service Providers	Registered Nurse	Otorhinolaryngology & Head-Neck	Definition to come...	
163WX0800X	Nursing Service Providers	Registered Nurse	Orthopedic	Definition to come...	
163WX1100X	Nursing Service Providers	Registered Nurse	Ophthalmic	Definition to come...	
163WX1500X	Nursing Service Providers	Registered Nurse	Ostomy Care	Definition to come...	
164W00000X	Nursing Service Providers	Licensed Practical Nurse		An individual with post-high school vocational training and practical experience in the provision of nursing care at a level less than that required for certification as a Registered Nurse. Requirements for education, experience, licensure, and job responsibilities vary among the states.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
164X00000X	Nursing Service Providers	Licensed Vocational Nurse		An individual with post-high school vocational training and practical experience in the provision of nursing care at a level less than that required for certification as a Registered Nurse. [An alternate term for licensed practical nurse arising from difference in occupational titles between states and post-high school training programs and institutions.] Requirements for education, experience, licensure, and job responsibilities vary among the states.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
167G00000X	Nursing Service Providers	Licensed Psychiatric Technician		An individual licensed by the state board as a Psychiatric Technician based upon completion of a prescribed course of theory and clinical practice, with two thirds of the clinical practice time focused on mental and developmental disorders. The psychiatric technician practices under the direct supervision of a physician, psychologist, registered nurse or other professional to provide care to patients with mental disorders and developmental disabilities.	
170100000X	Other Service Providers	Medical Genetics, Ph.D. Medical Genetics		A medical geneticist works in association with a medical specialist, is affiliated with a clinical genetics program, and serves as a consultant to medical and dental specialists.	A general certificate was first issued by ABMS in 1982. ACGME Accredited Residency Program Requirements: None.
170300000X	Other Service Providers	Genetic Counselor, MS		A masters trained health care provider who collects and interprets genetic family histories; assesses the risk of disease occurrence or recurrence; identifies interventions to manage or ameliorate disease risk; educates about inheritance, testing, management, prevention, ethical issues, resources, and research; and counsels to promote informed choices and adaptation. Certification was established in 1993 by the American Board of Genetic Counseling and prior to that by the American Board of Medical Genetics. Requirements for experience, licensure, and job responsibilities vary among the states.	Source: National Society of Genetic Counselors [7/1/2005: new]
171000000X	Other Service Providers	Military Health Care Provider		Active duty military health care providers not otherwise classified who need to be separately identified for operational, clinical, or administrative processes.	[7/1/2005: new]

17101002X	Other Service Providers	Military Health Care Provider	Independent Duty Corpsman	A Navy Independent Duty Corpsman (IDC) is an active duty Sailor who has successfully completed one of the Navy's specific IDC training programs. IDCs are formally trained and educated to perform primary medical care and minor surgical services in a variety of health care and non-health care settings worldwide under indirect physician supervision. IDCs provide care to Department of Defense operational forces and other supporting forces such as contractors and foreign nationals.	Source: Bureau of Medicine and Surgery, Department of the Navy [7/1/2005: new]
17101003X	Other Service Providers	Military Health Care Provider	Independent Duty Medical Technicians	An Independent Duty Medical Technician (IDMT) is specially trained and educated to perform primary medical care, minor surgical services, and treatment of dental disorders for active duty military members in a variety of health care and non-health care settings worldwide under direct and indirect physician supervision. An IDMT may take medical histories, perform physical exams, order lab tests and x-rays, prescribe medications, and give immunizations. IDMTs work under the direct supervision of a physician preceptor when at home station and indirectly when assigned to a Mobile Aid Station, Mobile Medical Unit, remote site, or otherwise deployed specifically as an IDMT. An IDMT may be an experienced Aerospace Medical Service Technician who meets special task qualifications and is recommended for training by the Aerospace Medical Service Functional Manager at their Medical Treatment Facility. IDMTs maintain certification as Nationally Registered Emergency Medical Technicians and as Immunization Back-up Technicians.	Source: Air Force Surgeon General Office [7/1/2005: new]
17110000X	Other Service Providers	Acupuncturist		An acupuncturist is a person who performs ancient therapy for alleviation of pain, anesthesia and treatment of some diseases. Acupuncturists use long, fine needles inserted into specific points in order to treat painful conditions or produce anesthesia.	
171M0000X	Other Service Providers	Case Manager/Care Coordinator		A person who provides case management services and assists an individual in gaining access to needed medical, social, educational, and/or other services. The person has the ability to provide an assessment and review of completed plan of care on a periodic basis. This person is also able to take collaborative action to coordinate the services with other providers and monitor the enrollee's progress toward the cost-effective achievement of objectives specified in the plan of care. Credentials may vary from an experience in the fields of psychology, social work, rehabilitation, nursing or a closely related human service field, to a related Assoc of Arts Degree or to nursing credentials. Some states may require certification in case management.	Source: CMS State Medicaid Manual Section 4442.3 [7/1/2006: new]
171R0000X	Other Service Providers	Interpreter		An Interpreter is a person who translates oral communication between two or more people. This includes translating from one language to another or interpreting sign language. An interpreter is necessary for medical care when the patient does not speak the language of the health care provider or when the patient has a disability involving spoken language.	Source: National Medicaid EDI HIPAA NPI Sub Work Group [7/1/2006: new]
171W0000X	Other Service Providers	Contractor		A person who contracts to supply certain materials or do certain work for a stipulated sum; esp., one whose business is contracting work in any of the building trades. For purposes of the taxonomy, a person who contracts to complete home repairs or modifications to accommodate a health condition (e.g. wheelchair ramp, kitchen counter lowering).	Source: Websters New World Dictionary of the American Language, Second College Edition, William Collins + World Publishing Co., Inc., New York: 1974, p. 308
171WH0202X	Other Service Providers	Contractor	Home Modifications	Definition to come...	
171WV0202X	Other Service Providers	Contractor	Vehicle Modifications	A contractor who makes modifications to private vehicles to accommodate a health condition.	
172A0000X	Other Service Providers	Driver		A person employed to operate a motor vehicle as a carrier of persons or property.	
172M0000X	Other Service Providers	Mechanotherapist		A practitioner of mechanotherapy examines patients by verbal inquiry, examination of the musculoskeletal system by hand, and visual inspection and observation. In the treatment of patients, mechanotherapists employ the techniques of advised or supervised exercise; electrical neuromuscular stimulation; massage or manipulation; or air, water, heat, cold, sound, or infrared ray therapy.	Source: Summarized from Ohio Revised Code 4731.15 [1/1/2007: new]
172P0000X	Other Service Providers	Naprapath		Naprapathy means a branch of medicine that focuses on the evaluation and treatment of neuron-muscular conditions. Doctors of naprapathy are connective tissue specialists. Education and training are defined through individual states' licensing/certification requirements.	Source: National Uniform Claim Committee [1/1/2007: new]
172V0000X	Other Service Providers	Community Health Worker		Community health workers (CHW) are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve. They have been identified by many titles such as community health advisors, lay health advocates, "promotores(as), outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening. Some examples of these practitioners are Community Health Aides or Practitioners established under 25 USC §1616 (l) under HHS, Indian Health Service, Public Health Service.	Source: Health Resources and Services Administration, US Department of Health and Human Services – National Workforce Study on Community Health Workers, March, 2007. [7/1/2007: new] http://bhpr.hrsa.gov/healthworkforce/chw/

17300000X	Other Service Providers	Legal Medicine		The specialty areas of medicine concerned with matters of, and relations with, substantive law and legal institutions; such as the conduct of medical examinations at crime scenes, performance of autopsies, giving of expert medical testimony in judicial proceedings, medical treatment of inmates of penal institutions, the practice of trauma medicine in law enforcement settings, and other clinical practice and medical science applications in the fields of law, law enforcement, and corrections.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
173C0000X	Other Service Providers	Reflexologist		Reflexologists perform a non-invasive complementary modality involving thumb and finger techniques to apply alternating pressure to the reflexes within the reflex maps of the body located on the feet, hands, and outer ears. Reflexologists apply pressure to specific areas (feet, hands, and ears) to promote a response from an area far removed from the tissue stimulated via the nervous system and acupuncture meridians. Reflexologists are recommended to complete a minimum of 200 hours of education, typically including anatomy & physiology, Reflexology theory, body systems, zones, meridians & relaxation response, ethics, business standards, and supervised practicum.	Source: National Uniform Claim Committee (based on the American Reflexology Certification Board definition of Reflexology), 2007 [1/1/2008: new] Additional Resources: Foot and hand reflexology is a scientific art based on the premise that there are zones and reflex areas in the feet and hands which correspond to all body parts. The physical act of applying specific pressures using thumb, finger and hand techniques result in stress reduction which causes a physiological change in the body. Reflexology is a non-invasive, complementary modality involving thumb and finger techniques to apply alternating pressure to reflexes shown on reflex maps of the body located on the feet, hands, and outer ears. American Reflexology Certification Board, www.arcb.net/definiti.htm; Reflexology Association of America, www.reflexology-usa.org/standards.html
173F0000X	Other Service Providers	Sleep Specialist, PhD		Sleep medicine is a clinical specialty with a focus on clinical problems that require accurate diagnosis and treatment. The knowledge base of sleep medicine is derived from many disciplines including neuroanatomy, neurophysiology, respiratory physiology, pharmacology, psychology, psychiatry, neurology, general internal medicine, pulmonary medicine, and pediatrics as well as others.	Source: National Uniform Claim Committee (based on American Board of Sleep Medicine), 2007 [1/1/2008: new] Additional resources: www.absm.org
17420000X	Other Service Providers	Meals		A public or privately owned facility providing meals to individuals traveling long distances or receiving prolonged outpatient medical services away from home.	Source: SD DSS Non-Emergency Medical Transportation program Transportation Services [7/1/2010: new]
17440000X	Other Service Providers	Specialist		An individual educated and trained in an applied knowledge discipline used in the performance of work at a level requiring knowledge and skills beyond or apart from that provided by a general education or liberal arts degree.	Source: Expanded from Webster's II New Riverside University Dictionary, Boston: Riverside Publishing Company, 1974.
1744G0900X	Other Service Providers	Specialist	Graphics Designer	Definition to come...	
1744P3200X	Other Service Providers	Specialist	Prosthetics Case Management	Definition to come...	
1744R1102X	Other Service Providers	Specialist	Research Study	Definition to come...	
1744R1103X	Other Service Providers	Specialist	Research Data Abstracter/Coder	Definition to come...	
174H0000X	Other Service Providers	Health Educator		Health educators work in a variety of settings providing education to individuals or groups of individuals on healthy behaviors, wellness, and health-related topics with the goal of preventing diseases and health problems. Health educators generally require a bachelor's degree and may receive additional training, such as through mentoring, internships, or volunteer work.	Source: National Uniform Claim Committee, 2009 [7/1/2009: definition added]
174M0000X	Other Service Providers	Veterinarian		A doctor of veterinary medicine, trained and authorized to practice veterinarian medicine and surgery.	Source: Dorland's Illustrated Medical Dictionary, 28th edition. Philadelphia: W.B. Saunders Company, 1994, p. 1823
174MM1900X	Other Service Providers	Veterinarian	Medical Research	Definition to come...	
174N0000X	Other Service Providers	Lactation Consultant, Non-RN		An individual trained to provide breastfeeding assistance services to both mothers and infants. Lactation Consultants are not required to be nurses and are trained through specific courses of education. The Lactation Consultant may have additional certification through a national or international organization.	Source: National Uniform Claim Committee [1/1/2011: new]
174V0000X	Other Service Providers	Clinical Ethicist		A clinical ethicist has been trained in bioethics and ethics case consultation. The clinical ethicist addresses medical-ethical dilemmas arising in clinical practice, such as end-of-life care, refusal of treatment, and futility of care; assists patients and health care providers with medical decision-making; and provides ethics education for patients and families.	Source: National Uniform Claim Committee [1/1/2011: new]
175F0000X	Other Service Providers	Naturopath		Diagnoses, treats, and cares for patients, using system of practice that bases treatment of physiological functions and abnormal conditions on natural laws governing human body: Utilizes physiological, psychological, and mechanical methods, such as air, water, light, heat, earth, phototherapy, food and herb therapy, psychotherapy, electrotherapy, physiotherapy, minor and orificial surgery, mechanotherapy, naturopathic corrections and manipulation, and natural methods or modalities, together with natural medicines, natural processed foods, and herbs and nature's remedies. Excludes major surgery, therapeutic use of x ray and radium, and use of drugs, except those assimilable substances containing elements or compounds which are components of body tissues and are physiologically compatible to body processes for maintenance of life.	Source: The Federal Dictionary of Occupational Titles, U.S. Department of Labor, Washington, D.C., section #079, 101-014 [7/1/2007: definition changed, source added]
175L0000X	Other Service Providers	Homeopath		A provider who is educated and trained in a system of therapeutics in which diseases are treated by drugs which are capable of producing in healthy persons symptoms like those of the disease to be treated. Treatment requires administering a drug in minute doses.	Source: Dorland's Illustrated Medical Dictionary, 26th edition. Philadelphia: W.B. Saunders Company, 1981.
175M0000X	Other Service Providers	Midwife, Lay		A person qualified by experience and limited specialized training to provide obstetric and neo-natal care in the management of women having normal pregnancy, labor and childbirth. The lay midwife is licensed in some states.	

175T00000X	Other Service Providers	Peer Specialist		Individuals certified to perform peer support services through a training process defined by a government agency, such as the Department of Veterans Affairs or a state mental health department/certification/licensing authority.	Source: National Uniform Claim Committee [7/1/2014: new]
176B00000X	Other Service Providers	Midwife		A Midwife is a trained professional with special expertise in supporting women to maintain a healthy pregnancy birth, offering expert individualized care, education, counseling, and support to a woman and her newborn throughout the childbearing cycle. A Midwife is a skilled and independent practitioner who has undergone formalized training. Midwives are not required to be nurses and may be trained via multiple routes of education (apprenticeship, workshop, formal classes, or programs, etc., usually a combination). The educational background requirements and licensing requirements vary by state. The Midwife may or may not be certified by a state or national organization.	Source: The National Uniform Claim Committee [7/1/2007: title changed, definition changed, source changed]
176P00000X	Other Service Providers	Funeral Director		A person, usually an embalmer, whose business is to arrange for the burial or cremation of the dead and to assist at the funeral rites.	Source: Joint Commission on Accreditation of Healthcare Organizations, Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Oakbrook Terrace, IL: 1994, p. 323
177F00000X	Other Service Providers	Lodging		A public or privately owned facility providing overnight lodging to individuals traveling long distances or receiving prolonged outpatient medical services away from home.	
183500000X	Pharmacy Service Providers	Pharmacist		An individual licensed by the appropriate state regulatory agency to engage in the practice of pharmacy. The practice of pharmacy includes, but is not limited to, assessment, interpretation, evaluation, and implementation, initiation, monitoring or modification of medication and or medical orders; the compounding or dispensing of medication and or medical orders; participation in drug and device procurement, storage, and selection; drug administration; drug regimen reviews; drug or drug-related research; provision of patient education and the provision of those acts or services necessary to provide medication therapy management services in all areas of patient care.	Source: Adapted from National Association of Boards of Pharmacy Model State Pharmacy Act, Article 1, Section 104. [1/1/2006: definition modified, source modified]
1835C0205X	Pharmacy Service Providers	Pharmacist	Critical Care	A licensed pharmacist who has demonstrated specialized knowledge and skill in the delivery of patient care services by pharmacists, as integral members of interprofessional teams, working to ensure the safe and effective use of medications in critically ill patients.	Source: Board of Pharmacy Specialties, www.bpsweb.org [1/1/2016: new]
1835G0000X	Pharmacy Service Providers	Pharmacist	General Practice		[1/1/2006: marked inactive, use value 183500000X]
1835G0303X	Pharmacy Service Providers	Pharmacist	Geriatric	A pharmacist who is certified in geriatric pharmacy practice is designated as a "Certified Geriatric Pharmacist" (CGP). To become certified, candidates are expected to be knowledgeable about principles of geriatric pharmacotherapy and the provision of pharmaceutical care to the elderly.	Source: Commission for Certification in Geriatric Pharmacy (www.ccgp.org) [7/1/2006: new]
1835N0905X	Pharmacy Service Providers	Pharmacist	Nuclear	A licensed pharmacist who has demonstrated specialized knowledge and skill in procurement, compounding, quality control testing, dispensing, distribution, and monitoring of radiopharmaceuticals.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: modified title, added definition]
1835N1003X	Pharmacy Service Providers	Pharmacist	Nutrition Support	A licensed pharmacist who has demonstrated specialized knowledge and skill in maintenance and/or restoration of optimal nutritional status, designing and modifying treatment according to patient needs.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: definition modified]
1835P0018X	Pharmacy Service Providers	Pharmacist	Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist	Pharmacist Clinician/Clinical Pharmacy Specialist is a pharmacist with additional training and an expanded scope of practice that may include prescriptive authority, therapeutic management, and disease management.	Source: National Uniform Claim Committee, 2007 [1/1/2008: new]
1835P0200X	Pharmacy Service Providers	Pharmacist	Pediatrics	A licensed pharmacist who has demonstrated specialized knowledge and skill in the delivery of patient care services by pharmacists that ensures the safe and effective use of medications for all children from neonates through adolescents.	Source: Board of Pharmacy Specialties, www.bpsweb.org [1/1/2016: new]
1835P1200X	Pharmacy Service Providers	Pharmacist	Pharmacotherapy	A licensed pharmacist who has demonstrated specialized knowledge and skill in optimizing pharmacotherapeutic care of patients, by developing, implementing, monitoring, and modifying complex treatment plans, providing advanced level education and consultation, and collaborating with other health professionals in the management of therapy.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: modified definition]
1835P1300X	Pharmacy Service Providers	Pharmacist	Psychiatric	A licensed pharmacist who has demonstrated specialized knowledge and skill in optimizing care of patients with psychiatric illness by assessing and monitoring patients, recognizing drug-induced problems, and recommending appropriate treatment plans.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: modified title, added definition]
1835P2201X	Pharmacy Service Providers	Pharmacist	Ambulatory Care	A licensed pharmacist who has demonstrated specialized knowledge and skill in the provision of integrated, accessible health care services by pharmacists and is accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community.	Source: Board of Pharmacy Specialties, www.bpsweb.org [7/1/2015: new]
1835X0200X	Pharmacy Service Providers	Pharmacist	Oncology	A licensed pharmacist who has demonstrated specialized knowledge and skill in developing, recommending, implementing, monitoring, and modifying pharmacotherapeutic plans to optimize outcomes in patients with malignant diseases.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: new]
183700000X	Pharmacy Service Providers	Pharmacy Technician		A person who works under the direct supervision of a licensed pharmacist and performs many pharmacy-related functions that do not require the professional judgment of a pharmacist.	Source: Pharmacy Technician Certification Board, www.ptcb.org [1/1/2006: modified definition, modified source]
193200000X	Group	Multi-Specialty		A business group of one or more individual practitioners, who practice with different areas of specialization.	[7/1/2003: new]
193400000X	Group	Single Specialty		A business group of one or more individual practitioners, all of who practice with the same area of specialization.	[7/1/2003: new]

202C00000X	Allopathic & Osteopathic Physicians	Independent Medical Examiner		A special evaluator not involved with the medical care of the individual examinee that impartially evaluates the care being provided by other practitioners to clarify clinical, disability, liability or other case issues.	Source: American Board of Independent Medical Examiners [1/1/2007: new]
202K00000X	Allopathic & Osteopathic Physicians	Phlebology		Phlebology is the medical discipline that involves the diagnosis and treatment of venous disorders, including spider veins, varicose veins, chronic venous insufficiency, venous leg ulcers, congenital venous abnormalities, venous thromboembolism and other disorders of venous origin. A phlebologist has attained a minimum of 50 hours of CME units in phlebology-related courses, and is knowledgeable of and trained in a variety of diagnostic techniques including physical examination, venous imaging techniques such as duplex ultrasound, CT and MR, plethysmographic techniques and laboratory evaluation related to venous thromboembolism. The phlebologist is also trained in a variety of therapeutic interventions, which may include compression, sclerotherapy, cutaneous vascular laser, endovenous thermoablation procedures (laser and radiofrequency) endovenous chemical ablation, surgical procedures (e.g., ambulatory phlebectomy, venous ligation), vasoactive medications and the management of venous thromboembolism.	Source: American College of Phlebology 12/2006. [1/1/2007: new, 7/1/2009: definition reformatted] Additional Resources: Training Programs, Fellowships, and/or Preceptorships: Certification exam is being established by the American Board of Phlebology. ACGME Accredited Residency Program Requirements: None
204C00000X	Allopathic & Osteopathic Physicians	Neuromusculoskeletal Medicine, Sports Medicine		Definition to come.	
204D00000X	Allopathic & Osteopathic Physicians	Neuromusculoskeletal Medicine & OMM		Definition to come.	
204E00000X	Allopathic & Osteopathic Physicians	Oral & Maxillofacial Surgery		Oral and maxillofacial surgeons are trained to recognize and treat a wide spectrum of diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral and maxillofacial region. They are also trained to administer anesthesia, and provide care in an office setting. They are trained to treat problems such as the extraction of wisdom teeth, misaligned jaws, tumors and cysts of the jaw and mouth, and to perform dental implant surgery.	Source: American College of Surgeons, 2013. [7/1/2013: definition added, source added, additional resources added] Additional Resources: American Board of Oral and Maxillofacial Surgery and American Association of Oral and Maxillofacial Surgeons While this is generally considered a specialty of dentistry, physicians can also be board certified as oral and maxillofacial surgeons through the American Board of Oral and Maxillofacial Surgery.
204F00000X	Allopathic & Osteopathic Physicians	Transplant Surgery		Definition to come.	
204R00000X	Allopathic & Osteopathic Physicians	Electrodiagnostic Medicine		Electrodiagnostic medicine is the medical subspecialty that applies neurophysiologic techniques to diagnose, evaluate, and treat patients with impairments of the neurologic, neuromuscular, and/or muscular systems. Qualified physicians are trained in performing electrophysiological testing and interpretation of the test data. They require knowledge in anatomy, physiology, kinesiology, histology, and pathology of the brain, spinal cord, autonomic nerves, cranial nerves, peripheral nerves, neuromuscular junction, and muscles. They must know clinical features and treatment of diseases of the central, peripheral, and autonomic nervous systems, as well as those of neuromuscular junction and muscle. Physicians also require special knowledge about electric signal processing, including waveform analysis, electronics and instrumentation, stimulation and recording equipment, and statistics.	Source: American Association of Neuromuscular & Electrodiagnostic Medicine, 2011. www.aanem.org [1/1/2011: new] Additional Resources: American Board of Electrodiagnostic Medicine, 2011. www.abemexam.org
207K00000X	Allopathic & Osteopathic Physicians	Allergy & Immunology		An allergist-immunologist is trained in evaluation, physical and laboratory diagnosis, and management of disorders involving the immune system. Selected examples of such conditions include asthma, anaphylaxis, rhinitis, eczema, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation, or malignancies of the immune system.	Source: American Board of Medical Specialties, 2007, www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Allergy and Immunology, 2007. http://www.abai.org/ No subspecialty certificates in allergy and immunology are offered by the American Board of Allergy and Immunology (ABAI). The ABAI, however, does offer formal special pathways for physicians seeking dual certification in allergy/immunology and pediatric pulmonology; allergy/immunology and pediatric rheumatology; and allergy/immunology and adult rheumatology.
207KA0200X	Allopathic & Osteopathic Physicians	Allergy & Immunology	Allergy	Definition to come...	
207KI0005X	Allopathic & Osteopathic Physicians	Allergy & Immunology	Clinical & Laboratory Immunology	Definition to come...	
207L00000X	Allopathic & Osteopathic Physicians	Anesthesiology		An anesthesiologist is trained to provide pain relief and maintenance, or restoration, of a stable condition during and immediately following an operation or an obstetric or diagnostic procedure. The anesthesiologist assesses the risk of the patient undergoing surgery and optimizes the patient's condition prior to, during and after surgery. In addition to these management responsibilities, the anesthesiologist provides medical management and consultation in pain management and critical care medicine. Anesthesiologists diagnose and treat acute, long-standing and cancer pain problems; diagnose and treat patients with critical illnesses or severe injuries; direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation; and supervise post-anesthesia recovery.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Anesthesiology, 2007. http://www.theaba.org/; American Osteopathic Board of Anesthesiology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.
207LA0401X	Allopathic & Osteopathic Physicians	Anesthesiology	Addiction Medicine	An anesthesiologist who specializes in the diagnosis and treatment of addictions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Anesthesiology.

207LC0200X	Allopathic & Osteopathic Physicians	Anesthesiology	Critical Care Medicine	An anesthesiologist, who specializes in critical care medicine diagnoses, treats and supports patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Anesthesiology, 2007. http://www.theaba.org/ ; American Osteopathic Board of Anesthesiology, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.">http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.
207LH0002X	Allopathic & Osteopathic Physicians	Anesthesiology	Hospice and Palliative Medicine	An anesthesiologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207LP2900X	Allopathic & Osteopathic Physicians	Anesthesiology	Pain Medicine	An anesthesiologist who provides a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic and/or cancer pain in both hospital and ambulatory settings. Patient care needs are also coordinated with other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Anesthesiology, 2007. http://www.theaba.org/ ; American Osteopathic Board of Anesthesiology, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.">http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.
207LP3000X	Allopathic & Osteopathic Physicians	Anesthesiology	Pediatric Anesthesiology	An anesthesiologist who has had additional skill and experience in and is primarily concerned with the anesthesia, sedation, and pain management needs of infants and children. A pediatric anesthesiologist generally provides services including the evaluation of complex medical problems in infants and children when surgery is necessary, planning and care for children before and after surgery, pain control, anesthesia and sedation for any procedures out of the operating room such as MRI, CT scan, and radiation therapy.	Source: American Academy of Pediatrics [7/1/2006: new]
207N00000X	Allopathic & Osteopathic Physicians	Dermatology		A dermatologist is trained to diagnose and treat pediatric and adult patients with benign and malignant disorders of the skin, mouth, external genitalia, hair and nails, as well as a number of sexually transmitted diseases. The dermatologist has had additional training and experience in the diagnosis and treatment of skin cancers, melanomas, moles and other tumors of the skin, the management of contact dermatitis and other allergic and nonallergic skin disorders, and in the recognition of the skin manifestations of systemic (including internal malignancy) and infectious diseases. Dermatologists have special training in dermatopathology and in the surgical techniques used in dermatology. They also have expertise in the management of cosmetic disorders of the skin such as hair loss and scars and the skin changes associated with aging.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/ Board certification is provided by the American Board of Dermatology.
207ND0101X	Allopathic & Osteopathic Physicians	Dermatology	MOHS-Micrographic Surgery	The highly-trained surgeons that perform Mohs Micrographic Surgery are specialists both in dermatology and pathology. With their extensive knowledge of the skin and unique pathological skills, they are able to remove only diseased tissue, preserving healthy tissue and minimizing the cosmetic impact of the surgery. Mohs surgeons who belong to the American College of Mohs Surgery (ACMS) have completed a minimum of one year of fellowship training at one of the ACMS-approved training centers in the U.S.	Source: American College of Mohs Surgery, 2007 [1/1/2008: added definition, added source] Additional Resources: Additional Resources: http://www.mohscollege.org/ ; American Board of Dermatology, 2007. http://www.abderm.org/
207ND0900X	Allopathic & Osteopathic Physicians	Dermatology	Dermatopathology	A dermatopathologist has the expertise to diagnose and monitor diseases of the skin including infectious, immunologic, degenerative and neoplastic diseases. This entails the examination and interpretation of specially prepared tissue sections, cellular scrapings and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/ ; American Osteopathic Board of Dermatology, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Dermatology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Dermatology.">http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Dermatology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Dermatology.
207NI0002X	Allopathic & Osteopathic Physicians	Dermatology	Clinical & Laboratory Dermatological Immunology	A dermatologist who utilizes various specialized laboratory procedures to diagnose disorders characterized by defective responses of the body's immune system. Immunodermatologists also may provide consultation in the management of these disorders and administer specialized forms of therapy for these diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/ Board certification is provided by the American Board of Dermatology.
207NP0225X	Allopathic & Osteopathic Physicians	Dermatology	Pediatric Dermatology	A pediatric dermatologist has, through additional special training, developed expertise in the treatment of specific skin disease categories with emphasis on those diseases which predominate in infants, children and adolescents.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: changed definition, added source] Additional Resources: American Board of Dermatology, 2007, http://www.abderm.org/ A subspecialty certificate was approved by ABMS in 2000. ACGME Accredited Residency Program Requirements: None.

207NS0135X	Allopathic & Osteopathic Physicians	Dermatology	Procedural Dermatology	Procedural Dermatology, a subspecialty of Dermatology, encompassing a wide variety of surgical procedures and methods to remove or modify skin tissue for health or cosmetic benefit. These methods include scalpel surgery, laser surgery, chemical surgery, cryosurgery (liquid nitrogen), electrosurgery, aspiration surgery, liposuction, injection of filler substances, and Mohs micrographic controlled surgery (a special technique for the removal of growths, especially skin cancers).	Source: American Board of Dermatology, 2007 [1/1/2008: definition added, source added, title changed] Additional Resources: Some ABMS board certified dermatologists have completed a one-year ACGME approved fellowship in Procedural Dermatology, which has been offered since 2003. At this time the ABD does not offer subspecialty certification in Procedural Dermatology.
207P00000X	Allopathic & Osteopathic Physicians	Emergency Medicine		An emergency physician focuses on the immediate decision making and action necessary to prevent death or any further disability both in the pre-hospital setting by directing emergency medical technicians and in the emergency department. The emergency physician provides immediate recognition, evaluation, care, stabilization and disposition of a generally diversified population of adult and pediatric patients in response to acute illness and injury.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - -Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/; American Osteopathic Board of Emergency Medicine, 2007. http://www.osteopathic.org/certification - -Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Emergency Medicine.
207PE0004X	Allopathic & Osteopathic Physicians	Emergency Medicine	Emergency Medical Services	An emergency medicine physician who specializes in non-hospital based emergency medical services (e.g., disaster site, accident scene, transport vehicle, etc.) to provide pre-hospital assessment, treatment, and transport patients.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) is issued by the American Osteopathic Board of Emergency Medicine.
207PE0005X	Allopathic & Osteopathic Physicians	Emergency Medicine	Undersea and Hyperbaric Medicine	A specialist who treats decompression illness and diving accident cases and uses hyperbaric oxygen therapy to treat such conditions as carbon monoxide poisoning, gas gangrene, non-healing wounds, tissue damage from radiation and burns, and bone infections. This specialist also serves as a consultant to other physicians in all aspects of hyperbaric chamber operations, and assesses risks and applies appropriate standards to prevent disease and disability in divers and other persons working in altered atmospheric conditions.	Source: American Board of Emergency Medicine [7/1/2008: source added, additional resources added] Additional Resources: www.abem.org & American Board of Preventive Medicine www.abprevmed.org
207PH0002X	Allopathic & Osteopathic Physicians	Emergency Medicine	Hospice and Palliative Medicine	An emergency medicine physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207PP0204X	Allopathic & Osteopathic Physicians	Emergency Medicine	Pediatric Emergency Medicine	Pediatric Emergency Medicine is a clinical subspecialty that focuses on the care of the acutely ill or injured child in the setting of an emergency department.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/ Board certification is provided by the American Board of Emergency Medicine. Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine.
207PS0010X	Allopathic & Osteopathic Physicians	Emergency Medicine	Sports Medicine	An emergency physician with special knowledge in sports medicine is responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention and management of injury and illness. A sports medicine physician has knowledge and experience in the promotion of wellness and the role of exercise in promoting a healthy lifestyle. Knowledge of exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation and epidemiology is essential to the practice of sports medicine.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - -Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/. American Osteopathic Board of Emergency Medicine, 2007. http://www.osteopathic.org/certification - -Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Emergency Medicine.
207PT0002X	Allopathic & Osteopathic Physicians	Emergency Medicine	Medical Toxicology	Medical toxicologists are physicians who specialize in the prevention, evaluation, treatment and monitoring of injury and illness from exposures to drugs and chemicals, as well as biological and radiological agents. Medical toxicologists care for people in clinical, academic, governmental and public health settings, and provide poison control center leadership. Important areas of medical toxicology include acute drug poisoning, adverse drug events, drug abuse, addiction and withdrawal, chemicals and hazardous materials, terrorism preparedness, venomous bites and stings and environmental and workplace exposures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - -Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/. American Osteopathic Board of Emergency Medicine, 2007. http://www.osteopathic.org/certification - -Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Emergency Medicine.
207Q00000X	Allopathic & Osteopathic Physicians	Family Medicine		Family Medicine is the medical specialty which is concerned with the total health care of the individual and the family. It is the specialty in breadth which integrates the biological, clinical, and behavioral sciences. The scope of family medicine is not limited by age, sex, organ system, or disease entity.	Source: American Board of Family Medicine [1/1/2007: changed title; 7/1/2007: added definition, added source]

207QA0000X	Allopathic & Osteopathic Physicians	Family Medicine	Adolescent Medicine	A family medicine physician with multidisciplinary training in the unique physical, psychological and social characteristics of adolescents and their health care problems and needs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br>-br>Additional Resources: American Board of Family Medicine, 2007. http://www.theabfm.org/. American Osteopathic Board of Family Medicine, 2007. http://www.osteopathic.org/certification-br>-br>Board certification for Medical Doctors (MDs) is provided by the American Board of Family Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Family Medicine.
207QA0401X	Allopathic & Osteopathic Physicians	Family Medicine	Addiction Medicine	A family medicine physician who specializes in the diagnosis and treatment of addictions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Family Physicians.
207QA0505X	Allopathic & Osteopathic Physicians	Family Medicine	Adult Medicine	Definition to come.	
207QB0002X	Allopathic & Osteopathic Physicians	Family Medicine	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
207QG0300X	Allopathic & Osteopathic Physicians	Family Medicine	Geriatric Medicine	A family medicine physician with special knowledge of the aging process and special skills in the diagnostic, therapeutic, preventive and rehabilitative aspects of illness in the elderly. This specialist cares for geriatric patients in the patient's home, the office, long-term care settings such as nursing homes, and the hospital.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br>-br>Additional Resources: American Board of Family Medicine, 2007. http://www.theabfm.org/. American Osteopathic Board of Family Medicine, 2007. http://www.osteopathic.org/certification-br>-br>Board certification for Medical Doctors (MDs) is provided by the American Board of Family Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Family Medicine.
207QH0002X	Allopathic & Osteopathic Physicians	Family Medicine	Hospice and Palliative Medicine	A family medicine physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207QS0010X	Allopathic & Osteopathic Physicians	Family Medicine	Sports Medicine	A family medicine physician that is trained to be responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention of injury and illness. A sports medicine physician must have knowledge and experience in the promotion of wellness and the prevention of injury. Knowledge about special areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation, injuries (treatment and prevention and referral practice) and the role of exercise in promoting a healthy lifestyle are essential to the practice of sports medicine. The sports medicine physician requires special education to provide the knowledge to improve the health care of the individual engaged in physical exercise (sports) whether as an individual or in team participation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br>-br>Additional Resources: American Board of Family Medicine, 2007. http://www.theabfm.org/. American Osteopathic Board of Family Medicine, 2007. http://www.osteopathic.org/certification-br>-br>Board certification for Medical Doctors (MDs) is provided by the American Board of Family Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Family Medicine.
207QS1201X	Allopathic & Osteopathic Physicians	Family Medicine	Sleep Medicine	A Family Medicine Physician who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine, 2008 [7/1/2008: new]
207R00000X	Allopathic & Osteopathic Physicians	Internal Medicine		A physician who provides long-term, comprehensive care in the office and the hospital, managing both common and complex illness of adolescents, adults and the elderly. Internists are trained in the diagnosis and treatment of cancer, infections and diseases affecting the heart, blood, kidneys, joints and digestive, respiratory and vascular systems. They are also trained in the essentials of primary care internal medicine, which incorporates an understanding of disease prevention, wellness, substance abuse, mental health and effective treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br>-br>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br>-br>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.

207RA0000X	Allopathic & Osteopathic Physicians	Internal Medicine	Adolescent Medicine	An internist who specializes in adolescent medicine is a multi-disciplinary healthcare specialist trained in the unique physical, psychological and social characteristics of adolescents, their healthcare problems and needs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RA0001X	Allopathic & Osteopathic Physicians	Internal Medicine	Advanced Heart Failure and Transplant Cardiology	Specialists in Advanced Heart Failure and Transplant Cardiology would participate in the inpatient and outpatient management of patients with advanced heart failure across the spectrum from consideration for high-risk cardiac surgery, cardiac transplantation, or mechanical circulatory support, to pre-and post-operative evaluation and management of patients with cardiac transplants and mechanical support devices, and end-of-life care for patients with end-stage heart failure.	Source: American Board of Internal Medicine, www.abim.org [7/1/2015: new]
207RA0201X	Allopathic & Osteopathic Physicians	Internal Medicine	Allergy & Immunology	An internist doctor of osteopathy that specializes in the treatment of allergy and immunologic disorders. A doctor of osteopathy that is board eligible/certified by the American Osteopathic Board of Internal Medicine can obtain a Certificate of Special Qualifications in the field of Allergy & Immunology.	Source: American Osteopathic Board of Internal Medicine, 2007. [7/1/2008: added definition, added source; 7/1/2011: modified source]- - Additional Resources: http://www.osteopathic.org/certification
207RA0401X	Allopathic & Osteopathic Physicians	Internal Medicine	Addiction Medicine	An internist doctor of osteopathy that specializes in the treatment of addiction disorders. A doctor of osteopathy that is board eligible/certified by the American Osteopathic Board of Internal Medicine can obtain a Certificate of Added Qualifications in the field of Addiction Medicine.	Source: American Osteopathic Board of Internal Medicine, 2007. [7/1/2008: added definition, added source; 7/1/2011: modified source]- - Additional Resources: http://www.osteopathic.org/certification
207RB0002X	Allopathic & Osteopathic Physicians	Internal Medicine	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
207RC0000X	Allopathic & Osteopathic Physicians	Internal Medicine	Cardiovascular Disease	An internist who specializes in diseases of the heart and blood vessels and manages complex cardiac conditions such as heart attacks and life-threatening, abnormal heartbeat rhythms.	Source: American Osteopathic Board of Internal Medicine, 2008 [7/1/2008: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, http://www.abim.org/. American Osteopathic Board of Internal Medicine, https://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RC0001X	Allopathic & Osteopathic Physicians	Internal Medicine	Clinical Cardiac Electrophysiology	A field of special interest within the subspecialty of cardiovascular disease, specialty of Internal Medicine, which involves intricate technical procedures to evaluate heart rhythms and determine appropriate treatment for them.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RC0200X	Allopathic & Osteopathic Physicians	Internal Medicine	Critical Care Medicine	An internist who diagnoses, treats and supports patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RE0101X	Allopathic & Osteopathic Physicians	Internal Medicine	Endocrinology, Diabetes & Metabolism	An internist who concentrates on disorders of the internal (endocrine) glands such as the thyroid and adrenal glands. This specialist also deals with disorders such as diabetes, metabolic and nutritional disorders, obesity, pituitary diseases and menstrual and sexual problems.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.

207RG0100X	Allopathic & Osteopathic Physicians	Internal Medicine	Gastroenterology	An internist who specializes in diagnosis and treatment of diseases of the digestive organs including the stomach, bowels, liver and gallbladder. This specialist treats conditions such as abdominal pain, ulcers, diarrhea, cancer and jaundice and performs complex diagnostic and therapeutic procedures using endoscopes to visualize internal organs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RG0300X	Allopathic & Osteopathic Physicians	Internal Medicine	Geriatric Medicine	An internist who has special knowledge of the aging process and special skills in the diagnostic, therapeutic, preventive and rehabilitative aspects of illness in the elderly. This specialist cares for geriatric patients in the patient's home, the office, long-term care settings such as nursing homes and the hospital.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RH0000X	Allopathic & Osteopathic Physicians	Internal Medicine	Hematology	An internist with additional training who specializes in diseases of the blood, spleen and lymph. This specialist treats conditions such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia and lymphoma.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RH0002X	Allopathic & Osteopathic Physicians	Internal Medicine	Hospice and Palliative Medicine	An internal medicine physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207RH0003X	Allopathic & Osteopathic Physicians	Internal Medicine	Hematology & Oncology	An internist doctor of osteopathy that specializes in the treatment of the combination of hematology and oncology disorders. A doctor of osteopathy that is board eligible/certified by the American Osteopathic Board of Internal Medicine WAS able to obtain a Certificate of Special Qualifications in the field of Hematology and Oncology. The Certificate is NO longer offered.	Source: American Osteopathic Board of Internal Medicine, 2007. [7/1/2008: definiton added, source added; 7/1/2011: modified source]- - Additional Resources: http://www.osteopathic.org/certification
207RH0005X	Allopathic & Osteopathic Physicians	Internal Medicine	Hypertension Specialist	A Hypertension Specialist is a physician who concentrates on all aspects of the diagnosis and treatment of hypertension.	Source: American Society of Hypertension [7/1/2011: new] Additional Resources: The American Society of Hypertension Specialists Program offers an examination and designation for Hypertension Specialists. This subspecialty is not a Board certificate issued by either the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.
207RI0001X	Allopathic & Osteopathic Physicians	Internal Medicine	Clinical & Laboratory Immunology	An internal medicine physician who specializes in clinical and laboratory immunology disease management.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A certification was, but is no longer issued by the American Board of Internal Medicine.
207RI0008X	Allopathic & Osteopathic Physicians	Internal Medicine	Hepatology	The discipline of Hepatology encompasses the structure, function, and diseases of the liver and biliary tract. The American Board of Internal Medicine considers Hepatology part of the subspecialty of gastroenterology. Physicians who identify themselves as Hepatologists usually, but not always, have been trained in gastrointestinal programs.	Training Programs, and/or Fellowships, Preceptorships: The American Association for the Study of Liver Diseases (AASLD) is the major professional society organized for physicians with an interest in Hepatology. A subcommittee of that organization has published guidelines for training programs in the 1992 November issue of Hepatology. Source: The American Board of Internal Medicine 9/1993 ACGME Accredited Residency Program Requirements: None
207RI0011X	Allopathic & Osteopathic Physicians	Internal Medicine	Interventional Cardiology	An area of medicine within the subspecialty of cardiology, which uses specialized imaging and other diagnostic techniques to evaluate blood flow and pressure in the coronary arteries and chambers of the heart and uses technical procedures and medications to treat abnormalities that impair the function of the cardiovascular system.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ Board Certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. ACGME Accredited Residency Program Requirements: 1 year of training plus a prerequisite of 3 years Internal Medicine, 3 years Cardiovascular Disease for a total of 7 years. ABMS Approved Subspecialty Certificate (Internal Medicine)

207RI0200X	Allopathic & Osteopathic Physicians	Internal Medicine	Infectious Disease	An internist who deals with infectious diseases of all types and in all organ systems. Conditions requiring selective use of antibiotics call for this special skill. This physician often diagnoses and treats AIDS patients and patients with fevers which have not been explained. Infectious disease specialists may also have expertise in preventive medicine and travel medicine.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RM1200X	Allopathic & Osteopathic Physicians	Internal Medicine	Magnetic Resonance Imaging (MRI)	Definition to come.	
207RN0300X	Allopathic & Osteopathic Physicians	Internal Medicine	Nephrology	An internist who treats disorders of the kidney, high blood pressure, fluid and mineral balance and dialysis of body wastes when the kidneys do not function. This specialist consults with surgeons about kidney transplantation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RP1001X	Allopathic & Osteopathic Physicians	Internal Medicine	Pulmonary Disease	An internist who treats diseases of the lungs and airways. The pulmonologist diagnoses and treats cancer, pneumonia, pleurisy, asthma, occupational and environmental diseases, bronchitis, sleep disorders, emphysema and other complex disorders of the lungs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RR0500X	Allopathic & Osteopathic Physicians	Internal Medicine	Rheumatology	An internist who treats diseases of joints, muscle, bones and tendons. This specialist diagnoses and treats arthritis, back pain, muscle strains, common athletic injuries and "collagen" diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RS0010X	Allopathic & Osteopathic Physicians	Internal Medicine	Sports Medicine	An internist trained to be responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention of injury and illness. A sports medicine physician must have knowledge and experience in the promotion of wellness and the prevention of injury. Knowledge about special areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation, injuries (treatment and prevention and referral practice) and the role of exercise in promoting a healthy lifestyle are essential to the practice of sports medicine. The sports medicine physician requires special education to provide the knowledge to improve the healthcare of the individual.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RS0012X	Allopathic & Osteopathic Physicians	Internal Medicine	Sleep Medicine	An Internist who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
207RT0003X	Allopathic & Osteopathic Physicians	Internal Medicine	Transplant Hepatology	An internist with special knowledge and the skill required of a gastroenterologist to care for patients prior to and following hepatic transplantation that spans all phases of liver transplantation. Selection of appropriate recipients requires assessment by a team having experience in evaluating the severity and prognosis of patients with liver disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine.
207RX0202X	Allopathic & Osteopathic Physicians	Internal Medicine	Medical Oncology	An internist who specializes in the diagnosis and treatment of all types of cancer and other benign and malignant tumors. This specialist decides on and administers therapy for these malignancies as well as consults with surgeons and radiotherapists on other treatments for cancer.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source. 11/5/2007: corrected definition]
207SC0300X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Cytogenetic	A clinical cytogeneticist demonstrates competence in providing laboratory diagnostic and clinical interpretive services dealing with cellular components, particularly chromosomes, associated with heredity.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics. A general certificate was first issued by the ABMS in 1982. ACGME Accredited Residency Program Requirements: None.

207SG0201X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Genetics (M.D.)	A clinical geneticist demonstrates competence in providing comprehensive diagnostic, management and counseling services for genetic disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SG0202X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Biochemical Genetics	A clinical biochemical geneticist demonstrates competence in performing and interpreting biochemical analyses relevant to the diagnosis and management of human genetic diseases and is a consultant regarding laboratory diagnosis of a broad range of inherited disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SG0203X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Molecular Genetics	A clinical molecular geneticist demonstrates competence in performing and interpreting molecular analyses relevant to the diagnosis and management of human genetic diseases and is a consultant regarding laboratory diagnosis of a broad range of inherited disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SG0205X	Allopathic & Osteopathic Physicians	Medical Genetics	Ph.D. Medical Genetics	A medical geneticist works in association with a medical specialist, is affiliated with a clinical genetics program and serves as a consultant to medical and dental specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SM0001X	Allopathic & Osteopathic Physicians	Medical Genetics	Molecular Genetic Pathology	A board certified subspecialty, the molecular genetic pathologist is expert in the principles, theory and technologies of molecular biology and molecular genetics. This expertise is used to make or confirm diagnoses of Mendelian genetic disorders, of human development, infectious diseases and malignancies and to assess the natural history of those disorders. A molecular genetic pathologist provides information about gene structure, function and alteration, and applies laboratory techniques for diagnosis, treatment and prognosis for individuals with related disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics. A subspecialty certificate for MGG was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Proposal under development.
207T00000X	Allopathic & Osteopathic Physicians	Neurological Surgery		A neurological surgeon provides the operative and non-operative management (i.e., prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes which modify function or activity of the nervous system; and the operative and non-operative management of pain. A neurological surgeon treats patients with disorders of the nervous system; disorders of the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, including those which may require treatment by spinal fusion or instrumentation; and disorders of the cranial and spinal nerves throughout their distribution.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Neurological Surgery, 2007. http://www.abns.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Neurological Surgery.
207U00000X	Allopathic & Osteopathic Physicians	Nuclear Medicine		A nuclear medicine specialist employs the properties of radioactive atoms and molecules in the diagnosis and treatment of disease and in research. Radiation detection and imaging instrument systems are used to detect disease as it changes the function and metabolism of normal cells, tissues and organs. A wide variety of diseases can be found in this way, usually before the structure of the organ involved by the disease can be seen to be abnormal by any other techniques. Early detection of coronary artery disease (including acute heart attack), early cancer detection and evaluation of the effect of tumor treatment, diagnosis of infection and inflammation anywhere in the body and early detection of blood clot in the lungs are all possible with these techniques. Unique forms of radioactive molecules can attack and kill cancer cells (e.g., lymphoma, thyroid cancer) or can relieve the severe pain of cancer that has spread to bone	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Nuclear Medicine, 2007. http://www.abnm.org/ . A doctor of osteopathy was able to obtain a Certificate of Added Qualifications in the field of Nuclear Medicine. The Certificate is NO longer offered.- - American Osteopathic Board of Nuclear Medicine, 2007. <a href="http://www.osteopathic.org/certification-
-
Board certification for Medical Doctors (MDs) is provided by the American Board of Nuclear Medicine.</td> </tr> <tr> <td>207UN0901X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Nuclear Medicine</td> <td>Nuclear Cardiology</td> <td>A nuclear medicine physician who specializes in nuclear cardiology.</td> <td>Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Nuclear Medicine.</td> </tr> <tr> <td>207UN0902X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Nuclear Medicine</td> <td>Nuclear Imaging & Therapy</td> <td>A nuclear medicine physician who specializes in nuclear imaging and therapy.</td> <td>Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Nuclear Medicine.</td> </tr> <tr> <td>207UN0903X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Nuclear Medicine</td> <td>In Vivo & In Vitro Nuclear Medicine</td> <td>A nuclear medicine physician who specializes in in vivo and in vitro nuclear medicine.</td> <td>Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Nuclear Medicine.</td> </tr> <tr> <td>207V00000X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Obstetrics & Gynecology</td> <td></td> <td>An obstetrician/gynecologist possesses special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system and associated disorders. This physician serves as a consultant to other physicians and as a primary physician for women.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/ . American Osteopathic Board of Obstetrics and Gynecology, 2007.

207VB0002X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
207VC0200X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Critical Care Medicine	An obstetrician/gynecologist, who specializes in critical care medicine diagnoses, treats and supports female patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/. American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207VE0102X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Reproductive Endocrinology	An obstetrician/gynecologist who is capable of managing complex problems relating to reproductive endocrinology and infertility.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/. American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207VF0404X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Female Pelvic Medicine and Reconstructive Surgery	A subspecialist in Female Pelvic Medicine and Reconstructive Surgery is a physician in Urology or Obstetrics and Gynecology who, by virtue of education and training, is prepared to provide consultation and comprehensive management of women with complex benign pelvic conditions, lower urinary tract disorders, and pelvic floor dysfunction. Comprehensive management includes those diagnostic and therapeutic procedures necessary for the total care of the patient with these conditions and complications resulting from them.	Source: American Board of Medical Specialties, 2011. [1/1/2012: new] Resources: www.abms.org
207VG0400X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Gynecology	Definition to come...	
207VH0002X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Hospice and Palliative Medicine	An obstetrician/gynecologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207VM0101X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Maternal & Fetal Medicine	An obstetrician/gynecologist who cares for, or provides consultation on, patients with complications of pregnancy. This specialist has advanced knowledge of the obstetrical, medical and surgical complications of pregnancy and their effect on both the mother and the fetus. The specialist also possesses expertise in the most current diagnostic and treatment modalities used in the care of patients with complicated pregnancies.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/. American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207VX0000X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Obstetrics	Definition to come...	
207VX0201X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Gynecologic Oncology	An obstetrician/gynecologist who provides consultation and comprehensive management of patients with gynecologic cancer, including those diagnostic and therapeutic procedures necessary for the total care of the patient with gynecologic cancer and resulting complications.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/. American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.

207W00000X	Allopathic & Osteopathic Physicians	Ophthalmology		An ophthalmologist has the knowledge and professional skills needed to provide comprehensive eye and vision care. Ophthalmologists are medically trained to diagnose, monitor and medically or surgically treat all ocular and visual disorders. This includes problems affecting the eye and its component structures, the eyelids, the orbit and the visual pathways. In so doing, an ophthalmologist prescribes vision services, including glasses and contact lenses.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Ophthalmology, 2007. http://www.abop.org/. American Osteopathic Board of Ophthalmology and Otolaryngology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Ophthalmology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207WX0009X	Allopathic & Osteopathic Physicians	Ophthalmology	Glaucoma Specialist	An ophthalmologist who specializes in the treatment of glaucoma and other disorders related to increased intraocular pressure and optic nerve damage. This specialty involves the medical and surgical treatment of these conditions.	Source: American Academy of Ophthalmology, www.aao.org [1/1/2017: new] Additional Resources: Association of University Professors of Ophthalmology, www.aupo.org
207WX0107X	Allopathic & Osteopathic Physicians	Ophthalmology	Retina Specialist	An ophthalmologist who specializes in the diagnosis and treatment of vitreoretinal diseases.	Source: American Society of Retina Specialists, www.asrs.org [1/1/2017: new]- - Additional Resources: American Academy of Ophthalmology, www.aao.org. Macula Society, www.maculasociety.org. Retina Society, www.retinasociety.org. Association of University Professors of Ophthalmology, www.aupo.org.
207WX0108X	Allopathic & Osteopathic Physicians	Ophthalmology	Uveitis and Ocular Inflammatory Disease	An ophthalmologist who specializes in the treatment of intraocular inflammation, scleritis, keratitis and infectious disorders affecting the eye and inflammatory disorders of the adnexa and/or orbit.	Source: American Academy of Ophthalmology, www.aao.org [1/1/2017: new]- - Additional Resources: Association of University Professors of Ophthalmology, www.aupo.org
207WX0200X	Allopathic & Osteopathic Physicians	Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery	A physician who specializes in oculofacial plastic and reconstructive surgery. This subspecialty combines orbital and periorcular surgery with facial plastic surgery, and includes aesthetic and reconstructive surgery of the face, orbit, eyelid, and lacrimal system. Practitioners evaluate, diagnose and treat conditions involving the eyelids, brows, midface, orbits, lacrimal systems and surrounding and supporting structures of the face and neck.	Source: American Academy of Ophthalmology, 2015 [1/1/2016: new]
207X00000X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery		An orthopaedic surgeon is trained in the preservation, investigation and restoration of the form and function of the extremities, spine and associated structures by medical, surgical and physical means. An orthopaedic surgeon is involved with the care of patients whose musculoskeletal problems include congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries and degenerative diseases of the spine, hands, feet, knee, hip, shoulder and elbow in children and adults. An orthopaedic surgeon is also concerned with primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/. American Osteopathic Board of Orthopaedic Surgery, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Orthopaedic Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Orthopaedic Surgery.
207XP3100X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Pediatric Orthopaedic Surgery	An orthopaedic surgeon who has additional training and experience in diagnosing, treating and managing musculoskeletal problems in infants, children and adolescents. These may include limb and spine deformities (such as club foot, scoliosis); gait abnormalities (limping); bone and joint infections; broken bones.	Source: American Academy of Pediatrics [7/1/2006: new]
207XS0106X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Hand Surgery	An orthopaedic surgeon trained in the investigation, preservation and restoration by medical, surgical and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/. American Osteopathic Board of Orthopaedic Surgery, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Orthopaedic Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Orthopaedic Surgery.
207XS0114X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Adult Reconstructive Orthopaedic Surgery	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, adult reconstructive orthopaedic surgeons deal with reconstructive procedures such as joint arthroplasty (i.e., hip and knee), osteotomy, arthroscopy, soft-tissue reconstruction, and a variety of other adult reconstructive surgical procedures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/. Separate board certification is not currently offered.
207XS0117X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Orthopaedic Surgery of the Spine	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, orthopaedic surgeons of the spine deal with the evaluation and nonoperative and operative treatment of the full spectrum of primary spinal disorders including trauma, degenerative, deformity, tumor, and reconstructive.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/. Separate board certification is not currently offered.
207XX0004X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Foot and Ankle Surgery	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, foot and ankle surgeons deal with adult reconstructive foot and ankle surgery, adult foot and ankle trauma, sports medicine foot and ankle, and children's foot and ankle reconstructive surgery.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: title modified, definiton added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/. Separate board certification is not currently offered. ACGME Accredited Residency Program Requirements: 1 year of training with 5 years Orthopaedic Surgery for a total of 6 years.

207XX0005X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Sports Medicine	An orthopaedic surgeon trained in sports medicine provides appropriate care for all structures of the musculoskeletal system directly affected by participation in sporting activity. This specialist is proficient in areas including conditioning, training and fitness, athletic performance and the impact of dietary supplements, pharmaceuticals, and nutrition on performance and health, coordination of care within the team setting utilizing other health care professionals, field evaluation and management, soft tissue biomechanics and injury healing and repair. Knowledge and understanding of the principles and techniques of rehabilitation, athletic equipment and orthotic devices enables the specialist to prevent and manage athletic injuries.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton changed, source changed] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Orthopaedic Surgery. ACME Accredited Program Requirements: 1 year GME in the specialty + 5 years of Orthopaedic Surgery for a total of 6 years
207XX0801X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Orthopaedic Trauma	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, orthopaedic trauma surgeons deal with the evaluation and management of acute orthopaedic injuries, evaluation and treatment of post-traumatic deformities and nonunions, acute and delayed reconstruction of pelvic and acetabular fractures, as well as osteotomy in the adult hip for treatment of hip arthritis.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/. Separate board certification is not currently offered.
207Y00000X	Allopathic & Osteopathic Physicians	Otolaryngology		An otolaryngologist-head and neck surgeon provides comprehensive medical and surgical care for patients with diseases and disorders that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. An otolaryngologist diagnoses and provides medical and/or surgical therapy or prevention of diseases, allergies, neoplasms, deformities, disorders and/or injuries of the ears, nose, sinuses, throat, respiratory and upper alimentary systems, face, jaws and the other head and neck systems. Head and neck oncology, facial plastic and reconstructive surgery and the treatment of disorders of hearing and voice are fundamental areas of expertise.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/. American Osteopathic Board of Ophthalmology and Otolaryngology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207YP0228X	Allopathic & Osteopathic Physicians	Otolaryngology	Pediatric Otolaryngology	A pediatric otolaryngologist has special expertise in the management of infants and children with disorders that include congenital and acquired conditions involving the aerodigestive tract, nose and paranasal sinuses, the ear and other areas of the head and neck. The pediatric otolaryngologist has special skills in the diagnosis, treatment, and management of childhood disorders of voice, speech, language and hearing.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology.
207YS0012X	Allopathic & Osteopathic Physicians	Otolaryngology	Sleep Medicine	An Otolaryngologist who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
207YS0123X	Allopathic & Osteopathic Physicians	Otolaryngology	Facial Plastic Surgery	An otolaryngologist who specializes in facial plastic surgery.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate was, but is no longer issued by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207YX0007X	Allopathic & Osteopathic Physicians	Otolaryngology	Plastic Surgery within the Head & Neck	An otolaryngologist with additional training in plastic and reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft tissue repair and neural surgery. The field is diverse and involves a wide age range of patients, from the newborn to the aged. While both cosmetic and reconstructive surgeries are practiced, there are many additional procedures which interface with them.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology. Board certification for Doctors of Osteopathy is currently provided in the subspecialty of Otolaryngology/Facial Plastic Surgery (see Taxonomy Code 207YX0905X)
207YX0602X	Allopathic & Osteopathic Physicians	Otolaryngology	Otolaryngic Allergy	An otolaryngologist who specializes in the diagnosis and treatment of otolaryngic allergies and other allergic diseases.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) is issued by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207YX0901X	Allopathic & Osteopathic Physicians	Otolaryngology	Otology & Neurotology	An otolaryngologist who treats diseases of the ear and temporal bone, including disorders of hearing and balance. The additional training in otology and neurotology emphasizes the study of embryology, anatomy, physiology, epidemiology, pathophysiology, pathology, genetics, immunology, microbiology and the etiology of diseases of the ear and temporal bone.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology.
207YX0905X	Allopathic & Osteopathic Physicians	Otolaryngology	Otolaryngology/Facial Plastic Surgery	An otolaryngologist who specializes in the diagnosis and surgical treatment of head and neck conditions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate is issued by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207ZB0001X	Allopathic & Osteopathic Physicians	Pathology	Blood Banking & Transfusion Medicine	A physician who specializes in blood banking/transfusion medicine is responsible for the maintenance of an adequate blood supply, blood donor and patient-recipient safety and appropriate blood utilization. Pre-transfusion compatibility testing and antibody testing assure that blood transfusions, when indicated, are as safe as possible. This physician directs the preparation and safe use of specially prepared blood components, including red blood cells, white blood cells, platelets and plasma constituents, and marrow or stem cells for transplantation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.

207ZC0006X	Allopathic & Osteopathic Physicians	Pathology	Clinical Pathology	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new, 7/1/2009: definition reformatted] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ This taxonomy code identifies the combined anatomic "clinical pathology only" route. Board Certification for Medical Doctors (MDs) is provided by the American Board of Pathology. To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only and clinical pathology only. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.
207ZC0008X	Allopathic & Osteopathic Physicians	Pathology	Clinical Informatics	Physicians who practice Clinical Informatics collaborate with other health care and information technology professionals to analyze, design, implement and evaluate information and communication systems that enhance individual and population health outcomes, improve patient care, and strengthen the clinician-patient relationship. Clinical Informaticians use their knowledge of patient care combined with their understanding of informatics concepts, methods, and tools to: assess information and knowledge needs of health care professionals and patients; characterize, evaluate, and refine clinical processes; develop, implement, and refine clinical decision support systems; and lead or participate in the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems.	Source: The American Board of Preventive Medicine, 2013 [1/1/2014: new] Additional Resources: The American Board of Pathology, www.abpath.org
207ZC0500X	Allopathic & Osteopathic Physicians	Pathology	Cytopathology	A cytopathologist is an anatomic pathologist trained in the diagnosis of human disease by means of the study of cells obtained from body secretions and fluids, by scraping, washing, or sponging the surface of a lesion, or by the aspiration of a tumor mass or body organ with a fine needle. A major aspect of a cytopathologist's practice is the interpretation of Papanicolaou-stained smears of cells from the female reproductive systems, the "Pap" test. However, the cytopathologist's expertise is applied to the diagnosis of cells from all systems and areas of the body. He/she is a consultant to all medical specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology.
207ZD0900X	Allopathic & Osteopathic Physicians	Pathology	Dermatopathology	A dermatopathologist is an expert in diagnosing and monitoring diseases of the skin including infectious, immunologic, degenerative, and neoplastic diseases. This entails the examination and interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of light microscopy, electron microscopy, and fluorescence microscopy.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. A subspecialty certificate was first issued by the ABMS in 1974. ACGME Accredited Residency Program Requirements: None.
207ZF0201X	Allopathic & Osteopathic Physicians	Pathology	Forensic Pathology	A forensic pathologist is expert in investigating and evaluating cases of sudden, unexpected, suspicious and violent death as well as other specific classes of death defined by law. The forensic pathologist serves the public as coroner or medical examiner, or by performing medicolegal autopsies for such officials.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ . American Osteopathic Board of Pathology, 2007. <a href="http://www.osteopathic.org/certification-
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 Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZH0000X	Allopathic & Osteopathic Physicians	Pathology	Hematology	A hematopathologist is expert in diseases that affect blood cells, blood clotting mechanisms, bone marrow and lymph nodes. This physician has the knowledge and technical skills essential for the laboratory diagnosis of anemias, leukemias, lymphomas, bleeding disorders and blood clotting disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ . American Osteopathic Board of Pathology, 2007. <a href="http://www.osteopathic.org/certification-
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 Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZI0100X	Allopathic & Osteopathic Physicians	Pathology	Immunopathology	A pathologist who specializes in the diagnosis of immunologic diseases.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Pathology.
207ZM0300X	Allopathic & Osteopathic Physicians	Pathology	Medical Microbiology	A medical microbiologist is expert in the isolation and identification of microbial agents that cause infectious disease. Viruses, bacteria and fungi, as well as parasites, are identified and, where possible, tested for susceptibility to appropriate antimicrobial agents.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ . American Osteopathic Board of Pathology, 2007. <a href="http://www.osteopathic.org/certification-
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 Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.

207ZN0500X	Allopathic & Osteopathic Physicians	Pathology	Neuropathology	A neuropathologist is expert in the diagnosis of diseases of the nervous system and skeletal muscles and functions as a consultant primarily to neurologists and neurosurgeons. The neuropathologist is knowledgeable in the infirmities of humans as they affect the nervous and neuromuscular systems, be they degenerative, infectious, metabolic, immunologic, neoplastic, vascular or physical in nature.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZP0007X	Allopathic & Osteopathic Physicians	Pathology	Molecular Genetic Pathology	A molecular genetic pathologist is expert in the principles, theory and technologies of molecular biology and molecular genetics. This expertise is used to make or confirm diagnoses of Mendelian genetic disorders, disorders of human development, infectious diseases and malignancies, and to assess the natural history of those disorders. A molecular genetic pathologist provides information about gene structure, function and alteration and applies laboratory techniques for diagnosis, treatment and prognosis for individuals with related disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton changed, source changed] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. A subspecialty certificate for MGG was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Proposal under development.
207ZP0101X	Allopathic & Osteopathic Physicians	Pathology	Anatomic Pathology	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. [7/1/2007: definition added, source added, 7/1/2009: definiton reformatted; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology (note: this taxonomy code identifies the "anatomic pathology only" route). To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only and clinical pathology only. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.
207ZP0102X	Allopathic & Osteopathic Physicians	Pathology	Anatomic Pathology & Clinical Pathology	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added, 7/1/2009: definition reformatted] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ This taxonomy code identifies the combined anatomic pathology & clinical pathology route. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only and clinical pathology only. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.
207ZP0104X	Allopathic & Osteopathic Physicians	Pathology	Chemical Pathology	A chemical pathologist has expertise in the biochemistry of the human body as it applies to the understanding of the cause and progress of disease. This physician functions as a clinical consultant in the diagnosis and treatment of human disease. Chemical pathology entails the application of biochemical data to the detection, confirmation or monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZP0105X	Allopathic & Osteopathic Physicians	Pathology	Clinical Pathology/Laboratory Medicine	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pathology.
207ZP0213X	Allopathic & Osteopathic Physicians	Pathology	Pediatric Pathology	A pediatric pathologist is expert in the laboratory diagnosis of diseases that occur during fetal growth, infancy and child development. The practice requires a strong foundation in general pathology and substantial understanding of normal growth and development, along with extensive knowledge of pediatric medicine.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology.

20800000X	Allopathic & Osteopathic Physicians	Pediatrics		A pediatrician is concerned with the physical, emotional and social health of children from birth to young adulthood. Care encompasses a broad spectrum of health services ranging from preventive healthcare to the diagnosis and treatment of acute and chronic diseases. A pediatrician deals with biological, social and environmental influences on the developing child, and with the impact of disease and dysfunction on development.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/> Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080A0000X	Allopathic & Osteopathic Physicians	Pediatrics	Adolescent Medicine	A pediatrician who specializes in adolescent medicine is a multi-disciplinary healthcare specialist trained in the unique physical, psychological and social characteristics of adolescents, their healthcare problems and needs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/> Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080B0002X	Allopathic & Osteopathic Physicians	Pediatrics	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: new] Additional Resource: American Society of Bariatric Physicians, www.asbp.org .
2080C0008X	Allopathic & Osteopathic Physicians	Pediatrics	Child Abuse Pediatrics	A Child Abuse Pediatrician serves as a resource to children, families and communities by accurately diagnosing abuse; consulting with community agencies on child safety; providing expertise in courts of law; treating consequences of abuse and neglect; directing child abuse and neglect prevention programs and participating on multidisciplinary teams investigating; and managing child abuse cases.	Source: American Board of Medical Specialties, 2009 [7/1/2009: definition added]
2080H0002X	Allopathic & Osteopathic Physicians	Pediatrics	Hospice and Palliative Medicine	A pediatrician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2080I0007X	Allopathic & Osteopathic Physicians	Pediatrics	Clinical & Laboratory Immunology	A pediatrician who specializes in clinical and laboratory immunology disease management.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A certification was, but is no longer issued by the American Board of Pediatrics.
2080N0001X	Allopathic & Osteopathic Physicians	Pediatrics	Neonatal-Perinatal Medicine	A pediatrician who is the principal care provider for sick newborn infants. Clinical expertise is used for direct patient care and for consulting with obstetrical colleagues to plan for the care of mothers who have high-risk pregnancies.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/> Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080P0006X	Allopathic & Osteopathic Physicians	Pediatrics	Developmental – Behavioral Pediatrics	A developmental-behavioral specialist is a pediatrician with special training and experience who aims to foster understanding and promotion of optimal development of children and families through research, education, clinical care and advocacy efforts. This physician assists in the prevention, diagnosis, and management of developmental difficulties and problematic behaviors in children and in the family dysfunctions that compromise children's development.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed, 3/26/2008: definition corrected] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0008X	Allopathic & Osteopathic Physicians	Pediatrics	Neurodevelopmental Disabilities	A pediatrician who treats children having developmental delays or learning disorders including those associated with visual and hearing impairment, mental retardation, cerebral palsy, spina bifida, autism and other chronic neurologic conditions. This specialist provides medical consultation and education and assumes leadership in the interdisciplinary management of children with neurodevelopmental disorders. They may also focus on the early identification and diagnosis of neurodevelopmental disabilities in infants and young children as well as on changes that occur as the child with developmental disabilities grows.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0201X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Allergy/Immunology	A pediatrician who specializes in the diagnosis and treatment of allergies, allergic reactions, and immunologic diseases in children.	Source: National Uniform Claim Committee, 2009 [1/1/2010: title modified, definition added, source added] Additional Resources: A Certification of Special Qualifications (CSQ) is issued by the American Osteopathic Board of Pediatrics.

2080P0202X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Cardiology	A pediatric cardiologist provides comprehensive care to patients with cardiovascular problems. This specialist is skilled in selecting, performing and evaluating the structural and functional assessment of the heart and blood vessels, and the clinical evaluation of cardiovascular disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.</td> </tr> <tr> <td>2080P0203X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Pediatrics</td> <td>Pediatric Critical Care Medicine</td> <td>A pediatrician expert in advanced life support for children from the term or near-term neonate to the adolescent. This competence extends to the critical care management of life-threatening organ system failure from any cause in both medical and surgical patients and to the support of vital physiological functions. This specialist may have administrative responsibilities for intensive care units and also facilitates patient care among other specialists.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. ACGME Accredited Residency Program Requirements: 2 years of training with 3 years Pediatrics plus 1 year Pediatric Critical Care for certification for a total of 6 years. ABMS Approved Subspecialty Certificate (Pediatrics)
2080P0204X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Emergency Medicine	A pediatrician who has special qualifications to manage emergencies in infants and children.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0205X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Endocrinology	A pediatrician who provides expert care to infants, children and adolescents who have diseases that result from an abnormality in the endocrine glands (glands which secrete hormones). These diseases include diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, birth defects, the genital region and disorders of the thyroid, the adrenal and pituitary glands.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.</td> </tr> <tr> <td>2080P0206X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Pediatrics</td> <td>Pediatric Gastroenterology</td> <td>A pediatrician who specializes in the diagnosis and treatment of diseases of the digestive systems of infants, children and adolescents. This specialist treats conditions such as abdominal pain, ulcers, diarrhea, cancer and jaundice and performs complex diagnostic and therapeutic procedures using lighted scopes to see internal organs.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0207X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Hematology-Oncology	A pediatrician trained in the combination of pediatrics, hematology and oncology to recognize and manage pediatric blood disorders and cancerous diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.</td> </tr> <tr> <td>2080P0208X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Pediatrics</td> <td>Pediatric Infectious Diseases</td> <td>A pediatrician trained to care for children in the diagnosis, treatment and prevention of infectious diseases. This specialist can apply specific knowledge to affect a better outcome for pediatric infections with complicated courses, underlying diseases that predispose to unusual or severe infections, unclear diagnoses, uncommon diseases and complex or investigational treatments.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.</td> </tr> <tr> <td>2080P0210X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Pediatrics</td> <td>Pediatric Nephrology</td> <td>A pediatrician who deals with the normal and abnormal development and maturation of the kidney and urinary tract, the mechanisms by which the kidney can be damaged, the evaluation and treatment of renal diseases, fluid and electrolyte abnormalities, hypertension and renal replacement therapy.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007. <a href="http://www.osteopathic.org/certification-
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Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.</td> </tr> <tr> <td>2080P0214X</td> <td>Allopathic & Osteopathic Physicians</td> <td>Pediatrics</td> <td>Pediatric Pulmonology</td> <td>A pediatrician dedicated to the prevention and treatment of all respiratory diseases affecting infants, children and young adults. This specialist is knowledgeable about the growth and development of the lung, assessment of respiratory function in infants and children, and experienced in a variety of invasive and noninvasive diagnostic techniques.</td> <td>Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/ . American Osteopathic Board of Pediatrics, 2007.

2080P0216X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Rheumatology	A pediatrician who treats diseases of joints, muscle, bones and tendons. A pediatric rheumatologist diagnoses and treats arthritis, back pain, muscle strains, common athletic injuries and "collagen" diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080S0010X	Allopathic & Osteopathic Physicians	Pediatrics	Sports Medicine	A pediatrician who is responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention of injury and illness. A sports medicine physician must have knowledge and experience in the promotion of wellness and the prevention of injury. Knowledge about special areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation, injuries (treatment and prevention and referral practice) and the role of exercise in promoting a healthy lifestyle are essential to the practice of sports medicine. The sports medicine physician requires special education to provide the knowledge to improve the healthcare of the individual engaged in physical exercise (sports) whether as an individual or in team participation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/> Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080S0012X	Allopathic & Osteopathic Physicians	Pediatrics	Sleep Medicine	A Pediatrician who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
2080T0002X	Allopathic & Osteopathic Physicians	Pediatrics	Medical Toxicology	Medical toxicologists are physicians that specialize in the prevention, evaluation, treatment and monitoring of injury and illness from exposures to drugs and chemicals, as well as biological and radiological agents. Medical toxicologists care for people in clinical, academic, governmental and public health settings, and provide poison control center leadership. Important areas of medical toxicology include acute drug poisoning, adverse drug events, drug abuse, addiction and withdrawal, chemicals and hazardous materials, terrorism preparedness, venomous bites and stings, and environmental and workplace exposures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. ACGME Accredited Residency Program Requirements: Medical Toxicology (EM) 2 years with 3-4 years Emergency Medicine for a total of 5-6 years; for Medical Toxicology (Preventive Medicine) 2 years with 3 years Preventive Medicine for a total of 5 years. Medical Toxicology (Pediatrics): None. ABMS Approved Subspecialty Certificates (Emergency Medicine) (Pediatrics) (Preventive Medicine)
2080T0004X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Transplant Hepatology	A pediatrician with expertise in transplant hepatology encompasses the special knowledge and skill required of pediatric gastroenterologists to care for patients prior to and following hepatic transplantation; it spans all phases of liver transplantation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources; American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
208100000X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation		Physical medicine and rehabilitation, also referred to as rehabilitation medicine, is the medical specialty concerned with diagnosing, evaluating, and treating patients with physical disabilities. These disabilities may arise from conditions affecting the musculoskeletal system such as neck and back pain, sports injuries, or other painful conditions affecting the limbs, such as carpal tunnel syndrome. Alternatively, the disabilities may result from neurological trauma or disease such as spinal cord injury, head injury or stroke. A physician certified in physical medicine and rehabilitation is often called a physiatrist. The primary goal of the physiatrist is to achieve maximal restoration of physical, psychological, social and vocational function through comprehensive rehabilitation. Pain management is often an important part of the role of the physiatrist. For diagnosis and evaluation, a physiatrist may include the techniques of electromyography to supplement the standard history, physical, x-ray and laboratory examinations. The physiatrist has expertise in the appropriate use of therapeutic exercise, prosthetics (artificial limbs), orthotics and mechanical and electrical devices.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/> Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/. American Osteopathic Board of Physical Medicine and Rehabilitation, 2007. http://www.osteopathic.org/certification Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Physical Medicine and Rehabilitation.
2081H0002X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Hospice and Palliative Medicine	A physical medicine and rehabilitation physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2081N0008X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Neuromuscular Medicine	A physician who specializes in neuromuscular medicine possesses specialized knowledge in the science, clinical evaluation and management of these disorders. This encompasses the knowledge of the pathology, diagnosis and treatment of these disorders at a level that is significantly beyond the training and knowledge expected of a general neurologist, child neurologist or physiatrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation.

2081P0004X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Spinal Cord Injury Medicine	A physician who addresses the prevention, diagnosis, treatment and management of traumatic spinal cord injury and non-traumatic etiologies of spinal cord dysfunction by working in an interdisciplinary manner. Care is provided to patients of all ages on a lifelong basis and covers related medical, physical, psychological and vocational disabilities and complications.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. ACGME Accredited Residency Program Requirements: 1 year of training with 3-5 years in relevant specialty for a total of 4-6 years. ABMS Approved Subspecialty Certificate: (Physical Medicine and Rehabilitation)
2081P0010X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Pediatric Rehabilitation Medicine	A physiatrist who utilizes an interdisciplinary approach and addresses the prevention, diagnosis, treatment and management of congenital and childhood-onset physical impairments including related or secondary medical, physical, functional, psychosocial and vocational limitations or conditions, with an understanding of the life course of disability. This physician is trained in the identification of functional capabilities and selection of the best of rehabilitation intervention strategies, with an understanding of the continuum of care.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. A subspecialty certificate for PRM was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Early discussions underway
2081P0301X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Brain Injury Medicine	A Brain Injury Medicine physician specializes in disorders of brain function due to injury and disease. These disorders encompass a range of medical, physical, neurologic, cognitive, sensory, and behavioral disorders that result in psychosocial, educational, and vocational consequences.	Source: American Board of Physical Medicine and Rehabilitation, 2015 [1/1/2016: new]
2081P2900X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Pain Medicine	A physician who provides a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic or cancer pain in both hospital and ambulatory settings. Patient care needs may also be coordinated with other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. A subspecialty certificate was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Proposal under development.
2081S0010X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Sports Medicine	A physician who specializes in Sports Medicine is responsible for continuous care related to the enhancement of health and fitness as well as the prevention of injury and illness. The specialist possesses knowledge and experience in the promotion of wellness and the prevention of injury from many areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation and injuries. It is the goal of a Sports Medicine specialist to improve the healthcare of the individual engaged in physical exercise.	Source: American Board of Medical Specialties, 2009. www.abms.org [7/1/2009: definition added]
208200000X	Allopathic & Osteopathic Physicians	Plastic Surgery		A plastic surgeon deals with the repair, reconstruction or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk and external genitalia or cosmetic enhancement of these areas of the body. Cosmetic surgery is an essential component of plastic surgery. The plastic surgeon uses cosmetic surgical principles to both improve overall appearance and to optimize the outcome of reconstructive procedures. The surgeon uses aesthetic surgical principles not only to improve undesirable qualities of normal structures but in all reconstructive procedures as well.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Plastic Surgery, 2007. http://www.abplsurg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Plastic Surgery.
2082S0099X	Allopathic & Osteopathic Physicians	Plastic Surgery	Plastic Surgery Within the Head and Neck	A plastic surgeon with additional training in plastic and reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft tissue repair and neural surgery. The field is diverse and involves a wide age range of patients, from the newborn to the aged. While both cosmetic and reconstructive surgery is practiced, there are many additional procedures which interface with them.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Plastic Surgery, 2007. http://www.abplsurg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Plastic Surgery. A subspecialty certificate was approved by the ABMS in 2000. ACGME Accredited Residency Program Requirements: None.
2082S0105X	Allopathic & Osteopathic Physicians	Plastic Surgery	Surgery of the Hand	A plastic surgeon with additional training in the investigation, preservation, and restoration by medical, surgical and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Plastic Surgery, 2007. http://www.abplsurg.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Plastic Surgery.
2083A0100X	Allopathic & Osteopathic Physicians	Preventive Medicine	Aerospace Medicine	Aerospace medicine focuses on the clinical care, research, and operational support of the health, safety, and performance of crewmembers and passengers of air and space vehicles, together with the support personnel who assist operation of such vehicles. This population often works and lives in remote, isolated, extreme, or enclosed environments under conditions of physical and psychological stress. Practitioners strive for an optimal human-machine match in occupational settings rich with environmental hazards and engineering countermeasures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Preventive Medicine, 2007. http://www.abprevmed.org/ . American Osteopathic Board of Preventive Medicine, 2007. http://www.osteopathic.org/certification -br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Preventive Medicine.

2083B0002X	Allopathic & Osteopathic Physicians	Preventive Medicine	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: new] Additional Resource: American Society of Bariatric Physicians, www.asbp.org .
2083C0008X	Allopathic & Osteopathic Physicians	Preventive Medicine	Clinical Informatics	Physicians who practice Clinical Informatics collaborate with other health care and information technology professionals to analyze, design, implement and evaluate information and communication systems that enhance individual and population health outcomes, improve patient care, and strengthen the clinician-patient relationship. Clinical Informaticians use their knowledge of patient care combined with their understanding of informatics concepts, methods, and tools to: assess information and knowledge needs of health care professionals and patients; characterize, evaluate, and refine clinical processes; develop, implement, and refine clinical decision support systems; and lead or participate in the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems.	Source: The American Board of Preventive Medicine, 2013 [1/1/2014: new] Additional Resources: The American Board of Preventive Medicine, www.theabpm.org
2083P0011X	Allopathic & Osteopathic Physicians	Preventive Medicine	Undersea and Hyperbaric Medicine	A specialist who treats decompression illness and diving accident cases and uses hyperbaric oxygen therapy to treat such conditions as carbon monoxide poisoning, gas gangrene, non-healing wounds, tissue damage from radiation and burns and bone infections. This specialist also serves as consultant to other physicians in all aspects of hyperbaric chamber operations and assesses risks and applies appropriate standards to prevent disease and disability in divers and other persons working in altered atmospheric conditions.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Preventive Medicine, 2007. http://www.abprevm.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine.
2083P0500X	Allopathic & Osteopathic Physicians	Preventive Medicine	Preventive Medicine/Occupational Environmental Medicine	A preventive medicine physician who specializes in preventive medicine/occupational-environmental medicine, which is focused on protecting the population from occupational and environmental conditions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate is issued by the American Osteopathic Board of Preventive Medicine.
2083P0901X	Allopathic & Osteopathic Physicians	Preventive Medicine	Public Health & General Preventive Medicine	Public health and general preventive medicine focuses on promoting health, preventing disease, and managing the health of communities and defined populations. These practitioners combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice in a wide variety of settings.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Preventive Medicine, 2007. http://www.abprevm.org/ . American Osteopathic Board of Preventive Medicine, 2007. http://www.osteopathic.org/certification -br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Preventive Medicine.
2083S0010X	Allopathic & Osteopathic Physicians	Preventive Medicine	Sports Medicine	A preventive medicine physician who specializes in the diagnosis and treatment of sports related conditions and injuries.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) is issued by the American Osteopathic Board of Preventive Medicine.
2083T0002X	Allopathic & Osteopathic Physicians	Preventive Medicine	Medical Toxicology	Medical toxicologists are physicians who specialize in the prevention, evaluation, treatment and monitoring of injury and illness from exposures to drugs and chemicals, as well as biological and radiological agents. Medical toxicologists care for people in clinical, academic, governmental and public health settings, and provide poison control center leadership. Important areas of medical toxicology include acute drug poisoning, adverse drug events, drug abuse, addiction and withdrawal, chemicals and hazardous materials, terrorism preparedness, venomous bites and stings, and environmental and workplace exposures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Preventive Medicine, 2007. http://www.abprevm.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine.
2083X0100X	Allopathic & Osteopathic Physicians	Preventive Medicine	Occupational Medicine	Occupational medicine focuses on the health of workers, including the ability to perform work; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental exposures. Practitioners in this field address the promotion of health in the work place, and the prevention and management of occupational and environmental injury, illness, and disability.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Preventive Medicine, 2007. http://www.abprevm.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine.
2084A0401X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Addiction Medicine	A doctor of osteopathy board eligible/certified in the field of Psychiatry by the American Osteopathic Board of Neurology and Psychiatry is able to obtain a Certificate of Added Qualifications in the field of Addiction Medicine	Source: American Osteopathic Board of Neurology and Psychiatry, 2007 [1/1/2008: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: http://www.osteopathic.org/certification
2084A2900X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurocritical Care	The medical subspecialty of Neurocritical Care is devoted to the comprehensive, multisystem care of the critically-ill neurological patient. Like other intensivists, the neurointensivist generally assumes the primary role for coordinating the care of his or her patients in the ICU, both the neurological and medical management of the patient. They may also provide consultative services for these patients as requested within the health system.	Source: Adapted from the United Council for Neurologic Subspecialties website definition at: http://www.ucns.org/go/subspecialty/neurocritical [7/1/2016: new] Additional Resources: National Board for Certification of Orthopaedic Assistants

2084B0002X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org .
2084B0040X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Behavioral Neurology & Neuropsychiatry	Behavioral Neurology & Neuropsychiatry is a medical subspecialty involving the diagnosis and treatment of neurologically based behavioral issues.	Source: National Uniform Claim Committee. [1/1/2012: new] Additional Resources: American Academy of Neurology, www.aan.com .
2084D0003X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Diagnostic Neuroimaging	A licensed physician, who has completed a residency program in Neurology, and who has additional training, experience, and competence in the standards of performance and interpretation of Magnetic Resonance Imaging (MRI / MRA) of the head, spine, and peripheral nerves, and Computed Tomography (CT) of the head and spine. Physicians are trained in the administration of contrast media and the recognition and treatment of adverse reactions to contrast media. Neuroimaging training encompasses thorough knowledge of clinical neurology, neurophysiology, neuroanatomy, neurochemistry, neuropharmacology, and dynamics of cerebrospinal fluid circulation. Physicians possess special expertise in the technical aspects and clinical applications of each of the modalities and techniques of neuroimaging.	Source: American Academy of Neurology [1/1/2007: new]
2084F0202X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Forensic Psychiatry	Forensic Psychiatry is a subspecialty with psychiatric focus on interrelationships with civil, criminal and administrative law, evaluation and specialized treatment of individuals involved with the legal system, incarcerated in jails, prisons, and forensic psychiatry hospitals.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084H0002X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Hospice and Palliative Medicine	A psychiatrist or neurologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2084N0008X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neuromuscular Medicine	A neurologist or child neurologist who specializes in the diagnosis and management of disorders of nerve, muscle or neuromuscular junction, including amyotrophic lateral sclerosis, peripheral neuropathies (e.g., diabetic and immune mediated neuropathies), various muscular dystrophies, congenital and acquired myopathies, inflammatory myopathies (e.g., polymyositis, inclusion body myositis) and neuromuscular transmission disorders (e.g., myasthenia gravis, Lambert-Eaton myasthenic syndrome).	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Psychiatry and Neurology, 2007. http://www.abpn.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Psychiatry and Neurology
2084N0400X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurology	A Neurologist specializes in the diagnosis and treatment of diseases or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and blood vessels that relate to these structures.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084N0402X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurology with Special Qualifications in Child Neurology	A Child Neurologist specializes in neurology with special skills in diagnosis and treatment of neurologic disorders of the neonatal period, infancy, early childhood, and adolescence.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084N0600X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Clinical Neurophysiology	Clinical Neurophysiology is a subspecialty with psychiatric or neurologic expertise in the diagnosis and management of central, peripheral, and autonomic nervous system disorders using combined clinical evaluation and electrophysiologic testing such as electroencephalography (EEG), electromyography (EMG), and nerve conduction studies (NCS).	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0005X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurodevelopmental Disabilities	A pediatrician or neurologist who specializes in the diagnosis and management of chronic conditions that affect the developing and mature nervous system such as cerebral palsy, mental retardation and chronic behavioral syndromes, or neurologic conditions.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Psychiatry and Neurology, 2007. http://www.abpn.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Psychiatry and Neurology. A subspecialty certificate for NDN was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Ongoing early discussions regarding proposal.

2084P0015X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Psychosomatic Medicine	Psychosomatic Medicine is subspecialty in the diagnosis and treatment of psychiatric disorders and symptoms in complex medically ill patients. This subspecialty includes treatment of patients with acute or chronic medical, neurological, obstetrical or surgical illness in which psychiatric illness is affecting their medical care and/or quality of life such as HIV infection, organ transplantation, heart disease, renal failure, cancer, stroke, traumatic brain injury, high-risk pregnancy and COPD, among others. Patients also may be those who have a psychiatric disorder that is the direct consequence of a primary medical condition, or a somatoform disorder or psychological factors affecting a general medical condition. Psychiatrists specializing in Psychosomatic Medicine provide consultation-liaison services in general medical hospitals, attend on medical psychiatry inpatient units, and provide collaborative care in primary care and other outpatient settings.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new]
2084P0301X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Brain Injury Medicine	A Brain Injury Medicine physician specializes in disorders of brain function due to injury and disease. These disorders encompass a range of medical, physical, neurologic, cognitive, sensory, and behavioral disorders that result in psychosocial, educational, and vocational consequences.	Source: American Board of Physical Medicine and Rehabilitation, 2015 [1/1/2016: new]
2084P0800X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Psychiatry	A Psychiatrist specializes in the prevention, diagnosis, and treatment of mental disorders, emotional disorders, psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender identity disorders and adjustment disorders. Biologic, psychological, and social components of illnesses are explored and understood in treatment of the whole person. Tools used may include diagnostic laboratory tests, prescribed medications, evaluation and treatment of psychological and interpersonal problems with individuals and families, and intervention for coping with stress, crises, and other problems.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0802X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Addiction Psychiatry	Addiction Psychiatry is a subspecialty of psychiatry that focuses on evaluation and treatment of individuals with alcohol, drug, or other substance-related disorders, and of individuals with dual diagnosis of substance-related and other psychiatric disorders.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0804X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Child & Adolescent Psychiatry	Child & Adolescent Psychiatry is a subspecialty of psychiatry with additional skills and training in the diagnosis and treatment of developmental, behavioral, emotional, and mental disorders of childhood and adolescence.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0805X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Geriatric Psychiatry	Geriatric Psychiatry is a subspecialty with psychiatric expertise in prevention, evaluation, diagnosis and treatment of mental and emotional disorders in the elderly, and improvement of psychiatric care for healthy and ill elderly patients.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P2900X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Pain Medicine	A neurologist, child neurologists or psychiatrist who provides a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic or cancer pain in both hospital and ambulatory settings. Patient care needs may also be coordinated with other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Psychiatry and Neurology, 2007. http://www.abpn.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Psychiatry and Neurology. A subspecialty certificate was approved by ABMS in 1998. ACGME Accredited Residency Program Requirements: None.
2084S0010X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Sports Medicine	A psychiatrist or neurologist who specializes in the diagnosis and treatment of sports related conditions and injuries.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Neurology and Psychiatry.
2084S0012X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Sleep Medicine	A Psychiatrist or Neurologist who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
2084V0102X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Vascular Neurology	Vascular Neurology is a subspecialty in the evaluation, prevention, treatment and recovery from vascular diseases of the nervous system. This subspecialty includes the diagnosis and treatment of vascular events of arterial or venous origin from a large number of causes that affect the brain or spinal cord such as ischemic stroke, intracranial hemorrhage, spinal cord ischemia and spinal cord hemorrhage.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2085B0100X	Allopathic & Osteopathic Physicians	Radiology	Body Imaging	A Radiology doctor of Osteopathy that specializes in Body Imaging.	Source: National Uniform Claim Committee, 2008 [7/1/2008: definition added, source added] Additional Resources: The American Osteopathic Board of Radiology no longer offers a certificate in this specialty.

2085D0003X	Allopathic & Osteopathic Physicians	Radiology	Diagnostic Neuroimaging	A licensed physician, who has completed a residency program in Neurology, and who has additional training, experience, and competence in the standards of performance and interpretation of Magnetic Resonance Imaging (MRI / MRA) of the head, spine, and peripheral nerves, and Computed Tomography (CT) of the head and spine. Physicians are trained in the administration of contrast media and the recognition and treatment of adverse reactions to contrast media. Neuroimaging training encompasses thorough knowledge of clinical neurology, neurophysiology, neuroanatomy, neurochemistry, neuropharmacology, and dynamics of cerebrospinal fluid circulation. Physicians possess special expertise in the technical aspects and clinical applications of each of the modalities and techniques of neuroimaging.	Source: American Academy of Neurology [1/1/2007: new]
2085H0002X	Allopathic & Osteopathic Physicians	Radiology	Hospice and Palliative Medicine	A radiologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2085N0700X	Allopathic & Osteopathic Physicians	Radiology	Neuroradiology	A radiologist who diagnoses and treats diseases utilizing imaging procedures as they relate to the brain, spine and spinal cord, head, neck and organs of special sense in adults and children.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085N0904X	Allopathic & Osteopathic Physicians	Radiology	Nuclear Radiology	A radiologist who is involved in the analysis and imaging of radionuclides and radiolabeled substances in vitro and in vivo for diagnosis and the administration of radionuclides and radiolabeled substances for the treatment of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085P0229X	Allopathic & Osteopathic Physicians	Radiology	Pediatric Radiology	A radiologist who is proficient in all forms of diagnostic imaging as it pertains to the treatment of diseases in the newborn, infant, child and adolescent. This specialist has knowledge of both imaging and interventional procedures related to the care and management of diseases of children. A pediatric radiologist must be highly knowledgeable of all organ systems as they relate to growth and development, congenital malformations, diseases peculiar to infants and children and diseases that begin in childhood but cause substantial residual impairment in adulthood.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085R0001X	Allopathic & Osteopathic Physicians	Radiology	Radiation Oncology	A radiologist who deals with the therapeutic applications of radiant energy and its modifiers and the study and management of disease, especially malignant tumors.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification
2085R0202X	Allopathic & Osteopathic Physicians	Radiology	Diagnostic Radiology	A radiologist who utilizes x-ray, radionuclides, ultrasound and electromagnetic radiation to diagnose and treat disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085R0203X	Allopathic & Osteopathic Physicians	Radiology	Therapeutic Radiology	Definition to come...	
2085R0204X	Allopathic & Osteopathic Physicians	Radiology	Vascular & Interventional Radiology	A radiologist who diagnoses and treats diseases by various radiologic imaging modalities. These include fluoroscopy, digital radiography, computed tomography, sonography and magnetic resonance imaging.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology.
2085R0205X	Allopathic & Osteopathic Physicians	Radiology	Radiological Physics	A radiological physicist deals with the diagnostic and therapeutic applications of roentgen rays, gamma rays from sealed sources, ultrasonic radiation and radio-frequency radiation, as well as the equipment associated with their production and use, including radiation safety.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology.

2085U0001X	Allopathic & Osteopathic Physicians	Radiology	Diagnostic Ultrasound	A Radiology doctor of Osteopathy that specializes in Diagnostic Ultrasound.	Source: National Uniform Claim Committee, 2008 [7/1/2008: definition added, source added] Additional Resources: The American Osteopathic Board of Radiology no longer offers a certificate in this specialty. [Note: In medical practice, Diagnostic Ultrasound is part of the scope of training and practice of a Diagnostic Radiologists – see Taxonomy Code 2085R0202X.]
208600000X	Allopathic & Osteopathic Physicians	Surgery		A general surgeon has expertise related to the diagnosis - preoperative, operative and postoperative management - and management of complications of surgical conditions in the following areas: alimentary tract; abdomen; breast, skin and soft tissue; endocrine system; head and neck surgery; pediatric surgery; surgical critical care; surgical oncology; trauma and burns; and vascular surgery. General surgeons increasingly provide care through the use of minimally invasive and endoscopic techniques. Many general surgeons also possess expertise in transplantation surgery, plastic surgery and cardiothoracic surgery.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. American Osteopathic Board of Surgery, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Surgery.
2086H0002X	Allopathic & Osteopathic Physicians	Surgery	Hospice and Palliative Medicine	A surgeon with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2086S0102X	Allopathic & Osteopathic Physicians	Surgery	Surgical Critical Care	A surgeon with expertise in the management of the critically ill and postoperative patient, particularly the trauma victim, who specializes in critical care medicine diagnoses, treats and supports patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. American Osteopathic Board of Surgery, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Surgery.
2086S0105X	Allopathic & Osteopathic Physicians	Surgery	Surgery of the Hand	A surgeon with expertise in the investigation, preservation and restoration by medical, surgical and rehabilitative means, of all structures of the upper extremity directly affecting the form and function of the hand and wrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery.
2086S0120X	Allopathic & Osteopathic Physicians	Surgery	Pediatric Surgery	A surgeon with expertise in the management of surgical conditions in premature and newborn infants, children and adolescents.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery.
2086S0122X	Allopathic & Osteopathic Physicians	Surgery	Plastic and Reconstructive Surgery	A surgeon who specializes in plastic and reconstructive surgery.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate is issued by the American Osteopathic Board of Surgery.
2086S0127X	Allopathic & Osteopathic Physicians	Surgery	Trauma Surgery	Trauma surgery is a recognized subspecialty of general surgery. Trauma surgeons are physicians who have completed a five-year general surgery residency and usually continue with a one to two year fellowship in trauma and/or surgical critical care, typically leading to additional board certification in surgical critical care. There is no trauma surgery board certification at this point. To obtain board certification in surgical critical care, a fellowship in surgical critical care or anesthesiology critical care must be completed during or after general surgery residency.	Source: American Board of Surgery, 2007 [1/1/2008: definition added, source added] Additional Resources: http://www.absurgery.org/.
2086S0129X	Allopathic & Osteopathic Physicians	Surgery	Vascular Surgery	A surgeon with expertise in the management of surgical disorders of the blood vessels, excluding the intracranial vessels or the heart.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. American Osteopathic Board of Surgery, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Surgery.
2086X0206X	Allopathic & Osteopathic Physicians	Surgery	Surgical Oncology	A surgical oncologist is a well-qualified surgeon who has obtained additional training and experience in the multidisciplinary approach to the prevention, diagnosis, treatment, and rehabilitation of cancer patients, and devotes a major portion of his or her professional practice to these activities and cancer research.	Source: Society of Surgical Oncology, 2007 [1/1/2008: definition added, source added, 7/1/2009: definition reformatted] Additional Resources: http://www.surgonc.org/ ; American Board of Medical Specialties, 2007. www.abms.org ; American Board of Surgery, 2007, http://www.absurgery.org/ Surgical oncology is a recognized fellowship subspecialty program of surgery. Separate board certification is not currently offered.
208800000X	Allopathic & Osteopathic Physicians	Urology		A urologist manages benign and malignant medical and surgical disorders of the genitourinary system and the adrenal gland. This specialist has comprehensive knowledge of and skills in endoscopic, percutaneous and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Urology, 2007. http://www.abu.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Urology.

2088F0040X	Allopathic & Osteopathic Physicians	Urology	Female Pelvic Medicine and Reconstructive Surgery	A subspecialist in Female Pelvic Medicine and Reconstructive Surgery is a physician in Urology or Obstetrics and Gynecology who, by virtue of education and training, is prepared to provide consultation and comprehensive management of women with complex benign pelvic conditions, lower urinary tract disorders, and pelvic floor dysfunction. Comprehensive management includes those diagnostic and therapeutic procedures necessary for the total care of the patient with these conditions and complications resulting from them.	Source: American Board of Medical Specialties, 2011. [1/1/2012: new] Resources: www.abms.org
2088P0231X	Allopathic & Osteopathic Physicians	Urology	Pediatric Urology	Surgeons who can diagnose, treat, and manage children's urinary and genital problems. A pediatric urologist devotes a minimum of 50% of his or her practice to the urologic problems of infants, children, and adolescents. Pediatric urologists generally provide the following services: the evaluation and management of voiding disorders; vesicoureteral reflux, and urinary tract infections that require surgery; surgical reconstruction of the urinary tract (kidneys, ureters, and bladder) including genital abnormalities, hypospadias, and intersex conditions; surgery for groin conditions in childhood and adolescence (undescended testes, hydrocele/hernia, varicocele).	Source: American Academy of Pediatrics [7/1/2006: new]
208C00000X	Allopathic & Osteopathic Physicians	Colon & Rectal Surgery		A colon and rectal surgeon is trained to diagnose and treat various diseases of the intestinal tract, colon, rectum, anal canal and perianal area by medical and surgical means. This specialist also deals with other organs and tissues (such as the liver, urinary and female reproductive system) involved with primary intestinal disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Colon and Rectal Surgery, 2007. http://www.abcrs.org/ Board certification for Medical Doctors (MDs) is provided by the American Board of Colon and Rectal Surgery. Colon and rectal surgeons have the expertise to diagnose and often manage anorectal conditions such as hemorrhoids, fissures (painful tears in the anal lining), abscesses and fistulae (infections located around the anus and rectum) in the office setting. They also treat problems of the intestine and colon, and perform endoscopic procedures to evaluate and treat problems such as cancer, polyps (precancerous growths) and inflammatory conditions.
208D00000X	Allopathic & Osteopathic Physicians	General Practice		Definition to come...	
208G00000X	Allopathic & Osteopathic Physicians	Thoracic Surgery (Cardiothoracic Vascular Surgery)		A thoracic surgeon provides the operative, perioperative and critical care of patients with pathologic conditions within the chest. Included is the surgical care of coronary artery disease, cancers of the lung, esophagus and chest wall, abnormalities of the trachea, abnormalities of the great vessels and heart valves, congenital anomalies, tumors of the mediastinum and diseases of the diaphragm. The management of the airway and injuries of the chest is within the scope of the specialty.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Thoracic Surgery, 2007. http://www.abts.org/ Board certification for Medical Doctors (MDs) is provided by the American Board of Thoracic Surgery. Thoracic surgeons have the knowledge, experience and technical skills to accurately diagnose, operate upon safely, and effectively manage patients with thoracic diseases of the chest. This requires substantial knowledge of cardiorespiratory physiology and oncology, as well as capability in the use of heart assist devices, management of abnormal heart rhythms and drainage of the chest cavity, respiratory support systems, endoscopy and invasive and noninvasive diagnostic techniques.
208M00000X	Allopathic & Osteopathic Physicians	Hospitalist		Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research, and leadership related to Hospital Medicine. The term 'hospitalist' refers to physicians whose practice emphasizes providing care for hospitalized patients.	Source: American Society of Hospital Medicine, 2007. http://www.hospitalmedicine.org/ [7/1/2009: definition added] Additional Resources: Hospitalist is a recognized fellowship specialty program offered by many medical institutions. There is no board certification for the specialty at this point.
208U00000X	Allopathic & Osteopathic Physicians	Clinical Pharmacology		Clinical pharmacology encompasses the spectrum of activities related to the discovery, development, regulation, and utilization of safe and effective drugs.	Source: American Society for Clinical Pharmacology and Therapeutics, 2008 [7/1/2008: modified definition] Additional Resources: Clinical pharmacology is a recognized fellowship program for physicians, pharmacists, and post-doctoral researchers delivered through medical education institutions accredited by the American Board of Clinical Pharmacology. http://www.ascpt.org/ ; American Board of Clinical Pharmacology http://www.abcp.net/
208VP0000X	Allopathic & Osteopathic Physicians	Pain Medicine	Pain Medicine	Pain Medicine is a primary medical specialty based on a distinct body of knowledge and a well-defined scope of clinical practice that is founded on science, research and education. It is concerned with the study of pain, the prevention of pain, and the evaluation, treatment, and rehabilitation of persons in pain. A comprehensive evaluation incorporates the physical, psychological, cognitive and socio-cultural contributions to pain. The treatment protocol may include pharmacological, invasive, behavioral, cognitive, rehabilitative and complementary strategies provided in a concurrent focused and patient specific manner. The pain medicine physician often serves the patient as a frontline physician regarding their pain, but also may serve as a consultant to other physicians, direct an interdisciplinary/multidisciplinary treatment team, conduct research, or advocate for the patient's pain care with public and private agencies. The Pain Medicine physician may work in variety of settings including office, clinic, hospital, university, or governmental/public agencies.	Source: American Academy of Pain Medicine The American Board of Pain Medicine provides Board Certification.
208VP0014X	Allopathic & Osteopathic Physicians	Pain Medicine	Interventional Pain Medicine	Interventional Pain Medicine is the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders principally with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatment.	

20980000X	Allopathic & Osteopathic Physicians	Legal Medicine		Legal Medicine is a special field of medicine that focuses on various aspects of medicine and law. Historically, the practice of legal medicine made contributions to medicine as a scientific instrument to solve criminal perplexities. Since World War II, the domain of legal medicine has broadened to include not only aspects of medical science to solve legal and criminal problems but aspects of law as it applies to medicine. Legal Medicine continues to grow as medicolegal issues like medical malpractice and liability, government regulation of health care, issues of tort reform, and moral and ethical complexities presented by technological advances become increasingly prominent. Many medical schools have implemented courses which supply medicolegal instruction for medical students, and many law schools now offer medicolegal courses. Also, dual degree programs in law and medicine have been created to assist physicians to bridge the gap between medicine and the law.	Source: American Board of Legal Medicine 08/1992 [7/1/2009: definition reformatted] Additional Resources: Training Programs, and/or Fellowships, Preceptorships: Certification available through the American Board of Legal Medicine. ACGME Accredited Residency Program Requirements: None.
211D0000X	Podiatric Medicine & Surgery Service Providers	Assistant, Podiatric		An individual who assists a podiatrist in tasks, such as exposing and developing x-rays; taking and recording patient histories; assisting in biomechanical evaluations and negative castings; preparing and sterilizing instruments and equipment; providing the patient with postoperative instructions; applying surgical dressings; preparing the patient for treatment, padding, and strapping; and performing routine office procedures.	Source: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 622.
213E0000X	Podiatric Medicine & Surgery Service Providers	Podiatrist		A podiatrist is a person qualified by a Doctor of Podiatric Medicine (D.P.M.) degree, licensed by the state, and practicing within the scope of that license. Podiatrists diagnose and treat foot diseases and deformities. They perform medical, surgical and other operative procedures, prescribe corrective devices and prescribe and administer drugs and physical therapy.	
213EG000X	Podiatric Medicine & Surgery Service Providers	Podiatrist	General Practice		[7/1/2006: marked inactive, use value 213E0000X]
213EP0504X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Public Medicine	Definition to come...	
213EP1101X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Primary Podiatric Medicine	Definition to come...	
213ER0200X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Radiology	Definition to come...	
213ES0000X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Sports Medicine	Definition to come...	
213ES0103X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Foot & Ankle Surgery	Definition to come...	
213ES0131X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Foot Surgery	Definition to come...	
22170000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Art Therapist		(1) An individual who uses art to achieve the therapeutic goals of symptom relief, emotional integration, and recovery from or adjustment to illness or disability. (2) An art therapist uses a form of treatment that enables patients with mental or physical disabilities to use art as a way of expressing and dealing with feelings and inner conflicts. (3) An individual who uses arts modalities and creative processes during intentional intervention in therapeutic, rehabilitative, community, or educational settings to foster health, communication, and expression; promote the integration of physical, emotional, cognitive, and social functioning; enhance self-awareness; and facilitate change.	Source: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 107. (2) Art Therapy Program, Marymount College, Tarrytown, NY (3) National Coalition of Arts
222Q0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Developmental Therapist		A Developmental Therapist is a person qualified by completion of an approved program in Developmental Therapy and where applicable credentialed by the state and practicing within the scope of the credential, or credentialed by completion of education experiences as approved by the state and practicing within the scope of that credential or, where state credentialing does not exist, certified by the Board of the Developmental Therapy Association. A developmental therapist evaluates children's global development in order to identify areas of developmental delay whether arising from physiological, neurological, or environmental factors, or a combination of factors; and designs, implements, and modifies therapeutic interventions for the child and the family to promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction in order to maximize functional independence and developmental homeostasis, and improve the quality of life at home and in the community; and provides consultation for the parents and other professionals working with the family on global development.	Source: The Illinois Developmental Therapists Association [1/1/2007: new]
222Z0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Orthotist		A health care professional who is specifically educated and trained to manage comprehensive orthotic patient care, including musculoskeletal and neuromuscular anomalies resulting from injuries or disease processes involving the lower extremity, upper extremity or spinal segment/s and positional deformation of the cranium. Orthotists assess specific patient needs, formulate an appropriate treatment plan, implement the treatment plan and provide follow-up care.	Source: American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. [7/1/2010: modified, 7/1/2013: modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
22490000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Mastectomy Fitter		An individual trained in the fitting and adjusting of breast prostheses and management of post-mastectomy prostheses services.	Source: National Uniform Claim Committee [7/1/2010: new] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.

224L00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Pedorthist		An individual who is trained in the management and treatment of conditions of the foot, ankle, and lower extremities requiring fitting, fabricating, and adjusting of pedorthic devices.	Source: National Uniform Claim Committee [7/1/2010: new] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
224P00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Prosthetist		A health care professional who is specifically educated and trained to manage comprehensive prosthetic patient care for individuals who have sustained complete or partial limb loss or absence. Prosthetists assess specific patient needs, formulate an appropriate treatment plan, implement the treatment plan and provide follow-up care.	Source: American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. [7/1/2010: modified, 7/1/2013: modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
224Y00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Clinical Exercise Physiologist		A Clinical Exercise Physiologist is a health care professional who is trained to work with patients with chronic disease where exercise training has been shown to be of therapeutic benefit, including but not limited to cardiovascular and pulmonary disease, and metabolic disorders.	Source: What is a Clinical Exercise Physiologist? Clinical Exercise Physiology Association (CEPA), CEPA Executive Board, 2008
224Z00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant		An occupational therapy assistant is a person who has graduated from an occupational therapy assistant program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations, has successfully completed a period of supervised fieldwork experience required by the accredited occupational therapy assistant program, has passed a nationally recognized entry-level examination for occupational therapy assistants, and fulfills state requirements for licensure, certification, or registration. An occupational therapy assistant provides interventions under the supervision of an occupational therapist which emphasize the therapeutic use of everyday life activities (i.e., occupations) with individuals or groups for the purpose of facilitating participation in roles and situations and in home, school, workplace, community and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and are provided to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy assistants address the physical, cognitive, psychosocial, sensory, and other aspects of occupational performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: definition changed, source changed]
224ZE0001X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Environmental Modification	Occupational therapy assistants provide environmental modifications under the supervision of an occupational therapist. OTAs develop and implement an individualized occupational therapy environmental modification plan that reflects the relevant contexts of the client and relevant others and maximizes current and future occupational performance, safety, and participation of the client. Clients receive environmental modification recommendations and interventions that enable them to meet occupational performance and participation goals and that have adequate flexibility to accommodate for their future needs.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for an Environmental Modification Occupational Therapy Assistant if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy.Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. Fact Sheet: Home Modifications and OT, AOTA Website: Specialty Certifications
224ZF0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Feeding, Eating & Swallowing	Occupational therapy assistants provide environmental modifications under the supervision of an occupational therapist. OTAs develop and implement an individualized occupational therapy environmental modification plan that reflects the relevant contexts of the client and relevant others and maximizes current and future occupational performance, safety, and participation of the client. Clients receive environmental modification recommendations and interventions that enable them to meet occupational performance and participation goals and that have adequate flexibility to accommodate for their future needs.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Feeding, Eating & Swallowing Occupational Therapy Assistant if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy.Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Website: Specialty Certifications; AOTA Specialized Knowledge and Skills Paper: Feeding, Eating and Swallowing in Occupational Therapy Practice, 2007; AOTA Fact Sheets: OT: A Vital Role in Dysphagia Care

224ZL0004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Low Vision	Occupational therapy assistants contribute to the completion of an individualized occupational therapy low-vision evaluation under the direction and supervision of the occupational therapist to identify factors that may facilitate, compensate for, or inhibit use of vision in occupational performance. Clients are engaged in the identification of strengths, limitations, and goals as they relate to low vision to optimize independence and participation in desired occupations. Occupational therapy assistants also contribute to the development and implementation of an individualized occupational therapy low-vision intervention plan in collaboration with the occupational therapist, client, and relevant others that reflects the client's priorities for occupational performance.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Low Vision Occupational Therapy Assistant if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Fact Sheets: Low Vision; OT Services for Individuals with Visual Impairments
224ZR0004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Driving and Community Mobility	Occupational therapy assistants contribute to the completion of an individualized occupational therapy driving and community mobility evaluation by administering delegated assessments and identifying findings that impact the client's occupational performance. Clients engage in the assessment and occupational profile process to customize the evaluation to their individual driving and community mobility needs. Occupational therapy assistants administer and continuously modify individualized in-vehicle and community mobility assessments within the naturalistic context of the community in response to the occupational performance and safety behaviors of the client. They also implement an individualized intervention plan, within the parameters established in collaboration with the occupational therapist that reflects the contexts of the client and meets his or her occupational performance and safety needs. Occupational therapy assistants address immediate and long-term implications of psychosocial issues related to compromised driving and community mobility throughout the occupational therapy process and makes recommendations to the occupational therapist for modification to service delivery.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Driving & Community Mobility Occupational Therapy Assistant if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Fact Sheets: Older Driver; AOTA Website: Specialty Certification
225000000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Orthotic Fitter		An individual trained in the management of fitting prefabricated orthoses.	Source: National Uniform Claim Committee [1/1/2011: title modified, definition modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcorp.org and Board of Certification/Accreditation, International, www.bocusa.org.
225100000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist		(1) Physical therapists are health care professionals who evaluate and treat people with health problems resulting from injury or disease. PT's assess joint motion, muscle strength and endurance, function of heart and lungs, and performance of activities required in daily living, among other responsibilities. Treatment includes therapeutic exercises, cardiovascular endurance training, and training in activities of daily living. (2) A physical therapist is a person qualified by an accredited program in physical therapy, licensed by the state, and practicing within the scope of that license. Physical therapists treat disease, injury, or loss of a bodily part by physical means, such as the application of light, heat, cold, water, electricity, massage and exercise. They develop treatment plans based upon each patient's strengths, weaknesses, range of motion and ability to function. (3) A health professional who specializes in physical therapy- the health care field concerned primarily with the treatment of disorders with physical agents and methods, such as massage, manipulation, therapeutic exercises, cold, heat (including short-wave, microwave, and ultrasonic diathermy), hydrotherapy, electric stimulation and light to assist in rehabilitating patients and in restoring normal function after an illness or injury.	Source: (1) APTA Guidelines for Physical Therapy Claims Review, American Physical Therapy Association. (3) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL: 1994, p. 612
2251C2600X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Cardiopulmonary	Definition to come...	
2251E1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Ergonomics	Definition to come...	
2251E1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Electrophysiology, Clinical	Definition to come...	
2251G0304X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Geriatrics	Definition to come...	
2251H1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Hand	Definition to come...	
2251H1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Human Factors	Definition to come...	
2251N0400X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Neurology	Definition to come...	

2251P0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Pediatrics	Definition to come...	
2251S0007X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Sports	Definition to come...	
2251X0800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapist	Orthopedic	Definition to come...	
225200000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapy Assistant		(1)Physical therapist assistants are skilled health care providers who are graduates of a physical therapist assistant associate degree program accredited by an agency recognized by the Secretary of the U.S. Department of Education or Council on Postsecondary Accreditation, who assists the physical therapist in providing physical therapy. The supervising physical therapist is directly responsible for the actions of the physical therapist assistant. The PTA performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist. Duties of the PTA include assisting the physical therapist in implementing treatment programs, training patients in exercised and activities of daily living, conducting treatments, and reporting to the physical therapist on the patient's responses. In addition to direct patient care, the PTA may also perform such functions as patient transport, and clinic or equipment preparation and maintenance. Currently more than half of all states require PTAs to be licensed, registered or certified. (2) An individual who works under the supervision of a physical therapist to assist him or her in providing physical therapy services. A physical therapy assistant may, for instance, help patients follow an appropriate exercise program that will increase their strength, endurance, coordination, and range of motion and train patients to perform activities of daily life.	Source: (1) American Physical Therapy Association, P.O. Box 37257, Washington, D.C. 20013. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL: 1994, p. 612
225400000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Practitioner		A health care practitioner who trains or retrains individuals disabled by disease or injury to help them attain their maximum functional capacity.	
225500000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Specialist/Technologist		General classification identifying individuals who are trained on a specific piece of equipment or technical procedure.	
2255A2300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Specialist/Technologist	Athletic Trainer	Athletic trainers are allied health care professionals who work in consultation with or under the direction of physicians, and specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses. Currently, the entry-level employment requirements are a bachelor's degree with a major in athletic training from an accredited university or college. A majority of athletic trainers hold advanced degrees. National board certification is generally required as a condition of state licensure and employment. Most states regulate athletic trainers, and they practice within the scope of that license or regulation. Clinical practice includes emergency care, rehabilitation, reconditioning, therapeutic exercise, wellness programs, exercise physiology, kinesiology, biomechanics, nutrition, psychology and health care administration.	Source: National Athletic Trainers' Association (www.NATA.org) [1/1/2006: modified definition, modified source]
2255R0406X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Specialist/Technologist	Rehabilitation, Blind	Definition to come...	
225600000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Dance Therapist		The dance therapist, sometimes called a movement therapist, focuses on rhythmic body movements as a medium of physical and psychological change. Dance therapy is practiced more often with mental health patients than with physically disabled patients. A master's degree is required by the American Dance Therapy Association to award the credentials Dance Therapist Registered (DTR).	Source: Joel A. DeLisa and Bruce M. Gans, Rehabilitation Medicine: Principles and Practice Second Edition, J.B. Lippincott Company, Philadelphia: 1993, p. 11
225700000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Massage Therapist		An individual trained in the manipulation of tissues (as by rubbing, stroking, kneading, or tapping) with the hand or an instrument for remedial or hygienic purposes.	
225800000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Recreation Therapist		A recreation therapist uses recreational activities for intervention in some physical, social or emotional behavior to bring about a desired change in that behavior and promote the growth and development of the patient.	Source: Joel A. DeLisa and Bruce M. Gans, Rehabilitation Medicine: Principles and Practice Second Edition, J.B. Lippincott Company, Philadelphia: 1993, p. 7
225A00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Music Therapist		Music therapists use music interventions to assess clients' strengths and needs, develop goals, implement services, and evaluate and document progress for individuals of all ages. Music therapists facilitate changes in physical, cognitive, emotional, and/or psychosocial health.	Source: American Music Therapy Association
225B00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Pulmonary Function Technologist		An individual who is trained and qualified to perform pulmonary diagnostic tests. In the course of conducting these tests, the Pulmonary Function Technologist is able to setup, calibrate, maintain, and ensure the quality assurance of the pulmonary function testing equipment. In the laboratory, clinical or patient care setting the technologist instructs patients, elicits cooperation, performs procedures, monitors patient response, and evaluates patient performance. Tests results are calculated, compared with predicted normal ranges, and evaluated for reliability. The technologist collects clinical history data and evaluates the clinical implications of the test results.	

225C0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor		An individual trained and educated in a systematic process of assisting persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals assessment and appraisal, diagnosis and treatment planning, career (vocational) counseling, individual and group counseling interventions for adjustments to the medical and psychosocial impact of disability, case management, program evaluation and research, job analysis and placement counseling, and consultation on rehabilitation resources and technology. Certification generally requires a Master's degree with specialized courses in rehabilitation processes and technology.	Sources: Commission on Rehabilitation Counselor Certification and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
225CA2400X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor	Assistive Technology Practitioner	Definition to come...	
225CA2500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor	Assistive Technology Supplier	Definition to come...	
225CX0006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor	Orientation and Mobility Training Provider	Orientation and Mobility (O&M) specialists teach children and adults who have visual impairments the specific orientation skills used to find one's way in the environment and the mobility skills needed to travel safely and efficiently at home, school, work, and in the community. Instruction is usually provided one-on-one and can include skills such as how to use a long cane, the operation of low vision devices and electronic travel aids when appropriate, how to orient oneself to new environments, navigate public transportation systems, how to cross streets safely, and traveling by using hearing, remaining vision, and other senses. In addition, O&M Specialists help children to develop fundamental skills such as fine and gross motor skills, concept development and problem solving skills. Adult clients can also benefit from an O&M specialist evaluating their current use of travel-related skills, discussing their future goals, and helping them select a program of instruction that will allow them to reach their greatest travel potential.	Source: San Francisco State University Orientation and Mobility Program web site http://online.sfsu.edu/~mobility/ [7/1/2006: new]
225X00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist		An occupational therapist is a person who has graduated from an entry-level occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations, or approved by the World Federation of Occupational Therapists (WFOT), or an equivalent international occupational therapy education program; has successfully completed a period of supervised fieldwork experience required by the occupational therapy program; has passed a nationally recognized entry-level examination for occupational therapists, and fulfills state requirements for licensure, certification, or registration. An occupational therapist provides interventions based on evaluation and which emphasize the therapeutic use of everyday life activities (i.e., occupations) with individuals or groups for the purpose of facilitating participation in roles and situations and in home, school, workplace, community and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and are provided to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapists address the physical, cognitive, psychosocial, sensory, and other aspects of occupational performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: definition changed, added source]
225XE0001X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Environmental Modification	Occupational therapy practitioners are experts at identifying the cause of difficulties in performance of activities of daily living and instrumental activities of daily living. Occupational therapy practitioners evaluate the client, their environment, and their occupational performance in that environment, as well as make recommendations for products to improve the fit between the client, place, and activity. Occupational therapists can evaluate both the skills of the client and the environmental features that support or limit the performance of meaningful or necessary activities, thereby enhancing health, safety and well-being. Based on this assessment, they recommend modification and intervention strategies that improve the fit between the person and his or her environment.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for an Environmental Modification Occupational Therapist if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy.Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Fact Sheets: Home Modifications
225XE1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Ergonomics	Definition to come...	

225XF0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Feeding, Eating & Swallowing	Occupational therapists provide interventions to clients of all ages with feeding, eating and swallowing difficulties. Occupational therapists provide comprehensive rehabilitative, habilitative, and palliative dysphagia care, which includes collaborating with clients to provide individualized compensatory swallowing strategies, modified diet textures, adapted mealtime environments, enhanced feeding skills, preparatory exercises and positioning to clients, reinforcement of mealtime strategies to enhance and improve swallowing skills, and training to caregivers to enhance eating and feeding performance. Occupational therapists provide screening and in-depth clinical assessment which may include instrumental dysphagia assessments including videofluoroscopy.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Feeding, Eating & Swallowing Occupational Therapist if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy.Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body.Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant.600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary.AOTA Specialized Knowledge and Skills Paper: Feeding, Eating and Swallowing in Occupational Therapy Practice, 2007; AOTA Fact Sheets: OT: A Vital Role in Dysphagia Care
225XG0600X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Gerontology	Occupational therapists work with older adults in virtually every setting: assisted living, wellness programs, hospitals, nursing homes, senior centers, clinics and in the home. Occupational therapists bring an understanding of the importance of participation and occupation for overall well-being to those who are experiencing disabling conditions related to aging. The primary overarching goal of occupational therapy services with this population is to maximize independence and participation, thereby enabling an older person to continue to live successfully in his or her chosen environment. Occupational therapists can help older adults by developing strategies to help or maintain safety and well-being, to assist with life transitions, and to compensate for challenges they experience in activities of daily living, instrumental activities of daily living, leisure participation, social participation, and productive activities.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary board certification for a Gerontology Occupational Therapist if the applicant meets the following requirements: Professional degree or equivalent in occupational therapy.Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body.Minimum of 5 years of practice as an occupational therapist.Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years.Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary.AOTA Fact Sheets: Senior Center and Assisted Living Facilities
225XH1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Hand	Definition to come...	
225XH1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Human Factors	Definition to come...	
225XL0004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Low Vision	Occupational therapists enable children and adults with visual impairment to engage in their chosen daily living activities safely and as independently as possible. This is accomplished by 1) teaching the person to use their remaining vision as efficiently as possible to complete activities; (2) modifying activities so that they can be completed with less vision; (3) training the person in use of adaptive equipment to compensate for vision loss, including high and low technology assistive devices; and (4) modifying the person's environment.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Low Vision Occupational Therapist if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy.Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body.Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant.600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary.AOTA Fact Sheets: Low Vision; OT Services for Individuals with Visual Impairments
225XM0800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Mental Health	Occupational therapists provide treatment for people recovering from a mental or physical illness to regain their independence and stability and to engage in normal daily occupations (work, home, family life, school, leisure). Occupational therapists provide particular emphasis on interventions that result in improved quality of life and decrease hospitalization.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary board certification for a Mental Health Occupational Therapist if the applicant meets the following requirements: Professional degree or equivalent in occupational therapy.Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body.Minimum of 5 years of practice as an occupational therapist.Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years.Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary.AOTA Fact Sheets: Partial Hospitalization Programs and Consumer
225XN1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Neurorehabilitation	Definition to come...	

225XP0019X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Physical Rehabilitation	Occupational therapists are experts at helping people lead as independent a life as possible. Occupational therapists bring an understanding of the physical and psychological implications of illness and injury and their effects on peoples' ability to perform the tasks of daily living. Occupational therapists provide interventions that can aide a person in completing ADL and IADL tasks, such as dressing, bathing, preparing meals, and driving. They also may fabricate custom orthotics to improve function, evaluate the environment for safety hazards and recommend adaptations to remove those hazards, help a person compensate for cognitive changes, and build a persons' physical endurance and strength. Occupational therapists' knowledge of adapting tasks and modifying the environment to compensate for functional limitations is used to increase the involvement of clients and to promote safety and success.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (OTA) does offer voluntary board certification for a Physical Rehabilitation Occupational Therapist if the applicant meets the following requirements: Professional degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 5 years of practice as an occupational therapist. Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years. Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Consumer Tip Sheets: Stroke, Hip
225XP0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Pediatrics	Occupational therapists provide services to infants, toddlers and children who have or who are at risk for developmental delays or disabilities. Occupational therapy is concerned with a child's ability to participate in daily life activities or "occupations." Occupational therapists use their unique expertise to help children with social-emotional, physical, cognitive, communication, and adaptive behavioral challenges and to help children to be prepared for and perform important learning and school-related activities and to fulfill their role as students. Through an understanding of the impact of disability, illness, and impairment on a child's development, plan, ability to learn new skills, and overall occupational performance, occupational therapists design interventions that promote healthy development, establish needed skills, and/or modify environments, all in support of participation in daily activities.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (OTA) does offer voluntary board certification for a Pediatric Occupational Therapist if the applicant meets the following requirements: Professional degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 5 years of practice as an occupational therapist. Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years. Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Specialized Knowledge and Skills Paper: Occupational Therapy Practice in the Neonatal Intensive Care Unity (2006); AOTA Fact Sheets: Children and the Tsunami, OT for Children Birth to 3 Years of Age, OT's Role with Autism, OT in Educational Settings Under the Individuals with Disabilities Education Act, Transforming Caseload to Workload in School Based and Early Intervention OT Services, OT in Preschool Settings.
225XR0403X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Driving and Community Mobility	Occupational therapists can optimize and prolong an older driver's ability to drive safely and ease the transition to other forms of transportation if driving cessation becomes necessary. By identifying strengths as well as physical or cognitive challenges, occupational therapists can evaluate an individual's overall ability to operate a vehicle safely and recommend assistive devices or behavioral changes to limit risks. Occupational therapy practitioners offer a continuum of services related to community mobility, from evaluation of driving performance, through counseling and support for lifestyle changes, to maintaining independence and quality of life.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: title changed, definition added, source added] Additional Resources: The American Occupational Therapy Association (OTA) does offer voluntary specialty certification for a Driving & Community Mobility Occupational Therapist if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Fact Sheets: Older Driver
226000000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Recreational Therapist Assistant		Recreational Therapist Assistants work in support of or assistant to Recreational Therapists treating patients with disabilities, injuries, and illnesses. Recreational Therapist Assistants work in a variety of settings providing treatments using recreational activities, including games, sports, and crafts.	Source: National Uniform Claim Committee, 2015 [1/1/2016: new]
226300000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Kinesiotherapist		A provider trained and educated in the applied science of medically prescribed therapeutic exercise, education and adapted physical activities designed to improve the quality of line and health of adults and children by developing physical fitness, increasing mobility and independence, and improving psychosocial behavior. The kinesiotherapist seeks a coach-player relationship in which he/she helps the patient/client reach the goal of becoming an independent, self-sustaining person. Kinesiotherapists, as compared with physical therapists, put more emphasis on geriatric care, reconditioning and fitness, and psychiatric care. A large percentage of kinesiotherapists practice in Veterans Administration hospitals.	Source: The Kinesiotherapy Association.
227800000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified		A Certified Respiratory Therapist (CRT) is an entry level therapist who has passed a standardized written examination administered by the National Board for Respiratory Care (NBRC). CRTs provide diagnostic testing, therapeutics, monitoring, rehabilitation, and education to patients with disorders of the cardiopulmonary system. They provide these respiratory care services in all health care facilities and in the home. A CRT is a graduate of an associate degree program approved by the Commission on Accreditation of Allied Health Educational Programs (CAAHEP) and where applicable, is licensed by the state and is practicing within the scope of the license.	

2278C0205X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Critical Care	Respiratory emergencies are commonplace in the treatment of critical care patients. Included in the assessment measurements conducted by the respiratory therapist in the critical care settings are arterial blood gas puncture and analysis, intrarterial monitoring, bedside measurements of lung mechanics, hemodynamic monitoring, and inspired and expired gas measurements. This is coupled with the initiation and management of mechanical ventilation patients.
2278E0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Emergency Care	The immediate availability of diagnostic and therapeutic cardiopulmonary services in the assessment and management of trauma victims, patients requiring airway management and others requiring emergency care.
2278E1000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Educational	The focus of patient and family education activities is to promote knowledge of disease process, medical therapy, and self help. Respiratory therapists are uniquely qualified to provide this service in regard to cardiopulmonary diseases and injury.
2278G0305X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Geriatric Care	Care of older patients who have age and/or disease related decremental pulmonary changes. Diagnosis and treatment is very important for this group since chronic lung disease is the major cause of morbidity and mortality among them. Furthermore, as this segment of the population increases, life expectancy is being extended.
2278G1100X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	General Care	This level of care includes diagnostics testing, therapeutics, monitoring, rehabilitation of patients with disorders of the cardiopulmonary system, as well as, education of the patient and family in regard to those disorders.
2278H0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Home Health	Home care fosters individual responsibility for self-management of chronic respiratory conditions. It includes individualized assessment based plans of care service developed to promote safe, proper, and sustained use of prescribed respiratory therapy medications, equipment, and techniques in the home.
2278P1004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Pulmonary Diagnostics	Included in the area of pulmonary diagnostics are the following: collection and analysis of physiological specimens, interpretation of physiological data, administration of tests of the cardiopulmonary system, and the conduct of both neurophysiological and sleep disorders studies.
2278P1005X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Pulmonary Rehabilitation	The respiratory therapist can assist the chronic pulmonary patient in returning to an optimal role in society by providing an effective program. It includes bronchopulmonary drainage, exercise therapy, and patient education.
2278P1006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Pulmonary Function Technologist	An individual who is trained and qualified to perform pulmonary diagnostic tests. In the course of conducting these tests, the Pulmonary Function Technologist is able to setup, calibrate, maintain, and ensure the quality assurance of the pulmonary function testing equipment. In the laboratory, clinical or patient care setting the technologist instructs patients, elicits cooperation, performs procedures, monitors patient response, and evaluates patient performance. Tests results are calculated, compared with predicted normal ranges, and evaluated for reliability. The technologist collects clinical history data and evaluates the clinical implications of the test results.
2278P3800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Palliative/Hospice	A coordinated plan of care to help dying patients and their families handle the burden of terminal care. Effective secretion management and relief of dyspnea are paramount in caring for patients with end-stage pulmonary disease.
2278P3900X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Neonatal/Pediatrics	The care and treatment of premature infants, newborns and children. This includes management of mechanical ventilation, assessment, diagnostics and generalized respiratory treatments.
2278P4000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Patient Transport	Transport respiratory therapist provide patient assessment, initiation of treatment modalities and continued monitoring of patient status of the critically ill and injured patients with special attention to advanced airway and ventilator management. The transport respiratory therapist knowledge and experience with complex neonatal, pediatric and adult patient care issues provides them with an expertise to assist with any patient care issue in a variety of transport modes.
2278S1500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	SNF/Subacute Care	Care of residents in a long-term care environment. Respiratory modalities delivered include those similar in the general care and critical care areas but provided to less critical patients.
227900000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered		A Registered Respiratory Therapist (RRT) is an advanced therapist who has passed standardized written and clinical simulation examinations administered by the National Board for Respiratory Care (NBRC). In addition, to the certified therapist (CRT) entry level skills, RRTs have advanced education and training in patient assessment, in the development and modification of patient care plans, and in assuring the appropriate utilization of respiratory care resources. An RRT is a graduate of an associate or baccalaureate degree producing educational programs approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and where applicable, is licensed by the state and is practicing within the scope of that license.
2279C0205X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Critical Care	Respiratory emergencies are commonplace in the treatment of critical care patients. Included in the assessment measurements conducted by the respiratory therapist in the critical care settings are arterial blood gas puncture and analysis, intrarterial monitoring, bedside measurements of lung mechanics, hemodynamic monitoring, and inspired and expired gas measurements. This is coupled with the initiation and management of mechanical ventilation patients.

2279E0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Emergency Care	The immediate availability of diagnostic and therapeutic cardiopulmonary services in the assessment and management of trauma victims, patients requiring airway management and others requiring emergency care.	
2279E1000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Educational	The focus of patient and family education activities is to promote knowledge of disease process, medical therapy, and self help. Respiratory therapists are uniquely qualified to provide this service in regard to cardiopulmonary diseases and injury.	
2279G0305X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Geriatric Care	Care of older patients who have age and/or disease related decremental pulmonary changes. Diagnosis and treatment is very important for this group since chronic lung disease is the major cause of morbidity and mortality among them. Furthermore, as this segment of the population increases, life expectancy is being extended.	
2279G1100X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	General Care	This level of care includes diagnostics testing, therapeutics, monitoring, rehabilitation of patients with disorders of the cardiopulmonary system, as well as, education of the patient and family in regard to those disorders.	
2279H0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Home Health	Home care fosters individual responsibility for self-management of chronic respiratory conditions. It includes individualized assessment based plans of care service developed to promote safe, proper, and sustained use of prescribed respiratory therapy medications, equipment, and techniques in the home.	
2279P1004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Pulmonary Diagnostics	Included in the area of pulmonary diagnostics are the following: collection and analysis of physiological specimens, interpretation of physiological data, administration of tests of the cardiopulmonary system, and the conduct of both neurophysiological and sleep disorders studies.	
2279P1005X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Pulmonary Rehabilitation	The respiratory therapist can assist the chronic pulmonary patient in returning to an optimal role in society by providing an effective program. It includes bronchopulmonary drainage, exercise therapy, and patient education.	
2279P1006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Pulmonary Function Technologist	An individual who is trained and qualified to perform pulmonary diagnostic tests. In the course of conducting these tests, the Pulmonary Function Technologist is able to setup, calibrate, maintain, and ensure the quality assurance of the pulmonary function testing equipment. In the laboratory, clinical or patient care setting the technologist instructs patients, elicits cooperation, performs procedures, monitors patient response, and evaluates patient performance. Tests results are calculated, compared with predicted normal ranges, and evaluated for reliability. The technologist collects clinical history data and evaluates the clinical implications of the test results.	
2279P3800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Palliative/Hospice	A coordinated plan of care to help dying patients and their families handle the burden of terminal care. Effective secretion management and relief of dyspnea are paramount in caring for patients with end-stage pulmonary disease.	
2279P3900X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Neonatal/Pediatrics	The care and treatment of premature infants, newborns and children. This includes management of mechanical ventilation, assessment, diagnostics and generalized respiratory treatments.	
2279P4000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Patient Transport	Transport respiratory therapist provide patient assessment, initiation of treatment modalities and continued monitoring of patient status of the critically ill and injured patients with special attention to advanced airway and ventilator management. The transport respiratory therapist knowledge and experience with complex neonatal, pediatric and adult patient care issues provides them with an expertise to assist with any patient care issue in a variety of transport modes.	
2279S1500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	SNF/Subacute Care	Care of residents in a long-term care environment. Respiratory modalities delivered include those similar in the general care and critical care areas but provided to less critical patients.	
229N00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Anaplastologist		An anaplastologist is a professional who creates prostheses for the face and body. Patients treated include those missing anatomy due to cancer, traumatic injury, or birth differences. Generally, there are no state licensing requirements for anaplastologists. Certification specific to anaplastology is provided through the Board for Certified Clinical Anaplastology (BCCA) with a credential title of Certified Clinical Anaplastologist (CCA).	Source: American Anaplastology Association, www.anaplastology.org. [7/1/2006: new]
231H00000X	Speech, Language and Hearing Service Providers	Audiologist		(1) A specialist in evaluation, habilitation and rehabilitation of those whose communication disorders center in whole or in part in hearing function. Audiologists are autonomous professionals who identify, assess, and manage disorders of the auditory, balance and other neural systems. Audiologists provide audiological (aural) rehabilitation to children and adults across the entire age span. Audiologists select, fit and dispense amplification systems such as hearing aids and related devices. (2) An audiologist is a person qualified by a master's degree in audiology, licensed by the state, where applicable, and practicing within the scope of that license. Audiologists evaluate and treat patients with impaired hearing. They plan, direct and conduct rehabilitative programs with audiotry substitutional devises (hearing aids) and other therapy.	Source: (1) American Speech-Language-Hearing Association, (1996, Spring) Scope of practice in Audiology, p. 2
231HA2400X	Speech, Language and Hearing Service Providers	Audiologist	Assistive Technology Practitioner	Definition to come...	
231HA2500X	Speech, Language and Hearing Service Providers	Audiologist	Assistive Technology Supplier	Definition to come...	
235500000X	Speech, Language and Hearing Service Providers	Specialist/Technologist		General classification identifying individuals who are trained on a specific piece of equipment or technical procedure.	

2355A2700X	Speech, Language and Hearing Service Providers	Specialist/Technologist	Audiology Assistant	Definition to come...	
2355S0801X	Speech, Language and Hearing Service Providers	Specialist/Technologist	Speech-Language Assistant	Definition to come...	
235Z00000X	Speech, Language and Hearing Service Providers	Speech-Language Pathologist		The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Speech-language pathologists address typical and atypical impairments and disorders related to communication and swallowing in the areas of speech sound production, resonance, voice, fluency, language (comprehension and expression), cognition, and feeding and swallowing.	"Scope of Practice in Speech-Language Pathology", American Speech-Language-Hearing Association, 2013.
237600000X	Speech, Language and Hearing Service Providers	Audiologist-Hearing Aid Fitter		An audiologist/hearing aid fitter is the professional who specializes in evaluating and treating people with hearing loss, conducts a wide variety of tests to determine the exact nature of an individual's hearing problem, presents a variety of treatment options to patients, dispenses and fits hearing aids, administers tests of balance to evaluate dizziness and provides hearing rehabilitation training. This classification should be used where individuals are licensed as "audiologist-hearing aid fitters" as opposed to states that license individuals as "audiologists".	Source: American Academy of Audiology, 1735 N. Lynn St, Suite 950, Arlington VA 22209, (800)AAA-2336
237700000X	Speech, Language and Hearing Service Providers	Hearing Instrument Specialist		Individuals who test hearing for the selection, adaptation, fitting, adjusting, servicing, and sale of hearing aids. Hearing Instrument Specialist is a designation provided individuals who qualify by the National Hearing Aid Society	
242T00000X	Technologists, Technicians & Other Technical Service Providers	Perfusionist		A perfusionist operates extracorporeal circulation and autotransfusion equipment during any medical situation where it is necessary to support or temporarily replace the patient's circulatory or respiratory function. The perfusionist is knowledgeable concerning the variety of equipment available to perform extracorporeal circulation functions and is responsible, in consultation with the physician, for selecting the appropriate equipment and techniques to be used.	Source: Health Professions Career and Education Directory, American Medical Association [1/1/2007: new]
243U00000X	Technologists, Technicians & Other Technical Service Providers	Radiology Practitioner Assistant		A Radiology Practitioner Assistant (RPA) is a health professional certified as a registered radiographer with the American Registry of Radiologic Technologists (ARRT) and, in addition, is credentialed to provide primary radiology health care with radiologist supervision. Radiology Practitioner Assistants are qualified by graduation from an educational program recognized by the Board of Directors of the Certification Board for Radiology Practitioner Assistants (CBRPA) and certified by the CBRPA. Within the Radiologist/RPA relationship, Radiology Practitioner Assistants exercise autonomy in decision making in the role of a primary caregiver with regard to patient assessment, patient management and in providing a broad range of radiology diagnostic and interventional services. The clinical role of the Radiology Practitioner Assistant includes primary and specialty care in radiology practice settings in rural and urban areas.	Source: Certification Board of Radiology Practitioner Assistants [7/1/2008: new] Additional Resources: www.cbrpa.org
246Q00000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology		(1) An individual educated and trained in clinical chemistry, microbiology or other biological sciences; and in gathering data on the blood, tissues, and fluids in the human body. Tests and procedures performed or supervised center on major areas of hematology, microbiology, immunohematology, immunology, clinical chemistry and urinalysis. Education and certification requires the equivalent of an associate degree and alternative combinations of accredited training and experience. (2) A specially trained individual who works under the direction of a pathologist, other physician, or scientist, and performs specialized chemical, microscopic, and bacteriological tests of human blood, tissue, and fluids. Also known as medical technologists, they perform and supervise tests and procedures in clinical chemistry, immunology, serology, bacteriology, hematology, parasitology, mycology, urinalysis, and blood banking. The work requires the correlation of test results with other data, interpretation of test findings, and exercise of independent judgment. The minimum educational requirement (for one of several certification programs in medical technology) is a baccalaureate degree with appropriate science course requirements, plus a twelve-month, structured, AMA approved medical technology program and an examination; or a baccalaureate degree with appropriate science course requirements and experience.	
246QB0000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Blood Banking	Definition to come...	
246QC1000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Chemistry	Definition to come...	
246QC2700X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Cytotechnology	Definition to come...	
246QH0000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Hematology	Definition to come...	
246QH0401X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Hemapheresis Practitioner	Definition to come...	
246QH0600X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Histology	Definition to come...	
246QI0000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Immunology	Definition to come...	
246QL0900X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Laboratory Management	Definition to come...	

246QL0901X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Laboratory Management, Diplomat	Definition to come...	
246QM0706X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Medical Technologist	Definition to come...	
246QM0900X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Microbiology	Definition to come...	
246R00000X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology		An individual with knowledge of specific techniques and instruments who performs all of the routine tests in a medical laboratory and who has the ability to discriminate between similar factors that directly affect procedures and results.	
246RH0600X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology	Histology	Definition to come...	
246RM2200X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology	Medical Laboratory	Definition to come...	
246RP1900X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology	Phlebotomy	Definition to come...	
246W00000X	Technologists, Technicians & Other Technical Service Providers	Technician, Cardiology		An individual who has knowledge of specific techniques, instruments, and equipment required in performing specific cardiovascular/peripheral vascular diagnostic procedures.	
246X00000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular		An allied health professional who performs diagnostic examinations at the request or direction of a physician in one or more of the following three areas: invasive cardiology, noninvasive cardiology, and noninvasive peripheral vascular study. Cardiovascular technologists are one type of allied health professional for which the Committee on Allied Health Education and Accreditation has accredited education programs	Source: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 159.
246XC2901X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular	Cardiovascular Invasive Specialist	Definition to come...	
246XC2903X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular	Vascular Specialist	Definition to come...	
246XS1301X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular	Sonography	Definition to come...	
246Y00000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info		An individual with a high school diploma, on-the-job experience and coding education from seminars or college classes who passes a national certification examination in either inpatient and outpatient facility services coding, or physician services coding.	Source: American Health Information Management Association, Chicago, IL, 1996.
246YC3301X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info	Coding Specialist, Hospital Based	Definition to come...	
246YC3302X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info	Coding Specialist, Physician Office Based	Definition to come...	
246YR1600X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info	Registered Record Administrator	Definition to come...	
246Z00000X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other		General classification identifying individuals trained on specific equipment and technical procedures in one of a collection of miscellaneous healthcare disciplines.	
246ZA2600X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Art, Medical	Definition to come...	
246ZB0301X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biomedical Engineering	Definition to come...	
246ZB0302X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biomedical Photographer	Definition to come...	
246ZB0500X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biochemist	Definition to come...	
246ZB0600X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biostatistician	Definition to come...	
246ZC0007X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Surgical Assistant	A surgical assistant is a skilled practitioner who has undergone formalized education and training as a surgical assistant. The surgical assistant performs surgical functions that include, but are not limited to: retracting, manipulating, suturing, clamping, cauterizing, ligating, and tying tissue; suctioning, irrigating and sponging; positioning the patient; closure of body planes and skin; and participating in hemostasis and volume replacement. Surgical assistants are certified and registered or licensed by the state, or, in states without licensure, certified as surgical assistants by completing appropriate education and training.	Source: Association of Surgical Assistants, 2014. [7/1/2014: title modified, definition modified] http://www.surgicalassistant.org/index.php/surgical-assisting Additional Resources: National Surgical Assistant Association, www.nsaa.net .
246ZE0500X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	EEG	Definition to come...	
246ZE0600X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Electroneurodiagnostic	Definition to come...	
246ZG0701X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Graphics Methods	Definition to come...	
246ZG1000X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Geneticist, Medical (PhD)	Definition to come...	
246Z11000X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Illustration, Medical	Definition to come...	
246ZN0300X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Nephrology	Definition to come...	

246ZS0410X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Surgical Technologist	Surgical technologists are allied health professionals, who are an integral part of the team of medical practitioners providing surgical care to patients. Surgical technologists work under the supervision of a surgeon to facilitate the safe and effective conduct of invasive surgical procedures, ensuring that the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. Surgical technologists possess expertise in the theory and application of sterile and aseptic technique and combine the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.	Source: Association of Surgical Technologists, "Job Description: Surgical Technologist," 2014. [7/1/2014: code modified, title modified, definition added]
246ZX2200X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Orthopedic Assistant	An Orthopaedic Assistant is a person who has been trained to work as a physician extender in both clinical and surgical environments. An Orthopaedic Assistant assists with aspects of patient care as determined by the supervising surgeon including, but not limited to, obtaining patient history, assisting with examinations, injections, recording of office notes, and application/adjustment/removal of splints, casts, and other immobilization devices. Acting as a surgical first assistant for orthopaedic surgery cases includes providing aid in exposure, hemostasis, positioning of the patient, suturing and closure of body planes and skin, application of wound dressings or immobilization devices, and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient. An Orthopaedic Assistant may be licensed, registered, or certified depending on the state in which the individual practices.	Source: American Society of Orthopaedic Assistants (ASOA), 2014 [7/1/2014: new] Additional Resources: National Board for Certification of Orthopaedic Assistants
247000000X	Technologists, Technicians & Other Technical Service Providers	Technician, Health Information		Preferred term for an Accredited Record Technician who is an individual with an associate's degree from an accredited college or independent study program who is skilled in analyzing health information and in examination of medical records for accuracy, reporting of patient data for reimbursement, and creation of disease registries for researchers.	Source: American Health Information Management Association, Chicago, IL, 1996.
2470A2800X	Technologists, Technicians & Other Technical Service Providers	Technician, Health Information	Assistant Record Technician	Definition to come...	
247100000X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist		An individual who is trained and qualified in the art and science of both ionizing and non-ionizing radiation for the purposes of diagnostic medical imaging, interventional procedures and therapeutic treatment.	
2471B0102X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Bone Densitometry	Definition to come.	
2471C1101X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Cardiovascular-Interventional Technology	Definition to come...	
2471C1106X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Cardiac-Interventional Technology	Definition to come.	
2471C3401X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Computed Tomography	Definition to come...	
2471C3402X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Radiography	Definition to come...	
2471M1202X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Magnetic Resonance Imaging	Definition to come...	
2471M2300X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Mammography	Definition to come...	
2471N0900X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Nuclear Medicine Technology	Definition to come.	
2471Q0001X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Quality Management	Definition to come...	
2471R0002X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Radiation Therapy	Definition to come...	
2471S1302X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Sonography	Definition to come...	
2471V0105X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Vascular Sonography	Definition to come.	
2471V0106X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Vascular-Interventional Technology	Definition to come.	
247200000X	Technologists, Technicians & Other Technical Service Providers	Technician, Other		A collective term for persons with specialized training in various narrow fields of expertise whose occupations require training and skills in specific technical processes and procedures; and where further classification is deemed unnecessary by the user.	Sources: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988; Dorland's Illustrated Medical Dictionary, 26th Edition. Philadelphia: W.B. Saunders Company, 1981; and Webster's II New Riverside University Dictionary. Boston: Riverside Publishing Company, 1984.
2472B0301X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Biomedical Engineering	Definition to come...	
2472D0500X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Darkroom	Definition to come...	
2472E0500X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	EEG	Definition to come...	
2472R0900X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Renal Dialysis	Definition to come...	
2472V0600X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Veterinary	Definition to come...	

247ZC0005X	Technologists, Technicians & Other Technical Service Providers	Pathology	Clinical Laboratory Director, Non-physician	An individual who is state-licensed as a clinical laboratory director and meets the qualifications in the Clinical Laboratory Improvement Amendments of 1988 for non-physicians (non-MD/DO) as defined in the CFR 42 Part 493.1405.	Source: National Uniform Claim Committee [1/1/2007: new]
251300000X	Agencies	Local Education Agency (LEA)		The term local education agency means a public board of education or other public authority legally constituted within a State to either provide administrative control or direction of, or perform a service function for public schools serving individuals ages 0 – 21 in a state, city, county, township, school district, or other political subdivision including a combination of school districts or counties recognized in a State as an administrative agency for its public schools. An LEA may provide, or employ professional who provide, services to children included in the Individuals with Disabilities Education Act (IDEA), such services may include, but are not limited to, such medical services as physical, occupational, and speech therapy.	Source: Portions of IDEA Regulations Part B (34 CFR Part 300.18, Assistance to States for the Education of Children with Disabilities) [1/1/2006: new]
251B00000X	Agencies	Case Management		An organization that is responsible for providing case management services. The agency provides services which assist an individual in gaining access to needed medical, social, educational, and/or other services. Case management services may be used to locate, coordinate, and monitor necessary appropriate services. It may be used to encourage the use of cost-effective medical care by referrals to appropriate providers and to discourage over utilization of costly services. Case management may also serve to provide necessary coordination of non-medical services such as vocational rehabilitation, education, employment, when the services provided enable the individual to function at the highest level.	Source: CMS State Medicaid Manual Section 4442.3 [7/1/2006: definition modified]
251C00000X	Agencies	Day Training, Developmentally Disabled Services		These agencies are authorized to provide day habilitation services to developmentally disabled individuals who live in their homes. The function of day habilitation is to assist an individual to acquire and maintain those life skills that enable the individual to cope more effectively with the demands of independent living. Also to raise the level of the individual's physical, mental, social, and vocational functioning.	
251E00000X	Agencies	Home Health		A public agency or private organization, or a subdivision of such an agency or organization, that is primarily engaged in providing skilled nursing services and other therapeutic services, such as physical therapy, speech-language pathology services, or occupational therapy, medical social services, and home health aide services. It has policies established by a professional group associated with the agency or organization (including at least one physician and one registered nurse) to govern the services and provides for supervision of such services by a physician or a registered nurse; maintains clinical records on all patients; is licensed in accordance with State or local law or is approved by the State or local licensing agency as meeting the licensing standards, where applicable; and meets other conditions found by the Secretary of Health and Human Services to be necessary for health and safety.	Source: CFR42 Chapter IV Part 484, http://www.access.gpo.gov/nara/cfr/waisidx_99/42cfr484_99.html [7/1/2007: definition added, source added]
251F00000X	Agencies	Home Infusion		Definition to come...	
251G00000X	Agencies	Hospice Care, Community Based		Definition to come...	
251J00000X	Agencies	Nursing Care		A Nursing Care Agency is an entity that provides skilled nursing care through the services of a Registered Nurse (RN) or a Licensed Practical Nurse (LPN), by employees, contracted individuals, or via a registry, in a variety of settings. The agency may engage in providing private duty nursing and/or staffing services.	Source: National Uniform Claim Committee, 2008 [7/1/2008: modified definition]
251K00000X	Agencies	Public Health or Welfare		Definition to come...	
251S00000X	Agencies	Community/Behavioral Health		A private or public agency usually under local government jurisdiction, responsible for assuring the delivery of community based mental health, mental retardation, substance abuse and/or behavioral health services to individuals with those disabilities. Services may range from companion care, respite, transportation, community integration, crisis intervention and stabilization, supported employment, day support, prevocational services, residential support, therapeutic and supportive consultation, environmental modifications, intensive in-home therapy and day treatment, in addition to traditional mental health and behavioral treatment.	Source: National Medicaid EDI HIPAA NPI Sub Work Group [1/1/2007: modified definition]
251T00000X	Agencies	PACE Provider Organization		A PACE provider organization is a not-for-profit private or public entity that is primarily engaged in providing PACE services(unique capitated managed care benefits for the frail elderly which include comprehensive medical and social services). The following characteristics also apply to a PACE organization. It must: have a governing board that includes community representation; be able to provide complete PACE services regardless of frequency or duration of services; have a physical site to provide adult day services; have a defined service area; have safeguards against conflict of interest; have demonstrated fiscal soundness and have a formal Participant Bill of Rights.	Source: Centers for Medicare and Medicaid, PACE Fact Sheet http://www.cms.hhs.gov/PACE/Downloads/PACEFactSheet.pdf [7/1/2006: new]
251V00000X	Agencies	Voluntary or Charitable		Definition to come...	

251X0000X	Agencies	Supports Brokerage		A provider of service/function that assists participating individuals to make informed decisions about what will work best for them is consistent with their needs and reflects their individual circumstances. Serving as the agent of the individual, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services and may include assistance with recruiting, screening, hiring, and training in-home support providers. A family or person-centered planning approach is used. Supports Brokerage offers practical skills training to enable families and individuals to remain independent. Examples of skills training include providing information on recruiting and hiring personal care workers, managing personal care workers and providing information on effective communication and problem solving. The service/function provides sufficient information to assure that individuals understand the responsibilities involved with self-direction and assist in the development of an effective back-up and emergency plan. Plans may elect to fulfill the requirement of this service/function using a self-directed case manager or creating a distinct service. The Supports Brokerage documents the need for assistive services, planning for and documenting the use of excess funds and locating and maintaining services.	Source: CMS Independence Plus Waiver template. [7/1/2006: new]
252Y0000X	Agencies	Early Intervention Provider Agency		Early intervention services are an effective way to address the needs of infants and toddlers who have developmental delays or disabilities. The services are made available through a federal law known as the Individuals with Disabilities Education Act (IDEA). IDEA provides states and territories with specific requirements for providing early intervention services to infants and toddlers with special needs. In turn, each state and territory develops its own policies for carrying out IDEA and its requirements. Broadly speaking, early intervention services are special services for eligible infants and toddlers and their families. These services are designed to identify and meet children's needs in five developmental areas. These areas are: physical development, cognitive development, communication, social or emotional development, and adaptive development.	Source: National Dissemination Center for Children with Disabilities [7/1/2007: new] http://www.nichcy.org/pubs/parent/pa2txt.htm
253J0000X	Agencies	Foster Care Agency		A Foster Care Agency is an agency that provides foster care as defined in the Code of Federal Regulations (CFR) as "24-hour substitute care for children outside their own homes." Foster care settings include, but are not limited to, nonrelative foster family homes, relative foster homes (whether payments are being made or not), group homes, emergency shelters, residential facilities, and pre-adoptive homes.	Source: Code Of Federal Regulations, Title 45, Volume 4, Part 1355, Section 57 [1/1/2008: new]
253Z0000X	Agencies	In Home Supportive Care		An In Home Supportive Care Agency provides services in the patient's home with the goal of enabling the patient to remain at home. The services provided may include personal care services such as hands-on assistance with activities of daily living (ADLs), e.g., eating, bathing, dressing, and bladder and bowel requirements; homemaker services and instrumental activities of daily living (IADLs), e.g., taking medications, shopping for groceries, laundry, housekeeping, and companionship; and/or supervision or cuing so that a person can perform tasks themselves.	Source: National Uniform Claim Committee, 2008 [7/1/2008: new]
261Q0000X	Ambulatory Health Care Facilities	Clinic/Center		A facility or distinct part of one used for the diagnosis and treatment of outpatients. "Clinic/Center" is irregularly defined, sometimes being limited to organizations serving specialized treatment requirements or distinct patient/client groups (e.g., radiology, poor, and public health).	
261QA0005X	Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Family Planning Facility	An abortion/family planning facility where services are provided at a fixed specific location. An Ambulatory Family Planning Facility does not provide overnight accommodations. The following procedures may be performed at an Ambulatory Family Planning Facility: abortions, laparoscopy, hysterectomies, tubule ligation and other related procedures. Abortion is considered voluntary termination of pregnancy.	
261QA0006X	Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Fertility Facility	A fertility facility, which may be licensed, registered, or certified in some states, that is not hospital-based, where services are provided at a fixed specific location. An Ambulatory Fertility Facility does not provide overnight accommodations. The following fertility procedures may be performed at an Ambulatory Fertility Facility: In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Embryo Transfer-Thaw (ET-T), Zygote Intrafallopian Transfer (ZIFT), Donor OOCYTE (DO)	
261QA0600X	Ambulatory Health Care Facilities	Clinic/Center	Adult Day Care	Definition to come...	
261QA0900X	Ambulatory Health Care Facilities	Clinic/Center	Amputee	An entity, facility, or distinct part of a facility providing counseling, fitting, custom design, prescriptive, and training services related to congenital or postoperative absence of all or part of a limb or limbs.	[7/1/2003: new]
261QA1903X	Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Surgical	Definition to come...	
261QA3000X	Ambulatory Health Care Facilities	Clinic/Center	Augmentative Communication	An entity, facility, or distinct part of a facility staffed by audiology and/or speech professionals with special training in the evaluation of a patient's potential for use of an augmentative communication device, determination of the most appropriate device, adjustment and maintenance of the device, and training the patient to use the device.	[7/1/2003: new]

261QB0400X	Ambulatory Health Care Facilities	Clinic/Center	Birthing	A freestanding birth center is a health facility other than a hospital where childbirth is planned to occur away from the pregnant woman's residence, and that provides prenatal, labor and delivery, and postpartum care, as well as other ambulatory services for women and newborns.	Source: Summarized from Social Security Act [42 U.S.C. §1396d(1)(3)(B)] [1/1/2013: added definition]
261QC0050X	Ambulatory Health Care Facilities	Clinic/Center	Critical Access Hospital	An outpatient entity, facility, or distinct part of a facility within or affiliated with a Critical Access Hospital that provides access to primary care services for individuals in a small rural community and is Medicare certified.	[7/1/2003: new]
261QC1500X	Ambulatory Health Care Facilities	Clinic/Center	Community Health	Definition to come...	
261QC1800X	Ambulatory Health Care Facilities	Clinic/Center	Corporate Health	Definition to come...	
261QD0000X	Ambulatory Health Care Facilities	Clinic/Center	Dental	Definition to come...	
261QD1600X	Ambulatory Health Care Facilities	Clinic/Center	Developmental Disabilities	An entity, facility, or distinct part of a facility providing comprehensive, multidiscipline diagnostic, treatment, therapy, training, and counseling services to children with congenital disorders that precipitate developmental delays and in many instances mental deficiencies (e.g., Cerebral Palsy, metabolic disorders, Sturge-Weber Syndrome, etc.).	[7/1/2003: new]
261QE0002X	Ambulatory Health Care Facilities	Clinic/Center	Emergency Care	Definition to come...	
261QE0700X	Ambulatory Health Care Facilities	Clinic/Center	End-Stage Renal Disease (ESRD) Treatment	Definition to come...	
261QE0800X	Ambulatory Health Care Facilities	Clinic/Center	Endoscopy	Definition to come...	
261QF0050X	Ambulatory Health Care Facilities	Clinic/Center	Family Planning, Non-Surgical	An entity, facility, or distinct part of a facility, or mobile unit providing non-surgical, family planning/reproductive services including physical examination, laboratory services such as PAP or pregnancy tests; pregnancy, pregnancy prevention/contraceptive, and nutritional counseling, and contraceptives or prescriptions for contraceptives.	[7/1/2003: new]
261QF0400X	Ambulatory Health Care Facilities	Clinic/Center	Federally Qualified Health Center (FQHC)	Definition to come...	
261QG0250X	Ambulatory Health Care Facilities	Clinic/Center	Genetics	An entity, facility, or distinct part of a facility providing analysis of family history, genetic laboratory testing and analysis, diagnosis of genetic trait, prognosis and options. Laboratory studies may be outsourced.	[7/1/2003: new]
261QH0100X	Ambulatory Health Care Facilities	Clinic/Center	Health Service	Definition to come...	[7/1/2006: modified title]
261QH0700X	Ambulatory Health Care Facilities	Clinic/Center	Hearing and Speech	An entity, facility, or distinct part of a facility providing diagnostic, treatment, prescriptive, and therapy services related to congenital and acquired conditions and diseases that affect hearing capacity and speech ability.	[7/1/2003: new]
261QI0500X	Ambulatory Health Care Facilities	Clinic/Center	Infusion Therapy	Definition to come...	
261QL0400X	Ambulatory Health Care Facilities	Clinic/Center	Lithotripsy	Definition to come...	
261QM0801X	Ambulatory Health Care Facilities	Clinic/Center	Mental Health (Including Community Mental Health Center)	Definition to come...	
261QM0850X	Ambulatory Health Care Facilities	Clinic/Center	Adult Mental Health	An entity, facility, or distinct part of a facility providing diagnostic, treatment, and prescriptive services related to mental and behavioral disorders in adults.	[7/1/2003: new]
261QM0855X	Ambulatory Health Care Facilities	Clinic/Center	Adolescent and Children Mental Health	An entity, facility, or distinct part of a facility providing diagnostic, treatment, and prescriptive services related to mental and behavioral disorders in children and adolescents. Services may be provided to parents and family members of the patient in the form of conjoint, group, or individual therapy, and education and/or training.	[7/1/2003: new]
261QM1000X	Ambulatory Health Care Facilities	Clinic/Center	Migrant Health	Definition to come...	
261QM1100X	Ambulatory Health Care Facilities	Clinic/Center	Military/U.S. Coast Guard Outpatient	The Defense Health Program or U.S. Coast Guard funded "fixed" facilities or distinct parts of a facility, providing outpatient medical and dental services, primarily for Uniformed Services beneficiaries. A "fixed" facility is a non-temporary, non-deployed facility. It includes mobile specialty units such as Magnetic Resonance Imaging (MRI) units that may furnish services at the "fixed" facility. It includes, as examples, the institutional portion of outpatient encounters (except Ambulatory Procedure Visits), supplies issued (e.g., glasses, ostomy supplies, crutches), and radiology and laboratory studies. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: title modified, definition added; 7/1/2006 title modified, definition modified]
261QM1101X	Ambulatory Health Care Facilities	Clinic/Center	Military and U.S. Coast Guard Ambulatory Procedure	That part of a "fixed" (non-temporary, non-deployed) DoD or Coast Guard entity furnishing surgical procedures requiring medically supervised recovery. Similar to a civilian ambulatory surgical center. May be in shared resources with a DoD or Coast Guard Clinic or a DoD Hospital. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport. Includes initial "take home" pharmaceuticals.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: title modified, definition added; 7/1/2006 title modified, definition modified]
261QM1102X	Ambulatory Health Care Facilities	Clinic/Center	Military Outpatient Operational (Transportable) Component	"Non-fixed" facilities or distinct parts of a "non-fixed" facility, providing outpatient medical and dental services, primarily intended for DoD active duty. The entity is funded with other than Defense Health Program funding. Non-DoD active duty may receive services from this entity. "Non-fixed" facilities are generally deployed DoD health care activities, not providing services on or in association with a DoD fort or base. "Non-fixed" facilities include outpatient services furnished onboard ships. "Non-fixed" facilities also include deployed clinics. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport.	[1/1/2005: title modified, definition added]
261QM1103X	Ambulatory Health Care Facilities	Clinic/Center	Military Ambulatory Procedure Visits Operational (Transportable)	"Non-fixed" facilities or distinct parts of a "non-fixed" facility, providing outpatient surgical procedures requiring medically supervised recovery. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport. Includes initial "take home" pharmaceuticals.	[1/1/2005: new]

261QM1200X	Ambulatory Health Care Facilities	Clinic/Center	Magnetic Resonance Imaging (MRI)	Definition to come...	
261QM1300X	Ambulatory Health Care Facilities	Clinic/Center	Multi-Specialty	Definition to come...	
261QM2500X	Ambulatory Health Care Facilities	Clinic/Center	Medical Specialty	An entity, facility, or distinct part of a facility providing diagnostic, treatment, and prescriptive services related to a specific area of medical specialization. Frequently used for Title V related Children's Specialty services or to meet specific public health needs (e.g., infectious diseases or breast and cervical cancer).	[7/1/2003: new]
261QM2800X	Ambulatory Health Care Facilities	Clinic/Center	Methadone Clinic	An entity, facility, or distinct part of a facility providing diagnostic, and replacement maintenance treatment services related to individuals with drug addiction.	[7/1/2003: new]
261QM3000X	Ambulatory Health Care Facilities	Clinic/Center	Medically Fragile Infants and Children Day Care	An entity, facility, or distinct part of a facility specially equipped and staffed to provide care for medically fragile children with varied and complex care needs (e.g., enteral or parental feeding, ostomy care, respiratory/ventilator care, medications and therapies, etc.).	[7/1/2003: new]
261QP0904X	Ambulatory Health Care Facilities	Clinic/Center	Public Health, Federal	Definition to come...	
261QP0905X	Ambulatory Health Care Facilities	Clinic/Center	Public Health, State or Local	Definition to come...	
261QP1100X	Ambulatory Health Care Facilities	Clinic/Center	Podiatric	Definition to come...	
261QP2000X	Ambulatory Health Care Facilities	Clinic/Center	Physical Therapy	Definition to come...	
261QP2300X	Ambulatory Health Care Facilities	Clinic/Center	Primary Care	Definition to come...	
261QP2400X	Ambulatory Health Care Facilities	Clinic/Center	Prison Health	Definition to come...	
261QP3300X	Ambulatory Health Care Facilities	Clinic/Center	Pain	Definition to come...	
261QR0200X	Ambulatory Health Care Facilities	Clinic/Center	Radiology	Definition to come...	
261QR0206X	Ambulatory Health Care Facilities	Clinic/Center	Radiology, Mammography	Definition to come...	
261QR0207X	Ambulatory Health Care Facilities	Clinic/Center	Radiology, Mobile Mammography	Definition to come...	
261QR0208X	Ambulatory Health Care Facilities	Clinic/Center	Radiology, Mobile	Definition to come...	
261QR0400X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation	Definition to come...	
261QR0401X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF)	Definition to come...	
261QR0404X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation, Cardiac Facilities	Definition to come...	
261QR0405X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation, Substance Use Disorder	Definition to come...	
261QR0800X	Ambulatory Health Care Facilities	Clinic/Center	Recovery Care	Definition to come...	
261QR1100X	Ambulatory Health Care Facilities	Clinic/Center	Research	Definition to come...	
261QR1300X	Ambulatory Health Care Facilities	Clinic/Center	Rural Health	Definition to come...	
261QS0112X	Ambulatory Health Care Facilities	Clinic/Center	Oral and Maxillofacial Surgery	The specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.	Source: Council on Dental Education and Licensure, American Dental Association
261QS0132X	Ambulatory Health Care Facilities	Clinic/Center	Ophthalmologic Surgery	Definition to come...	
261QS1000X	Ambulatory Health Care Facilities	Clinic/Center	Student Health	Definition to come...	
261QS1200X	Ambulatory Health Care Facilities	Clinic/Center	Sleep Disorder Diagnostic	Definition to come...	
261QU0200X	Ambulatory Health Care Facilities	Clinic/Center	Urgent Care	Definition to come...	
261QV0200X	Ambulatory Health Care Facilities	Clinic/Center	VA	Definition to come...	
261QX0100X	Ambulatory Health Care Facilities	Clinic/Center	Occupational Medicine	Definition to come...	
261QX0200X	Ambulatory Health Care Facilities	Clinic/Center	Oncology	An entity, facility, or distinct part of a facility providing diagnostic, treatment and prescriptive services related to cancerous conditions. Services include chemotherapy infusions and monitoring of implanted chemotherapeutic agents.	[7/1/2003: new]
261QX0203X	Ambulatory Health Care Facilities	Clinic/Center	Oncology, Radiation	Definition to come...	
273100000X	Hospital Units	Epilepsy Unit		An Epilepsy Unit is a distinct unit of a hospital that provides services that may include observation, urgent care, diagnostic testing, treatment, and medication management for patients with seizure disorders.	Source: National Uniform Claim Committee [7/1/2007: new]
273R00000X	Hospital Units	Psychiatric Unit		In general, a distinct unit of a hospital that provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to the chronically mentally ill, mentally disordered or other mentally incompetent persons; (2) For Medicare, a distinct part of a general acute care hospital admitting only patients whose admission to the unit is required for active treatment, whose treatment is of an intensity that can be provided only in an inpatient hospital setting, and whose condition is described by a psychiatric principal diagnosis contained in the Third Edition of the American Psychiatric Association Diagnostic and Statistical Manual or in Chapter 5 (Mental Disorders) of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). The unit must furnish, through the use of qualified personnel, psychological services, social work services, psychiatric nursing, occupational therapy, and recreational therapy. The unit must maintain medical records that permit determination of the degree and intensity of treatment provided to individuals who are furnished services in the unit; the unit must meet special staff requirements in that the unit must have adequate numbers of qualified professional and supportive staff to evaluate inpatients, formulate written, individualized, comprehensive treatment plans, provide active treatment measures and engage in discharge planning.	Source: (1) AHA Annual Survey p. A10 1996 AHA Guide; (2) Code of Federal Regulations #42, Section 412.27.

				In general, a distinct unit of a general acute care hospital that provides care encompassing a comprehensive array of restoration services for the disabled and all support services necessary to help patients attain their maximum functional capacity. Source: AHA Annual Survey p. A10 1996 AHA Guide. For Medicare, a distinct part of a general acute care hospital providing inpatient rehabilitation services that meets the following requirements. Rehabilitation Units have in effect a preadmission screening procedure under which each prospective patient's condition and medical history are reviewed to determine whether the patient is likely to benefit significantly from an intensive inpatient program or assessment; ensure that the patients receive close medical supervision and furnish, through the use of qualified personnel, rehabilitation nursing, physical therapy and occupational therapy, plus, as needed, speech therapy, social services or psychological services and orthotic and prosthetic services; have a plan of treatment for each inpatient that is established, reviewed, and revised as needed by a physician in consultation with other professional personnel who provide services to the patient; use a coordinated multidisciplinary team approach in the rehabilitation of each inpatient, as documented by periodic clinical entries made in the patient's medical record to note the patient's status in relationship to goal attainment, and that team conferences are held at least every two weeks to determine the appropriateness of treatment; have a director of rehabilitation who provides services to the unit and its inpatients for at least 20 hours a week, is a doctor of medicine or osteopathy, is licensed under State law to practice medicine or surgery, and has had, after completing a one-year hospital internship at least two years of training or experience in the medical management of inpatients requiring rehabilitation services.	Source: Code of Federal Regulations #42, Section 412.29.
273Y00000X	Hospital Units	Rehabilitation Unit			
275N00000X	Hospital Units	Medicare Defined Swing Bed Unit		A unit of a hospital that has a Medicare provider agreement and has been granted approval from HCFA to provide post-hospital extended care services and be reimbursed as a swing-bed unit.	Source: Code of Federal Regulations #42, Section 482.66.
276400000X	Hospital Units	Rehabilitation, Substance Use Disorder Unit		A distinct part of a hospital that provides medically monitored, interdisciplinary addiction-focused treatment to patients/clients who have psychoactive substance use disorders (commonly referred to as alcohol and drug abuse or substance abuse.)	Source: Department of Defense Regulation 6010.8-R, Chapter 6.
281P00000X	Hospitals	Chronic Disease Hospital		(1) A hospital including a physical plant and personnel that provides multidisciplinary diagnosis and treatment for diseases that have one or more of the following characteristics: is permanent; leaves residual disability; is caused by nonreversible pathological alteration; requires special training of the patient for rehabilitation; and/or may be expected to require a long period of supervision or care. In addition, patients require the safety, security, and shelter of these specialized inpatient or partial hospitalization settings. (2) A hospital that provides medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase but who require an intensity of services not available in nursing homes.	Source: (1) Expanded from Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
281PC2000X	Hospitals	Chronic Disease Hospital	Children	Definition to come...	
282E00000X	Hospitals	Long Term Care Hospital		Long-term care hospitals (LTCHs) furnish extended medical and rehabilitative care to individuals who are clinically complex and have multiple acute or chronic conditions.	Source: American Hospital Association [7/1/2006: new]
282J00000X	Hospitals	Religious Nonmedical Health Care Institution		Furnishes only nonmedical nursing items and services to patients who choose to rely solely upon a religious method of healing, and for whom the acceptance of medical services would be inconsistent with their religious beliefs. Furnishes nonmedical items and services exclusively through nonmedical nursing personnel who are experienced in caring for the physical needs of nonmedical patients. For example, caring for the physical needs such as assistance with activities of daily living; assistance in moving, positioning, and ambulation; nutritional needs; and comfort and support measures. Furnishes nonmedical items and services to inpatients on a 24-hour basis. Does not furnish, on the basis of religious beliefs, through its personnel or otherwise, medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment, or the administration of drugs) for its patients.	Source: Centers for Medicare & Medicaid Services, http://www.cms.hhs.gov/CertificationandCompliance/19_RNHCI.aspx#TopOfPage [7/1/2006: new]
282N00000X	Hospitals	General Acute Care Hospital		An acute general hospital is an institution whose primary function is to provide inpatient diagnostic and therapeutic services for a variety of medical conditions, both surgical and non-surgical, to a wide population group. The hospital treats patients in an acute phase of illness or injury, characterized by a single episode or a fairly short duration, from which the patient returns to his or her normal or previous level of activity.	
282NC0060X	Hospitals	General Acute Care Hospital	Critical Access	Definition to come.	[7/1/2003: new]
282NC2000X	Hospitals	General Acute Care Hospital	Children	Definition to come...	
282NR1301X	Hospitals	General Acute Care Hospital	Rural	Definition to come...	
282NW0100X	Hospitals	General Acute Care Hospital	Women	Definition to come...	

283Q00000X	Hospitals	Psychiatric Hospital		An organization including a physical plant and personnel that provides multidisciplinary diagnostic and treatment mental health services to patients requiring the safety, security, and shelter of the inpatient or partial hospitalization settings.	Source: Expanded from Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
283X00000X	Hospitals	Rehabilitation Hospital		A hospital or facility that provides health-related, social and/or vocational services to disabled persons to help them attain their maximum functional capacity.	Source: Joint Commission on Accreditation of Healthcare Organizations, Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Oakbrook Terrace, IL: 1994, p. 323
283XC2000X	Hospitals	Rehabilitation Hospital	Children	Definition to come...	
284300000X	Hospitals	Special Hospital		A designation by the AHA of a hospital whose primary function of the institution is to provide diagnostic and treatment services for patients who have specified medical conditions, both surgical and nonsurgical.	Source: AHA Guide, Registration section, p. A5.
286500000X	Hospitals	Military Hospital		A health care facility operated by the Department of Defense.	
2865C1500X	Hospitals	Military Hospital	Community Health		[1/1/2005: marked inactive]
2865M2000X	Hospitals	Military Hospital	Military General Acute Care Hospital	A Department of Defense (DoD) health care organization furnishing inpatient care 24 hours per day in "fixed" facilities, primarily for DoD beneficiaries. Entity is Defense Health Program (DHP) funded. A "fixed" facility is a non-temporary, non-deployed facility usually used for health care services. It includes mobile specialty units such as Magnetic Resonance Imaging (MRI) units that may furnish services at the "fixed" facility. It includes those services and institutional costs usually included in a Diagnosis Related Group as well as "pass-through" items.	[1/1/2005: title modified, definition added]
2865X1600X	Hospitals	Military Hospital	Military General Acute Care Hospital, Operational (Transportable)	A Department of Defense (DoD) health care organization furnishing inpatient care 24 hours per day in "non-fixed" or deployed facilities. Entity is not Defense Health Program funded. Services are primarily intended for DoD active duty though some services may be furnished for non-DoD active duty. "Non-fixed" facilities are generally deployed DoD health care activities, not providing services on or in association with a DoD fort or base. "Non-fixed" facilities include hospital ships.	[1/1/2005: title modified, definition added]
287300000X	Hospitals	Christian Science Sanitorium		Inactive, use 282J00000X	[7/1/2009: marked inactive]
291900000X	Laboratories	Military Clinical Medical Laboratory		A Department of Defense (DoD) medical clinical reference laboratory not associated with a DoD Hospital or DoD Clinic. An example is the Armed Forces Institute of Pathology.	[1/1/2005: new]
291U00000X	Laboratories	Clinical Medical Laboratory		(1) A clinical laboratory is a facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, human beings. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered clinical laboratories. (2) Any facility that examines materials from the human body for purposes of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of, the health of human beings. Typical divisions of a clinical laboratory include hematology, cytology, bacteriology, histology, biochemistry, medical toxicology, and serology.	Source: (1) Code of Federal Regulations #42, Public Health, Section 493.2. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 186.
292200000X	Laboratories	Dental Laboratory		A commercial laboratory specializing in the construction of dental appliances that conform to a dentist's specifications including the construction of dentures (complete or partial), orthodontic appliances, bridgework, crowns, and inlays.	Source: Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 1245.
293D00000X	Laboratories	Physiological Laboratory		A laboratory that operates independently of a hospital and physician's office to furnish physiological diagnostic services (e.g. EEG's, EKG's, scans, etc.). Facilities offering ONLY physiological services are not certified as independent laboratories. If an independent laboratory offers physiological services IN ADDITION to clinical laboratory services, they are surveyed only for compliance with the clinical laboratory regulations because there are no health and safety regulations for physiological services.	Source: Paraphrased from the Medicare Carrier Manual, Section 2070.5.
302F00000X	Managed Care Organizations	Exclusive Provider Organization		(1) An EPO is a form of PPO, in which patients must visit a caregiver that is specified on its panel of providers (is a participating provider). If a visit to an outside(not participating) provider is made the EPO offers very limited or no coverage for the medical service; (2) While similar to a PPO in that an EPO allows patients to go outside the network for care, if they do so in an EPO, they are required to pay the entire cost of care. An EPO differs from an HMO in that EPO physicians do not receive capitation but instead are reimbursed only for actual services provided; (3) An organization identical to a preferred provider organization except that persons enrolled in the plan are eligible to receive benefits only when they use the services of the contracting providers. No benefits are available when non-contracting providers are used, except in certain emergency situations.	Source: (1) Medical Interface: Managed Care A thru Z- Managed Care Terms published by Medicom International, Bronxville, New York Telephone (914) 337-5023, p. 15; (2) "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 58; (3) Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.

302R00000X	Managed Care Organizations	Health Maintenance Organization		(1) A form of health insurance in which its members prepay a premium for the HMO's health services which generally include inpatient and ambulatory care. For the patient, an HMO means reduced out-of-pocket costs (i.e. no deductible), no paperwork (i.e. insurance forms), and only a small copayment for each office visit to cover the paperwork handled by the HMO; (2) A organization of health care personnel and facilities that provides a comprehensive range of health services to an enrolled population for a fixed sum of money paid in advance for a specified period of time. These health services include a wide variety of medical treatments and consults, inpatient and outpatient hospitalization, home health service, ambulance service, and sometimes dental and pharmacy services. The HMO may be organized as a group model, an individual practice association (IPA), a network model or a staff model.	Source: (1) Medical Interface: Managed Care A thru Z- Managed Care Terms published by Medicom International, Bronxville, New York Telephone (914) 337-5023, p. 20; (2) "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 58
305R00000X	Managed Care Organizations	Preferred Provider Organization		A group of physicians and/or hospitals who contract with an employer to provide services to their employees. In a PPO, the patient may go to the physician of his/her choice, even if that physician does not participate in the PPO, but the patient receives care at a lower benefit level.	Source: "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/ October 1995, p. 62
305S00000X	Managed Care Organizations	Point of Service		This product may also be called an open-ended HMO and offers a transition product incorporating features of both HMOs and PPOs. Beneficiaries are enrolled in an HMO but have the option to go outside the networks for an additional cost.	Source: "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 62
310400000X	Nursing & Custodial Care Facilities	Assisted Living Facility		A facility providing supportive services to individuals who can function independently in most areas of activity, but need assistance and/or monitoring to assure safety and well being.	[7/1/2003: new]
3104A0625X	Nursing & Custodial Care Facilities	Assisted Living Facility	Assisted Living, Mental Illness	A facility providing supportive services to individuals who can function independently in most areas of activity, but need special guidance, assistance and/or monitoring as the result of a psychiatric problem. This type of facility requires a staff with special training in mental health training and dealing with psychiatric emergencies.	[7/1/2003: new]
3104A0630X	Nursing & Custodial Care Facilities	Assisted Living Facility	Assisted Living, Behavioral Disturbances	A facility providing supportive services to individuals who can function independently in most areas of activity, but exhibit abnormal behavioral responses and habits and therefore need special guidance, assistance and/or monitoring to assure safety and well being. This type of facility requires a staff with special training in dealing with and redirecting negative, violent or destructive behaviors.	[7/1/2003: new]
310500000X	Nursing & Custodial Care Facilities	Intermediate Care Facility, Mental Illness		A nursing facility that provides an intermediate level of nursing care to individuals whose functional abilities are significantly compromise by mental illness.	[7/1/2003: new]
311500000X	Nursing & Custodial Care Facilities	Alzheimer Center (Dementia Center)		A freestanding facility or special care unit of a long term care facility focusing on patient care of individuals diagnosed with dementia or Alzheimer's Disease or their related diseases. Six elements of the facility/unit set it apart from other (the rest of the) facilities(y): Admission of residents with dementia (including those with Alzheimer's disease); Staff who are specially selected, trained, and supervised; Activities that are specifically designed for the cognitively impaired; A marketing of a special care unit in brochures; A high level of family involvement; and A physical environment designed to keep residents safe and segregated from other populations.	
311Z00000X	Nursing & Custodial Care Facilities	Custodial Care Facility		A facility providing care that serves to assist an individual in the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, and using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered. Custodial care essentially is personal care that does not require the continuing attention of trained medical or paramedical personnel.	Source: Paraphrased from Section 3159 A3 of the Medicare Intermediary Manual.
311ZA0620X	Nursing & Custodial Care Facilities	Custodial Care Facility	Adult Care Home	A custodial care facility providing supportive and personal care services to disabled and/or elderly individuals who cannot function independently in most areas of activity and need assistance and monitoring to enable them to remain in a home like environment.	[7/1/2003: new]
313M00000X	Nursing & Custodial Care Facilities	Nursing Facility/Intermediate Care Facility		An institution (or a distinct part of an institution) which- (1) is primarily engaged in providing to residents- (A) skilled nursing care and related services for residents who require medical or nursing care, (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases; (2) has in effect a transfer agreement with one or more hospitals.	Source: Paraphrased from Section 1919 (a) of the Social Security Act.

314000000X	Nursing & Custodial Care Facilities	Skilled Nursing Facility		(1) A skilled nursing facility is a facility or distinct part of an institution whose primary function is to provide medical, continuous nursing, and other health and social services to patients who are not in an acute phase of illness requiring services in a hospital, but who require primary restorative or skilled nursing services on an inpatient basis above the level of intermediate or custodial care in order to reach a degree of body functioning to permit self care in essential daily living. It meets any licensing or certification standards et forth by the jurisdiction where it is located. A skilled nursing facility may be a freestanding facility or part of a hospital that has been certified by Medicare to admit patients requiring subacute care and rehabilitation; (2) Provides non-acute medical and skilled nursing care services, therapy and social services under the supervision of a licensed registered nurse on a 24-hour basis.	Source: (1) "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 64; (2) AHA Guide, 1996 Annual Survey.
3140N1450X	Nursing & Custodial Care Facilities	Skilled Nursing Facility	Nursing Care, Pediatric	A nursing care facility designed and staffed for the provision of nursing care and appropriate educational and habilitative/rehabilitative services to children with multiple, complex or profound disabilities that can not be cared for in a less restrictive environment.	[7/1/2003: new]
315D00000X	Nursing & Custodial Care Facilities	Hospice, Inpatient		A provider organization, or distinct part of the organization, which renders an interdisciplinary program providing palliative care, chiefly medical relief of pain and supporting services, which addresses the emotional, social, financial, and legal needs of terminally ill patients and their families where an institutional care environment is required for the patient.	Source: AHA Guide, American Hospital Association.
315P00000X	Nursing & Custodial Care Facilities	Intermediate Care Facility, Mentally Retarded		(1) A public institution for care of the mentally retarded or people with related conditions. (2) An institution giving active treatment to mentally retarded or developmentally disabled persons or persons with related conditions. The primary purpose of the institution is to provide health or rehabilitative services to such individuals.	Sources: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL: 1994, p. 403 (2) Paraphrased from Code of Federal Regulations #42, Public Health, Section 440.150(c).
317400000X	Nursing & Custodial Care Facilities	Christian Science Facility		Inactive, use 282J00000X	[7/1/2009: marked inactive]
320600000X	Residential Treatment Facilities	Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities		A residential facility that provides habilitation services and other care and treatment to adults or children diagnosed with developmental disabilities and/or mental retardation and are not able to live independently.	[7/1/2003: new]
320700000X	Residential Treatment Facilities	Residential Treatment Facility, Physical Disabilities		A residential facility that provides habilitation services and other care and treatment to adults or children diagnosed with developmental disabilities and/or mental retardation and are not able to live independently.	[7/1/2003: new]
320800000X	Residential Treatment Facilities	Community Based Residential Treatment Facility, Mental Illness		A home-like residential facility providing psychiatric treatment and psycho/social rehabilitative services to individuals diagnosed with mental illness.	[7/1/2003: new]
320900000X	Residential Treatment Facilities	Community Based Residential Treatment, Mental Retardation and/or Developmental Disabilities		A home-like residential facility providing habilitation, support and monitoring services to individuals diagnosed with mental retardation and/or developmental disabilities.	[7/1/2003: new]
322D00000X	Residential Treatment Facilities	Residential Treatment Facility, Emotionally Disturbed Children		A provider facility or distinct part of the organization which renders an interdisciplinary program of mental health treatment to individuals under 21 years of age who have persistent dysfunction in major life areas. The dysfunction is of an extent and pervasiveness that requires a protected and highly structured therapeutic environment. These organizations, or distinct part of organizations, exclude those that provide acute psychiatric care, partial hospitalization, group living, therapeutic schooling, primary diagnosis substance abuse disorder treatment, or primary diagnosis mental retardation or developmental disability treatment.	Source: U.S. Department of Defense Regulation 6010.8-R, Chapter 6.
323P00000X	Residential Treatment Facilities	Psychiatric Residential Treatment Facility		A residential treatment facility (RTF) is a facility or distinct part of a facility that provides to children and adolescents, a total, twenty-four hour, therapeutically planned group living and learning situation where distinct and individualized psychotherapeutic interventions can take place. Residential treatment is a specific level of care to be differentiated from acute, intermediate, and long-term hospital care, when the least restrictive environment is maintained to allow for normalization of the patient's surroundings. The RTF must be both physically and programmatically distinct if it is a part or subunit of a larger treatment program. An RTF is organized and professionally staffed to provide residential treatment of mental disorders to children and adolescents who have sufficient intellectual potential to respond to active treatment (that is, for whom it can reasonably be assumed that treatment of the mental disorder will result in an improved ability to function outside the RTF) for whom outpatient treatment, partial hospitalization or protected and structured environment is medically or psychologically necessary	Source: Champus Policy manual, Volume II, p. 6010.47M dated 9/12/94. Revision: Definition title revised 7/1/03
324500000X	Residential Treatment Facilities	Substance Abuse Rehabilitation Facility		A facility or distinct part of a facility that provides a 24 hr therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with disorders in the abuse of drugs, alcohol, and other substances.	[7/1/2003: modified title, modified definition]

3245S0500X	Residential Treatment Facilities	Substance Abuse Rehabilitation Facility	Substance Abuse Treatment, Children	A facility or distinct part of a facility that provides a 24 hr therapeutically planned living and rehabilitative intervention environment for the treatment of children with disorders in the use of drugs, alcohol, and other substances. Medical and supportive counseling services and education services are included.	[7/1/2003: new]
331L00000X	Suppliers	Blood Bank		An institution (organization or distinct part thereof) that performs, or is responsible for the performance of, the collection, processing, storage and/or issuance of human blood and blood components, intended for transfusion. The institution may also collect, process, and/or distribute human tissue, including bone marrow and peripheral blood progenitor cells, intended for transplantation.	Source: American Association of Blood Banks, Standards for Blood Banks and Tranfusion, 17th ed.
332000000X	Suppliers	Military/U.S. Coast Guard Pharmacy		A Department of Defense (DoD) or U.S. Coast Guard entity whose primary function is to store, prepare and dispense pharmaceuticals and other associated items to Uniformed Services beneficiaries. These pharmacies may be associated with a DoD or U.S. Coast Guard clinic, DoD Hospital or freestanding. Usually associated with outpatient services.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006: modified title, modified definition]
332100000X	Suppliers	Department of Veterans Affairs (VA) Pharmacy		Department of Veterans Affairs (VA) Pharmacy means any place under VA jurisdiction where drugs are dispensed and Pharmaceutical Care is provided to enrolled Veterans, by licensed pharmacists. The Pharmacy is reviewed by JCAHO, utilizes the VA hospital's DEA number, and has a designated NCPDP number. VA facility pharmacies include Inpatient (Institutional), Outpatient, Consolidated Mail Outpatient Pharmacies (CMOPs), Research, Addiction Treatment Centers, Long Term Care and Community Based Outpatient Clinics Pharmacies. The VHA Pharmacy Benefits Management – Strategic Healthcare Group has oversight for professional and practice activities of VA Pharmacies. Each pharmacy is under the direct supervision of a U.S. or U.S. territory licensed pharmacist, and has staffing to meet its designated scope of service.	Source: Pharmacy Benefits Management – Strategic Healthcare Group, Veterans Health Administration, Department of Veterans Affairs [1/1/2006: new]
332800000X	Suppliers	Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy		An Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy means a pharmacy operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, all of which are defined in Section 4 of the Indian Health Care Improvement Act, 25 U.S.C. 1603.	Source: The Medicare Prescription Drug, Improvement and Modernization Act of 2003 [1/1/2006: new]
332900000X	Suppliers	Non-Pharmacy Dispensing Site		A site other than a pharmacy that dispenses medicinal preparations under the supervision of a physician to patients for self-administration. (e.g. physician offices, ER, Urgent Care Centers, Rural Health Facilities, etc.)	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
332B00000X	Suppliers	Durable Medical Equipment & Medical Supplies		A supplier of medical equipment such as respirators, wheelchairs, home dialysis systems, or monitoring systems, that are prescribed by a physician for a patient's use in the home and that are usable for an extended period of time.	
332BC3200X	Suppliers	Durable Medical Equipment & Medical Supplies	Customized Equipment	Definition to come...	
332BD1200X	Suppliers	Durable Medical Equipment & Medical Supplies	Dialysis Equipment & Supplies	Definition to come...	
332BN1400X	Suppliers	Durable Medical Equipment & Medical Supplies	Nursing Facility Supplies	Definition to come...	
332BP3500X	Suppliers	Durable Medical Equipment & Medical Supplies	Parenteral & Enteral Nutrition	Definition to come...	
332BX2000X	Suppliers	Durable Medical Equipment & Medical Supplies	Oxygen Equipment & Supplies	Definition to come...	
332G00000X	Suppliers	Eye Bank		An eye bank procures and distributes eyes for transplant, education and research. To promote patient safety, donated eyes and donor medial histories are evaluated based on strict Eye Bank Association of America Medical Standards	
332H00000X	Suppliers	Eyewear Supplier (Equipment, not the service)		An organization that provides spectacles, contact lenses, and other vision enhancement devices prescribed by an optometrist or ophthalmologist.	
332S00000X	Suppliers	Hearing Aid Equipment		The manufacture and/or sale of electronic hearing aids, their component parts, and related products and services on a national basis.	
332U00000X	Suppliers	Home Delivered Meals		Home-delivered meals are those services or activities designed to prepare and deliver one or more meals a day to an individual's residence in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization services; and information and referral.	Source: Code of Federal Regulations #45, Part 96, Appendix A, Uniform Definition of Services.
333300000X	Suppliers	Emergency Response System Companies		A supplier of a personal emergency response system (PERS), which is an electronic device that enables a patient to receive emergency assistance when needed. The PERS is one of two different methodologies of notification: (1) where the patient summons emergency assistance themselves directly through the device or (2) emergency assistance is summoned through secure activation by the caretaker/guardian, which sends the device location to emergency responders.	Source: National Uniform Claim Committee, 2010 [7/1/2010: modified]

33360000X	Suppliers	Pharmacy		A facility used by pharmacists for the compounding and dispensing of medicinal preparations and other associated professional and administrative services. A pharmacy is a facility whose primary function is to store, prepare and legally dispense prescription drugs under the professional supervision of a licensed pharmacist. It meets any licensing or certification standards set forth by the jurisdiction where it is located.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: added definition]
3336C0002X	Suppliers	Pharmacy	Clinic Pharmacy	A pharmacy in a clinic, emergency room or hospital (outpatient) that dispenses medications to patients for self-administration under the supervision of a pharmacist.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336C0003X	Suppliers	Pharmacy	Community/Retail Pharmacy	A pharmacy where pharmacists store, prepare, and dispense medicinal preparations and/or prescriptions for a local patient population in accordance with federal and state law; counsel patients and caregivers (sometimes independent of the dispensing process); administer vaccinations; and provide other professional services associated with pharmaceutical care such as health screenings, consultative services with other health care providers, collaborative practice, disease state management, and education classes.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336C0004X	Suppliers	Pharmacy	Compounding Pharmacy	A pharmacy that specializes in the preparation of components into a drug preparation as the result of a Practitioner's Prescription Drug Order or initiative based on the Practitioner/Patient/Pharmacist relationship in the course of professional practice. A compounding pharmacy utilizes specialized equipment and specially designed facilities necessary to meet the legal and quality requirements of its scope of compounding practice.	Sources: NABP Model Practice Act, Appendix C - Good Compounding Practice, USP <795> and <797>, and Pharmacy Compounding Accreditation Board [7/1/2006: new]
3336H0001X	Suppliers	Pharmacy	Home Infusion Therapy Pharmacy	Pharmacy-based, decentralized patient care organization with expertise in USP 797-compliant sterile drug compounding that provides care to patients with acute or chronic conditions generally pertaining to parenteral administration of drugs, biologics and nutritional formulae administered through catheters and/or needles in home and alternate sites. Extensive professional pharmacy services, care coordination, infusion nursing services, supplies and equipment are provided to optimize efficacy and compliance.	Source: National Home Infusion Association [1/1/2006: new]
3336I0012X	Suppliers	Pharmacy	Institutional Pharmacy	A pharmacy in a hospital (inpatient) or institution used by pharmacists for the compounding and delivery of medicinal preparations to be administered to the patient by nursing or other authorized personnel. Institutional Pharmacies also counsel patients and caregivers; administer vaccinations; and provide other professional services associated with pharmaceutical care such as health screenings, consultative services with other health care providers, collaborative practice, disease state management, and education classes.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336L0003X	Suppliers	Pharmacy	Long Term Care Pharmacy	A pharmacy that dispenses medicinal preparations delivered to patients residing within an intermediate or skilled nursing facility, including intermediate care facilities for mentally retarded, hospice, assisted living facilities, group homes, and other forms of congregate living arrangements.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336M0002X	Suppliers	Pharmacy	Mail Order Pharmacy	A pharmacy where pharmacists compound or dispense prescriptions or other medications in accordance with federal and state law, using common carriers to deliver the medications to patient or their caregivers. Mail order pharmacies counsel patients and caregivers (sometimes independent of the dispensing process) through telephone or email contact and provide other professional services associated with pharmaceutical care appropriate to the setting. Mail order pharmacies are licensed as a Mail Order Pharmacy in the state where they are located and may also be licensed or registered as nonresident pharmacies in other states.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336M0003X	Suppliers	Pharmacy	Managed Care Organization Pharmacy	A pharmacy owned by a managed care organization (MCO) used by pharmacists for the compounding and dispensing of medicinal preparations to that MCO's covered members only.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336N0007X	Suppliers	Pharmacy	Nuclear Pharmacy	A pharmacy dedicated to the compounding and dispensing of radioactive materials for use in nuclear imaging and nuclear medical procedures.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336S0011X	Suppliers	Pharmacy	Specialty Pharmacy	A pharmacy that dispenses generally low volume and high cost medicinal preparations to patients who are undergoing intensive therapies for illnesses that are generally chronic, complex and potentially life threatening. Often these therapies require specialized delivery and administration.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
335E0000X	Suppliers	Prosthetic/Orthotic Supplier		An organization that provides prosthetic and orthotic care which may include, but is not limited to, patient evaluation, prosthesis or orthosis design, fabrication, fitting and modification to treat limb loss for purposes of restoring physiological function and/or cosmesis or to treat a neuromusculoskeletal disorder or acquired condition.	Source: American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. [7/1/2010: modified, 7/1/2013: modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
335G0000X	Suppliers	Medical Foods Supplier		A supplier of special replacement foods for clients with errors of metabolism that prohibit them from eating a regular diet. Medical foods are lacking in the compounds which cause complications of the metabolic disorder, and are not generally available in grocery stores, health food stores, or pharmacies.	Source: The Children with Special Healthcare Needs (CSHCN) Services Program, a program of the Texas Department of State Health Services
335U0000X	Suppliers	Organ Procurement Organization		A federally designated organization that works with hospital personnel in retrieval of organs for transplantation. The federal government designates an OPO's service area and the hospitals with which an OPO is to establish working relationships.	

335V00000X	Suppliers	Portable X-ray and/or Other Portable Diagnostic Imaging Supplier		A supplier that provides one or more of the following portable services, including but not limited to, x-ray, electrocardiogram (EKG), long-term EKG (Holter Monitor), bone densitometry, sonography, and other imaging services in accordance with all state and federal requirements, under the general supervision of a qualified physician. All necessary resources are transported to the patient's location where the services are performed.	Source: National Uniform Claim Committee, 2015 [1/1/2016: title and definition modified]
341600000X	Transportation Services	Ambulance		An emergency vehicle used for transporting patients to a health care facility after injury or illness. Types of ambulances used in the United States include ground (surface) ambulance, rotor-wing (helicopter), and fixed-wing aircraft (airplane).	Source: Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 37.
3416A0800X	Transportation Services	Ambulance	Air Transport	Definition to come...	[1/1/2005: title modified]
3416L0300X	Transportation Services	Ambulance	Land Transport	Definition to come...	[1/1/2005: title modified]
3416S0300X	Transportation Services	Ambulance	Water Transport	Definition to come...	[1/1/2005: title modified]
341800000X	Transportation Services	Military/U.S. Coast Guard Transport		Definition to come...	[1/1/2005: new; 7/1/2006 title modified]
3418M1110X	Transportation Services	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Ambulance, Ground Transport	Vehicle and staff for patient emergency or non-emergency ground transport. Includes traditional ambulances as well as ambulance buses.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006 modified title, added source]
3418M1120X	Transportation Services	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Ambulance, Air Transport	Vehicle and staff for patient emergency or non-emergency air transport.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006 modified title, added source]
3418M1130X	Transportation Services	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Ambulance, Water Transport	Vehicle and staff for patient emergency or non-emergency sea/water transport	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006 modified title, added source]
343800000X	Transportation Services	Secured Medical Transport (VAN)		A public or privately owned transportation service with vehicles, specially equipped to provide enhanced safety, security and passenger restraint, and staffed by one or more individuals trained to work with patients in crisis situations resulting from mental or emotional illness and/or substance abuse.	
343900000X	Transportation Services	Non-emergency Medical Transport (VAN)		A land vehicle with a capacity to meet special height, clearance, access, and seating, for the conveyance of persons in non-emergency situations. The vehicle may or may not be required to meet local county or state regulations.	
344600000X	Transportation Services	Taxi		A land commercial vehicle used for the transporting of persons in non-emergency situations. The vehicle meets local, county or state regulations set forth by the jurisdictions where it is located.	
344800000X	Transportation Services	Air Carrier		An air company that the Federal Aviation Administration, the certificate-holding district office (CHDO), regional Flight Standards Division (RFSO) offices, and AFS-900 has verified that the company is capable of operating safely and that it complies with the regulations and standards prescribed by the Administrator.	Source: Federal Aviation Administration [1/1/2010: new] Additional Resources: www.faa.gov/about/initiatives/atos/air_carrier/intro_to_part121_cert/
347B00000X	Transportation Services	Bus		A public or private organization or business licensed to provide bus services.	
347C00000X	Transportation Services	Private Vehicle		An individual paid to provide non-emergency transportation using their privately owned/leased vehicle.	
347D00000X	Transportation Services	Train		An organization or business licensed to provide passenger train service, including light rail, subway, and traditional services.	
347E00000X	Transportation Services	Transportation Broker		A public or private organization or business contracted to arrange non-emergency medical transportation services, including appropriate ancillary services, e.g., lodging.	
363A00000X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant		A physician assistant is a person who has successfully completed an accredited education program for physician assistant, is licensed by the state and is practicing within the scope of that license. Physician assistants are formally trained to perform many of the routine, time-consuming tasks a physician can do. In some states, they may prescribe medications. They take medical histories, perform physical exams, order lab tests and x-rays, and give inoculations. Most states require that they work under the supervision of a physician.	
363AM0700X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant	Medical	Definition to come...	
363AS0400X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant	Surgical Technologist	Definition to come...	
363L00000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner		(1) A registered nurse provider with a graduate degree in nursing prepared for advanced practice involving independent and interdependent decision making and direct accountability for clinical judgment across the health care continuum or in a certified specialty. (2) A registered nurse who has completed additional training beyond basic nursing education and who provides primary health care services in accordance with state nurse practice laws or statutes. Tasks performed by nurse practitioners vary with practice requirements mandated by geographic, political, economic, and social factors. Nurse practitioner specialties include, but are not limited to, family nurse practitioners, gerontological nurse practitioners, pediatric nurse practitioners, obstetric-gynecologic nurse practitioners, and school nurse practitioners.	Source: (1) American Nurses' Association, American Nurses Credentialing Center, 1996 Certification Catalogue. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 549.
363LA2100X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Acute Care	Definition to come...	
363LA2200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Adult Health	Definition to come...	
363LC0200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Critical Care Medicine	Definition to come...	
363LC1500X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Community Health	Definition to come...	

363LF000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Family	Definition to come...	
363LG0600X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Gerontology	Definition to come...	
363LN0000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Neonatal	Definition to come...	
363LN0005X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Neonatal, Critical Care	Definition to come...	
363LP0200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Pediatrics	Definition to come...	
363LP0222X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Pediatrics, Critical Care	Definition to come...	
363LP0808X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Psych/Mental Health	Definition to come...	
363LP1700X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Perinatal	Definition to come...	
363LP2300X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Primary Care	Definition to come...	
363LS0200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	School	Definition to come...	
363LW0102X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Women's Health	Definition to come...	
363LX0001X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Obstetrics & Gynecology	Definition to come...	
363LX0106X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Occupational Health	Definition to come...	
364S0000X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist		A registered nurse who, through a graduate degree program in nursing, or through a formal post-basic education program or continuing education courses and clinical experience, is expert in a specialty area of nursing practice within one or more of the components of direct patient/client care, consultation, education, research and administration.	Sources: American Nurses Association, American Nurses Credentialing Center, 1996 Certification Catalogue and The Interagency Conference on Nursing Statistics.
364SA2100X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Acute Care	Definition to come...	
364SA2200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Adult Health	Definition to come...	
364SC0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Critical Care Medicine	Definition to come...	
364SC1501X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Community Health/Public Health	Definition to come...	
364SC2300X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Chronic Care	Definition to come...	
364SE0003X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Emergency	Definition to come...	
364SE1400X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Ethics	Definition to come...	
364SF0001X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Family Health	Definition to come...	
364SG0600X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Gerontology	Definition to come...	
364SH0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Home Health	Definition to come...	
364SH1100X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Holistic	Definition to come...	
364SI0800X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Informatics	Definition to come...	
364SL0600X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Long-Term Care	Definition to come...	
364SM0705X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Medical-Surgical	Definition to come...	
364SN0000X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Neonatal	Definition to come...	
364SN0800X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Neuroscience	Definition to come...	
364SP0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Pediatrics	Definition to come...	
364SP0807X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Child & Adolescent	Definition to come...	
364SP0808X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health	Definition to come...	
364SP0809X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Adult	Definition to come...	
364SP0810X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Child & Family	Definition to come...	

364SP0811X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Chronically Ill	Definition to come...	
364SP0812X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Community	Definition to come...	
364SP0813X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Geropsychiatric	Definition to come...	
364SP1700X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Perinatal	Definition to come...	
364SP2800X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Perioperative	Definition to come...	
364SR0400X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Rehabilitation	Definition to come...	
364SS0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	School	Definition to come...	
364ST0500X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Transplantation	Definition to come...	
364SW0102X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Women's Health	Definition to come...	
364SX0106X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Occupational Health	Definition to come...	
364SX0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Oncology	Definition to come...	
364SX0204X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Oncology, Pediatrics	Definition to come...	
367500000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Anesthetist, Certified Registered		(1) A licensed registered nurse with advanced specialty education in anesthesia who, in collaboration with appropriate health care professionals, provides preoperative, intraoperative, and postoperative care to patients and assists in management and resuscitation of critical patients in intensive care, coronary care, and emergency situations. Nurse anesthetists are certified following successful completion of credentials and state licensure review and a national examination directed by the Council on Certification of Nurse Anesthetists. (2) A registered nurse who is qualified by special training to administer anesthesia in collaboration with a physician or dentist and who can assist in the care of patients who are in critical condition.	Sources: (1) Council on Certification of Nurse Anesthetists, Park Ridge, IL, and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 548.
367A00000X	Physician Assistants & Advanced Practice Nursing Providers	Advanced Practice Midwife		Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).	Source: American College of Nurse-Midwives, 2008 [7/1/2008: title changed, definition changed, source changed] Additional Resources: American College of Nurse-Midwives www.acnm.org. The American Midwifery Certification Board, Inc. [AMCB, formerly the ACNM Certification Council, Inc. (ACC)] opened its national certification exam to non-nurse graduates of midwifery education programs and issued the first certified midwife (CM) credential in 1997. Certified midwives are educated to meet the same high standards that certified nurse-midwives must meet. These are the standards that every state in the U.S. has recognized as the legal basis for nurse-midwifery practice. All education programs for CMs, like CNMs, award a post-baccalaureate certificate or higher degree. CMs take the same AMCB certification exam as CNMs and study side by side with nurse-midwifery students in some education programs. As an organization, ACNM supports efforts to legally recognize CMs as qualified midwifery practitioners granted the same rights and responsibilities as CNMs.
367H00000X	Physician Assistants & Advanced Practice Nursing Providers	Anesthesiologist Assistant		An individual certified by the state to perform anesthesia services under the direct supervision of an anesthesiologist. Anesthesiologist Assistants are required to have a bachelor's degree with a premed curriculum prior to entering a two-year anesthesiology assistant program, which is focused upon the delivery and maintenance of anesthesia care as well as advanced patient monitoring techniques. An Anesthesiologist Assistant must work as a member of the anesthesia care team under the direction of a qualified Anesthesiologist.	
372500000X	Nursing Service Related Providers	Chore Provider		An individual who provides home maintenance services required to sustain a safe, sanitary living environment for individuals who because of age or disabilities is unable to perform the activities. These services include heavy household chores such as washing floors, windows, and walls; tacking down loose rugs and tiles; and moving heavy items of furniture in order to provide safe access and egress.	[7/1/2003: new]
372600000X	Nursing Service Related Providers	Adult Companion		An individual who provides supervision, socialization, and non-medical care to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. These services are provided in accordance with a therapeutic goal in the plan of care.	[7/1/2003: new]
373H00000X	Nursing Service Related Providers	Day Training/Habilitation Specialist		Individuals experienced or trained in working with developmentally disabled individuals who need assistance in acquiring and maintaining life skills that enable them to cope more effectively with the demands of independent living.	

374700000X	Nursing Service Related Providers	Technician		(1) A person with specialized training in a narrow field of expertise whose occupation requires training and is skilled in specific technical processes and procedures. (2) An individual having special skill or practical knowledge in an area, such as operation and maintenance of equipment or performance of laboratory procedures involving biochemical analyses. Special technical qualifications are normally required, though an increasing number of technicians also possess university degrees in science, and occasionally doctorate degrees. The distinction between technician and technologist in the health care field is not always clear.	Sources: (1) Rhea, Ott, and Shafritz, The Facts on File Dictionary of Health Care Management, New York: Facts on File Publications, 1988; Dorland's Illustrated Medical Dictionary, 26th Edition, Philadelphia: W.B. Saunders Company, 1981 and Webster's II New Riverside University Dictionary, Boston: Riverside Publishing Company, 1984. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 776.
3747A0650X	Nursing Service Related Providers	Technician	Attendant Care Provider	An individual who provides hands-on care, of both a supportive and health related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law.	[7/1/2003: new]
3747P1801X	Nursing Service Related Providers	Technician	Personal Care Attendant	An individual who provides assistance with eating, bathing, dressing, personal hygiene, activities of daily living as specified in the plan of care. Services which are incidental to the care furnished, or essential to the health and welfare of the individual may also be provided. Personal care providers must meet state defined training and certification standards	[7/1/2003: definition added]
374J00000X	Nursing Service Related Providers	Doula		Doulas work in a variety of settings and have been trained to provide physical, emotional, and informational support to a mother before, during, and just after birth and/or provide emotional and practical support to a mother during the postpartum period.	Source: National Uniform Claim Committee, 2009 [7/1/2009: definition added]
374K00000X	Nursing Service Related Providers	Religious Nonmedical Practitioner		A religious nonmedical practitioner offers spiritually-based care. Services may be rendered in an office, home, or care facility or by phone, email, or written correspondence.	Source: National Uniform Claim Committee, 2009 [7/1/2009: definition added]
374T00000X	Nursing Service Related Providers	Religious Nonmedical Nursing Personnel		Religious nonmedical nursing personnel are experienced in caring for the physical needs of nonmedical patients. For example, caring for the physical needs such as assistance with activities of daily living; assistance with moving, positioning, and ambulation; nutritional needs; and comfort and support measures.	Source: Centers for Medicare & Medicaid Services [7/1/2009: title modified, definition modified] Additional Resources: www.cms.hhs.gov/CertificationandCompliance/19_RNHCI.asp 2005 Code of Federal Regulations, Title 42, Chapter IV, Part 403, Subpart G, 403.702 Definitions and Terms
374U00000X	Nursing Service Related Providers	Home Health Aide		A person trained to assist public health nurses, home health nurses, and other health professionals in the bedside care of patients in their homes.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
376G00000X	Nursing Service Related Providers	Nursing Home Administrator		An individual, often licensed by the state, who is responsible for the management of a nursing home.	Source: Lexikon: Dictionary of Health Care Terms, Organizations, and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, 1994, p. 552.
376J00000X	Nursing Service Related Providers	Homemaker		An individual who provides general household activities such as meal preparation, laundry, and light housekeeping, when the individual regularly responsible for these activities is temporarily absent or unable to provide for himself. Homemakers must meet the state defined training standards.	[7/1/2003: definition added]
376K00000X	Nursing Service Related Providers	Nurse's Aide		(1) An unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient/client activities as delegated by the nurse; (2) An individual trained (either on-the-job or through a formal course generally of less than one year) and experienced in performing patient or client-care nursing tasks that do not require the skills of a specialist, technician, or professional. Examples of tasks performed by nurses aides include changing clothes, diapers, and beds; assisting patients to perform exercises or personal hygiene tasks, and supporting communication or social interaction. Specific education and credentials are not required for this work.	Source: (1) American Nurses Association, Registered Professional Nurses and Unlicensed Personnel, 2nd ed., 1996; (2) Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
385H00000X	Respite Care Facility	Respite Care		Definition to come.	
385HR2050X	Respite Care Facility	Respite Care	Respite Care Camp	A camping facility that provides specialized respite care to individuals requiring enhanced services to enable them to remain in the community, (e.g., those with developmental delays, mental retardation, mental/behavioral disorders). The staff must have training in working with the target populations and dealing with emergency situations which might be related to or exacerbate the individual's condition.	[7/1/2003: new]
385HR2055X	Respite Care Facility	Respite Care	Respite Care, Mental Illness, Child	A facility or distinct part of a facility that provides short term, residential care to children, diagnosed with mental illness, as respite for the regular caregivers.	[7/1/2003: new]
385HR2060X	Respite Care Facility	Respite Care	Respite Care, Mental Retardation and/or Developmental Disabilities, Child	A facility or distinct part of a facility that provides short term, residential care to children, diagnosed with mental retardation and/or developmental disabilities as respite for the regular caregivers.	[7/1/2003: new]
385HR2065X	Respite Care Facility	Respite Care	Respite Care, Physical Disabilities, Child	A facility or distinct part of a facility that provides short term, residential care to children, diagnosed with complex or profound disabilities as respite for the regular caregivers.	[7/1/2003: new]
390200000X	Student, Health Care	Student in an Organized Health Care Education/Training Program		An individual who is enrolled in an organized health care education/training program leading to a degree, certification, registration, and/or licensure to provide health care.	[1/1/2005: new]

405300000X	Other Service Providers	Prevention Professional	Prevention Professionals work in programs aimed to address specific patient needs, such as suicide prevention, violence prevention, alcohol avoidance, drug avoidance, and tobacco prevention. The goal of the program is to reduce the risk of relapse, injury, or re-injury of the patient. Prevention Professionals work in a variety of settings and provide appropriate case management, mediation, referral, and mentorship services. Individuals complete prevention professionals training for the population of patients with whom they work.	Source: National Uniform Claim Committee, 2015 [1/1/2016: new]
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**Wisconsin Department of Employee Trust Funds (ETF)
Provider Directory Functional Specification
*29 March 2017***

REVISION HISTORY		
DATE	AUTHOR	DESCRIPTION OF ACTIVITY
3/20/2017	Melissa Reid	Initial Creation
4/7/2017	Adrienne A. Ray	Changed UPIN, Medicare Number, and special fields to optional fields.
4/11/2017	Adrienne A. Ray	Relocated field 12 (Credentials) to field 33 to accommodate a new length
4/11/2017	Adrienne A. Ray	Please see the guidance about provider file submissions in the General Information section.
4/18/2017	Adrienne A. Ray	Added valid values for Provider System and Provider Clinic. Changed the length for Provider Clinic to 98 characters. Changed the start length of Provider System to 4. The record length remains 1000. On general information tab, notation corrected to read "one record" rather than "one file" per provider.
5/15/2017	Adrienne A. Ray	Added field 35, Provider Network. This code determines the health plan-specific network to which the provider belongs. We also provided a Provider Network section with all of the valid values for this code.
7/5/2017	Adrienne A. Ray	Added guidance for completing the Medical/Healthcare field 32. For those providers that have achieved a patient-centered medical home designation, please provide the source of the accreditation.

Provider Directory Functional Specifications for File Layout

DESCRIPTION/GENERAL INFORMATION

This interface is designed to produce the provider directory corresponding to the medical claims file for plan members administered through <PLAN>.

The corresponding providers for the same time period loaded for claims should be included. This includes providers that may no longer be participating in network but were during the time that the claim was incurred. If additional provider roll ups will be collected on the claim, this information also needs to be included as separate records (see Discussion Items - Multiple Locations/Provider Groups section of this layout).

FILE/DATA FORMATTING AND SUBMISSION

<p>DATA SUBMISSION</p>	<p>Truven Health Analytics supports a number of file submission options including: FTP, Web Submission, as well as physical media.</p> <p>The data will be submitted to Truven Health Analytics on a monthly basis. Monthly files should be submitted on or before the 15th of the month following the close of each month.</p> <p>Please submit one record per provider per taxonomy per Wisconsin office (address 1 and address 2) per month. The intention is to have records of the Wisconsin offices for each of your in-network providers. You need only supply the provider file for 2017 and forward. There is no need for provider data prior to 2017.</p>
<p>FILE FORMAT</p>	<ul style="list-style-type: none"> • Fixed-Record Length, ASCII File • Contains Detail (Data) Layout and Trailer Layout for each layout group
<p>CHARACTER FIELDS</p>	<ul style="list-style-type: none"> • Includes A - Z (lower or upper case), 0 – 9, and spaces • Left justified, right blank/space filled • Unrecorded or missing values in character fields are blank/spaces
<p>DATE FIELDS</p>	<ul style="list-style-type: none"> • Format of all dates should be CCYYMMDD
<p>NUMERIC FIELDS</p>	<ul style="list-style-type: none"> • All numeric fields should be right-justified and left zero-filled • Unrecorded or missing values in numeric fields should be set to zero
<p>FINANCIAL FIELDS</p>	<ul style="list-style-type: none"> • All financial fields should be right-justified and left zero-filled • Truven Health Analytics prefers to receive both dollars and cents, with an implied decimal point before the last two digits in the data. For example: "1234567" would represent \$12,345.67 <i>Please do not include an actual decimal point in the data.</i> • Negative signs should be the leading value in the first position. For example: "-1234567" would represent -\$12,345.67 • Unrecorded or missing values in numeric fields should be zero (000 to accommodate the 2-digit implied decimal)
<p>INVALID CHARACTERS</p>	<p>Please note that the following characters should not be included in the data or the descriptions in the data dictionary.</p> <p>* ! ? % _ (under score) , (comma)</p>

Provider Directory Functional Specifications for File Layout

DISCUSSION ITEMS - UNIQUE IDENTIFIER

- Truven Health Analytics requires unique provider identifiers and associated names. Truven Health Analytics would like both the identifier and the name to be specific to each provider, rather than group level information. Truven Health Analytics prefers the internal plan Provider ID along with the TAXID and NPI.
- Unique information for each provider with all provider elements should be included (often providers use the same TAXID in group practices, but the Provider ID should be unique). When multiple hospitals are part of a hospital group, unique identifiers for each hospital is requested.

Provider Example --- Professional ---							
Claim ID	Provider ID	Tax Id	NPI	Provider Name	Service Count	Provider Type	Net Payment
11111	123456	121212121	1234567891	Dr. Brown	2	25	\$ 2,000.00
22222	444547	121212121	2245788813	Dr. Smith	1	35	\$ 100.00

Provider Example --- Facility ---							
Claim ID	Provider ID	Tax Id	NPI	Provider Name	Revenue Code	Provider Type	Net Payment
11111	546981	343434343	2222	University Hospital	110	25	\$ 2,000.00
22222	784050	454545454	3333	University Children's Hospital	120	35	\$ 100.00

DISCUSSION ITEMS - MULTIPLE LOCATIONS/PROVIDER GROUPS

Some providers practice in multiple groups and/or locations. The provider directory in Advantage Suite allows for one record per provider, so most health plans choose to collect the provider’s primary location information. For example, Dr. Jones may see patients in two different locations, Ann Arbor and Plymouth, but the Plymouth office is his primary location.

- If it is important to report on provider information based on where particular claims occurred, the applicable provider elements should be collected on the claim as well as in the provider directory. Note that these would represent custom fields. Examples of these types of elements are:
 - **Provider Group**
 - **Provider Affiliation**
 - **Provider Location**
- To support this type of reporting, the provider file needs to include separate records with these elements populated in the provider ID field along with the other attributes that apply to that record.

Provider Directory Functional Specifications for File Layout

EXAMPLE PROVIDER FILE

In this example, the individual provider, the provider group, and the provider location are all required in reporting. The same provider may work in multiple provider groups, which in turn have multiple locations.

- Dr. Jones works with Provider Groups ABC Pediatrics and XYZ Pediatrics, and ABC Pediatrics Ann Arbor is his primary location. Both provider groups have two locations. ABC Pediatrics has a location in Ann Arbor and Plymouth. XYZ Pediatrics has a location in Ann Arbor and Ypsilanti. Dr. Jones sees patients in all of the locations.
- Dr. White only works in one group and location, ABC Pediatrics Ann Arbor.
- Dr. Brown works in ABC Pediatrics Ann Arbor, her primary location and also XYZ Pediatrics Ann Arbor.

Provider ID	TIN	Provider Name	NPI	Zip	Address 1	Address 2	Comment
123456	548741369	Dr. William Jones	74589632147	48103	123 State St.	Suite 200	This record includes the internal provider ID for Dr. Jones and his primary location information
451546	874123659	Dr. Phyllis White	74563214587	48103	123 State St.	Suite 200	This record includes the internal provider ID for Dr. White and her primary (and only) location information
658452	856321459	Dr. Jane Brown	98754126951	48103	215 Main St.		This record includes the internal provider ID for Dr. Brown and her primary location information
ABC	745125698	ABC Pediatrics	85432154789	48103	123 State St.	Suite 200	This record includes the Provider Group for ABC Pediatrics and its primary location information
XYZ	547214593	XYZ Pediatrics	45136541544	48103	215 Main St.		This record includes the Provider Group for XYZ Pediatrics and its primary location information
ABCAA	745125698	ABC Pediatrics Ann Arbor	85432154789	48103	123 State St.	Suite 200	This record includes the Provider Location for ABC Pediatrics in Ann Arbor
ABCPY	745125674	ABC Pediatrics Plymouth	85432154741	48170	25 Jones St		This record includes the Provider Location for ABC Pediatrics in Plymouth
XYZAA	547214593	XYZ Pediatrics Ann Arbor	45136541544	48103	215 Main St.		This record includes the Provider Location for XYZ Pediatrics in Ann Arbor
XYZYP	547214541	XYZ Pediatrics Ypsilanti	45136541541	48197	451 Apple Lane		This record includes the Provider Location for XYZ Pediatrics in Ypsilanti

Provider Directory Functional Specifications for File Layout

EXAMPLE CLAIMS FILE

In this example, on the medical claim Provider ID, Provider Group and Provider Location would all be separate columns reflecting the specific information that applies to that claim, because it is important to have the ability to report grouped by any of these elements.

- In the following medical claim examples, Dr. Jones saw 4 patients, one in the ABC Pediatrics Ann Arbor location, another in the ABC Pediatrics Plymouth location, another in the XYZ Pediatric Ann Arbor Location and another in the XYZ Pediatrics Ypsilanti location.
- Dr. White sees two patients in the ABC Pediatrics Ann Arbor location (the only place where she sees patients)
- Dr. Brown sees two patients in the ABC Pediatrics Ann Arbor location and two patients in the XYZ Pediatrics Ann Arbor location.

Patient Id	Service Date	Provider ID	Provider Group	Provider Location	Net Payment	Comment
12121212	1/15/2012	123456	ABC	ABCAA	\$150.00	Dr. Jones saw this patient in the ABC Pediatrics Ann Arbor Location
14141414	1/16/2012	123456	ABC	ABCPY	\$150.00	Dr. Jones saw this patient in the ABC Pediatrics Plymouth Location
15151515	1/17/2012	123456	XYZ	XYZAA	\$200.00	Dr. Jones saw this patient in the XYZ Pediatrics Ann Arbor Location
16161616	1/18/2012	123456	XYZ	XYZYP	\$200.00	Dr. Jones saw this patient in the XYZ Pediatrics Ypsilanti Location
54545454	1/15/2012	451546	ABC	ABCAA	\$100.00	Dr. White saw this patient in the ABC Pediatrics Ann Arbor Location
85858588	1/15/2012	451546	ABC	ABCAA	\$150.00	Dr. White saw this patient in the ABC Pediatrics Ann Arbor Location
956845213	1/16/2012	658452	ABC	ABCAA	\$125.00	Dr. Brown saw this patient in the ABC Pediatrics Ann Arbor Location
756321495	1/17/2012	658452	XYZ	XYZAA	\$125.00	Dr. Brown saw this patient in the XYZ Pediatrics Ann Arbor Location

Provider Directory Functional Specifications for File Layout

SAMPLE REPORTS

The following are sample Advantage Suite reports based on the data examples provided in the previous sections of this document and are shown here to promote a better understanding of how Truven Health requests the data to be populated in the provider directory file.

INDIVIDUAL PROVIDER REPORT		
		Net Pay
Provider ID	Provider Name	
123456	Dr. William Jones	\$700.00
451546	Dr. Phyllis White	\$250.00
658452	Dr. Jane Brown	\$250.00
TOTAL		\$1,200.00

PROVIDER GROUP REPORT		
		Net Pay
Provider Group	Provider Name	
ABC	ABC Pediatrics	\$675.00
XYZ	XYZ Pediatrics	\$525.00
TOTAL		\$1,200.00

PROVIDER LOCATION REPORT		
		Net Pay
Provider Location	Provider Name	
ABCAA	ABC Pediatrics Ann Arbor	\$525.00
ABCPY	ABC Pediatrics Plymouth	\$150.00
XYZAA	XYZ Pediatrics Ann Arbor	\$325.00
XYZYP	XYZ Pediatrics Ypsilanti	\$200.00
TOTAL		\$1,200.00

Provider Directory Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Supplier Instructions/Notes
Fixed-Record Length											
1	Provider ID	1	13	13	Character	The unique identifier for the provider of service which is the key to the medical claims.	R	PV002	PLAN PROVIDER ID	Carrier Unique Provider Code	Multiple records with the same identifier should not occur. All of the key identifiers will be included in this field in addition to the individual provider identifiers. Examples as defined above: • Affiliation • Provider Group • Provider Location • PCP
2	TIN	14	22	9	Character	The federal tax ID of the provider.	R	PV003	TAX ID	Federal Tax ID of non-individual Provider	
3	Provider Name	23	52	30	Character	The description or name corresponding to the Provider ID.	R	PV009 PV010 PV009	FIRST NAME MIDDLE INITIAL LAST NAME	First Name of Provider in PV002 M.I. of Provider in PV002 Last Name of Provider in PV002	The Provider Name associated with the record. It will vary based on whether it is the individual identifier, affiliation, provider group, etc. Please format as Provider Last Name, Provider First Name Provider Middle Initial with spacing as indicated. A sample entry would be as follows. Pierce Benjamin F
4	Provider NPI Number	53	62	10	Character	The National Provider ID number for the provider.	R	PV039	NATIONAL PROVIDER ID	National Provider ID (NPI) of the Provider	
5	Provider Zip Code	63	67	5	Character	The 5-digit zip code corresponding to the Provider ID	R	PV021	ZIP CODE	Zip code of the Provider	
6	Provider Zip Extension	68	71	4	Character	The 4-digit zip code extension of the Provider of service.	R	PV021	ZIP CODE	Zip code of the Provider	
7	Provider Address 1	72	121	50	Character	The current first line of the street address of the provider. This is the street address.	R	PV016	PROVIDER STREET ADDRESS 1	The current first line of the street address of the provider. This is the street address.	
8	Provider Address 2	122	171	50	Character	The current second line of the street address of the provider. This is the city and state.	R	PV017	PROVIDER STREET ADDRESS 2	The current second line of the street address of the provider. This is the city and state.	
9	Provider UPIN ID	172	180	9	Character	The Unique Provider ID Number (UPIN) for the Provider	N			Federal Tax ID of non-individual Provider	Please provide if available.
10	Provider DEA Number	181	189	9	Character	The DEA (Drug Enforcement Agency) Number of the Provider prescribing a Drug	N	PV005	DEA ID	Provider DEA	Please provide if available.
11	Provider License Number	190	199	10	Character	The license number of the Provider.	S	PV006	LICENSE ID	State Practice License ID	
12	FILLER_200_1	200	200	1	Character	Credential relocated to field 33 to accommodate code length	N			Credential relocated to field 33 to accommodate code length	Credential relocated to field 33 to accommodate code length
13	Provider Clinic Code	201	204	4	Character	Group / Facility Name	R	PV012	ENTITY NAME	Please see Provider_Clinic section for valid values	Please see Provider_Clinic section for valid values
14	FILLER_298_94	205	298	94	Character	Available for future use					
15	Provider System Code	299	302	4	Character	Provider Entity Code	R	PV013	ENTITY CODE		Please see Provider_System section for valid values.
16	Gender Code	303	303	1	Character	Gender of Provider identified in PV002	R	PV014	GENDER CODE		Valid Values M - Male F - Female U - Unknown
17	Year of Birth	304	307	4	Date	Provider's Year of Birth	R	PV015	YOB		CCYY format
18	Provider County Code	308	312	5	Character	The current county code of the provider of service.	R				Please see the County section for a list of codes.
19	Country Code	313	315	3	Character	Country Code of the Provider	R	PV020	COUNTRY CODE	Country Code of the Provider	Please see the Country section for a list of codes.
20	Provider Taxonomy Code	316	325	10	Character	The current HIPAA Code for the Provider Taxonomy.	R	PV022	TAXONOMY CODE	Taxonomy Code of the Provider	The National Uniform Claim Committee standard taxonomy code for the provider.
21	Provider Type Code	326	328	3	Character	Client-specific code for the provider type. The corresponding Advantage Suite standard field is Provider Type Code Medstat.	R	PV029	PROVIDER TYPE CODE	Provider Type Code	Provider Type codes are further defined in the Data Dictionary See Provider Type Code Claim

Provider Directory Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Supplier Instructions/Notes
Fixed-Record Length											
22	Provider Specialty Code	329	331	3	Character	Client-specific code for the current provider specialty.	R	PV030	PRIMARY SPECIALTY CODE	Specialty Code	Valid Values in 100 - 799 of Provider Type Code Claim
23	Board Certified Provider	332	361	30	Character	Board Certified Provider	R	PV032	Board Certified Provider		Please use the 3-character code in the Board Certified Provider section.
24	Provider SSN	362	370	9	Character	The Social Security Number (SSN) of the Provider.	R	PV035	SSN ID	Provider's Social Security Number	
25	Provider Medicare Number	371	400	30	Character	The Medicare Identification Number of the provider.	N	PV036	MEDICARE ID	Provider's Medicare Number, other than UPIN	Please provide if available.
26	Begin Date	401	408	8	Date	Provider Start Date	R	PV037	BEGIN DATE	This is the date that the provider joined the network during the target month. For providers that joined during the target month, please report the date the provider joined. For providers that were in network prior to the target month, please record the first date of the target month.	CCYYMMDD format
27	End Date	409	416	8	Date	Provider End Date	R	PV038	END DATE	This is the date that the provider left the network during the target month. For providers that left during the target month, please report the date the provider left. For providers that left prior to the target month, please record the last date of the target month.	CCYYMMDD format
28	Proprietary Specialty Code	417	426	10	Character	Specialty Code	N	PV041	SPECIALTY CODE	These are additional specialties the provider may possess	Valid Values in 100 - 799 of Provider Type Code Claim
29	Other Specialty Code 2	427	436	10	Character	Specialty Code	N	PV042	OTHER SPECIALTY CODE 2	These are additional specialties the provider may possess	Valid Values in 100 - 799 of Provider Type Code Claim
30	Other Specialty Code 3	437	446	10	Character	Specialty Code	N	PV043	OTHER SPECIALTY CODE 3	These are additional specialties the provider may possess	Valid Values in 100 - 799 of Provider Type Code Claim
31	Accepting New Patients Indicator	447	447	1	Character	Indicator - New Patients Accepted	R	PV048	ACCEPTING NEW PATIENTS		Valid Values Y - Yes N - No
32	Medical/Healthcare	448	462	15	Character	Medical Home Identification Number	R	PV053	MEDICAL/HEALTHCARE	Accreditation for Patient Centered Medical Home (PCMH). Several national programs award this accreditation, including the Accreditation Association for Ambulatory Health Care (AAAHC), The Joint Commission, the National Committee for Quality Assurance (NCQA), and the Utilization Review Accreditation Commission (URAC). Some states and private insurers also offer accreditation. The primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a model to transform the organization and delivery of primary care. PCMH focuses on care coordination, access to care, and how effectively a primary care clinician and interdisciplinary team work in partnership with the patient (and as applicable, their family).	Please use the Medical Home list of values.
33	Provider Phone Number	463	474	12	Character	The current phone number of the provider of service.	R	PV056	PROVIDER TELEPHONE	Telephone Number associated with the Provider identified in PV002	
34	Credential	475	477	3	Character	Suffix of the Provider in PV002	N	PV011	SUFFIX		Please use the 3-character code in the Credential section.

Provider Directory Functional Specifications for File Layout

--- Detail Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Required (R) Situational (S) Not Required (N)	Data Element ID (WI ETF)	Data Element (WI ETF)	Data Element Description (WI ETF)	Data Supplier Instructions/Notes
Fixed-Record Length											
35	Provider Network	478	479	2	Character	This code determines the health plan-specific network to which the provider belongs.	R			A provider may belong to multiple networks. We would like a record for every network for which the provider may submit claims.	Values values are documented in the Provider Network section
36	Filler	480	999	520	Character	Reserved for future use					Fill with blanks
37	Record Type	1000	1000	1	Character	Record type identifier					Hard Code to "D"

Provider Directory Functional Specifications for File Layout

--- Trailer Layout ---

Field Number	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
Fixed-Record Length							
1	Data Start Date	1	10	10	Date	Data Start Date	CCYYMMDD format – i.e. 20140901 This will represent the 1st day of the month for which data is provided.
2	Data End Date	11	20	10	Date	Data End Date	CCYYMMDD format – i.e. 20140901 This will represent the last day of the month for which data is provided.
3	Record Count	21	30	10	Numeric	Number of Records on File	The count of records provided in the data including the Trailer Record.
4	Filler	31	999	969	Character	Reserved for future use	Fill with Blanks
5	Record Type	1000	1000	1	Character	Record Type Identifier	Hard Code 'T'

American Board of Medical Subspecialties (ABMS) (v2.0; 20170710)

Board_Code	Board_Specialty_Desc	Board_Subspecialty_Desc
001	Allergy and Immunology	Allergy and Immunology
133	Anesthesiology	Anesthesiology
002	Anesthesiology	Critical Care Medicine
003	Anesthesiology	Hospice and Palliative Medicine
004	Anesthesiology	Pain Medicine
005	Anesthesiology	Pediatric Anesthesiology
006	Anesthesiology	Sleep Medicine
007	Colon and Rectal Surgery	Colon and Rectal Surgery
134	Dermatology	Dermatology
008	Dermatology	Dermatopathology
009	Dermatology	Pediatric Dermatology
010	Emergency Medicine	Anesthesiology Critical Care Medicine
011	Emergency Medicine	Emergency Medical Services
012	Emergency Medicine	Hospice and Palliative Medicine
013	Emergency Medicine	Internal Medicine-Critical Care Medicine
014	Emergency Medicine	Medical Toxicology
015	Emergency Medicine	Pain Medicine
016	Emergency Medicine	Pediatric Emergency Medicine
017	Emergency Medicine	Sports Medicine
018	Emergency Medicine	Undersea and Hyperbaric Medicine
019	Family Medicine	Adolescent Medicine
135	Family Medicine	Family Medicine
020	Family Medicine	Geriatric Medicine
021	Family Medicine	Hospice and Palliative Medicine
022	Family Medicine	Pain Medicine
023	Family Medicine	Sleep Medicine
024	Family Medicine	Sports Medicine
025	Internal Medicine	Adolescent Medicine
026	Internal Medicine	Adult Congenital Heart Disease
027	Internal Medicine	Advanced Heart Failure and Transplant Cardiology
028	Internal Medicine	Cardiovascular Disease
029	Internal Medicine	Clinical Cardiac Electrophysiology
030	Internal Medicine	Critical Care Medicine

031	Internal Medicine	Endocrinology, Diabetes and Metabolism
032	Internal Medicine	Gastroenterology
033	Internal Medicine	Geriatric Medicine
034	Internal Medicine	Hematology
035	Internal Medicine	Hospice and Palliative Medicine
036	Internal Medicine	Infectious Disease
136	Internal Medicine	Internal Medicine
037	Internal Medicine	Interventional Cardiology
038	Internal Medicine	Medical Oncology
039	Internal Medicine	Nephrology
040	Internal Medicine	Pulmonary Disease
041	Internal Medicine	Rheumatology
042	Internal Medicine	Sleep Medicine
043	Internal Medicine	Sports Medicine
044	Internal Medicine	Transplant Hepatology
045	Medical Genetics and Genomics	Medical Biochemical Genetics
137	Medical Genetics and Genomics	Medical Genetics and Genomics
046	Medical Genetics and Genomics	Molecular Genetic Pathology
047	Neurological Surgery	Neurological Surgery
048	Nuclear Medicine	Nuclear Medicine
049	Obstetrics and Gynecology	Critical Care Medicine
050	Obstetrics and Gynecology	Female Pelvic Medicine and Reconstructive Surgery
051	Obstetrics and Gynecology	Gynecologic Oncology
052	Obstetrics and Gynecology	Hospice and Palliative Medicine
053	Obstetrics and Gynecology	Maternal and Fetal Medicine
138	Obstetrics and Gynecology	Obstetrics and Gynecology
054	Obstetrics and Gynecology	Reproductive Endocrinology/Infertility
055	Ophthalmology	Ophthalmology
056	Orthopaedic Surgery	Orthopaedic Sports Medicine
139	Orthopaedic Surgery	Orthopaedic Surgery
057	Orthopaedic Surgery	Surgery of the Hand
058	Otolaryngology	Neurotology
140	Otolaryngology	Otolaryngology
059	Otolaryngology	Pediatric Otolaryngology
060	Otolaryngology	Plastic Surgery within the Head and Neck

061	Otolaryngology	Sleep Medicine
062	Pathology	Blood Banking/Transfusion Medicine
063	Pathology	Clinical Informatics
064	Pathology	Cytopathology
065	Pathology	Dermatopathology
066	Pathology	Hematopathology
067	Pathology	Neuropathology
141	Pathology	Pathology
068	Pathology	Pathology-Chemical
069	Pathology	Pathology-Forensic
070	Pathology	Pathology-Medical Microbiology
071	Pathology	Pathology-Molecular Genetic
072	Pathology	Pathology-Pediatric
073	Pediatrics	Adolescent Medicine
074	Pediatrics	Child Abuse Pediatrics
075	Pediatrics	Developmental-Behavioral Pediatrics
076	Pediatrics	Hospice and Palliative Medicine
077	Pediatrics	Medical Toxicology
078	Pediatrics	Neonatal-Perinatal Medicine
079	Pediatrics	Pediatric Cardiology
080	Pediatrics	Pediatric Critical Care Medicine
081	Pediatrics	Pediatric Emergency Medicine
082	Pediatrics	Pediatric Endocrinology
083	Pediatrics	Pediatric Gastroenterology
084	Pediatrics	Pediatric Hematology-Oncology
085	Pediatrics	Pediatric Hospital Medicine
086	Pediatrics	Pediatric Infectious Diseases
087	Pediatrics	Pediatric Nephrology
088	Pediatrics	Pediatric Pulmonology
089	Pediatrics	Pediatric Rheumatology
090	Pediatrics	Pediatric Transplant Hepatology
142	Pediatrics	Pediatrics
091	Pediatrics	Sleep Medicine
092	Pediatrics	Sports Medicine
093	Physical Medicine and Rehabilitation	Brain Injury Medicine
094	Physical Medicine and Rehabilitation	Hospice and Palliative Medicine

095	Physical Medicine and Rehabilitation	Neuromuscular Medicine
096	Physical Medicine and Rehabilitation	Pain Medicine
097	Physical Medicine and Rehabilitation	Pediatric Rehabilitation Medicine
143	Physical Medicine and Rehabilitation	Physical Medicine and Rehabilitation
098	Physical Medicine and Rehabilitation	Spinal Cord Injury Medicine
099	Physical Medicine and Rehabilitation	Sports Medicine
144	Plastic Surgery	Plastic Surgery
100	Plastic Surgery	Plastic Surgery within the Head and Neck
101	Plastic Surgery	Surgery of the Hand
102	Preventive Medicine	Addiction Medicine
103	Preventive Medicine	Clinical Informatics
104	Preventive Medicine	Medical Toxicology
145	Preventive Medicine	Preventive Medicine
105	Preventive Medicine	Undersea and Hyperbaric Medicine
106	Psychiatry and Neurology	Addiction Psychiatry
107	Psychiatry and Neurology	Brain Injury Medicine
108	Psychiatry and Neurology	Child and Adolescent Psychiatry
109	Psychiatry and Neurology	Clinical Neurophysiology
110	Psychiatry and Neurology	Epilepsy
111	Psychiatry and Neurology	Forensic Psychiatry
112	Psychiatry and Neurology	Geriatric Psychiatry
113	Psychiatry and Neurology	Hospice and Palliative Medicine
114	Psychiatry and Neurology	Neurodevelopmental Disabilities
115	Psychiatry and Neurology	Neuromuscular Medicine
116	Psychiatry and Neurology	Pain Medicine
146	Psychiatry and Neurology	Psychiatry and Neurology
117	Psychiatry and Neurology	Psychosomatic Medicine
118	Psychiatry and Neurology	Sleep Medicine
119	Psychiatry and Neurology	Vascular Neurology
120	Radiology	Hospice and Palliative Medicine
121	Radiology	Neuroradiology
122	Radiology	Nuclear Radiology
123	Radiology	Pain Medicine
124	Radiology	Pediatric Radiology
147	Radiology	Radiology
125	Radiology	Vascular and Interventional Radiology

126	Surgery	Complex General Surgical Oncology
127	Surgery	Hospice and Palliative Medicine
128	Surgery	Pediatric Surgery
148	Surgery	Surgery
129	Surgery	Surgery of the Hand
130	Surgery	Surgical Critical Care
131	Thoracic Surgery	Congenital Cardiac Surgery
149	Thoracic Surgery	Thoracic Surgery
132	Urology	Female Pelvic Medicine and Reconstructive Surgery
133	Urology	Pediatric Urology
150	Urology	Urology
998	Unknown	Unknown
999	Other	Other

Credential_Code	Credential_Abbreviation	Credential_Description
001	AA	Associate of/in Arts degree
002	ABA	American Board of Anesthesiology
003	ABAI	American Board of Allergy & Immunology
004	ABCRS	American Board of Colon and Rectal Surgery
005	ABD	American Board of Dermatology
006	ABEM	American Board of Emergency Medicine
007	ABFP	American Board of Family Practice
008	ABIM	American Board of Internal Medicine
009	ABNM	American Board of Nuclear Medicine
010	ABNS	American Board of Neurological Surgery
011	ABOG	American Board of Obstetrics and Gynecology
012	ABOP	American Board of Ophthalmology
013	ABOS	American Board of Orthopedic Surgery
014	ABOTO	American Board of Otolaryngology
015	ABP	American Board of Pathology
016	ABP	American Board of Pediatrics
017	ABPM	American Board of Preventive Medicine
018	ABPMR	American Board of Physical Medicine & Rehabilitation
019	ABPN	American Board of Psychiatry and Neurology
020	ABPS	American Board of Plastic Surgery
021	ABR	American Board of Radiology
022	ABS	American Board of Surgery
023	ABTS	American Board of Thoracic Surgery
024	ABU	American Board of Urology
025	ACHRN	Advanced Certified Hyperbaric Nurse
026	ACRN	AIDS Certified Registered Nurse
027	ANP	Adult Nurse Practitioner
028	AOCN	Advanced Oncology Certified Nurse
029	AOCNP	Advanced Oncology Certified Nurse Practitioner
030	AOCNS	Advanced Oncology Certified Clinical Nurse Specialist
031	APNP	Advanced Practice Nurse Practitioner
032	APSW	Advanced Practice Social Worker
033	APRN	Advanced Practice Registered Nurse
034	ATC	Athletic Trainer Certified
035	BA	Bachelor of Arts
036	BB(ASCP)	Technologist in Blood Banking
037	BDSC	Bachelor of Dental Science
038	BDS	Bachelor of Dental Surgery
039	BHS	Bachelor of Health Science
040	BHYG	Bachelor of Hygiene
041	BM	Bachelor of Medicine
042	BM BCH	Bachelor of Medicine and Bachelor of Surgery
043	BMEDBIOL	Bachelor of Medical Biology
044	BMS	Bachelor of Medical Science
045	BMIC	Bachelor of Microbiology
046	BMT	Bachelor of Medical Technology
047	BN	Bachelor of Nursing
048	BO	Bachelor of Osteopathy
049	BPHARM	Bachelor of Pharmacy
050	BPH	Bachelor of Public Health
051	BPHN	Bachelor of Public Health Nursing
052	BS	Bachelor of Science
053	BSM	Bachelor of Science in Medicine
054	BSN	Bachelor of Science in Nursing
055	BSPH	Bachelor of Science in Pharmacy

056	BSW	Bachelor of Social Work
057	BVMS	Bachelor of Veterinary Medicine and Science
058	BVSC	Bachelor of Veterinary Science
059	C(ASCP)	Technologist in Chemistry
060	CADC	Certified Alcohol and Drug Counselor
061	CAPA	Certified Ambulatory Perianesthesia Nurse
062	CB OR CHB	Bachelor of Surgery
063	CBI	Certificate in Breast Imaging
064	CCC-SLP	Certificate of Clinical Competance in Speech Language Pathology
065	CCH	Certified Clinical Hypnotherapist
066	CCNS	Critical Care Nurse Specialist
067	CCRN	Critical Care Registered Nurse
068	CDA	Certified Dental Assistant
069	CDE	Certified Diabetes Educator
070	CDN	Certified Dialysis Nurse
071	CEN	Certified Emergency Nurse
072	CFRN	Certified Emergency Flight Nurse
073	CGRN	Certified Gastroenterology Registered Nurse
074	CHPN	Certified Hospice and Palliative Nurse
075	CHRN	Certified Hyperbaric Nurse
076	CHT	Certified Hypnotherapist
077	CLT	Certified Laboratory Technician
078	CMA	Certified Medical Assistant
079	CM	Certified Midwife
080	CMSRN	Certified Medical-Surgical Registered Nurse
081	CNM	Certified Nurse Midwife
082	CNMT	Certified Nuclear Medicine Technologist
083	CNN	Certified Nephrology Nurse
084	CNS	Clinical Nurse Specialist
085	COCN	Certified Continence Care Nurse
086	COTA	Certified Occupational Therapy Assistant
087	CPAN	Certified Post Anesthesia Nurse
088	CPFT	Certified Pulmonary Function Technologist
089	CPN	Certified Pediatric Nurse
090	CPON	Certified Pediatric Oncology Nurse
091	CPNP	Certified Pediatric Nurse Practitioner
092	CRN	Certified Radiologic Nurse
093	CRNA	Certified Registered Nurse Anesthetist
094	CRNFA	Certified Registered Nurse First Assistant
095	CRNI	Certified Registered Nurse Infusion
096	CRRN	Certified Rehabilitation Registered Nurse
097	CRRN-A	Certified Rehabilitation Registered Nurse - Advanced
098	CRT	Certified Respiratory Therapist
099	CRT	Certified Respiratory Therapy Technician
100	CSAC	Certified Substance Abuse Counselor
101	CSW	Clinical Social Worker
102	CUCNS	Certified Urologic Clinical Nurse Specialist
103	CUNP	Certified Urologic Nurse Practitioner
104	CURN	Certified Urologic Registered Nurse
105	CWCN	Certified Wound Care Nurse
106	CWOCN	Certified Wound, Ostomy and Continence Nurse
107	DA	Dental Assistant
108	DC	Doctor of Chiropractic
109	DCH	Diploma in Child Health
110	DCH	Doctor of Surgery
111	DCHO	Doctor of Ophthalmic Surgery

112	DCP	Diploma in Clinical Pathology
113	DDR	Diploma in Diagnostic Radiology
114	DDS	Doctor of Dental Surgery
115	DDSC	Doctor of Dental Science
116	DFHOM	Diploma from a Faculty of Homeopathy
117	DHG, DHY, DHYG, DRHYG	Doctor of Hygiene
118	DIP	Diplomate or Diploma
119	DIPBACT	Diploma in Bacteriology
120	DIPCHEM	Diploma in Chemistry
121	DIPCLINPATH	Diploma in Clinical Pathology
122	DIPMICROBIOL	Diploma in Microbiology
123	DIPPHYS OR DPHYS	Diploma in Physiotherapy
124	DIPSOCMED	Diploma in Social Medicine
125	DLM(ASCP)	Diplomate in Laboratory Management
126	DMD	Doctor of Dental Medicine
127	DMT	Doctor of Medical Technology
128	DO	Doctor of Osteopathy
129	DN	Doctor of Nursing
130	DNE	Doctor of Nursing Education
131	DNS	Doctor of Nursing Science
132	DNC	Dermatology Nurse Certified
133	DON	Director of Nursing
134	DOS	Doctor of Ocular Science
135	DOSC	Doctor of Optical Science
136	DP	Doctor of Pharmacy
137	DP	Doctor of Podiatry
138	DPH	Doctor of Public Health
139	DPH	Doctor of Public Hygiene
140	DPHC	Doctor of Pharmaceutical Chemistry
141	DPHN	Doctor of Public Health Nursing
142	DPM	Doctor of Podiatric Medicine
143	DPT	Doctor of Physican Therapy
144	DRMED	Doctor of Medicine
145	DRPH	Doctor of Public Health
146	DRPH	Doctor of Public Hygiene
147	DSC	Doctor of Science
148	DVM	Doctor of Veterinary Medicine
149	DVMS	Doctor of Veterinary Medicine and Surgery
150	DVR	Doctor of Veterinary Radiology
151	DVS	Doctor of Veterinary Science
152	EDD	Doctor of Education
153	ENPC	Emergency Nursing Pediatric
154	ET	Enterostomal Therapist
155	FAAN	Fellow of the American Academy of Nursing
156	FACAAI	Fellow of the American College of Allergy, Asthma & Immunology
157	FACC	Fellow of the American College of Cardiology
158	FACD	Fellow of the American College of Dentists
159	FAAFP	Fellow of the American Academy of Family Physicians
160	FACG	Fellow of the American College of Gastroenterology
161	FACOG	Fellow of the American College of Obstetricians and Gynecologists
162	FACP	Fellow of the American College of Physicians
163	FACPM	Fellow of the American College of Preventive Medicine
164	FACS	Fellow of the American College of Surgeons
165	FACSM	Fellow of the American College of Sports Medicine
166	FAMA	Fellow of the American Medical Association

167	FAOTA	Fellow of the American Occupational Therapy Association
168	FAPA	Fellow of the American Psychiatric Association
169	FAPHA	Fellow of the American Public Health Association
170	FCAP	Fellow of the College of American Pathologists
171	FCCP	Fellow of the American College of Chest Physicians
172	FCPS	Fellow of the College of Physicians and Surgeons
173	FDS	Fellow in Dental Surgery
174	FNP	Family Nurse Practitioner
175	GNP	Gerontological Nurse Practitioner
176	GP	General Practitioner
177	H(ASCP)	Medical Technologist in Hematology
178	HP(ASCP)	Hemapheresis Practitioner
179	HT(ASCP)	Histotechnician
180	HTL(ASCP)	Histotechnologist
181	HNC	Certified Holistic Nurse
182	HNC	Hyperbaric Nurse Clinician
183	JD	Doctor of Jurisprudence
184	LAT	Licensed Athletic Trainer
185	LCSW	Licensed Clinical Social Worker
186	LMT	Licensed Massage Therapist
187	LNCC	Legal Nurse Consultant Certified
188	LPC	Licensed Professional Counselor
189	LPN	Licensed Practical Nurse (also known as a LVN)
190	LPN, CLTC	Licensed Practical Nurse - Certified in Long-Term Care
191	LPN, NCP	Licensed Practical Nurse - Certified in Pharmacology
192	LVN	Licensed Vocational Nurse (also known as a LPN)
193	LVN, CLTC	Licensed Vocational Nurse - Certified in Long-Term Care
194	LVN, NCP	Licensed Vocational Nurse - Certified in Pharmacology
195	MA	Master of Arts
196	M(ASCP)	Medical Technologist in Microbiology
197	MB	Bachelor of Medicine
198	MBBS	Bachelor of Medicine and Bachelor of Surgery
199	MBCHB	Bachelor of Medicine, Bachelor of Surgery
200	MC	Master of Surgery
201	MCPS	Member of the College of Physicians and Surgeons
202	MD	Doctor of Medicine
203	MD PHD	Doctor of Medicine, Doctor of Philosophy
204	MDENTSC	Master of Dental Science
205	MDS	Master of Dental Surgery
206	MFT	Marriage & Family Therapist
207	MLT	Medical Laboratory Technician
208	MLT(ASCP)	Medical Laboratory Technician
209	MSN	Master of Science in Nursing
210	MPH	Master of Pharmacy
211	MP(ASCP)	Medical Technologist in Molecular Pathology
212	MPHARM	Master of Pharmacy
213	MRAD	Master of Radiology
214	MRL	Medical Records Librarian
215	MS	Master of Science
216	MSCD	Master of Dental Science
217	MSCN	Master of Science in Nursing
218	MSD	Master of Science in Dentistry
219	MSPH, MSCPH, MSPHARM, OR MSCPHARM	Master of Science in Pharmacy
220	MSW	Master of Science in Social Work

221	MSW LCSW	Master of Science in Social Work, Licensed Clinical Social Worker
222	MSSW	Master of Science in Social Work
223	MT	Medical Technologist
224	MT(ASCP)	Medical Technologist
225	MVD	Doctor of Veterinary Medicine
226	NCED	Nationally Certified Educational Diagnostician
227	NCT	Nuclear Cardiology Technologist
228	ND	Doctor of Nursing
229	ND	Doctor of Naturopathy
230	NMT	Nuclear Medicine Technologist
231	NP	Nurse Practitioner
232	NP-C	Nurse Practitioner - Certified
233	OCN	Oncology Certified Nurse
234	OD	Doctor of Optometry
235	ONC	Orthopedic Nurse Certified
236	OT	Occupational Therapist
237	OTR	Registered Occupational Therapist
238	PA	Physician Assistant
239	PA-C	Physician Assistant-Certified
240	PD	Doctor of Pharmacy
241	PHARMD	Doctor of Pharmacy
242	PHD	Doctor of Philosophy
243	PNP	Pediatric Nurse Practitioner
244	PSYD	Doctor of Psychology
245	PT	Physical Therapist or Physiotherapist
246	PTA	Physical Therapist Assistant
247	RDA	Registered Dental Assistant
248	RDA LEVEL I	Registered Dental Assistant Level I
249	RDA LEVEL II	Registered Dental Assistant Level II
250	RDCS	Registered Diagnostic Cardiac Sonographer
251	RDH	Registered Dental Hygienist
252	RDMS	Registered Diagnostic Medical Sonographer
253	RMA	Registered Medical Assistant
254	RN	Registered Nurse
255	RN BSN	Registered Nurse, Bachelor of Science in Nursing
256	RNA	Registered Nurse Anesthetist
257	RNA	Registered Nursing Assistant
258	ROUB	Registered Ophthalmic Ultrasound Biometrist
259	RPH	Registered Pharmacist
260	RPFT	Registered Pulmonary Function Technologist
261	RPT	Registered Physical Therapist or Registered Physiotherapist
262	RRA	Registered Record Librarian or Registered Records Librarian
263	RRT	Registered Respiratory Therapist
264	RT	Respiratory Therapist or Radiological Technologist
265	RTN(ARRT)	Registered Nuclear Medicine Technologist
266	RTR(ARRT)	Registered Radiography Technologist
267	RTT(ARRT)	Registered Radiation Therapist
268	RVT	Registered Vascular Technologist
269	SBB(ASCP)	Specialist in Blood Banking
270	SC(ASCP)	Specialist in Chemistry
271	SCT(ASCP)	Specialist in Cytotechnology
272	SH(ASCP)	Specialist in Hematology
273	SLP	Speech and Language Pathologist
274	SLS(ASCP)	Specialist in Laboratory Safety
275	SM(ASCP)	Specialist in Microbiology
276	SV(ASCP)	Specialist in Virology

277	SW	Social Worker
278	VT	Veterinary Technician
998		Unknown
999		Other

Country Code	Country
Country Code	English short name (upper/lower case)
004	Afghanistan
248	Åland Islands
008	Albania
012	Algeria
016	American Samoa
020	Andorra
024	Angola
660	Anguilla
010	Antarctica
028	Antigua and Barbuda
032	Argentina
051	Armenia
533	Aruba
036	Australia
040	Austria
031	Azerbaijan
044	Bahamas
048	Bahrain
050	Bangladesh
052	Barbados
112	Belarus
056	Belgium
084	Belize
204	Benin
060	Bermuda
064	Bhutan
068	Bolivia (Plurinational State of)
535	Bonaire, Sint Eustatius and Saba
070	Bosnia and Herzegovina
072	Botswana
074	Bouvet Island
076	Brazil
086	British Indian Ocean Territory
096	Brunei Darussalam
100	Bulgaria
854	Burkina Faso
108	Burundi
132	Cabo Verde
116	Cambodia
120	Cameroon

124	Canada
136	Cayman Islands
140	Central African Republic
148	Chad
152	Chile
156	China
162	Christmas Island
166	Cocos (Keeling) Islands
170	Colombia
174	Comoros
178	Congo
180	Congo (Democratic Republic of the)
184	Cook Islands
188	Costa Rica
384	Côte d'Ivoire
191	Croatia
192	Cuba
531	Curaçao
196	Cyprus
203	Czechia
208	Denmark
262	Djibouti
212	Dominica
214	Dominican Republic
218	Ecuador
818	Egypt
222	El Salvador
226	Equatorial Guinea
232	Eritrea
233	Estonia
231	Ethiopia
238	Falkland Islands (Malvinas)
234	Faroe Islands
242	Fiji
246	Finland
250	France
254	French Guiana
258	French Polynesia
260	French Southern Territories
266	Gabon
270	Gambia
268	Georgia
276	Germany
288	Ghana

292	Gibraltar
300	Greece
304	Greenland
308	Grenada
312	Guadeloupe
316	Guam
320	Guatemala
831	Guernsey
324	Guinea
624	Guinea-Bissau
328	Guyana
332	Haiti
334	Heard Island and McDonald Islands
336	Holy See
340	Honduras
344	Hong Kong
348	Hungary
352	Iceland
356	India
360	Indonesia
364	Iran (Islamic Republic of)
368	Iraq
372	Ireland
833	Isle of Man
376	Israel
380	Italy
388	Jamaica
392	Japan
832	Jersey
400	Jordan
398	Kazakhstan
404	Kenya
296	Kiribati
408	Korea (Democratic People's Republic of)
410	Korea (Republic of)
414	Kuwait
417	Kyrgyzstan
418	Lao People's Democratic Republic
428	Latvia
422	Lebanon
426	Lesotho
430	Liberia
434	Libya
438	Liechtenstein

440	Lithuania
442	Luxembourg
446	Macao
807	Macedonia (the former Yugoslav Republic of)
450	Madagascar
454	Malawi
458	Malaysia
462	Maldives
466	Mali
470	Malta
584	Marshall Islands
474	Martinique
478	Mauritania
480	Mauritius
175	Mayotte
484	Mexico
583	Micronesia (Federated States of)
498	Moldova (Republic of)
492	Monaco
496	Mongolia
499	Montenegro
500	Montserrat
504	Morocco
508	Mozambique
104	Myanmar
516	Namibia
520	Nauru
524	Nepal
528	Netherlands
540	New Caledonia
554	New Zealand
558	Nicaragua
562	Niger
566	Nigeria
570	Niue
574	Norfolk Island
580	Northern Mariana Islands
578	Norway
512	Oman
586	Pakistan
585	Palau
275	Palestine, State of
591	Panama

598	Papua New Guinea
600	Paraguay
604	Peru
608	Philippines
612	Pitcairn
616	Poland
620	Portugal
630	Puerto Rico
634	Qatar
638	Réunion
642	Romania
643	Russian Federation
646	Rwanda
652	Saint Barthélemy
654	Saint Helena, Ascension and Tristan da Cunha
659	Saint Kitts and Nevis
662	Saint Lucia
663	Saint Martin (French part)
666	Saint Pierre and Miquelon
670	Saint Vincent and the Grenadines
882	Samoa
674	San Marino
678	Sao Tome and Principe
682	Saudi Arabia
686	Senegal
688	Serbia
690	Seychelles
694	Sierra Leone
702	Singapore
534	Sint Maarten (Dutch part)
703	Slovakia
705	Slovenia
090	Solomon Islands
706	Somalia
710	South Africa
239	South Georgia and the South Sandwich Islands
728	South Sudan
724	Spain
144	Sri Lanka
729	Sudan
740	Suriname
744	Svalbard and Jan Mayen

748	Swaziland
752	Sweden
756	Switzerland
760	Syrian Arab Republic
158	Taiwan, Province of China^[a]
762	Tajikistan
834	Tanzania, United Republic of
764	Thailand
626	Timor-Leste
768	Togo
772	Tokelau
776	Tonga
780	Trinidad and Tobago
788	Tunisia
792	Turkey
795	Turkmenistan
796	Turks and Caicos Islands
798	Tuvalu
800	Uganda
804	Ukraine
784	United Arab Emirates
826	United Kingdom of Great Britain and Northern Ireland
840	United States of America
581	United States Minor Outlying Islands
858	Uruguay
860	Uzbekistan
548	Vanuatu
862	Venezuela (Bolivarian Republic of)
704	Viet Nam
092	Virgin Islands (British)
850	Virgin Islands (U.S.)
876	Wallis and Futuna
732	Western Sahara
887	Yemen
894	Zambia
716	Zimbabwe

County		
FIPS_US_STATE_AND_WICOUNTY_CODE	FIPS_STATE_US_AB	US_STATE_AND_WICOUNTY_NAME
00001	AL	ALABAMA
00002	AK	ALASKA
00004	AZ	ARIZONA
00005	AR	ARKANSAS
00006	CA	CALIFORNIA
00008	CO	COLORADO
00009	CT	CONNECTICUT
00010	DE	DELAWARE
00011	DC	DISTRICT OF COLUMBIA
00012	FL	FLORIDA
00013	GA	GEORGIA
00015	HI	HAWAII
00016	ID	IDAHO
00017	IL	ILLINOIS
00018	IN	INDIANA
00019	IA	IOWA
00020	KS	KANSAS
00021	KY	KENTUCKY
00022	LA	LOUISIANA
00023	ME	MAINE
00024	MD	MARYLAND
00025	MA	MASSACHUSETTS
00026	MI	MICHIGAN
00027	MN	MINNESOTA
00028	MS	MISSISSIPPI
00029	MO	MISSOURI
00030	MT	MONTANA
00031	NE	NEBRASKA
00032	NV	NEVADA
00033	NH	NEW HAMPSHIRE
00034	NJ	NEW JERSEY
00035	NM	NEW MEXICO
00036	NY	NEW YORK
00037	NC	NORTH CAROLINA
00038	ND	NORTH DAKOTA
00039	OH	OHIO
00040	OK	OKLAHOMA
00041	OR	OREGON
00042	PA	PENNSYLVANIA
00044	RI	RHODE ISLAND
00045	SC	SOUTH CAROLINA
00046	SD	SOUTH DAKOTA
00047	TN	TENNESSEE
00048	TX	TEXAS
00049	UT	UTAH
00050	VT	VERMONT

00051	VA	VIRGINIA
00053	WA	WASHINGTON
00054	WV	WEST VIRGINIA
55001	WI	ADAMS
55003	WI	ASHLAND
55005	WI	BARRON
55007	WI	BAYFIELD
55009	WI	BROWN
55011	WI	BUFFALO
55013	WI	BURNETT
55015	WI	CALUMET
55017	WI	CHIPPEWA
55019	WI	CLARK
55021	WI	COLUMBIA
55023	WI	CRAWFORD
55025	WI	DANE
55027	WI	DODGE
55029	WI	DOOR
55031	WI	DOUGLAS
55033	WI	DUNN
55035	WI	EAU CLAIRE
55037	WI	FLORENCE
55039	WI	FOND DU LAC
55041	WI	FOREST
55043	WI	GRANT
55045	WI	GREEN
55047	WI	GREEN LAKE
55049	WI	IOWA
55051	WI	IRON
55053	WI	JACKSON
55055	WI	JEFFERSON
55057	WI	JUNEAU
55059	WI	KENOSHA
55061	WI	KEWAUNEE
55063	WI	LA CROSSE
55065	WI	LAFAYETTE
55067	WI	LANGLADE
55069	WI	LINCOLN
55071	WI	MANITOWOC
55073	WI	MARATHON
55075	WI	MARINETTE
55077	WI	MARQUETTE
55078	WI	MENOMINEE
55079	WI	MILWAUKEE
55081	WI	MONROE
55083	WI	OCONTO
55085	WI	ONEIDA
55087	WI	OUTAGAMIE
55089	WI	OZAUKEE

55091	WI	PEPIN
55093	WI	PIERCE
55095	WI	POLK
55097	WI	PORTAGE
55099	WI	PRICE
55101	WI	RACINE
55103	WI	RICHLAND
55105	WI	ROCK
55107	WI	RUSK
55111	WI	SAUK
55113	WI	SAWYER
55115	WI	SHAWANO
55117	WI	SHEBOYGAN
55109	WI	ST. CROIX
55119	WI	TAYLOR
55121	WI	TREMPEALEAU
55123	WI	VERNON
55125	WI	VILAS
55127	WI	WALWORTH
55129	WI	WASHBURN
55131	WI	WASHINGTON
55133	WI	WAUKESHA
55135	WI	WAUPACA
55137	WI	WAUSHARA
55139	WI	WINNEBAGO
55141	WI	WOOD
00056	WY	WYOMING
00060	AS	AMERICAN SAMOA
00066	GU	GUAM
00069	MP	NORTHERN MARIANA ISLANDS
00072	PR	PUERTO RICO
00074	UM	U.S. MINOR OUTLYING ISLANDS
00078	VI	U.S. VIRGIN ISLANDS
99998	N/A	UNKNOWN
99999	N/A	OTHER

Provider Medical Home Data Element: Proposed & Draft Codes & Valid Values

Medical_Home_Code	Medical_Home_Description
1	Accreditation Association for Ambulatory Health Care (AAAHC)
2	The Joint Commission
3	National Committee for Quality Assurance (NCQA)
4	Utilization Review Accreditation Commission (URAC)
5	Health Plan Specific Program
6	CMS Medical Home Model
7	State-based Program
8	Medical Home Pilot Program
98	Unknown
99	Other

PROVIDER_SYSTEM_CODE	PROVIDER_SYSTEM_DESCRIPTION
0001	ABDUL G DURRANI MD SC
0002	ABDUL SULIEMAN MD SC
0003	ACACIA MENTAL HEALTH CLINIC
0004	ACCESS COMMUNITY HEALTH CENTERS
0007	ADAPT CLINIC
0008	ADEDAPO OKUSANYA MD SC
0010	ADVENTIST HEALTH SYSTEM
0011	AFFILIATED CLINICAL SERVICES
0016	AFFINITY HEALTH SYSTEM
0043	AGNESIAN HEALTHCARE/ST AGNES HOSPITAL
0044	AGPOON MEDICAL CLINIC SC
0045	AGRACE HOSPICECARE
0046	ALEXANDER EYE INSTITUTE
0047	ALLEN EYE CARE ASSOCIATES SC
0050	ALPINE FAMILY MEDICINE & ALLERGY CLINIC
0051	AMBULATORY SERVICES & TREATMENT CENTER
0052	AMERICAN BEHAVIORAL CLINICS SC
0055	AMERICAN COMMUNITY MEDICAL CENTER
0059	AMERY REGIONAL MEDICAL CENTER
0159	AMY C. KROHN MD SC
0160	ANDERSON & SHAPIRO EYE SURGEONS SC
0161	ANDREW J SCHROETTNER MD SC
0163	ANN E STANGER MD LLC
0164	APL LLC
0168	ASCEND DERMATOLOGY
0175	ASPIRUS
0213	ASSOCIATED EYE CARE
0214	ASSOCIATED MENTAL HEALTH CONSULTANTS
0215	ASSOCIATED PHYSICIANS LLP
0216	ASSOCIATES IN GASTROENTEROLOGY SC
0218	ATLAS PSYCHIATRY LLC
0254	AURORA HEALTH CARE
0273	BAD RIVER HEALTH AND WELLNESS CENTER
0274	BALDWIN AREA MEDICAL CENTER
0275	BARBARA HUMMEL MD SC
0276	BARBARA LOEVINGER MD
0278	BAY AREA MEDICAL CENTER
0279	BAY AREA NEPHROLOGY SC
0282	BAY VIEW OPHTHALMOLOGY
0291	BAYCARE HEALTH SYSTEMS LLC
0300	BEAU SOLEIL PSYCHIATRIC ASSOCIATES S.C.
0301	BEAVER DAM COMMUNITY HOSPITALS INC
0306	BELLEVUE TOTAL HEALTH
0329	BELLIN HEALTH PARTNERS
0332	BELLIN HEALTH SYSTEM ADMINISTRATION
0336	BELOIT HEALTH SYSTEM
0340	BLACK RIVER MEMORIAL HOSPITAL
0342	BLOODCENTER OF WISCONSIN
0346	BRADLEY N LEMKE LLC
0349	BREAST SURGERY EXPERTS OF NORTHEAST WISCONSIN
0352	BROWN COUNTY HUMAN SERVICES DEPARTMENT
0353	BRUCE A. KRAUS MD

0355	BURNETT MEDICAL CENTER
0364	CATALPA HEALTH INC
0365	CELESTINO M PEREZ MD SC
0366	CENTER FOR NEUROLOGY AND SLEEP DISORDERS SC
0369	CENTRAL WISCONSIN CENTER
0372	CHEQUAMEGON CLINIC
0373	CHILD & ADOLESCENT PSYCHIATRIC SERVICES SC
0374	CHILD HEALTH CARE CENTER
0376	CHILDRENS HOSPITAL OF WISCONSIN
0411	CHN - COMMUNITY HEALTH NETWORK
0424	CHUONG C HUANG MD SERVICES
0426	CLARENCE P CHOU MD
0427	CLEMENT J ZABLOCKI VA MEDICAL CENTER
0429	CLIFFORD R POPLAR MD SC
0438	CMH OCONTO FALLS PRIMARY CARE CLINIC
0439	COLLECTIVE FOCUS SPEAKING & TRAINING OPTIONS LLC
0441	COLUMBIA ST MARYS INC
0445	COMMUNITY PARTNERSHIPS INC
0446	COMMUNITY PEDIATRICS SC
0447	COMPREHENSIVE ORTHOPAEDICS SC
0448	CONNECTIONS COUNSELING
0449	CONSULTANTS IN NEUROLOGY SC
0450	CORNERSTONE COUNSELING SERVICES
0451	COULEE REGION PSYCHIATRIC SERVICES SC
0503	CUMBERLAND MEMORIAL HOSPITAL INC
0504	DAVID E HOLLOWAY PHD MD SC
0505	DAVID J FAGAN DO
0550	DEPT OF VETERANS AFFAIRS
0551	DERMATOLOGIC SURGERY ASSOCIATES SC
0552	DERMATOLOGY ASSOCIATES OF WISCONSIN - MANITOWOC
0553	DERMATOLOGY ASSOCIATES OF WISCONSIN - APPLETON
0554	DERMATOLOGY ASSOCIATES OF WISCONSIN - BEAVER DAM
0555	DERMATOLOGY ASSOCIATES OF WISCONSIN - DE PERE
0556	DERMATOLOGY ASSOCIATES OF WISCONSIN - DEVELOPMENT
0557	DERMATOLOGY ASSOCIATES OF WISCONSIN - GLENDALE
0558	DERMATOLOGY ASSOCIATES OF WISCONSIN - GRAFTON
0559	DERMATOLOGY ASSOCIATES OF WISCONSIN - GREEN BAY
0560	DERMATOLOGY ASSOCIATES OF WISCONSIN - HUDSON
0561	DERMATOLOGY ASSOCIATES OF WISCONSIN - KENOSHA
0562	DERMATOLOGY ASSOCIATES OF WISCONSIN - MEQUON
0563	DERMATOLOGY ASSOCIATES OF WISCONSIN - MUSKEGO
0564	DERMATOLOGY ASSOCIATES OF WISCONSIN - NEENAH
0565	DERMATOLOGY ASSOCIATES OF WISCONSIN - OSHKOSH
0566	DERMATOLOGY ASSOCIATES OF WISCONSIN - RACINE
0567	DERMATOLOGY ASSOCIATES OF WISCONSIN - SHEBOYGAN
0568	DERMATOLOGY ASSOCIATES OF WISCONSIN - STEVENS POINT
0569	DERMATOLOGY ASSOCIATES OF WISCONSIN - WAUWATOSA
0570	DERMATOLOGY CLINIC SC
0571	DERMATOLOGY SPECIALISTS OF SOUTHEASTERN WISCONSIN
0572	DIABETES OSTEOPOROSIS THYROID ENDOCRINE CTR LLC
0573	DIAGNOSTIC AND TREATMENT CENTER
0574	DIANA L KRUSE MD SC
0575	DIGESTIVE HEALTHCARE SPECIALISTS

0576	DISCREET PSYCHIATRIC SERVICES
0577	DIVINE SAVIOR HEALTHCARE
0580	DODGE COUNTY HUMAN SERVICES & HEALTH DEPT
0582	DONALD A NEFF MD SC
0583	DONALD M JACOBSON MD SC
0584	DONALD S SCHUSTER MD
0585	DOUGLAS LLOYD BROWN MD SC
0586	DOUSMAN CLINIC SC
0587	DR H OXMAN INTERNAL MEDICINE & CARDIOLOGY SC
0589	DR NASSIF & ASSOCIATES SC
0590	DR TURGUT ZIA SC
0592	DRS DECHECK & MARTINI SC
0595	DRS MASSARO & KALENAK SC
0596	E JOHN ELDRIDGE MD SC
0597	EAR NOSE & THROAT FAMILY CLINIC OF WISCONSIN SC
0598	EAR NOSE & THROAT SPECIALISTS OF WISCONSIN SC
0599	EAR NOSE & THROAT SURGICAL ASSOCIATES SC
0601	EAR NOSE THROAT & PLASTIC SURGERY SPECIALISTS
0602	EARL NEPPLE MD
0603	EAST MEQUON SURGERY CENTER LLC
0605	EAST TOWN PROFESSIONAL ASSOC SC
0606	EAST TROY CLINIC
0607	EASTERN WISCONSIN COLONOSCOPY & GASTROENTEROLOGY SC
0613	EC LASER AND SURGERY INSTITUTE OF WI, LLC
0616	ELIZABETH A JACOBS MD
0617	ELKHORN FAMILY CLINIC
0621	ENDOCRINOLOGY ASSOCIATES OF GREEN BAY
0622	EPIC SYSTEM CORP
0624	ERBERT CACERES MD SC
0625	ESSENTIA HEALTH
0632	EVONNE M WINSTON MD
0635	EYE CARE SPECIALISTS SC
0636	EYE CLINIC OF MANITOWOC SC
0638	EYE CLINIC OF THE FOX VALLEY SC
0641	EYE PHYSICIANS & SURGEONS SC
0642	EYE SURGERY & LASER CENTER
0643	FALL GENERAL SURGERY LLC
0644	FAMILY CARE OF THE FOX CITIES SC
0646	FAMILY HEALTH / LACLINICA
0648	FAMILY HEALTH OF LAFAYETTE COUNTY
0650	FAMILY MEDICINE & SURGERY LLC
0651	FAMILY PEDIATRICS INC
0652	FAMILY THERAPY CENTER OF MADISON INC
0653	FARZAD KAMRANI MD SC
0658	FHN FAMILY HEALTHCARE CENTER
0659	FLEMING DERMATOPATHOLOGY
0661	FOND DU LAC COUNTY DEPARTMENT OF COMMUNITY PROGRAMS
0662	FOND DU LAC HEALTH CARE CENTER
0663	FOND DU LAC PSYCHIATRY LLC
0668	FORENSIC & LEGAL MEDICINE SC
0670	FOREST VIEW PEDIATRICS
0675	FORT HEALTHCARE INC
0687	FOX CITIES COMMUNITY HEALTH CENTER

0688	FOX CITIES EYE CLINIC
0689	FOX VALLEY DERMATOLOGY SC
0690	FOX VALLEY HEMATOLOGY & ONCOLOGY - MADISON ST
0691	FOX VALLEY HEMATOLOGY & ONCOLOGY - NEENAH
0692	FOX VALLEY HEMATOLOGY & ONCOLOGY - OSHKOSH
0693	FOX VALLEY HEMATOLOGY & ONCOLOGY SC
0694	FOX VALLEY NEPHROLOGY PARTNERS-NEENAH
0695	FOX VALLEY PERINATOLOGY SC
0696	FOX VALLEY SURGICAL ASSOCIATES LTD
0697	FOX VALLEY WELLNESS CENTER INC
0699	FRANCISCO J MARTINEZ MD
0700	FRANK T PETZKE MD SC
0704	FROEDTERT AND MEDICAL COLLEGE OF WISCONSIN
0735	G A TASCH CORP
0741	GENESIS COUNSELING
0742	GI ASSOCIATES LLC
0747	GRANT REGIONAL HEALTH CENTER
0748	GREAT LAKES FAMILY MEDICAL CENTER
0752	GREEN BAY ONCOLOGY LTD
0758	GREGORY KUHR MD FAMILY PRACTICE
0759	GROUP HEALTH COOPERATIVE OF SOUTH CENTRAL WISCONSIN
0769	GUNDERSEN HEALTH SYSTEM
0781	HALE-RICHLIN CENTER FOR PSYCHIATRY
0783	HAND TO HAND DEFENSE SC
0784	HAND TO SHOULDER CENTER OF WISCONSIN LTD
0785	HAROLD K RICHES DO
0786	HARRY H. SHARATA MD SC
0787	HEALTH CARE CENTER
0788	HEALTHCARE FOR THE HOMELESS
0804	HIGH POINT FAMILY MEDICINE LLC
0809	HO-CHUNK NATION HOUSE OF WELLNESS CLINIC
0810	HOLY FAMILY MEMORIAL HEALTH NETWORK
0813	HOUSE CALL MD
0814	HSBS - HOSPITAL SISTER HEALTH SYSTEM
0815	HUDSON HOSPITAL & CLINICS
0816	HUDSON PHYSICIANS SC
0817	IKAR J KALOGJERA MD SC
0818	INDEPENDENT PHYSICIANS NETWORK INC
0819	INDEPENDENT PSYCHIATRIC CONSULTANTS
0821	INNOVATIVE HEALTH CARE SC
0822	INTEGRATED MENTAL HEALTH SERVICE SC
0824	INTEGRITY MEDICAL GROUP SC
0828	J L LOEWEN MD SC
0830	JACKSON PSYCHIATRIC CENTER
0831	JAIME GONZALEZ RUVALCABA MD SC
0834	JAMES ELDON LEAN MD SC
0835	JAMES M BURY MD LTD
0836	JAMES MATA CZYNSKI MD SC
0837	JANDALI SURGICAL ASSOCIATES SC
0838	JEANNE VEDDER MD SC
0839	JEFFREY ANDERS MD SC
0841	JESSICA KELDERMAN MD LLC
0842	JITENDRA K BARUAH MD SC

0844	JOHN C MATTEUCCI JR MD SC
0845	JOHN E WALZ MD
0846	JOHN S ROGERSON MD SC
0848	JOURNEY MENTAL HEALTH CENTER
0852	JUNITH M THOMPSON MD SC
0853	KAGEN DERMATOLOGY CLINIC SC
0854	KALDAS CENTER FOR FERTILITY SURGERY & PREGNANCY
0855	KAREN L BUTLER MD SC
0859	KATIE R FASSBINDER MD LLC
0860	KAUKAUNA CLINIC SC
0863	KENNETH N KRUTSCH MD SC
0864	KENOSHA COMMUNITY HEALTH CENTER INC
0865	KENOSHA FAMILY PRACTICE SC
0867	KENOSHA PSYCHIATRIC ASSOCIATES
0868	KENOSHA UROLOGY CLINIC SC
0869	KENOSHA VASCULAR LAB INC
0874	KIRTIDA RINGWALA MD SC
0878	KROHN CLINIC
0879	LAC COURTE OREILLES COMMUNITY HEALTH CENTER
0881	LAFAYETTE COUNTY HUMAN SERVICES
0882	LAKE COUNTRY CARDIOVASCULAR ASSOCIATES LTD
0886	LAKE SIDE SURGICAL ASSOCIATES SC
0887	LAKESHORE EYE CARE PROFESSIONALS SC
0906	LAKESHORE MEDICAL GROUP SOUTH MILWAUKEE
0908	LAKESIDE NEUROCARE LTD
0910	LAKEVIEW PSYCHOLOGICAL ASSOCIATES SC
0911	LANCASTER FAMILY MEDICAL CENTER
0913	LAPOINTE COMMUNITY CLINIC
0915	LAURENS D YOUNG MD
0916	LAURI T GREEN MD SC
0917	LAYTON AVENUE DERMATOLOGY ASSOC SC
0918	LEILANE STA ROMANA MD SC
0920	LIGHTHOUSE CLINIC
0921	LINDA A DIRAIMONDO MD SC
0922	LINGAM V KUMAR MD SC
0923	LISA HUNTER MD SC
0926	LOIS J JACOBS MD SC
0927	LOUIS FULTON MD
0928	LUBSEY MEDICAL CENTER
0929	LUTFI TOMBULOGLU MD SC
0930	MADISON AREA RENAL SPECIALISTS SC
0932	MADISON EYE ASSOCIATES
0934	MADISON PSYCHIATRIC & PSYCHOLOGICAL SERVICES
0935	MADISON PSYCHIATRIC ASSOCIATES LTD
0937	MADISON WOMENS HEALTH
0939	MAIN STREET CLINIC INC
0940	MANITOWOC COUNTY HUMAN SERVICES DEPT
0941	MARIANO ROSALES MD SC
0942	MARINER MEDICAL CLINIC
0943	MARK D BIEHL MD SC
0945	MARQUETTE UNIVERSITY
0946	MARSHFIELD CLINIC
0981	MARY ALICE HOUGHTON MD SC

0983	MARY MCDONALD MD SC
0984	MASKI & MASKI CLINIC
0985	MATHEW MCCARTHY MD SC
0987	MAYO CLINIC HEALTH SYSTEM
1051	MEADE MEDICAL CLINIC
1053	MEDICAL ASSOCIATES CLINIC PC
1054	MEDICAL ASSOCIATES OF NEILLSVILLE LLC
1064	MELIUS SCHURR & CARDWELL
1066	MENDOTA MENTAL HEALTH INST
1067	MENOMINEE TRIBAL CLINIC
1068	MENTAL HEALTH SOLUTIONS
1069	MEQUON CLINICAL ASSOCIATES
1079	MERCY FAMILY PRACTICE SC
1080	MERCY HEALTH SYSTEM CORPORATION
1113	MERITER-UNITYPOINT HEALTH
1115	MICHAEL C REINECK MD SC
1116	MICHAEL D PLOOSTER MD SC
1118	MICHAEL J SMULLEN MD
1119	MICHAEL ONEILL MD BEHAVIORAL HEALTH ONEIDA TRIBE
1120	MICHAEL SCHELLPFEFFER OB/GYN SC
1121	MIDWEST CENTER FOR WOMENS HEALTH
1125	MILE BLUFF MEDICAL CENTER
1126	MILO C HUEMPFNER DEPT OF VETERANS AFFAIRS OUTPATIENT CLINIC
1128	MILWAUKEE CLINIC OF ORTHOPEDIC SURGERY LTD
1130	MILWAUKEE COUNTY MENTAL HEALTH COMPLEX
1132	MILWAUKEE EYE & CATARACT CLINIC SC
1133	MILWAUKEE EYE CARE ASSOCIATES SC
1138	MILWAUKEE INTERNAL MEDICINE ASSOCIATES INC
1140	MILWAUKEE NEPHROLOGISTS SC
1141	MILWAUKEE NEUROLOGICAL INSTITUTE SC
1144	MILWAUKEE PSYCHIATRIC PHYSICIANS CHARTERED
1146	MILWAUKEE SURGICAL SPECIALISTS
1147	MILWAUKEE UROLOGY SPECIALISTS
1148	MINDFUL CHOICES HEALTH CARE
1149	MINERAL POINT MEDICAL CENTER SC
1152	MINISTRY HEALTH CARE INC
1174	MODERNMED - MEQUON
1175	MOLINA HEALTHCARE OF WISCONSIN
1176	MONROE CLINIC
1187	MOUNVIEW MEMORIAL HOSPITAL & CLINICS INC
1188	N PATRICIA GARRETT MD LLC
1190	NEDA ESMALI MD SC
1194	NEUROLOGICAL SURGERY CONSULTANTS LTD
1196	NEUROLOGY ALLIANCE SC
1199	NEUROSCIENCE GROUP OF NORTHEAST WISCONSIN
1200	NEUROSPINE CENTER OF WISCONSIN
1201	NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE SC
1203	NEW DIRECTIONS BEHAVIORAL HEALTH CENTER INC
1205	NEW RICHMOND CLINIC
1206	NEW SURGICAL ASSOCIATES SC
1210	NORTH LAKES COMMUNITY CLINIC
1212	NORTH LAKES COMMUNITY CLINIC-MINONG
1216	NORTHEAST WISCONSIN RETINA ASSOCIATES SC

1217	NORTHEAST WISCONSIN VISION CENTER LTD
1218	NORTHERN WATERS OPHTHALMOLOGY SC
1225	NORTHEACH HEALTHCARE
1229	NORTHWEST PASSAGE LTD
1232	NORTHWOODS GUIDANCE
1233	OAK CREEK FAMILY MEDICINE
1236	OAKLEAF MEDICAL NETWORK
1239	OCONTO COUNTY HEALTH AND HUMAN SERVICES
1240	OMNE CLINIC INC
1242	ONEIDA COMMUNITY HEALTH CENTER
1243	OPHTHALMIC SURGERY OF WISCONSIN LTD
1245	OPTIONS TREATMENT PROGRAMS
1246	OPTIVISION EYE CARE
1247	ORTHOPAEDIC & SPORTS MEDICINE CLINIC OF MONROE
1249	ORTHOPAEDIC ASSOCIATES OF MILWAUKEE SC
1256	ORTHOPEDIC CLINIC OF APPLETON INC
1257	ORTHOPEDIC SPECIALISTS OF SE WI
1258	OSCEOLA MEDICAL CENTER
1260	OSHKOSH CLINIC BUILDING INC
1261	OUR LADY OF HOPE CLINIC INC
1262	OUTAGAMIE COUNTY HEALTH & HUMAN SERVICES
1263	OUTREACH COMMUNITY HEALTH CENTERS
1264	OZAUKEE COUNTY DEPARTMENT OF HUMAN SERVICES
1266	PADDOCK LAKE FAMILY PRACTICE
1267	PALADINA HEALTH
1269	PARADISE MEDICAL LLC
1271	PATRICIO F VIERNES MD SC
1273	PAUL F WAGNER MD SC
1274	PAUL SUMNICHT MD
1275	PAUQUETTE CENTER FOR MENTAL HEALTH & GUIDANCE
1278	PETER CHRISTENSEN HEALTH CENTER
1281	PHYSICIANS HEALTH NETWORK
1283	PIERCE COUNTY PUBLIC HEALTH
1287	PLYMOUTH FAMILY PHYSICIANS
1289	PRAIRIE CLINIC SC
1290	PRAIRIE DU CHIEN MEMORIAL HOSPITAL
1292	PRAMOD KUMAR MD SC
1293	PREMIER HEALTH SC
1294	PREMIER ORTHOPAEDICS LLC
1295	PREMIER SURGICAL OF WISCONSIN SC
1315	PREVEA HEALTH SERVICES
1317	PREVENTIVE MEDICINE CENTER
1318	PRIMARY CARE ASSOCIATES OF APPLETON LTD
1319	PRIMARY CARE CLINIC
1320	PRO CARE MEDICAL GROUP
1321	PROGRESSIVE COMMUNITY HEALTH CENTERS
1322	PROGRESSIVE PHYSICIAN NETWORK INC
1343	PROHEALTH SOLUTIONS LLC
1344	PSYCHIATRIC AND PSYCHOTHERAPY CLINIC
1345	PSYCHIATRIC CONSULTANTS
1346	PSYCHIATRIC CONSULTANTS & THERAPISTS
1347	PSYCHIATRIC SERVICES OF RACINE LLP
1348	PSYCHIATRIC SERVICES SC

1349	PSYCHOLOGY CENTER
1350	PURATH HEADACHE & NEUROLOGY SC
1351	QUADMED
1353	RACHAEL L WEIDERHOLD DO INC
1354	RACINE PSYCHOLOGICAL SERVICES
1355	RALPH FROELICH MD SC
1356	RANDOLPH COMMUNITY CLINIC
1358	RAYMOND MOY MD SC
1359	RED CLIFF COMMUNITY HEALTH CENTER
1361	REEDSBURG PHYSICIANS GROUP SC
1362	REFORMEDICINE SC
1363	REGENT MENTAL HEALTH GROUP
1364	REGINA MEDICAL GROUP
1366	REMEDY MEDICAL SERVICES SC
1369	RI-LEE MEDICAL STAFFING
1371	RICHARD A FRANK MD SC
1373	RICHARD D DAVENPORT AND ASSOCIATES SC
1374	RICHLAND MEDICAL CENTER LTD
1375	RIESCH SURGICAL SCIENCE LLC
1379	RIVER VALLEY MEDICAL GROUP
1380	RIVERSIDE PSYCHIATRIC GROUP SC
1384	ROBERT A GAHL MD SC
1385	ROBERT F MANN MD
1386	ROBERT H STRAUB MD
1387	ROCK COUNTY HUMAN SERVICES
1388	RODRIGO B MATA MD SC
1389	ROGERS MEMORIAL HOSPITAL
1394	S J MILLEN & S A HARVEY MD SC
1395	S JOHN KIM MD
1398	SACRED HEART OBSTETRICS & GYNECOLOGY
1400	SAUK COUNTY DEPT OF HUMAN SERVICES
1402	SAVAGLIO EYE CLINIC SC
1403	SCENIC BLUFFS COMMUNITY HEALTH CENTERS
1406	SHALINI VARMA MD
1409	SHEBOYGAN PEDIATRIC ASSOCIATES
1412	SHERYL SPITZER-RESNICH MD LLC
1413	SHORELINE SKIN SPECIALISTS SC
1414	SHOREVIEW PEDIATRICS SC
1415	SHOREWOOD FAMILY MEDICAL CLINIC
1417	SIXTEENTH STREET COMMUNITY HEALTH CENTERS
1425	SOUTHWEST HEALTH CENTER
1426	SPECTRUM HEALTHCARE LLC
1429	SPMH MEDICAL CLINICS
1430	SPOONER HEALTH SYSTEM
1431	SPORTS MEDICINE & ORTHOPEDIC CENTER SC
1432	SPORTS MEDICINE CENTER SC
1433	SPRING CITY HEALTH CENTRE
1434	SSM HEALTH CARE OF WISCONSIN
1437	ST CROIX REGIONAL MEDICAL CENTER
1439	ST CROIX TRIBAL CLINIC
1441	ST MARYS HOSPITAL
1444	STEVEN SINGER MD LLC
1445	STILLWATER MEDICAL GROUP

1446	STOCKBRIDGE-MUNSEE HEALTH CENTER
1447	STRESS MANAGEMENT & MENTAL HEALTH CLINICS INC.
1448	SUHAS K SHELGIKAR MD SC
1450	SURGERY CLINIC OF SPOONER
1451	SURGICAL ASSOCIATES LLP
1452	SURGICAL ASSOCIATES OF NEENAH
1457	SURYA MEDICAL GROUP SC
1458	SUSON EYE SPECIALISTS SC
1459	TAHA MEDICAL CENTER SC
1462	THE EYE CENTERS OF RACINE & KENOSHA
1464	THE JOYFUL DOC CLINIC SC
1465	THE KENNEDY CENTER FOR THE HIP & KNEE
1467	THE ORTHOPEDIC INSTITUTE OF WISCONSIN
1469	THE POSER CLINIC LLC
1476	THEDACARE INC
1506	THERESA M PARDOE DO
1507	THOMAS E GOODRICH MD SC
1511	TOMAH MEMORIAL HOSPITAL
1513	TOMAH VA MEDICAL CENTER
1514	TOSA MEDICAL GROUP LLC
1517	TRANSITIONAL LIVING SERVICES
1519	TURCOTT MEDICAL & PSYCHIATRIC ASSOC SC
1520	TURKE FAMILY MEDICINE SC
1521	TURLAPATI CLINIC
1524	UNGER EYE MD SC
1526	UNITED HOSPITAL SYSTEM
1534	UPLAND HILLS HEALTH INC
1535	URGIMED
1536	UROLOGICAL SURGERY SC
1539	UROLOGY INSTITUTE OF WAUKESHA SC
1547	UW HEALTH
1632	V STEPHEN SLANA MD SC
1633	VALLEY EYE ASSOCIATES - WEST
1634	VALLEY NEURO/MICRONEUROSURGERY SC
1635	VALLEY ORTHOPEDIC CLINIC SC
1636	VENKATA K SHARMA MD SC
1637	VERNON MEMORIAL HEALTHCARE
1639	VIBRANT HEALTH FAMILY CLINICS
1643	VICTORIA J MONDLOCH MD SC
1644	VICTORIA L FETTER MD
1646	VIOLETA A SINGSON MD SC
1647	VIRGINIA M LINABURY MD
1648	VITA PARK MEDICAL CLINICS
1652	WALTER K T WONG MD SC
1653	WATERS PREVENTIVE MEDICAL CENTER
1654	WATERTOWN FAMILY PRACTICE ASSOC SC
1655	WATERTOWN REGIONAL MEDICAL CENTER
1657	WAUKESHA COUNTY MENTAL HEALTH
1665	WAUPACA COUNTY DEPT - HUMAN SERVICES
1674	WHEATON FRANCISCAN HEALTHCARE - SOUTHEAST WISCONSIN INC
1751	WILDWOOD FAMILY CLINIC SC
1756	WINNEBAGO COUNTY HUMAN SERVICES
1757	WINNEBAGO MENTAL HEALTH INSTITUTE

1762	WISCONSIN DEPARTMENT OF HEALTH SERVICES
1765	WISCONSIN EYE CONSULTANTS
1766	WISCONSIN FERTILITY INSTITUTE
1767	WISCONSIN HEALTH FUND
1768	WISCONSIN HEART CENTER
1769	WISCONSIN HEART GROUP SC DBA MCW
1770	WISCONSIN INSTITUTE FOR NEURO & SLEEP DISORDERS
1771	WISCONSIN INSTITUTE OF UROLOGY - APPLETON
1772	WISCONSIN INSTITUTE OF UROLOGY - OSHKOSH
1773	WISCONSIN INSTITUTE OF UROLOGY SC
1776	WISCONSIN OCULOPLASTICS LTD
1777	WISCONSIN PSYCHIATRIC SERVICES LTD
1778	WISCONSIN RESOURCE CENTER
1781	WOMANS HEALTHCARE ASSOCIATES LTD
1784	WOMENS CARE OF WISCONSIN SC
1785	WOMENS CARE OF WISCONSIN SC - APPLETON
1788	WOMENS HEALTH SPECIALISTS SC - APPLETON
1789	WOMENS HEALTH SPECIALISTS SC - NEENAH
1790	WOMENS PSYCHOTHERAPY CENTRE OF WISCONSIN
1793	ZEBA SAMI MD
9998	UNKNOWN
9999	OTHER

PROVIDER_CLINIC_CO	PROVIDER_CLINIC_DESCRIPTION
0001	ABDUL G DURRANI MD SC
0002	ABDUL SULIEMAN MD SC
0003	ACACIA MENTAL HEALTH CLINIC
0005	ACCESS COMMUNITY HEALTH CENTERS WINGRA FAMILY MEDICAL CENTER
0006	ACUITY NEUROLOGY SC
0007	ADAPT CLINIC
0008	ADEDAPO OKUSANYA MD SC
0009	ADVANCED EAR NOSE & THROAT SPECIALISTS SC
0012	AFFILIATED CLINICAL SERVICES-HARTFORD
0013	AFFILIATED CLINICAL SERVICES-WEST BEND
0014	AFFILIATED DERMATOLOGISTS SC
0015	AFFILIATED FAMILY PSYCHIATRY OF WAUSAU
0017	AFFINITY HEART & LUNG CENTER-OSHKOSH
0018	AFFINITY HEART LUNG & VASCULAR CENTER-APPLETON
0019	AFFINITY MEDICAL GROUP
0020	AFFINITY MEDICAL GROUP - MOMC
0021	AFFINITY MEDICAL GROUP CHILDRENS HEALTH-TOWN OF MENASHA-DEERWOOD AVE
0022	AFFINITY MEDICAL GROUP-APPLETON-1501 MADISON
0023	AFFINITY MEDICAL GROUP-APPLETON-1531 MADISON
0024	AFFINITY MEDICAL GROUP-APPLETON-1611 MADISON STREET CLINIC
0025	AFFINITY MEDICAL GROUP-APPLETON-RICHMOND STREET
0026	AFFINITY MEDICAL GROUP-CALUMET MEDICAL CENTER-CHILTON
0027	AFFINITY MEDICAL GROUP-GREENVILLE
0028	AFFINITY MEDICAL GROUP-KAUKAUNA
0029	AFFINITY MEDICAL GROUP-KIEL
0030	AFFINITY MEDICAL GROUP-LITTLE CHUTE
0031	AFFINITY MEDICAL GROUP-MENASHA-AIRPORT RD
0032	AFFINITY MEDICAL GROUP-MENASHA-MIDWAY PL
0033	AFFINITY MEDICAL GROUP-NEENAH MAIN STREET CLINIC
0034	AFFINITY MEDICAL GROUP-NEW LONDON
0035	AFFINITY MEDICAL GROUP-OSHKOSH-JACKSON
0036	AFFINITY MEDICAL GROUP-OSHKOSH-KOELLER
0037	AFFINITY MEDICAL GROUP-OSHKOSH-MERCY CREEKSIDE
0038	AFFINITY MEDICAL GROUP-OSHKOSH-PARKWAY AVENUE CLINIC
0039	AFFINITY MEDICAL GROUP-UW CHILDRENS HEALTH CENTER
0040	AGNESIAN HEALTH CARE
0041	AGNESIAN HEALTHCARE CENTRAL WISCONSIN CANCER PROGRAM
0042	AGNESIAN HEALTHCARE CLINIC AT WESTWIND
0043	AGNESIAN HEALTHCARE/ST AGNES HOSPITAL
0044	AGPOON MEDICAL CLINIC SC
0045	AGRACE HOSPICECARE
0046	ALEXANDER EYE INSTITUTE
0047	ALLEN EYE CARE ASSOCIATES SC
0048	ALLIANCE ENT & HEARING CENTER SC
0049	ALLIANCE HEALTH LLC
0050	ALPINE FAMILY MEDICINE & ALLERGY CLINIC
0051	AMBULATORY SERVICES & TREATMENT CENTER
0052	AMERICAN BEHAVIORAL CLINICS SC
0053	AMERICAN BEHAVIORAL-BLUEMOUND CLINIC
0054	AMERICAN BEHAVIORAL-MEQUON CLINIC
0055	AMERICAN COMMUNITY MEDICAL CENTER
0056	AMERICAN FAMILY CHILDRENS HOSPITAL
0057	AMERICAN FAMILY CHILDRENS HOSPITAL-PEDIATRIC HOSPITAL MEDICINE
0058	AMERICAN FAMILY CHILDRENS HOSPITAL-PEDIATRIC NEUROSURGERY CLINIC
0059	AMERY REGIONAL MEDICAL CENTER
0060	AMG - FIREHOUSE SQUARE
0061	AMG - GENERAL AND VASCULAR SURGEONS SC
0062	AMG - KENOSHA BEHAVIORAL HEALTH
0063	AMG - PHYSICIAN OFFICE TOWER #308
0064	AMG - PHYSICIAN OFFICE TOWER #310
0065	AMG AURORA BAYCARE HEALTH CENTER - WEST MASON

0066	AMG AURORA BAYCARE MEDICAL CENTER
0067	AMG AURORA BAYCARE MEDICAL CENTER - VINCE LOMBARDI CANCER CENTER
0068	AMG AURORA BURLINGTON CLINIC
0069	AMG AURORA CARDIOVASCULAR SERVICES - AURORA SINAI MEDICAL CENTER
0070	AMG AURORA CARDIOVASCULAR SERVICES - AURORA ST. LUKES MEDICAL CENTER STE 175
0071	AMG AURORA CARDIOVASCULAR SERVICES - AURORA ST. LUKES MEDICAL CENTER STE 440
0072	AMG AURORA CARDIOVASCULAR SERVICES - AURORA ST. LUKES MEDICAL CENTER STE 575
0073	AMG AURORA CARDIOVASCULAR SERVICES - AURORA ST. LUKES MEDICAL CENTER STE 777
0074	AMG AURORA CARDIOVASCULAR SERVICES - AURORA ST. LUKES MEDICAL CENTER STE 840
0075	AMG AURORA CARDIOVASCULAR SERVICES - RACINE
0076	AMG AURORA CARDIOVASCULAR SERVICES - WOMENS PAVILION
0077	AMG AURORA DIABETES CENTER
0078	AMG AURORA FOX RIVER STATION
0079	AMG AURORA HEALTH CENTER - BAY SETTLEMENT
0080	AMG AURORA HEALTH CENTER - BEHAVIORAL HEALTH OUTPATIENT CLINIC
0081	AMG AURORA HEALTH CENTER - BEHAVIORAL SERVICES - ST LUKES SOUTH SHORE
0082	AMG AURORA HEALTH CENTER - BONDUEL
0083	AMG AURORA HEALTH CENTER - COMMERCE
0084	AMG AURORA HEALTH CENTER - COMPREHENSIVE BREAST CARE CENTER
0085	AMG AURORA HEALTH CENTER - COMPREHENSIVE BREAST CENTER
0086	AMG AURORA HEALTH CENTER - DE PERE
0087	AMG AURORA HEALTH CENTER - DELAVAN
0088	AMG AURORA HEALTH CENTER - EAST TROY
0089	AMG AURORA HEALTH CENTER - EDGERTON AVE
0090	AMG AURORA HEALTH CENTER - FOND DU LAC
0091	AMG AURORA HEALTH CENTER - GRAFTON
0092	AMG AURORA HEALTH CENTER - GREEN BAY
0093	AMG AURORA HEALTH CENTER - GREEN BAY - ALLOUEZ AVE
0094	AMG AURORA HEALTH CENTER - GREEN BAY - LINEVILLE RD
0095	AMG AURORA HEALTH CENTER - HALES CORNERS
0096	AMG AURORA HEALTH CENTER - HARTFORD
0097	AMG AURORA HEALTH CENTER - KENOSHA - 15TH PL
0098	AMG AURORA HEALTH CENTER - KENOSHA - 22ND AVE
0099	AMG AURORA HEALTH CENTER - KENOSHA - 75TH ST
0100	AMG AURORA HEALTH CENTER - KENOSHA 35TH ST
0101	AMG AURORA HEALTH CENTER - LAKE GENEVA
0102	AMG AURORA HEALTH CENTER - MARINETTE
0103	AMG AURORA HEALTH CENTER - N FOND DU LAC
0104	AMG AURORA HEALTH CENTER - NEENAH
0105	AMG AURORA HEALTH CENTER - OCONTO
0106	AMG AURORA HEALTH CENTER - OMRO
0107	AMG AURORA HEALTH CENTER - OSHKOSH
0108	AMG AURORA HEALTH CENTER - PADDOCK LAKE
0109	AMG AURORA HEALTH CENTER - PESHTIGO
0110	AMG AURORA HEALTH CENTER - RIVERCENTER
0111	AMG AURORA HEALTH CENTER - SHAWANO
0112	AMG AURORA HEALTH CENTER - STURGEON BAY
0113	AMG AURORA HEALTH CENTER - TWIN LAKES
0114	AMG AURORA HEALTH CENTER - TWO RIVERS
0115	AMG AURORA HEALTH CENTER - UNION GROVE
0116	AMG AURORA HEALTH CENTER - WALWORTH
0117	AMG AURORA HEALTH CENTER - WATERFORD
0118	AMG AURORA HEALTH CENTER - WAUKESHA
0119	AMG AURORA HEALTH CENTER - WEST ALLIS
0120	AMG AURORA HEALTH CENTER RACINE - EAST
0121	AMG AURORA HEALTH CENTER RACINE - NORTH
0122	AMG AURORA HEALTH CENTER RACINE - WEST
0123	AMG AURORA LAKELAND MEDICAL CENTER
0124	AMG AURORA MANITOWOC CLINIC - NORTH
0125	AMG AURORA MANITOWOC CLINIC - SOUTH
0126	AMG AURORA MARINETTE MENOMINEE CLINIC
0127	AMG AURORA MARINETTE MENOMINEE CLINIC - PEDIATRIC & ADOLESCENT MEDICIN

0128	AMG AURORA MEDICAL CENTER - WEST ALLIS
0129	AMG AURORA MEDICAL GROUP - DOCTORS COURT
0130	AMG AURORA MEDICAL GROUP - FRANKLIN
0131	AMG AURORA MEDICAL GROUP - KAUKAUNA
0132	AMG AURORA MEDICAL GROUP MATERNAL AND FETAL MEDICINE
0133	AMG AURORA MEDICAL GROUP SURGICAL SPECIALISTS
0134	AMG AURORA PSYCHIATRIC HOSPITAL
0135	AMG AURORA SHEBOYGAN CLINIC
0136	AMG AURORA SHEBOYGAN CLINIC - CEDAR GROVE
0137	AMG AURORA SHEBOYGAN CLINIC - HOWARDS GROVE
0138	AMG AURORA SHEBOYGAN CLINIC - KIEL
0139	AMG AURORA SHEBOYGAN CLINIC - PLYMOUTH
0140	AMG AURORA SHEBOYGAN CLINIC - SHEBOYGAN FALLS
0141	AMG AURORA SHEBOYGAN CLINIC - SOUTH
0142	AMG AURORA SHEBOYGAN MEMORIAL MEDICAL CENTER
0143	AMG AURORA SINAI MEDICAL CENTER
0144	AMG AURORA SINAI MEDICAL CENTER - HOSPITALIST MEDICINE
0145	AMG AURORA ST LUKES MEDICAL CENTER
0146	AMG AURORA ST LUKES MEDICAL CENTER-TRANSPLANT CLINIC
0147	AMG AURORA ST LUKES NEUROSCIENCE INNOVATION INSTITUTE
0148	AMG AURORA TWO RIVERS CLINIC
0149	AMG AURORA WILKINSON MEDICAL CLINIC - DELAFIELD
0150	AMG AURORA WILKINSON MEDICAL CLINIC - HARTLAND
0151	AMG AURORA WILKINSON MEDICAL CLINIC - SUMMIT
0152	AMG AURORA WILKINSON MEDICAL CLINIC - WALES
0153	AMG AURORA WISELIVES CLINIC
0154	AMG AURORA WOMENS PAVILION
0155	AMG INTERNAL MEDICINE PHYSICIANS
0156	AMG MIDWEST ENDOCRINOLOGY ASSOCIATES
0157	AMG OB/GYN - STE 515
0158	AMG UROLOGY SPECIALISTS
0159	AMY C. KROHN MD SC
0160	ANDERSON & SHAPIRO EYE SURGEONS SC
0161	ANDREW J SCHROETTNER MD SC
0162	ANILKUMAR M. SINGH MD SC
0163	ANN E STANGER MD LLC
0164	APL LLC
0165	APPLETON VA MEDICAL CLINIC
0166	ARNAVAZ DUA MD SC
0167	ARTHUR A ARENA MD
0169	ASCEND DERMATOLOGY - FRANKLIN
0170	ASCEND DERMATOLOGY - MOUNT PLEASANT
0171	ASCEND DERMATOLOGY - PLEASANT PRAIRIE
0172	ASCEND DERMATOLOGY - RACINE
0173	ASPEN ORTHOPAEDICS & REHABILITATION SPECIALIST SC - BROOKFIELD
0174	ASPEN ORTHOPAEDICS & REHABILITATION SPECIALIST SC - NEW BERLIN
0176	ASPIRUS CARDIOLOGY
0177	ASPIRUS COMFORT CARE & HOSPICE SERVICES
0178	ASPIRUS DERMATOLOGY CLINIC
0179	ASPIRUS DOCTORS CLINIC
0180	ASPIRUS DOCTORS CLINIC WALK-IN
0181	ASPIRUS EDGAR CLINIC
0182	ASPIRUS ENDOCRINOLOGY CLINIC
0183	ASPIRUS FAMILY HEALTH SPECIALISTS
0184	ASPIRUS FAMILY PHYSICIANS
0185	ASPIRUS FAMILY WALK-IN
0186	ASPIRUS FREEMAN ADULT HEALTH
0187	ASPIRUS GENERAL CLINIC - ANTIGO
0188	ASPIRUS GENERAL CLINIC - BIRNAMWOOD
0189	ASPIRUS GENERAL CLINIC- ELCHO
0190	ASPIRUS KRONENWETTER CLINIC
0191	ASPIRUS LAND O LAKES CLINIC

0192	ASPIRUS MEDFORD HOSPITAL & CLINICS
0193	ASPIRUS MEDFORD HOSPITAL & CLINICS D/B/A ASPIRUS RIB LAKE CLINIC
0194	ASPIRUS MERRILL CLINIC
0195	ASPIRUS NEPHROLOGY CLINIC
0196	ASPIRUS OB/GYN ASSOCIATES
0197	ASPIRUS PEDIATRICS CLINIC
0198	ASPIRUS PERINATOLOGY CLINIC
0199	ASPIRUS REGIONAL CANCER CENTER
0200	ASPIRUS REGIONAL CANCER CENTER - AWH
0201	ASPIRUS RHINELANDER CLINIC
0202	ASPIRUS RHINELANDER CLINIC WALK-IN
0203	ASPIRUS RIVERVIEW CLINICS
0204	ASPIRUS SPINE & NEUROSCIENCES INSTITUTE
0205	ASPIRUS STEVENS POINT CLINIC
0206	ASPIRUS STEVENS POINT CLINIC WALK-IN
0207	ASPIRUS THREE LAKES CLINIC
0208	ASPIRUS WAUSAU FAMILY MEDICINE
0209	ASPIRUS WAUSAU HOSPITAL
0210	ASPIRUS WESTHILL MEDICAL SPECIALISTS
0211	ASPIRUS WESTON CLINIC
0212	ASPIRUS WESTON CLINIC WALK-IN
0213	ASSOCIATED EYE CARE
0214	ASSOCIATED MENTAL HEALTH CONSULTANTS
0215	ASSOCIATED PHYSICIANS LLP
0216	ASSOCIATES IN GASTROENTEROLOGY SC
0217	ASSOCIATES OF NEUROLOGICAL SURGERY SC
0218	ATLAS PSYCHIATRY LLC
0219	AURORA ADVANCED HEALTHCARE - AURORA WEST ALLIS ORTHOPEDIC CLINIC
0220	AURORA ADVANCED HEALTHCARE - BAY VIEW
0221	AURORA ADVANCED HEALTHCARE - BROOKFIELD CLINIC
0222	AURORA ADVANCED HEALTHCARE - CEDAR CREEK CLINIC
0223	AURORA ADVANCED HEALTHCARE - DOWNTOWN RIVERCENTER CLINIC
0224	AURORA ADVANCED HEALTHCARE - EAST MEQUON CLINIC
0225	AURORA ADVANCED HEALTHCARE - FRANKLIN CLINIC
0226	AURORA ADVANCED HEALTHCARE - GERMANTOWN CLINIC
0227	AURORA ADVANCED HEALTHCARE - GOOD HOPE RD CLINIC
0228	AURORA ADVANCED HEALTHCARE - GRAFTON MEDICAL CENTER
0229	AURORA ADVANCED HEALTHCARE - HARTFORD CLINIC
0230	AURORA ADVANCED HEALTHCARE - HUBERTUS CLINIC
0231	AURORA ADVANCED HEALTHCARE - MAYFAIR MEDICAL OFFICE
0232	AURORA ADVANCED HEALTHCARE - MAYFAIR MILWAUKEE WEST
0233	AURORA ADVANCED HEALTHCARE - MAYFAIR ROAD CLINIC
0234	AURORA ADVANCED HEALTHCARE - MENOMONEE FALLS CLINIC
0235	AURORA ADVANCED HEALTHCARE - MILWAUKEE EAST
0236	AURORA ADVANCED HEALTHCARE - NEW BERLIN CLINIC
0237	AURORA ADVANCED HEALTHCARE - NORTHWEST CLINIC
0238	AURORA ADVANCED HEALTHCARE - ONCOLOGY RACINE
0239	AURORA ADVANCED HEALTHCARE - ONCOLOGY WAUKESHA
0240	AURORA ADVANCED HEALTHCARE - PORT WASHINGTON EAST
0241	AURORA ADVANCED HEALTHCARE - PORT WASHINGTON WEST
0242	AURORA ADVANCED HEALTHCARE - RIDGEFIELD CLINIC
0243	AURORA ADVANCED HEALTHCARE - SLINGER CLINIC
0244	AURORA ADVANCED HEALTHCARE - SOUTH SHORE ORTHOPEDIC SURGERY
0245	AURORA ADVANCED HEALTHCARE - ST LUKES GASTROENTEROLOGY CLINIC
0246	AURORA ADVANCED HEALTHCARE - ST LUKES INTERNAL MEDICINE
0247	AURORA ADVANCED HEALTHCARE - ST LUKES ONCOLOGY & HEMATOLOGY CLINIC
0248	AURORA ADVANCED HEALTHCARE - ST LUKES ORTHOPEDIC CLINIC
0249	AURORA ADVANCED HEALTHCARE - WEST BEND CLINIC
0250	AURORA ADVANCED HEALTHCARE - WEST MEQUON CLINIC
0251	AURORA ADVANCED HEALTHCARE - WHITEFISH BAY CLINIC
0252	AURORA ADVANCED HEALTHCARE - WOMENS CARE CENTER
0253	AURORA BEHAVIORAL HEALTH CENTER WAUWATOSA

0254	AURORA HEALTH CARE
0255	AURORA HEALTH CARE MEDICAL GROUP- SUITE 730
0256	AURORA HEALTH CENTER - ORTHOPEDIC SERVICES
0257	AURORA HEALTH CENTER-GREEN BAY
0258	AURORA HEALTH CENTER-GREEN FIELD
0259	AURORA HEALTH CENTER-KENOSHA
0260	AURORA HEALTH CENTER-MILWAUKEE CAPITOL DRIVE
0261	AURORA HEALTH CENTER-MILWAUKEE SILVER SPRING DRIVE
0262	AURORA HEALTH CENTER-RACINE
0263	AURORA HEALTH CENTER-WAUTOMA
0264	AURORA MEDICAL CENTER OF MANITOWOC COUNTY - TWO RIVERS
0265	AURORA PSYCHIATRIC HOSPITAL
0266	AURORA SINAI CENTER FOR SENIOR HEALTH AND LONGEVITY
0267	AURORA SINAI FAMILY CARE CENTER
0268	AURORA SINAI MEDICAL CENTER - INTERNAL MEDICINE CLINIC
0269	AURORA SINAI MEDICAL CENTER - WOMENS HEALTH CLINIC
0270	AURORA ST LUKES FAMILY PRACTICE CENTER
0271	AYLESWORTH DERMATOLOGY SC
0272	BABBITZ BURSTEIN & NASH SC
0273	BAD RIVER HEALTH AND WELLNESS CENTER
0274	BALDWIN AREA MEDICAL CENTER
0275	BARBARA HUMMEL MD SC
0276	BARBARA LOEVINGER MD
0277	BARRY K GIMBEL MD SC
0278	BAY AREA MEDICAL CENTER
0279	BAY AREA NEPHROLOGY SC
0280	BAY AREA NEUROLOGY CONSULTANTS
0281	BAY AREA SURGICAL CONSULTANTS
0282	BAY VIEW OPHTHALMOLOGY
0283	BAYCARE CLINIC CARDIOLOGY
0284	BAYCARE CLINIC EAR NOSE & THROAT
0285	BAYCARE CLINIC GENERAL & VASCULAR SURGERY
0286	BAYCARE CLINIC GREEN BAY EYE CLINIC
0287	BAYCARE CLINIC NEUROLOGICAL SURGEONS
0288	BAYCARE CLINIC ORTHOPAEDIC SURGERY
0289	BAYCARE CLINIC ORTHOPAEDIC SURGERY & SPORTS MEDICINE
0290	BAYCARE CLINIC UROLOGICAL SURGEONS
0292	BAYLON FAMILY PHYSICIANS LTD
0293	BDCH MEDICAL CLINIC - FAMILY PRACTICE 109 WARREN
0294	BDCH MEDICAL CLINIC - FAMILY PRACTICE 148 WARREN
0295	BDCH MEDICAL CLINIC - HORICON CLINIC
0296	BDCH MEDICAL CLINIC - JUNEAU CLINIC
0297	BDCH MEDICAL CLINIC - WAUPUN CLINIC
0298	BDCH MEDICAL CLINIC OBG/GYN CLINIC
0299	BDCH ORTHOPEDICS AND SPORTS MEDICINE CLINIC
0300	BEAU SOLEIL PSYCHIATRIC ASSOCIATES S.C.
0301	BEAVER DAM COMMUNITY HOSPITALS INC
0302	BEAVER DAM EYE CLINIC
0303	BEAVER DAM WOMENS HEALTH LTD
0304	BEHAVIORAL HEALTH CENTER - TOSA CENTER
0305	BEHAVIORIAL HEALTH SERVICES-ST AGNES
0306	BELLEVUE TOTAL HEALTH
0307	BELLIN EXECUTIVE HEALTH CLINIC
0308	BELLIN HEALTH OB/GYN
0309	BELLIN HEALTH ASHWAUBENON INTERNAL MEDICINE AND PEDIATRICS
0310	BELLIN HEALTH DE PERE EAST
0311	BELLIN HEALTH DE PERE EAST PEDIATRICS
0312	BELLIN HEALTH EAR NOSE AND THROAT
0313	BELLIN HEALTH ENDOCRINOLOGY
0314	BELLIN HEALTH FAMILY MEDICAL CENTER - ALGOMA
0315	BELLIN HEALTH FAMILY MEDICAL CENTER - ASHWAUBENON
0316	BELLIN HEALTH FAMILY MEDICAL CENTER - BELLEVUE

0317	BELLIN HEALTH FAMILY MEDICAL CENTER - BRILLION
0318	BELLIN HEALTH FAMILY MEDICAL CENTER - DE PERE WEST
0319	BELLIN HEALTH FAMILY MEDICAL CENTER - DENMARK
0320	BELLIN HEALTH FAMILY MEDICAL CENTER - HOWARD
0321	BELLIN HEALTH FAMILY MEDICAL CENTER - LUXEMBURG
0322	BELLIN HEALTH FAMILY MEDICAL CENTER - MANITOWOC
0323	BELLIN HEALTH FAMILY MEDICAL CENTER - OCONTO FALLS
0324	BELLIN HEALTH FAMILY MEDICAL CENTER - SEYMOUR
0325	BELLIN HEALTH FAMILY MEDICAL CENTER - WEBSTER AVE
0326	BELLIN HEALTH FAMILY MEDICAL CENTER - WRIGHTSTOWN
0327	BELLIN HEALTH GYNECOLOGIC ONCOLOGY
0328	BELLIN HEALTH OCONTO HOSPITAL
0330	BELLIN HEALTH SPORTS MEDICINE AND ORTHOPEDICS
0331	BELLIN HEALTH SURGICAL ASSOCIATES
0333	BELLIN HEALTH WOMENS HEALTHCARE SPECIALISTS
0334	BELLIN HEALTH WOUND HEALING CENTER
0335	BELLIN PSYCHIATRIC CENTER
0337	BELOIT HEALTH SYSTEM SC
0338	BELOIT MEMORIAL HOSPITAL
0339	BLACK EARTH MEDICAL CLINIC
0340	BLACK RIVER MEMORIAL HOSPITAL
0341	BLAND CLINIC-VMH
0342	BLOODCENTER OF WISCONSIN
0343	BLOUNT ORTHOPAEDIC CLINIC LTD
0344	BONE & JOINT CLINIC SC - WAUSAU
0345	BORKOWF & BORKOVEC MD SC
0346	BRADLEY N LEMKE LLC
0347	BRANHAM-HEALY ORTHOPAEDIC CLINIC SC
0348	BREAST CARE CENTER - FROEDTERT
0349	BREAST SURGERY EXPERTS OF NORTHEAST WISCONSIN
0350	BRIDGE COMMUNITY HEALTH CLINIC
0351	BRIDGEPOINT HEALTH LLC
0352	BROWN COUNTY HUMAN SERVICES DEPARTMENT
0353	BRUCE A. KRAUS MD
0354	BUFFALO RIVER CLINIC SC
0356	BURNETT MEDICAL CENTER CLINIC
0357	C M M SUNDARAM MD SC
0358	CANCER CENTER - FROEDTERT HOSPITAL
0359	CARDIAC RHYTHM SPECIALISTS - MILWAUKEE
0360	CARDIOLOGY ASSOCIATES OF BELLIN HEALTH
0361	CARLSON GI CLINIC
0362	CARYN SCHULZ MD
0363	CASTLEBERG CLINIC SC
0364	CATALPA HEALTH INC
0365	CELESTINO M PEREZ MD SC
0366	CENTER FOR NEUROLOGY AND SLEEP DISORDERS SC
0367	CENTER FOR WOMENS HEALTH AT FRANCISCAN SKEMP
0368	CENTRAL OTOLOGIC LTD
0369	CENTRAL WISCONSIN CENTER
0370	CENTRAL WISCONSIN EYE CLINIC
0371	CHAMPALAL GUPTA MD SC
0372	CHEQUAMEGON CLINIC
0373	CHILD & ADOLESCENT PSYCHIATRIC SERVICES SC
0374	CHILD HEALTH CARE CENTER
0375	CHILDRENS EYECARE CENTER
0376	CHILDRENS HOSPITAL OF WISCONSIN
0377	CHILDRENS HOSPITAL OF WISCONSIN FOX VALLEY
0378	CHILDRENS HOSPITAL OF WISCONSIN-ADOLESCENT MEDICINE
0379	CHILDRENS HOSPITAL OF WISCONSIN-CHILD ADVOCACY AND PROTECTION
0380	CHILDRENS HOSPITAL OF WISCONSIN-CHILD DEVELOPMENT CENTER
0381	CHILDRENS HOSPITAL OF WISCONSIN-CHILD PSYCHIATRY CENTER
0382	CHILDRENS HOSPITAL OF WISCONSIN-DERMATOLOGY CLINIC

0383	CHILDRENS HOSPITAL OF WISCONSIN-GASTROENTEROLOGY CLINIC
0384	CHILDRENS HOSPITAL OF WISCONSIN-HOSPITALIST MEDICINE
0385	CHILDRENS HOSPITAL OF WISCONSIN-NEUROSCIENCE CENTER
0386	CHILDRENS HOSPITAL OF WISCONSIN-NEUROSURGERY DEPT
0387	CHILDRENS HOSPITAL OF WISCONSIN-ORTHOPEDIC CENTER
0388	CHILDRENS HOSPITAL OF WISCONSIN-OTO & COMM SCIENCES CLINIC
0389	CHILDRENS HOSPITAL OF WISCONSIN-SURGERY CLINIC
0390	CHILDRENS HOSPITAL OF WISCONSIN-UROLOGY CLINIC
0391	CHILDRENS HOSPITAL PRIMARY CARE-BAYSHORE PEDIATRICS
0392	CHILDRENS HOSPITAL PRIMARY CARE-DOWNTOWN HEALTH CENTER
0393	CHILDRENS HOSPITAL PRIMARY CARE-FOREST VIEW PEDIATRICS
0394	CHILDRENS HOSPITAL PRIMARY CARE-GOOD HOPE PEDIATRICS
0395	CHILDRENS HOSPITAL PRIMARY CARE-KENOSHA PEDIATRICS
0396	CHILDRENS HOSPITAL PRIMARY CARE-LAKESIDE PEDIATRICS
0397	CHILDRENS HOSPITAL PRIMARY CARE-MAYFAIR PEDIATRICS
0398	CHILDRENS HOSPITAL PRIMARY CARE-NEXT DOOR PEDIATRICS
0399	CHILDRENS HOSPITAL PRIMARY CARE-NORTH SHORE PEDIATRICS
0400	CHILDRENS HOSPITAL PRIMARY CARE-OAK CREEK PEDIATRICS
0401	CHILDRENS HOSPITAL PRIMARY CARE-OKLAHOMA PEDIATRICS
0402	CHILDRENS HOSPITAL PRIMARY CARE-PEDIATRIC CONSULTANTS OF WI
0403	CHILDRENS HOSPITAL PRIMARY CARE-PEWAUKEE PEDIATRICS
0404	CHILDRENS HOSPITAL PRIMARY CARE-RIVER GLEN PEDIATRICS
0405	CHILDRENS HOSPITAL PRIMARY CARE-SOUTHWEST PEDIATRICS
0406	CHILDRENS HOSPITAL PRIMARY CARE-WESTBROOK PEDIATRICS
0407	CHIPPEWA VALLEY EYE CLINIC
0408	CHIPPEWA VALLEY EYE CLINIC SC
0409	CHIPPEWA VALLEY NEUROSCIENCES LLC
0410	CHIPPEWA VALLEY ORTHOPAEDICS AND SPORTS MEDICINE
0412	CHN - GREEN LAKE CLINIC
0413	CHN HEMATOLOGY & ONCOLOGY
0414	CHN MEDICAL CENTER - BERLIN
0415	CHN MEDICAL CENTER - EASTRIDGE
0416	CHN MEDICAL CENTER - INTERNAL MEDICINE
0417	CHN MEDICAL CENTER - MARKESAN
0418	CHN MEDICAL CENTER - MONTELLO
0419	CHN MEDICAL CENTER - PRINCETON
0420	CHN MEDICAL CENTER - RIPON
0421	CHN MEDICAL CENTER - WAUTOMA
0422	CHN OB/GYN CLINIC
0423	CHN ORTHOPEDICS & SPORTS MEDICINE
0424	CHUONG C HUANG MD SERVICES
0425	CIVOCARE CLINIC
0426	CLARENCE P CHOU MD
0427	CLEMENT J ZABLOCKI VA MEDICAL CENTER
0428	CLEVELAND VA CLINIC
0429	CLIFFORD R POPLAR MD SC
0430	CLINIC OF NEUROLOGY
0431	CLINIC OF OBSTETRICS AND GYNECOLOGY LTD
0432	CLINICA LATINA SC
0433	CLINTON CLINIC
0434	CMH CENTER FOR WOMENS CARE
0435	CMH GILLETT PRIMARY CARE CLINIC
0436	CMH LENA PRIMARY CARE CLINIC
0437	CMH MOUNTAIN PRIMARY CARE CLINIC
0438	CMH OCONTO FALLS PRIMARY CARE CLINIC
0439	COLLECTIVE FOCUS SPEAKING & TRAINING OPTIONS LLC
0440	COLUMBIA ST MARYS HOSPITAL OZAUKEE - STE G06
0442	COLUMBIA ST MARYS PERINATAL ASSESSMENT CENTER
0443	COLUMBIA-ST MARYS FAMILY HEALTH CENTER
0444	COMMUNITY MEMORIAL MEDICAL COMMONS - GERIATRICS CLINIC
0445	COMMUNITY PARTNERSHIPS INC
0446	COMMUNITY PEDIATRICS SC

0447	COMPREHENSIVE ORTHOPAEDICS SC
0448	CONNECTIONS COUNSELING
0449	CONSULTANTS IN NEUROLOGY SC
0450	CORNERSTONE COUNSELING SERVICES
0451	COULEE REGION PSYCHIATRIC SERVICES SC
0452	COULIS CARDIOLOGY SC
0453	COUNSELING CARE CENTER
0454	CRIVITZ MEDICAL CENTER
0455	CROSSING RIVERS HEALTH CLINIC - PRAIRIE DU CHIEN
0456	CSM AIRPORT MEDICAL CLINIC
0457	CSM BAY VIEW FAMILY MEDICAL CENTER
0458	CSM BEHAVIORAL MEDICINE - EASTSIDE
0459	CSM BEHAVIORAL MEDICINE - GATEWAY
0460	CSM BEHAVIORAL MEDICINE - OZAUKEE
0461	CSM CANCER CENTER - MILWAUKEE
0462	CSM CANCER CENTER - OZAUKEE
0463	CSM CATHEDRAL SQUARE URGENT CARE CENTER
0464	CSM CEDAR MILLS MEDICAL GROUP
0465	CSM COLUMBIA WEST MEDICAL CLINIC
0466	CSM ENT ASSOCIATES - MILWAUKEE
0467	CSM FAMILY PRACTICE ASSOCIATES OF CEDARBURG
0468	CSM GATEWAY MEDICAL CLINIC
0469	CSM GERMANTOWN CLINIC
0470	CSM GLENDALE CLINIC - GREEN BAY RD
0471	CSM GLENDALE CLINIC - PORT WASHINGTON RD
0472	CSM GRAFTON MEDICAL CENTER
0473	CSM GREENLANE FAMILY PRACTICE CLINIC
0474	CSM HIGHLAND FAMILY HEALTH CENTER
0475	CSM MADISON MEDICAL AFFILIATES - CATHEDRAL SQUARE STE 201
0476	CSM MADISON MEDICAL AFFILIATES - CATHEDRAL SQUARE STE 300
0477	CSM MADISON MEDICAL AFFILIATES - CATHEDRAL SQUARE STE 401
0478	CSM MADISON MEDICAL AFFILIATES - MEQUON STE 204
0479	CSM MADISON MEDICAL AFFILIATES - OZAUKEE G16
0480	CSM MADISON MEDICAL AFFILIATES - OZAUKEE G18
0481	CSM MADISON MEDICAL AFFILIATES - SURGERY - MEQUON
0482	CSM MADISON MEDICAL AFFILIATES - WATER TOWER - STE 300
0483	CSM MADISON MEDICAL AFFILIATES - WATER TOWER - STE 304
0484	CSM MARSHO FAMILY MEDICAL GROUP - PLYMOUTH
0485	CSM MARSHO FAMILY MEDICAL GROUP - SHEBOYGAN
0486	CSM MEADOWVIEW OBSTETRICS & GYNECOLOGY
0487	CSM PORT WASHINGTON FAMILY MEDICAL CLINIC
0488	CSM PROSPECT MEDICAL COMMONS
0489	CSM PROSPECT MEDICAL COMMONS - STE 2A
0490	CSM PROSPECT MEDICAL COMMONS - STE 3A
0491	CSM PROSPECT MEDICAL COMMONS - STE 3B
0492	CSM PROSPECT MEDICAL COMMONS - STE 3C
0493	CSM PROSPECT MEDICAL COMMONS - STE 4A
0494	CSM PROSPECT MEDICAL COMMONS - STE 4B
0495	CSM PROSPECT MEDICAL COMMONS - STE 4C
0496	CSM PROSPECT MEDICAL COMMONS - STE 5B
0497	CSM PROSPECT MEDICAL COMMONS - STE 5C
0498	CSM RIVER WOODS OUTPATIENT CENTER
0499	CSM SHOREWOOD FAMILY PHYSICIANS SC
0500	CSM WEST ALLIS MEDICAL CLINIC
0501	CSM WESTGATE MEDICAL GROUP
0502	CUMBERLAND MEDICAL CLINIC SC
0503	CUMBERLAND MEMORIAL HOSPITAL INC
0504	DAVID E HOLLOWAY PHD MD SC
0505	DAVID J FAGAN DO
0506	DAVIS DUEHR DEAN - BARABOO
0507	DAVIS DUEHR DEAN - PLATTEVILLE
0508	DAVIS DUEHR DEAN - PORTAGE

0509	DAVIS DUEHR DEAN - SURGERY CENTER
0510	DAVIS MEDICAL CLINIC SC
0511	DBA WISCONSIN BRAIN & SPINE CENTER
0512	DEAN - ST MARYS HOSPITAL MEDICAL CENTER
0513	DEAN & ST MARYS OUTPATIENT CENTER - CARDIAC CENTER
0514	DEAN & ST MARYS OUTPATIENT CENTER - GASTROENTEROLOGY CLINIC
0515	DEAN & ST MARYS OUTPATIENT CENTER - GENERAL & PEDIATRIC SURGERY
0516	DEAN & ST MARYS OUTPATIENT CENTER - NEUROLOGICAL INSTITUTE
0517	DEAN & ST MARYS OUTPATIENT CENTER - NEUROSURGERY & SPINE CENTER
0518	DEAN CLINIC - BARABOO INTERNAL MEDICINE
0519	DEAN CLINIC - BARNEVELD
0520	DEAN CLINIC - BEAVER DAM
0521	DEAN CLINIC - COLUMBUS
0522	DEAN CLINIC - DEERFIELD
0523	DEAN CLINIC - DELAVAN
0524	DEAN CLINIC - DODGEVILLE
0525	DEAN CLINIC - DODGEVILLE SPECIALTY SERVICES
0526	DEAN CLINIC - EAST
0527	DEAN CLINIC - EDGERTON
0528	DEAN CLINIC - EVANSVILLE
0529	DEAN CLINIC - FISH HATCHERY
0530	DEAN CLINIC - FORT ATKINSON
0531	DEAN CLINIC - HEMATOLOGY & ONCOLOGY
0532	DEAN CLINIC - JANESVILLE EAST
0533	DEAN CLINIC - LAKE DELTON
0534	DEAN CLINIC - MEDICAL ASSOCIATES OF BARABOO
0535	DEAN CLINIC - MINERAL POINT
0536	DEAN CLINIC - OREGON
0537	DEAN CLINIC - ORTHOPEDIC CENTER
0538	DEAN CLINIC - PORTAGE
0539	DEAN CLINIC - STOUGHTON
0540	DEAN CLINIC - SUN PRAIRIE
0541	DEAN CLINIC - WATERLOO
0542	DEAN CLINIC - WAUNAKEE
0543	DEAN CLINIC - WEST
0544	DEAN CLINIC - WHITEWATER
0545	DEAN CLINIC - WISCONSIN DELLS
0546	DEAN FOUNDATION
0547	DECARLO EYE CENTER
0548	DELAFIELD PEDIATRICS SC
0549	DELTON FAMILY MEDICAL CENTER
0551	DERMATOLOGIC SURGERY ASSOCIATES SC
0552	DERMATOLOGY ASSOCIATES OF WISCONSIN - MANITOWOC
0553	DERMATOLOGY ASSOCIATES OF WISCONSIN - APPLETON
0554	DERMATOLOGY ASSOCIATES OF WISCONSIN - BEAVER DAM
0555	DERMATOLOGY ASSOCIATES OF WISCONSIN - DE PERE
0556	DERMATOLOGY ASSOCIATES OF WISCONSIN - DEVELOPMENT
0557	DERMATOLOGY ASSOCIATES OF WISCONSIN - GLENDALE
0558	DERMATOLOGY ASSOCIATES OF WISCONSIN - GRAFTON
0559	DERMATOLOGY ASSOCIATES OF WISCONSIN - GREEN BAY
0560	DERMATOLOGY ASSOCIATES OF WISCONSIN - HUDSON
0561	DERMATOLOGY ASSOCIATES OF WISCONSIN - KENOSHA
0562	DERMATOLOGY ASSOCIATES OF WISCONSIN - MEQUON
0563	DERMATOLOGY ASSOCIATES OF WISCONSIN - MUSKEGO
0564	DERMATOLOGY ASSOCIATES OF WISCONSIN - NEENAH
0565	DERMATOLOGY ASSOCIATES OF WISCONSIN - OSHKOSH
0566	DERMATOLOGY ASSOCIATES OF WISCONSIN - RACINE
0567	DERMATOLOGY ASSOCIATES OF WISCONSIN - SHEBOYGAN
0568	DERMATOLOGY ASSOCIATES OF WISCONSIN - STEVENS POINT
0569	DERMATOLOGY ASSOCIATES OF WISCONSIN - WAUWATOSA
0570	DERMATOLOGY CLINIC SC
0571	DERMATOLOGY SPECIALISTS OF SOUTHEASTERN WISCONSIN

0572	DIABETES OSTEOPOROSIS THYROID ENDOCRINE CTR LLC
0573	DIAGNOSTIC AND TREATMENT CENTER
0574	DIANA L KRUSE MD SC
0575	DIGESTIVE HEALTHCARE SPECIALISTS
0576	DISCREET PSYCHIATRIC SERVICES
0577	DIVINE SAVIOR HEALTHCARE
0578	DJ KONTRA MD & ASSOCIATES SC
0579	DOCTORS PARK PHYSICIANS
0580	DODGE COUNTY HUMAN SERVICES & HEALTH DEPT
0581	DOENIER FAMILY MEDICINE
0582	DONALD A NEFF MD SC
0583	DONALD M JACOBSON MD SC
0584	DONALD S SCHUSTER MD
0585	DOUGLAS LLOYD BROWN MD SC
0586	DOUSMAN CLINIC SC
0587	DR H OXMAN INTERNAL MEDICINE & CARDIOLOGY SC
0588	DR NADEEM NAJAM SC
0589	DR NASSIF & ASSOCIATES SC
0590	DR TURGUT ZIA SC
0591	DR VARONA FAMILY CLINIC
0592	DRS DECHECK & MARTINI SC
0593	DRS FABRIC SHAFRIN & BLOOM SC
0594	DRS LENNY & ANGELINA MONTEMURRO
0595	DRS MASSARO & KALENAK SC
0596	E JOHN ELDRIDGE MD SC
0597	EAR NOSE & THROAT FAMILY CLINIC OF WISCONSIN SC
0598	EAR NOSE & THROAT SPECIALISTS OF WISCONSIN SC
0599	EAR NOSE & THROAT SURGICAL ASSOCIATES SC
0600	EAR NOSE AND THROAT ASSOCIATES OF WAUSAU SC
0601	EAR NOSE THROAT & PLASTIC SURGERY SPECIALISTS
0602	EARL NEPPLE MD
0603	EAST MEQUON SURGERY CENTER LLC
0604	EAST SIDE FAMILY PRACTICE
0605	EAST TOWN PROFESSIONAL ASSOC SC
0606	EAST TROY CLINIC
0607	EASTERN WISCONSIN COLONOSCOPY & GASTROENTEROLOGY SC
0608	EAU CLAIRE G I ASSOCIATES SC
0609	EAU CLAIRE HEART INSTITUTE
0610	EAU CLAIRE MEDICAL CLINIC
0611	EAU CLAIRE WOMENS CARE SC
0612	EC LASER AND SURGERY INSTITUTE OF WI LLC
0614	EDDY D CO MD SC
0615	EDGERTON HOSPITAL MILTON CLINIC
0616	ELIZABETH A JACOBS MD
0617	ELKHORN FAMILY CLINIC
0618	ELMBROOK MEDICAL OFFICE
0619	ELMBROOK PEDIATRICS SC
0620	ELROY FAMILY MEDICAL CENTER
0621	ENDOCRINOLOGY ASSOCIATES OF GREEN BAY
0622	EPIC SYSTEM CORP
0623	EPILEPSY CARE SPECIALISTS SC
0624	ERBERT CACERES MD SC
0626	ESSENTIA HEALTH ASHLAND CLINIC
0627	ESSENTIA HEALTH ASHLAND ORTHOPAEDICS
0628	ESSENTIA HEALTH HAYWARD CLINIC
0629	ESSENTIA HEALTH SPOONER CLINIC
0630	ESSENTIA HEALTH SUPERIOR CLINIC
0631	EVERGREEN SURGICAL SC
0632	EVONNE M WINSTON MD
0633	EYE ASSOCIATES OF GREEN BAY
0634	EYE CARE ASSOCIATES - WOODRUFF
0635	EYE CARE SPECIALISTS SC

0636	EYE CLINIC OF MANITOWOC SC
0637	EYE CLINIC OF RACINE LTD
0638	EYE CLINIC OF THE FOX VALLEY SC
0639	EYE CLINIC OF WISCONSIN SC - WAUSAU
0640	EYE PHYSICIAN ASSOCIATES SC
0641	EYE PHYSICIANS & SURGEONS SC
0642	EYE SURGERY & LASER CENTER
0643	FALL GENERAL SURGERY LLC
0644	FAMILY CARE OF THE FOX CITIES SC
0645	FAMILY DOCTORS SC
0646	FAMILY HEALTH / LACLINICA
0647	FAMILY HEALTH ASSOCIATES
0648	FAMILY HEALTH OF LAFAYETTE COUNTY
0649	FAMILY MEDICAL CLINIC - MILWAUKEE
0650	FAMILY MEDICINE & SURGERY LLC
0651	FAMILY PEDIATRICS INC
0652	FAMILY THERAPY CENTER OF MADISON INC
0653	FARZAD KAMRANI MD SC
0654	FDL REGIONAL CLINIC-MAYVILLE MEDICAL CENTER
0655	FDL REGIONAL CLINIC-MT. CALVARY MEDICAL CENTER
0656	FDL REGIONAL CLINIC-NORTH FOND DU LAC
0657	FDL REGIONAL CLINIC-WAUPUN
0658	FHN FAMILY HEALTHCARE CENTER
0659	FLEMING DERMATOPATHOLOGY
0660	FOGARTY SURGICAL SERVICES & FAMILY CARE CLINIC - CABLE
0661	FOND DU LAC COUNTY DEPARTMENT OF COMMUNITY PROGRAMS
0662	FOND DU LAC HEALTH CARE CENTER
0663	FOND DU LAC PSYCHIATRY LLC
0664	FOND DU LAC REGIONAL CLINIC
0665	FOND DU LAC REGIONAL CLINIC - RIPON
0666	FOND DU LAC REGIONAL CLINIC SOUTH
0667	FOND DU LAC REGIONAL CLINIC WEST
0668	FORENSIC & LEGAL MEDICINE SC
0669	FOREST COUNTY POTAWATOMI HEALTH & WELLNESS CENTER
0670	FOREST VIEW PEDIATRICS
0671	FORT HEALTHCARE CAMBRIDGE CLINIC
0672	FORT HEALTHCARE CENTER FOR WOMENS HEALTH
0673	FORT HEALTHCARE DERMATOLOGY
0674	FORT HEALTHCARE EAR NOSE & THROAT SPECIALISTS
0676	FORT HEALTHCARE INTEGRATED FAMILY CARE
0677	FORT HEALTHCARE INTERNAL MEDICINE & PEDIATRICS
0678	FORT HEALTHCARE JEFFERSON
0679	FORT HEALTHCARE JOHNSON CREEK
0680	FORT HEALTHCARE LAKE MILLS CLINIC
0681	FORT HEALTHCARE LAKE MILLS URGENT CARE
0682	FORT HEALTHCARE ORTHOPAEDIC ASSOCIATES
0683	FORT HEALTHCARE SURGICAL ASSOCIATES
0684	FORT HEALTHCARE UROLOGY ASSOCIATES
0685	FORT MEDICAL GROUP HOSPITALISTS
0686	FORWARD! ORTHOPEDICS SC
0687	FOX CITIES COMMUNITY HEALTH CENTER
0688	FOX CITIES EYE CLINIC
0689	FOX VALLEY DERMATOLOGY SC
0690	FOX VALLEY HEMATOLOGY & ONCOLOGY - MADISON ST
0691	FOX VALLEY HEMATOLOGY & ONCOLOGY - NEENAH
0692	FOX VALLEY HEMATOLOGY & ONCOLOGY - OSHKOSH
0693	FOX VALLEY HEMATOLOGY & ONCOLOGY SC
0694	FOX VALLEY NEPHROLOGY PARTNERS-NEENAH
0695	FOX VALLEY PERINATOLOGY SC
0696	FOX VALLEY SURGICAL ASSOCIATES LTD
0697	FOX VALLEY WELLNESS CENTER INC
0698	FRANCISCAN HEALTHCARE WALK-IN CLINIC

0699	FRANCISCO J MARTINEZ MD
0700	FRANK T PETZKE MD SC
0701	FRANKLIN ORTHOPEDICS AND SPORTS MEDICINE
0702	FROEDTERT & THE MEDICAL COLLEGE OF WISCONSIN COMMUNITY MEMORIAL HOSPIT
0703	FROEDTERT & THE MEDICAL COLLEGE OF WISCONSIN SPORTS MEDICINE CENTER
0705	FROEDTERT CANCER CENTER - DERMATOLOGY
0706	FROEDTERT GERMANTOWN HEALTH CENTER
0707	FROEDTERT GREENFIELD HIGHLANDS HEALTH CENTER
0708	FROEDTERT HARTFORD HEALTH CENTER
0709	FROEDTERT JACKSON HEALTH CENTER
0710	FROEDTERT KEWASKUM HEALTH CENTER
0711	FROEDTERT LINCOLN AVENUE HEALTH CENTER
0712	FROEDTERT MENOMONEE FALLS BEHAVIORAL HEALTH CENTER
0713	FROEDTERT MOORLAND RESERVE HEALTH CENTER
0714	FROEDTERT NORTH HILLS HEALTH CENTER - CARDIOLOGY CLINIC
0715	FROEDTERT NORTH HILLS HEALTH CENTER - ENDOCRINOLOGY CENTER
0716	FROEDTERT NORTH HILLS HEALTH CENTER - GENERAL SURGERY CLINIC
0717	FROEDTERT NORTH HILLS HEALTH CENTER - NEPHROLOGY CLINIC
0718	FROEDTERT NORTH HILLS HEALTH CENTER - NEUROLOGY CLINIC
0719	FROEDTERT NORTH HILLS HEALTH CENTER - OTOLARYNGOLOGY (ENT)
0720	FROEDTERT NORTH HILLS HEALTH CENTER - PRIMARY CARE CLINIC
0721	FROEDTERT NORTH HILLS HEALTH CENTER - PSYCHIATRY AND BEHAVIORAL MEDICI
0722	FROEDTERT NORTH HILLS HEALTH CENTER - REPRODUCTIVE MEDICINE CENTER
0723	FROEDTERT NORTH HILLS HEALTH CENTER - UROLOGY CLINIC
0724	FROEDTERT ORTHOPAEDIC SPORTS AND SPINE CENTER
0725	FROEDTERT SARGEANT HEALTH CENTER
0726	FROEDTERT SPECIALTY CLINICS - INTERNAL MEDICINE
0727	FROEDTERT SPRINGDALE HEALTH CENTER
0728	FROEDTERT ST JOSEPHS HEALTH CENTER
0729	FROEDTERT SUNNYSLOPE HEALTH CENTER
0730	FROEDTERT SUSSEX HEALTH CENTER
0731	FROEDTERT TOWN HALL HEALTH CENTER
0732	FROEDTERT WEST BEND HEALTH CENTER
0733	FROEDTERT WESTBROOK HEALTH CENTER
0734	FUNDUS PHOTOGRAPH READING CENTER
0735	G A TASCH CORP
0736	GAGRAT & GAGRAT MD SC
0737	GASTROENTEROLOGY ASSOCIATES OF GREEN BAY
0738	GASTROENTEROLOGY SPECIALISTS SC
0739	GASTROINTESTINAL ASSOCIATES SC - WAUSAU
0740	GENERAL & VASCULAR SURGERY OF GREEN BAY
0741	GENESIS COUNSELING
0742	GI ASSOCIATES LLC
0743	GI ASSOCIATES LLC - KENOSHA OFFICE
0744	GI ASSOCIATES LLC - ST FRANCIS OFFICE
0745	GI ASSOCIATES LLC - WEST ALLIS OFFICE
0746	GRANT REGIONAL COMMUNITY CLINIC
0747	GRANT REGIONAL HEALTH CENTER
0748	GREAT LAKES FAMILY MEDICAL CENTER
0749	GREAT LAKES NEUROSURGICAL
0750	GREAT RIVER COMMUNITY MEDICAL CLINIC
0751	GREATER MILWAUKEE OTOLARYNGOLOGY LLC
0753	GREEN BAY ONCOLOGY LTD - ST MARYS
0754	GREEN BAY ONCOLOGY LTD - ST VINCENTS
0755	GREENDALE MEDICAL CLINIC
0756	GREENFIELD MEDICAL CENTER
0757	GREENSQUARE DEVELOPMENT SPECIALISTS-GLENDALE
0758	GREGORY KUHR MD FAMILY PRACTICE
0760	GROUP HEALTH COOPERATIVE-CAPITOL CLINIC
0761	GROUP HEALTH COOPERATIVE-EAST CLINIC
0762	GROUP HEALTH COOPERATIVE-HATCHERY HILL CLINIC
0763	GROUP HEALTH COOPERATIVE-SAUK TRAIL CLINIC

0764	GUNDERSEN BEHAVIORAL HEALTH LA CROSSE
0765	GUNDERSEN BEHAVIORAL HEALTH ONALASKA
0766	GUNDERSEN BOSCOBEL AREA HOSPITAL AND CLINICS BOSCOBEL
0767	GUNDERSEN EYE CLINIC LA CROSSE
0768	GUNDERSEN EYE CLINIC ONALASKA
0770	GUNDERSEN LA CROSSE CLINIC
0771	GUNDERSEN ONALASKA CLINIC
0772	GUNDERSEN PRAIRIE DU CHIEN CLINIC
0773	GUNDERSEN SPARTA CLINIC
0774	GUNDERSEN ST JOSEPHS HOSPITAL AND CLINICS HILLSBORO
0775	GUNDERSEN ST JOSEPHS HOSPITAL AND CLINICS WONEWOC
0776	GUNDERSEN TOMAH CLINIC
0777	GUNDERSEN TRI-COUNTY HOSPITAL AND CLINICS BLAIR
0778	GUNDERSEN TRI-COUNTY HOSPITAL AND CLINICS WHITEHALL
0779	GUNDERSEN VIROQUA CLINIC
0780	HAK-JOONG KIM MD SC
0781	HALE-RICHLIN CENTER FOR PSYCHIATRY
0782	HAND SURGERY LTD
0783	HAND TO HAND DEFENSE SC
0784	HAND TO SHOULDER CENTER OF WISCONSIN LTD
0785	HAROLD K RICHES DO
0786	HARRY H. SHARATA MD SC
0787	HEALTH CARE CENTER
0788	HEALTHCARE FOR THE HOMELESS
0789	HEART & VASCULAR SPECIALIST SC
0790	HEART INSTITUTE OF WISCONSIN SC
0791	HFM BEHAVIORAL HEALTH
0792	HFM FAMILY MEDICINE
0793	HFM GASTROENTEROLOGY
0794	HFM GENERAL & VASCULAR SURGERY
0795	HFM HEART & VASCULAR CENTER
0796	HFM INTERNAL MEDICINE
0797	HFM MANITOWOC HEALTH & REHABILITATION CENTER CLINIC
0798	HFM NEUROSCIENCE
0799	HFM OTOLARYNGOLOGY
0800	HFM PEDIATRICS
0801	HFM SERVICES AT FELICIAN VILLAGE
0802	HFM UROLOGY
0803	HFM WOMENS HEALTH CLINIC
0804	HIGH POINT FAMILY MEDICINE LLC
0805	HILLSIDE FAMILY HEALTH CENTER
0806	HIRSCH CLINIC-VMH
0807	HISPANIC MEDICAL CENTER SC
0808	HLS MEDICAL SERVICES
0809	HO-CHUNK NATION HOUSE OF WELLNESS CLINIC
0811	HOLY FAMILY MEMORIAL MED CTR-CANCER CTR
0812	HOPE CLINIC SC
0813	HOUSE CALL MD
0815	HUDSON HOSPITAL & CLINICS
0816	HUDSON PHYSICIANS SC
0817	IKAR J KALOGJERA MD SC
0818	INDEPENDENT PHYSICIANS NETWORK INC
0819	INDEPENDENT PSYCHIATRIC CONSULTANTS
0820	INGALLS FAMILY MEDICINE CLINIC
0821	INNOVATIVE HEALTH CARE SC
0822	INTEGRATED MENTAL HEALTH SERVICE SC
0823	INTEGRATED SPINE CARE SC
0824	INTEGRITY MEDICAL GROUP SC
0825	INTERNAL MEDICINE ASSOCIATES
0826	INTERNIST LTD
0827	ISAAC COGGS HERITAGE HEALTH CENTER
0828	J L LOEWEN MD SC

0829	JACK L HUGHES MD SC
0830	JACKSON PSYCHIATRIC CENTER
0831	JAIME GONZALEZ RUVALCABA MD SC
0832	JAMES A. STADLER II MD SC
0833	JAMES E MEMMEN MD LTD
0834	JAMES ELDON LEAN MD SC
0835	JAMES M BURY MD LTD
0836	JAMES MATA CZYNSKI MD SC
0837	JANDALI SURGICAL ASSOCIATES SC
0838	JEANNE VEDDER MD SC
0839	JEFFREY ANDERS MD SC
0840	JEREMIAS VINLUAN JR MD SC
0841	JESSICA KELDERMAN MD LLC
0842	JITENDRA K BARUAH MD SC
0843	JOAN GNADT MD SC
0844	JOHN C MATTEUCCI JR MD SC
0845	JOHN E WALZ MD
0846	JOHN S ROGERSON MD SC
0847	JOSEPH P REGAN MD SC
0848	JOURNEY MENTAL HEALTH CENTER
0849	JOYCE & MARSHALL ERDMAN CLINIC
0850	JUAN B LOPEZ MD SC
0851	JULIE A CHICKS MD SC
0852	JUNITH M THOMPSON MD SC
0853	KAGEN DERMATOLOGY CLINIC SC
0854	KALDAS CENTER FOR FERTILITY SURGERY & PREGNANCY
0855	KAREN L BUTLER MD SC
0856	KAREN S SHIMSHAK MD SC
0857	KARIM BAKHTIAR MD SC
0858	KATHRYN A GREEN MD SC
0859	KATIE R FASSBINDER MD LLC
0860	KAUKAUNA CLINIC SC
0861	KAUSHALYA BENIWAL MD SC
0862	KELLY MEDICAL SERVICES SC
0863	KENNETH N KRUTSCH MD SC
0864	KENOSHA COMMUNITY HEALTH CENTER INC
0865	KENOSHA FAMILY PRACTICE SC
0866	KENOSHA MEDICAL CENTER CAMPUS
0867	KENOSHA PSYCHIATRIC ASSOCIATES
0868	KENOSHA UROLOGY CLINIC SC
0869	KENOSHA VASCULAR LAB INC
0870	KICKAPOO VALLEY MEDICAL CLINIC-VMH
0871	KIDNEY INSTITUTE LTD
0872	KIDNEY INSTITUTE OF WISCONSIN-NORTH EAST
0873	KIM GARMAN
0874	KIRTIDA RINGWALA MD SC
0875	KLASINSKI CLINIC SC
0876	KLASINSKI NEUROCARE SC
0877	KRAEMER CANCER CENTER
0878	KROHN CLINIC
0879	LAC COURTE OREILLES COMMUNITY HEALTH CENTER
0880	LAFARGE MEDICAL CLINIC-VMH
0881	LAFAYETTE COUNTY HUMAN SERVICES
0882	LAKE COUNTRY CARDIOVASCULAR ASSOCIATES LTD
0883	LAKE COUNTRY PEDIATRICS - DELAFIELD
0884	LAKE COUNTRY PEDIATRICS - OCONOMOWOC
0885	LAKE COUNTRY PRIVATE MEDICAL
0886	LAKE SIDE SURGICAL ASSOCIATES SC
0887	LAKESHORE EYE CARE PROFESSIONALS SC
0888	LAKESHORE MEDICAL CLINIC
0889	LAKESHORE MEDICAL CLINIC- 20TH ST
0890	LAKESHORE MEDICAL CLINIC- LAYTON EAR NOSE AND THROAT

0891	LAKESHORE MEDICAL CLINIC-CUDAHY
0892	LAKESHORE MEDICAL CLINIC-FRANKLIN
0893	LAKESHORE MEDICAL CLINIC-LAYTON
0894	LAKESHORE MEDICAL CLINIC-LAYTON OB/GYN
0895	LAKESHORE MEDICAL CLINIC-MUSKEGO-JANESVILLE RD
0896	LAKESHORE MEDICAL CLINIC-NEW BERLIN
0897	LAKESHORE MEDICAL CLINIC-OAK CREEK
0898	LAKESHORE MEDICAL CLINIC-SOUTH MILWAUKEE-15TH AVE
0899	LAKESHORE MEDICAL CLINIC-SOUTH MILWAUKEE-CHICAGO AVE
0900	LAKESHORE MEDICAL CLINIC-SOUTH MILWAUKEE-MILWAUKEE AVE
0901	LAKESHORE MEDICAL CLINIC-SOUTHPOINTE CARDIOLOGY AND NEUROLOGY
0902	LAKESHORE MEDICAL CLINIC-SOUTHPOINTE FAMILY PRACTICE/OBGYN
0903	LAKESHORE MEDICAL CLINIC-SOUTHPOINTE INTERNAL MEDICINE
0904	LAKESHORE MEDICAL CLINIC-WEST ALLIS
0905	LAKESHORE MEDICAL CLINIC-WEST ALLIS WOMENS PAVILION
0907	LAKESHORE ORTHOPAEDICS
0908	LAKESIDE NEUROCARE LTD
0909	LAKESIDE OB/GYN SC
0910	LAKEVIEW PSYCHOLOGICAL ASSOCIATES SC
0911	LANCASTER FAMILY MEDICAL CENTER
0912	LANGLADE HOSPITAL
0913	LAPINTE COMMUNITY CLINIC
0914	LARSON EYE CARE SC
0915	LAURENS D YOUNG MD
0916	LAURI T GREEN MD SC
0917	LAYTON AVENUE DERMATOLOGY ASSOC SC
0918	LEILANE STA ROMANA MD SC
0919	LIFETIME OB/GYN LTD
0920	LIGHTHOUSE CLINIC
0921	LINDA A DIRAIMONDO MD SC
0922	LINGAM V KUMAR MD SC
0923	LISA HUNTER MD SC
0924	LISBON AVENUE HEALTH CENTER
0925	LODI MEDICAL CLINIC
0926	LOIS J JACOBS MD SC
0927	LOUIS FULTON MD
0928	LUBSEY MEDICAL CENTER
0929	LUTFI TOMBULOGLU MD SC
0930	MADISON AREA RENAL SPECIALISTS SC
0931	MADISON COLLEGE COMMUNITY CLINIC
0932	MADISON EYE ASSOCIATES
0933	MADISON MEDICAL AFFILIATES - WATER TOWER - UROLOGY
0934	MADISON PSYCHIATRIC & PSYCHOLOGICAL SERVICES
0935	MADISON PSYCHIATRIC ASSOCIATES LTD
0936	MADISON WEST ANNEX CLINIC VA
0937	MADISON WOMENS HEALTH
0938	MAGO MEDICAL INC
0939	MAIN STREET CLINIC INC
0940	MANITOWOC COUNTY HUMAN SERVICES DEPT
0941	MARIANO ROSALES MD SC
0942	MARINER MEDICAL CLINIC
0943	MARK D BIEHL MD SC
0944	MARQUETTE NEIGHBORHOOD HEALTH CENTER
0945	MARQUETTE UNIVERSITY
0946	MARSHFIELD CLINIC
0947	MARSHFIELD CLINIC AT HOWARD YOUNG MEDICAL CENTER
0948	MARSHFIELD CLINIC-BLOOMER CENTER
0949	MARSHFIELD CLINIC-CADOTT CENTER
0950	MARSHFIELD CLINIC-CHETEK CENTER
0951	MARSHFIELD CLINIC-CHIPPEWA FALLS CENTER
0952	MARSHFIELD CLINIC-COLBY/ABBOTSFORD CENTER
0953	MARSHFIELD CLINIC-CORNELL CENTER

0954	MARSHFIELD CLINIC-EAU CLAIRE CENTER
0955	MARSHFIELD CLINIC-EAU CLAIRE CLAIREMONT CENTER
0956	MARSHFIELD CLINIC-EAU CLAIRE HEART CARE AT PROFESSIONAL PLAZA
0957	MARSHFIELD CLINIC-EAU CLAIRE OAKWOOD CENTER
0958	MARSHFIELD CLINIC-EAU CLAIRE RIVERVIEW CENTER
0959	MARSHFIELD CLINIC-EAU CLAIRE SOUTH CENTER
0960	MARSHFIELD CLINIC-GREENWOOD CENTER
0961	MARSHFIELD CLINIC-HAYWARD CENTER
0962	MARSHFIELD CLINIC-LADYSMITH CENTER
0963	MARSHFIELD CLINIC-LAKE HALLIE CENTER
0964	MARSHFIELD CLINIC-MENOMONIE CENTER
0965	MARSHFIELD CLINIC-MERCER CENTER
0966	MARSHFIELD CLINIC-MERRILL CENTER
0967	MARSHFIELD CLINIC-MINOCQUA CENTER
0968	MARSHFIELD CLINIC-MOSINEE CENTER
0969	MARSHFIELD CLINIC-PARK FALLS CENTER
0970	MARSHFIELD CLINIC-PHILLIPS CENTER
0971	MARSHFIELD CLINIC-REGIONAL CANCER CENTER AT SACRED HEART HOSPITAL
0972	MARSHFIELD CLINIC-RICE LAKE CENTER
0973	MARSHFIELD CLINIC-STETTIN CENTER
0974	MARSHFIELD CLINIC-STEVENS POINT CENTER
0975	MARSHFIELD CLINIC-STRATFORD CENTER
0976	MARSHFIELD CLINIC-WAUSAU CENTER
0977	MARSHFIELD CLINIC-WESTON CENTER
0978	MARSHFIELD CLINIC-WISCONSIN RAPIDS CENTER
0979	MARTIN E SAMUEL MD SC
0980	MARTIN LUTHER KING HERITAGE HEALTH CENTER
0981	MARY ALICE HOUGHTON MD SC
0982	MARY M MILBRATH MD SC
0983	MARY MCDONALD MD SC
0984	MASKI & MASKI CLINIC
0985	MATHEW MCCARTHY MD SC
0986	MATTHEWS ONCOLOGY ASSOCIATES
0987	MAYO CLINIC HEALTH SYSTEM
0988	MAYO CLINIC HEALTH SYSTEM - CHIPPEWA VALLEY IN BLOOMER
0989	MAYO CLINIC HEALTH SYSTEM - CHIPPEWA VALLEY IN CHIPPEWA FALLS
0990	MAYO CLINIC HEALTH SYSTEM - CLAIREMONT CAMPUS
0991	MAYO CLINIC HEALTH SYSTEM - EAU CLAIRE HOSPITAL
0992	MAYO CLINIC HEALTH SYSTEM - EYE CARE CENTER
0993	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE BEHAVIORAL HEALTH
0994	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE CARDIOLOGY
0995	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE DERMATOLOGY
0996	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE FAMILY MEDICINE
0997	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE GASTROENTEROLOGY
0998	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE HEMATOLOGY/ONCOLOGY
0999	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE HOSPITAL MEDICINE
1000	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE IN ARCADIA
1001	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE IN HOLMEN
1002	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE IN LA CROSSE
1003	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE IN ONALASKA
1004	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE IN PRAIRIE DU CHIEN
1005	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE IN SPARTA
1006	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE IN TOMAH
1007	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE INTERNAL MEDICINE
1008	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE NEPHROLOGY
1009	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE NEUROLOGY
1010	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE NEUROSURGERY
1011	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE OBSTETRICS & GYNECOL
1012	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE OPHTHALMOLOGY
1013	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE ORTHOPEDICS & SPORTS
1014	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE OTOLARYNGOLOGY
1015	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE PULMONARY

1016	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE SURGERY
1017	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE UROLOGY
1018	MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HLTHCARE PEDIATRICS & ADOLESCEN
1019	MAYO CLINIC HEALTH SYSTEM - LUTHER CAMPUS
1020	MAYO CLINIC HEALTH SYSTEM - NORTHLAND IN BARRON
1021	MAYO CLINIC HEALTH SYSTEM - NORTHLAND IN CAMERON
1022	MAYO CLINIC HEALTH SYSTEM - NORTHLAND IN CHETEK
1023	MAYO CLINIC HEALTH SYSTEM - NORTHLAND IN RICE LAKE
1024	MAYO CLINIC HEALTH SYSTEM - OAKRIDGE IN MONDOVI
1025	MAYO CLINIC HEALTH SYSTEM - OAKRIDGE IN OSSEO
1026	MAYO CLINIC HEALTH SYSTEM - RED CEDAR IN ELMWOOD
1027	MAYO CLINIC HEALTH SYSTEM - RED CEDAR IN GLENWOOD CITY
1028	MAYO CLINIC HEALTH SYSTEM - RED CEDAR IN MENOMONIE
1029	MAYO CLINIC HEALTH SYSTEM - RED WING IN ELLSWORTH
1030	MAYO CLINIC HEALTH SYSTEM -FRANCISCAN HEALTHCARE PSYCHIATRY
1031	MAYO CLINIC HEALTH SYSTEM IN LA CROSSE
1032	MAYO CLINIC HLTH SYSTEM - FRANCISCAN HEALTHCARE PLASTIC & RECONSTRUCTI
1033	MCW CLINIC AT FROEDTERT EAST-CARDIOVASCULAR MEDICINE CLINIC
1034	MCW CLINIC AT FROEDTERT EAST-ENDOCRINOLGY METABOLISM AND CLINICAL NUT
1035	MCW CLINIC AT FROEDTERT EAST-GASTROENTEROLOGY AND HEPATOLOGY CLINIC
1036	MCW CLINIC AT FROEDTERT EAST-INTERNAL MEDICINE
1037	MCW CLINIC AT FROEDTERT EAST-MATERNAL FETAL CARE CENTER
1038	MCW CLINIC AT FROEDTERT EAST-NEPHROLOGY CLINIC
1039	MCW CLINIC AT FROEDTERT EAST-OBESITY/METABOLIC SYNDROME CLINIC
1040	MCW CLINIC AT FROEDTERT EAST-OBSTETRICS AND GYNECOLOGY CLINIC
1041	MCW CLINIC AT FROEDTERT EAST-ORTHOPAEDIC SURGERY CLINIC
1042	MCW CLINIC AT FROEDTERT EAST-REPRODUCTIVE MEDICINE CLINIC
1043	MCW CLINIC AT FROEDTERT HOSPITAL-CLINICAL CANCER CENTER
1044	MCW CLINIC AT FROEDTERT WEST-GENERAL SURGERY CLINIC
1045	MCW CLINIC AT FROEDTERT WEST-NEUROSCIENCE CENTER
1046	MCW CLINIC AT FROEDTERT WEST-NEUROSURGERY CLINIC
1047	MCW CLINIC AT FROEDTERT WEST-OTOLARYNGOLOGY & COMMUNICATION SCIENCES C
1048	MCW CLINIC AT FROEDTERT WEST-TRANSPLANT CENTER
1049	MCW CLINIC AT FROEDTERT WEST-TRAUMA SURGERY & SURGICAL CRITICAL CARE
1050	MCW CLINIC AT FROEDTERT WEST-UROLOGY CLINIC
1051	MEADE MEDICAL CLINIC
1052	MEDICAL ASSOCIATES CLINIC - PLATTEVILLE
1054	MEDICAL ASSOCIATES OF NEILLSVILLE LLC
1055	MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS
1056	MEDICAL COLLEGE OF WISCONSIN-PSYCHIATRY & BEHAVIORAL MEDICINE
1057	MEDICAL COLLEGE OF WISCONSIN-SURGERY
1058	MEDICAL EYE ASSOCIATES SC
1059	MEDICAL SURGICAL DERMATOLOGY SC DBA ASCEND DERMATOLOGY
1060	MEDICINE ASSOCIATES
1061	MEDPOINT FAMILY CARE CENTER
1062	MEDVED ENT SC
1063	MELINDA K KNIGHT MD INC
1064	MELIUS SCHURR & CARDWELL
1065	MEMORIAL MEDICAL CENTER - NEILLSVILLE
1066	MENDOTA MENTAL HEALTH INST
1067	MENOMINEE TRIBAL CLINIC
1068	MENTAL HEALTH SOLUTIONS
1069	MEQUON CLINICAL ASSOCIATES
1070	MERCY BELOIT MEDICAL CENTER
1071	MERCY BRODHEAD MEDICAL CENTER
1072	MERCY CLINIC EAST
1073	MERCY CLINIC NORTH
1074	MERCY CLINIC SOUTH
1075	MERCY CLINIC WEST
1076	MERCY DELAVAN MEDICAL CENTER
1077	MERCY EDGERTON MEDICAL CENTER
1078	MERCY EVANSVILLE MEDICAL CENTER

1079	MERCY FAMILY PRACTICE SC
1081	MERCY HOSPITAL AND TRAUMA CENTER
1082	MERCY LAKE GENEVA MEDICAL CENTER
1083	MERCY LAKESIDE ORTHOPAEDICS
1084	MERCY MALL CLINIC
1085	MERCY MICHAEL BERRY CLINIC
1086	MERCY MILTON MEDICAL CENTER
1087	MERCY OPTIONS BEHAVIORAL HEALTH CLINIC - JANESVILLE
1088	MERCY REGIONAL CANCER CENTER
1089	MERCY REGIONAL HEART AND VASCULAR CENTER
1090	MERCY REGIONAL NEUROSURGERY CENTER
1091	MERCY SPORTS MEDICINE AND REHABILITATION CENTER
1092	MERCY TERRACE
1093	MERCY WALWORTH HOSPITAL & MEDICAL CENTER
1094	MERCY WHITEWATER MEDICAL CENTER
1095	MERCY WOMENS HEALTH CENTER
1096	MERITER ADULT PSYCHIATRY
1097	MERITER CHILD & ADOLESCENT PSYCHIATRIC HOSPITAL
1098	MERITER DEFOREST-WINDSOR CLINIC
1099	MERITER DEMING WAY CLINIC
1100	MERITER DERMATOLOGY CLINIC
1101	MERITER FITCHBURG CLINIC
1102	MERITER MCKEE CLINIC
1103	MERITER MIDDLETON CLINIC
1104	MERITER MONONA CLINIC
1105	MERITER NEWSTART
1106	MERITER ORTHOPEDIC CLINIC
1107	MERITER PEDIATRIC HOSPITAL MEDICINE
1108	MERITER SPECIALTY CLINIC
1109	MERITER SPINE CENTER
1110	MERITER STOUGHTON CLINIC
1111	MERITER WEST WASHINGTON
1112	MERITER WISCONSIN HEART
1114	METROPOLITAN UROLOGY GROUP SC
1115	MICHAEL C REINECK MD SC
1116	MICHAEL D PLOOSTER MD SC
1117	MICHAEL J PHILLIPS MD SC
1118	MICHAEL J SMULLEN MD
1119	MICHAEL ONEILL MD BEHAVIORAL HEALTH ONEIDA TRIBE
1120	MICHAEL SCHELLPFEFFER OB/GYN SC
1121	MIDWEST CENTER FOR WOMENS HEALTH
1122	MIDWEST NEPHROLOGY ASSOCIATES - APPLETON AVE
1123	MIDWEST NEPHROLOGY ASSOCIATES SC - 27TH ST
1124	MIDWEST NEPHROLOGY ASSOCIATES SC - 52ND ST
1125	MILE BLUFF MEDICAL CENTER
1126	MILO C HUEMPFNER DEPT OF VETERANS AFFAIRS OUTPATIENT CLINIC
1127	MILWAUKEE CARDIAC CARE LLC
1128	MILWAUKEE CLINIC OF ORTHOPEDIC SURGERY LTD
1129	MILWAUKEE COUNTY BEHAVIORAL HEALTH
1130	MILWAUKEE COUNTY MENTAL HEALTH COMPLEX
1131	MILWAUKEE EAR NOSE & THROAT CLINIC LTD
1132	MILWAUKEE EYE & CATARACT CLINIC SC
1133	MILWAUKEE EYE CARE ASSOCIATES SC
1134	MILWAUKEE FAMILY PRACTICE SC
1135	MILWAUKEE GI SPECIALISTS SC
1136	MILWAUKEE HAND SPECIALISTS SC
1137	MILWAUKEE HEALTH SERVICES INC
1138	MILWAUKEE INTERNAL MEDICINE ASSOCIATES INC
1139	MILWAUKEE KIDNEY ASSOCIATES SC
1140	MILWAUKEE NEPHROLOGISTS SC
1141	MILWAUKEE NEUROLOGICAL INSTITUTE SC
1142	MILWAUKEE OBSTETRIC & GYNECOLOGY SC

1143	MILWAUKEE ORTHOPAEDIC GROUP LTD
1144	MILWAUKEE PSYCHIATRIC PHYSICIANS CHARTERED
1145	MILWAUKEE SPINAL SPECIALISTS SC
1146	MILWAUKEE SURGICAL SPECIALISTS
1147	MILWAUKEE UROLOGY SPECIALISTS
1148	MINDFUL CHOICES HEALTH CARE
1149	MINERAL POINT MEDICAL CENTER SC
1150	MINISTRY DOOR COUNTY MEDICAL CENTER
1151	MINISTRY GOOD SAMARITAN HEALTH CENTER OF MERRILL
1153	MINISTRY MEDICAL GROUP - AMHERST
1154	MINISTRY MEDICAL GROUP - EAGLE RIVER
1155	MINISTRY MEDICAL GROUP - MERRILL
1156	MINISTRY MEDICAL GROUP - PLOVER
1157	MINISTRY MEDICAL GROUP - RHINELANDER KABEL AVE
1158	MINISTRY MEDICAL GROUP - RHINELANDER NORTH SHORE
1159	MINISTRY MEDICAL GROUP - RHINELANDER TIMBER DR
1160	MINISTRY MEDICAL GROUP - RIB MOUNTAIN
1161	MINISTRY MEDICAL GROUP - STEVENS POINT HOOVER RD
1162	MINISTRY MEDICAL GROUP - STEVENS POINT ILL AVE
1163	MINISTRY MEDICAL GROUP - STEVENS POINT MARIA DR
1164	MINISTRY MEDICAL GROUP - STEVENS POINT STANLEY ST
1165	MINISTRY MEDICAL GROUP - THORP
1166	MINISTRY MEDICAL GROUP - TOMAHAWK
1167	MINISTRY MEDICAL GROUP - WAUPACA
1168	MINISTRY MEDICAL GROUP - WESTON
1169	MINISTRY MEDICAL GROUP - WOODRUFF
1170	MINISTRY MEDICAL GROUP-STANLEY
1171	MINISTRY NORTH SHORE MEDICAL CLINIC - ALGOMA
1172	MINISTRY NORTH SHORE MEDICAL CLINIC - FISH CREEK
1173	MINISTRY NORTH SHORE MEDICAL CLINIC - STURGEON BAY
1174	MODERNMED - MEQUON
1175	MOLINA HEALTHCARE OF WISCONSIN
1176	MONROE CLINIC
1177	MONROE CLINIC HOSPITAL
1178	MONROE CLINIC-ALBANY
1179	MONROE CLINIC-BRODHEAD
1180	MONROE CLINIC-DURAND
1181	MONROE CLINIC-FREEPORT
1182	MONROE CLINIC-LENA
1183	MONROE CLINIC-NEW GLARUS
1184	MORELAND EAR NOSE AND THROAT GROUP LTD
1185	MORELAND OB-GYN ASSOCIATION SC
1186	MOUNVIEW CLINIC
1188	N PATRICIA GARRETT MD LLC
1189	NECEDAH FAMILY MEDICAL CENTER
1190	NEDA ESMALI MD SC
1191	NEPHROLOGY ASSOCIATES OF WAUKESHA SC
1192	NEURODIAGNOSTIC CLINIC OF MILWAUKEE
1193	NEUROLOGIC ASSOCIATES OF WAUKESHA LTD
1194	NEUROLOGICAL SURGERY CONSULTANTS LTD
1195	NEUROLOGICAL WELLNESS CLINIC
1196	NEUROLOGY ALLIANCE SC
1197	NEUROLOGY CONSULTANTS OF BELLIN HEALTH
1198	NEUROLOGY-NEURODIAGNOSTIC CENTER SC
1199	NEUROSCIENCE GROUP OF NORTHEAST WISCONSIN
1200	NEUROSPINE CENTER OF WISCONSIN
1201	NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE SC
1202	NEW DERMATOLOGY GROUP LTD
1203	NEW DIRECTIONS BEHAVIORAL HEALTH CENTER INC
1204	NEW LISBON FAMILY MEDICAL CENTER
1205	NEW RICHMOND CLINIC
1206	NEW SURGICAL ASSOCIATES SC

1207	NEZIH Z HASANOGLU DO SC
1208	NINETTE A NASSIF MD SC
1209	NORTH CENTRAL HEALTH CARE FACILITY
1210	NORTH LAKES COMMUNITY CLINIC
1211	NORTH LAKES COMMUNITY CLINIC-HAYWARD
1213	NORTH SHORE CARDIOLOGY SC
1214	NORTH SHORE ORTHOPAEDICS SC - MEQUON
1215	NORTHEAST OB/GYN SC
1216	NORTHEAST WISCONSIN RETINA ASSOCIATES SC
1217	NORTHEAST WISCONSIN VISION CENTER LTD
1218	NORTHERN WATERS OPHTHALMOLOGY SC
1219	NORTHERN WISCONSIN BONE & JOINT CENTER LTD
1220	NORTHREACH - FAMILY CARE MEDICAL CLINIC
1221	NORTHREACH - INTERNAL MEDICINE
1222	NORTHREACH - PEDIATRICS
1223	NORTHREACH - PESHTIGO FAMILY PRACTICE
1224	NORTHREACH - WOMENS SPECIALTY CARE
1226	NORTHREACH MARINETTE
1227	NORTHSTAR ENTERPRISES LLP
1228	NORTHWEST COUNSELING & GUIDANCE CLINIC
1230	NORTHWEST PEDIATRIC SPECIALTIES
1231	NORTHWOODS FAMILY ORTHOPAEDICS SC
1232	NORTHWOODS GUIDANCE
1233	OAK CREEK FAMILY MEDICINE
1234	OAKLEAF CLINICS - SOUTHSIDE MEDICAL CLINIC
1235	OAKLEAF CLINICS - SOUTHSIDE OBGYN
1237	OAKLEAF PEDIATRICS
1238	OBSTETRICAL & GYNECOLOGICAL CLINIC OF EAU CLAIRE
1239	OCONTO COUNTY HEALTH AND HUMAN SERVICES
1240	OMNE CLINIC INC
1241	OMNI FAMILY MEDICAL CLINIC
1242	ONEIDA COMMUNITY HEALTH CENTER
1243	OPHTHALMIC SURGERY OF WISCONSIN LTD
1244	OPHTHALMOLOGY ASSOCIATES SC
1245	OPTIONS TREATMENT PROGRAMS
1246	OPTIVISION EYE CARE
1247	ORTHOAEDIC & SPORTS MEDICINE CLINIC OF MONROE
1248	ORTHOAEDIC ASSOCIATES OF MANITOWOC BAYCARE CLINIC
1249	ORTHOAEDIC ASSOCIATES OF MILWAUKEE SC
1250	ORTHOAEDIC ASSOCIATES OF WAUSAU SC
1251	ORTHOAEDIC ASSOCIATES OF WISCONSIN SC
1252	ORTHOAEDIC CLINIC - NORTH
1253	ORTHOAEDIC CONSULTANTS
1254	ORTHOPEdic AND SPORTS MEDICINE SPECIALISTS OF GREEN BAY
1255	ORTHOPEdic ASSOCIATES OF SAUK PRAIRIE SC
1256	ORTHOPEdic CLINIC OF APPLETON INC
1257	ORTHOPEdic SPECIALISTS OF SE WI
1258	OSCEOLA MEDICAL CENTER
1259	OSCEOLA MEDICAL CENTER-VISITING SPECIALISTS
1260	OSHKOSH CLINIC BUILDING INC
1261	OUR LADY OF HOPE CLINIC INC
1262	OUTAGAMIE COUNTY HEALTH & HUMAN SERVICES
1263	OUTREACH COMMUNITY HEALTH CENTERS
1264	OZAUKEE COUNTY DEPARTMENT OF HUMAN SERVICES
1265	OZAUKEE MEDICAL CENTER
1266	PADDOCK LAKE FAMILY PRACTICE
1267	PALADINA HEALTH
1268	PAMELA G DOBSON DO
1269	PARADISE MEDICAL LLC
1270	PARKINSON DERMATOLOGY SC
1271	PATRICIO F VIERNES MD SC
1272	PAUL D MANDEL MD SC

1273	PAUL F WAGNER MD SC
1274	PAUL SUMNIGHT MD
1275	PAUQUETTE CENTER FOR MENTAL HEALTH & GUIDANCE
1276	PEDIATRIC HEALTHCARE SC
1277	PEDIATRICS WEST
1278	PETER CHRISTENSEN HEALTH CENTER
1279	PHCMA ENDOCRINOLOGY CLINIC AT WAUKESHA MEMORIAL HOSPITAL
1280	PHILIP M MARDEN MD SC
1282	PHYSICIANS OF OBSTETRICS & GYNECOLOGY LTD
1283	PIERCE COUNTY PUBLIC HEALTH
1284	PINE GROVE FAMILY MEDICINE
1285	PLAIN MEDICAL CLINIC
1286	PLANK ROAD PRIMARY CARE CLINIC
1287	PLYMOUTH FAMILY PHYSICIANS
1288	PRACTICE MANAGEMENT GROUP LLC
1289	PRAIRIE CLINIC SC
1291	PRAIRIE RIDGE HEALTH CLINIC - BEAVER DAM
1292	PRAMOD KUMAR MD SC
1293	PREMIER HEALTH SC
1295	PREMIER SURGICAL OF WISCONSIN SC
1296	PREVEA - ALLOUEZ HEALTH CENTER
1297	PREVEA - ASHWAUBENON HEALTH CENTER
1298	PREVEA - COMMUNITY MEMORIAL HOSPITAL - OCONTO FALLS
1299	PREVEA - EAST DE PERE HEALTH CENTER
1300	PREVEA - EAST MASON HEALTH CENTER
1301	PREVEA - HANSEN ROAD
1302	PREVEA - HOWARD HEALTH CENTER
1303	PREVEA - LUXEMBURG MEDICAL CLINIC
1304	PREVEA - MARINETTE HEALTH CENTER
1305	PREVEA - OCONTO HEALTH CENTER
1306	PREVEA - PULASKI HEALTH CENTER
1307	PREVEA - SHAWANO AVENUE HEALTH CENTER
1308	PREVEA - SHEBOYGAN ORTHOPAEDIC ASSOCIATES
1309	PREVEA - SHEBOYGAN WOMENS CARE
1310	PREVEA - ST MARYS HEALTH CENTER
1311	PREVEA - ST VINCENT HEALTH CENTER
1312	PREVEA - VERNON DRIVE HEALTH CENTER
1313	PREVEA - WEST DE PERE CLINIC
1314	PREVEA HEALTH CENTER - SHEBOYGAN
1316	PREVEA SEYMOUR HEALTH CENTER
1317	PREVENTIVE MEDICINE CENTER
1318	PRIMARY CARE ASSOCIATES OF APPLETON LTD
1319	PRIMARY CARE CLINIC
1320	PRO CARE MEDICAL GROUP
1323	PROHEALTH CARE BEHAVIORAL MEDICINE CENTER
1324	PROHEALTH CARE CANCER SERVICES
1325	PROHEALTH CARE HOSPITALIST PROGRAM
1326	PROHEALTH CARE MEDICAL ASSOCIATES - AMERICAN 403
1327	PROHEALTH CARE MEDICAL ASSOCIATES MORELAND FAMILY MEDICINE
1328	PROHEALTH CARE MEDICAL ASSOCIATES: OCONOMOWOC - WOMENS CARE
1329	PROHEALTH CARE MEDICAL ASSOCIATES-AMERICAN 410
1330	PROHEALTH CARE MEDICAL ASSOCIATES-BIG BEND
1331	PROHEALTH CARE MEDICAL ASSOCIATES-BROOKFIELD
1332	PROHEALTH CARE MEDICAL ASSOCIATES-CORPORATE DR
1333	PROHEALTH CARE MEDICAL ASSOCIATES-DELAFIELD
1334	PROHEALTH CARE MEDICAL ASSOCIATES-HARTLAND
1335	PROHEALTH CARE MEDICAL ASSOCIATES-MUKWONAGO
1336	PROHEALTH CARE MEDICAL ASSOCIATES-MUSKEGO
1337	PROHEALTH CARE MEDICAL ASSOCIATES-NEW BERLIN
1338	PROHEALTH CARE MEDICAL ASSOCIATES-PEWAUKEE
1339	PROHEALTH CARE MEDICAL ASSOCIATES-RIVERWOOD CORPORATE CENTER
1340	PROHEALTH CARE MEDICAL ASSOCIATES-SUMMIT FP

1341	PROHEALTH CARE MEDICAL ASSOCIATES-SUSSEX
1342	PROHEALTH CARE MEDICAL ASSOCIATES-WATERTOWN
1344	PSYCHIATRIC AND PSYCHOTHERAPY CLINIC
1345	PSYCHIATRIC CONSULTANTS
1346	PSYCHIATRIC CONSULTANTS & THERAPISTS
1347	PSYCHIATRIC SERVICES OF RACINE LLP
1348	PSYCHIATRIC SERVICES SC
1349	PSYCHOLOGY CENTER
1350	PURATH HEADACHE & NEUROLOGY SC
1351	QUADMED
1352	QUADMED CLINIC - SUSSEX
1353	RACHAEL L WEIDERHOLD DO INC
1354	RACINE PSYCHOLOGICAL SERVICES
1355	RALPH FROELICH MD SC
1356	RANDOLPH COMMUNITY CLINIC
1357	RANDY T THEILER MD
1358	RAYMOND MOY MD SC
1359	RED CLIFF COMMUNITY HEALTH CENTER
1360	REEDSBURG AREA MEDICAL CENTER
1362	REFORMEDICINE SC
1363	REGENT MENTAL HEALTH GROUP
1364	REGINA MEDICAL GROUP
1365	REGIONAL GENERAL & VASCULAR SURGEONS SC
1366	REMEDY MEDICAL SERVICES SC
1367	REPRODUCTIVE SPECIALTY CENTERLTD
1368	RETINA & VITREOUS CONSULTANTS OF WI LTD
1369	RICHARD A FRANK MD SC
1370	RICHARD A STELIGA MD SC
1371	RICHARD D DAVENPORT AND ASSOCIATES SC
1372	RICHARD N EVANS JR MD
1373	RICHLAND MEDICAL CENTER LTD
1374	RIESCH SURGICAL SCIENCE LLC
1375	RI-LEE MEDICAL STAFFING
1376	RIPON MEDICAL CENTER INC
1377	RIVER VALLEY CLINIC - VAMC
1378	RIVER VALLEY MEDICAL CLINIC
1379	RIVER VALLEY MEDICAL GROUP
1380	RIVERSIDE PSYCHIATRIC GROUP SC
1381	RIVERVIEW FAMILY CLINIC - LAKES/ROME
1382	RIVERVIEW FAMILY CLINIC NEKOOSA
1383	RJC MEDICAL SERVICES
1384	ROBERT A GAHL MD SC
1385	ROBERT F MANN MD
1386	ROBERT H STRAUB MD
1387	ROCK COUNTY HUMAN SERVICES
1388	RODRIGO B MATA MD SC
1390	ROGERS MEMORIAL HOSPITAL - MADISON
1391	ROGERS MEMORIAL HOSPITAL - MILWAUKEE
1392	ROGERS MEMORIAL HOSPITAL - OCONOMOWOC
1393	RUBEN F LEWIN MD SC
1394	S J MILLEN & S A HARVEY MD SC
1395	S JOHN KIM MD
1396	S T SY MD SC
1397	SACRED HEART HOSPITAL
1398	SACRED HEART OBSTETRICS & GYNECOLOGY
1399	SAMIR MULLICK MD SC
1400	SAUK COUNTY DEPT OF HUMAN SERVICES
1401	SAUK PRAIRIE MEMORIAL HOSPITAL
1402	SAVAGLIO EYE CLINIC SC
1403	SCENIC BLUFFS COMMUNITY HEALTH CENTERS
1404	SENIOR BEHAVIORAL SCIENCES
1405	SENIOR HEALTH MEMORY AND MOOD DISORDERS CLINIC

1406	SHALINI VARMA MD
1407	SHEBOYGAN CANCER & BLOOD SPECIALIST
1408	SHEBOYGAN INTERNAL MEDICINE ASSOCIATES SC
1409	SHEBOYGAN PEDIATRIC ASSOCIATES
1410	SHEBOYGAN PHYSICIANS GROUP SC
1411	SHELL LAKE CLINIC LTD
1412	SHERYL SPITZER-RESNICH MD LLC
1413	SHORELINE SKIN SPECIALISTS SC
1414	SHOREVIEW PEDIATRICS SC
1415	SHOREWOOD FAMILY MEDICAL CLINIC
1416	SINAI SAMARITAN MENTAL HEALTH SERVICES
1418	SIXTEENTH STREET COMMUNITY HEALTH CENTERS - PARKWAY
1419	SIXTEENTH STREET COMMUNITY HEALTH CENTERS-CHAVEZ
1420	SOMERSET CLINIC
1421	SOUTHEASTERN PEDIATRIC & ADOLESCENT MEDICINE - FRANKLIN
1422	SOUTHEASTERN PEDIATRIC & ADOLESCENT MEDICINE - MILWAUKEE
1423	SOUTHEASTERN PEDIATRIC & ADOLESCENT MEDICINE - SOUTH MILWAUKEE
1424	SOUTHSIDE PEDIATRICS ASSOCIATES LTD
1425	SOUTHWEST HEALTH CENTER
1426	SPECTRUM HEALTHCARE LLC
1427	SPINE & BRAIN GROUP - WAUSAU
1428	SPINE CARE CLINIC AT TOSA
1430	SPOONER HEALTH SYSTEM
1431	SPORTS MEDICINE & ORTHOPEDIC CENTER SC
1432	SPORTS MEDICINE CENTER SC
1433	SPRING CITY HEALTH CENTRE
1435	ST CATHERINES MEDICAL CENTER CAMPUS
1436	ST CLARE CENTER
1438	ST CROIX REGIONAL MEDICAL CENTER-HOSPITAL
1439	ST CROIX TRIBAL CLINIC
1440	ST FRANCIS PEDIATRICS
1441	ST MARYS HOSPITAL
1442	STAUDACHER CARDIOLOGY SERVICES SC
1443	STEVANOVIC FAMILY CLINIC
1444	STEVEN SINGER MD LLC
1446	STOCKBRIDGE-MUNSEE HEALTH CENTER
1447	STRESS MANAGEMENT & MENTAL HEALTH CLINICS INC.
1448	SUHAS K SHELGIKAR MD SC
1449	SUNRISE FAMILY CARE CLINIC SC
1450	SURGERY CLINIC OF SPOONER
1451	SURGICAL ASSOCIATES LLP
1452	SURGICAL ASSOCIATES OF NEENAH
1453	SURGICAL ASSOCIATES OF WISCONSIN RAPIDS
1454	SURGICAL ASSOCIATES SC
1455	SURGICAL PARTNERS
1456	SURGICAL SPECIALISTS OF DODGE COUNTY
1457	SURYA MEDICAL GROUP SC
1458	SUSON EYE SPECIALISTS SC
1459	TAHA MEDICAL CENTER SC
1460	THE CANCER TEAM AT BELLIN HEALTH
1461	THE CARING TEAM INC
1462	THE EYE CENTERS OF RACINE & KENOSHA
1463	THE EYE INSTITUTE
1464	THE JOYFUL DOC CLINIC SC
1465	THE KENNEDY CENTER FOR THE HIP & KNEE
1466	THE OMMANI CENTER FOR INTEGRATIVE MEDICINE
1467	THE ORTHOPEDIC INSTITUTE OF WISCONSIN
1468	THE PLASTIC SURGERY & VEIN CLINIC SC
1469	THE POSER CLINIC LLC
1470	THE UROLOGY CLINIC SC
1471	THEDACARE AT WORK
1472	THEDACARE BEHAVIORAL HEALTH - MIDWAY

1473	THEDACARE BEHAVIORAL HEALTH - TC
1474	THEDACARE CARDIOVASCULAR CARE - APPLETON
1475	THEDACARE CARDIOVASCULAR CARE - NEENAH
1477	THEDACARE MEDICAL CENTER - BERLIN
1478	THEDACARE MEDICAL ONCOLOGY
1479	THEDACARE ORTHOPEDIC CARE - APPLETON
1480	THEDACARE ORTHOPEDIC CARE - NEENAH COMMERCIAL ST
1481	THEDACARE ORTHOPEDIC CARE - NEW LONDON
1482	THEDACARE ORTHOPEDIC CARE - SHAWANO
1483	THEDACARE PHYSICIANS - APPLETON NORTH
1484	THEDACARE PHYSICIANS - APPLETON WEST
1485	THEDACARE PHYSICIANS - CLINTONVILLE
1486	THEDACARE PHYSICIANS - DARBOY
1487	THEDACARE PHYSICIANS - KIMBERLY
1488	THEDACARE PHYSICIANS - MANAWA
1489	THEDACARE PHYSICIANS - MENASHA
1490	THEDACARE PHYSICIANS - NEENAH EAST
1491	THEDACARE PHYSICIANS - NEENAH WEST
1492	THEDACARE PHYSICIANS - NEW LONDON
1493	THEDACARE PHYSICIANS - OSHKOSH
1494	THEDACARE PHYSICIANS - SHAWANO
1495	THEDACARE PHYSICIANS - WAUPACA
1496	THEDACARE PHYSICIANS - WAUPACA SURGEONS
1497	THEDACARE PHYSICIANS - WEYAUWEGA
1498	THEDACARE PHYSICIANS ENDOCRINOLOGY - NEENAH
1499	THEDACARE PHYSICIANS INTERNAL MEDICINE - APPLETON
1500	THEDACARE PHYSICIANS INTERNAL MEDICINE - KNAUS
1501	THEDACARE PHYSICIANS INTERNAL MEDICINE - NEENAH
1502	THEDACARE PHYSICIANS PEDIATRICS - APPLETON
1503	THEDACARE PHYSICIANS PEDIATRICS - DARBOY
1504	THEDACARE PHYSICIANS PEDIATRICS - NEENAH
1505	THEINSVILLE FAMILY HEALTH CARE
1506	THERESA M PARDOE DO
1507	THOMAS E GOODRICH MD SC
1508	THOMAS P PELLER MD SC
1509	THOMAS SLOTA MD
1510	TIMOTHY G MCAVOY MD SC
1512	TOMAH MEMORIAL HOSPITAL SPECIALTY CLINIC
1513	TOMAH VA MEDICAL CENTER
1514	TOSA MEDICAL GROUP LLC
1515	TOSA PEDIATRICS
1516	TOWER CLOCK EYE CENTER SC
1517	TRANSITIONAL LIVING SERVICES
1518	TRINITY INTEGRATIVE FAMILY MEDICINE SC
1519	TURCOTT MEDICAL & PSYCHIATRIC ASSOC SC
1520	TURKE FAMILY MEDICINE SC
1521	TURLAPATI CLINIC
1522	TURTLE LAKE MEDICAL ASSOCIATES SC
1523	TWO RIVERS CLINIC SC
1524	UNGER EYE MD SC
1525	UNION GROVE VA CLINIC
1526	UNITED HOSPITAL SYSTEM
1527	UNITED HOSPITAL SYSTEM - NORTHSIDE CLINIC
1528	UNITED MEDICAL GROUP CARDIOLOGY CLINIC
1529	UNIVERSITY HEALTH SERVICES CLINIC
1530	UNIVERSITY HEALTH SERVICES-COUNSELING & CONSULTATION SERVICES
1531	UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS
1532	UPLAND HILLS HEALTH CLINIC-HIGHLAND
1533	UPLAND HILLS HEALTH CLINIC-SPRING GREEN
1534	UPLAND HILLS HEALTH INC
1535	URGIMED
1536	UROLOGICAL SURGERY SC

1537	UROLOGY ASSOCIATES LTD SC
1538	UROLOGY ASSOCIATES OF GREEN BAY SC
1539	UROLOGY INSTITUTE OF WAUKESHA SC
1540	UROLOGY SPECIALISTS OF WISCONSIN SC - WAUSAU
1541	UROLOGY SPECIALISTS OF WISCONSIN SC - WISCONSIN RAPIDS
1542	UW BEHAVIORAL HEALTH AND RECOVERY CLINIC
1543	UW CANCER CENTER - RIVERVIEW HOSPITAL
1544	UW CANCER CENTER JOHNSON CREEK
1545	UW CARBONE CANCER CENTER
1546	UW EYE CLINIC - UNIVERSITY STATION
1548	UW HEALTH ABDOMINAL TRANSPLANT CLINIC
1549	UW HEALTH ALLERGY ASTHMA AND IMMUNOLOGY CLINIC
1550	UW HEALTH CARDIOVASCULAR MEDICINE CLINIC
1551	UW HEALTH DIGESTIVE HEALTH CENTER
1552	UW HEALTH EAR NOSE AND THROAT CLINIC
1553	UW HEALTH GENERATIONS FERTILITY CARE
1554	UW HEALTH GYNECOLOGY CLINIC
1555	UW HEALTH HEART AND VASCULAR CARE
1556	UW HEALTH HOSPITAL MEDICINE
1557	UW HEALTH INFECTIOUS DISEASE CLINIC
1558	UW HEALTH KIDNEY CLINIC
1559	UW HEALTH MEDICAL ONCOLOGY CLINIC
1560	UW HEALTH MOVEMENT DISORDERS CLINIC A
1561	UW HEALTH MULTIPLE SCLEROSIS CLINIC
1562	UW HEALTH NEUROLOGY CLINIC
1563	UW HEALTH NEUROSURGERY CLINIC
1564	UW HEALTH ORTHOPEDIC SURGERY CLINIC
1565	UW HEALTH PARTNERS CENTER FOR EYE CARE
1566	UW HEALTH PARTNERS CENTER FOR WOMENS HEALTH
1567	UW HEALTH PARTNERS INTERNAL MEDICINE CLINIC
1568	UW HEALTH PARTNERS IXONIA CLINIC
1569	UW HEALTH PARTNERS LAKE MILLS CLINIC
1570	UW HEALTH PARTNERS ORTHOPEDICS & SPORTS MEDICINE
1571	UW HEALTH PARTNERS UROLOGY CLINIC
1572	UW HEALTH PARTNERS WATERLOO CLINIC
1573	UW HEALTH PEDIATRICS CLINIC
1574	UW HEALTH PULMONARY & CRITICAL CARE MEDICINE CLINIC
1575	UW HEALTH RESEARCH PARK-INTEGRATIVE MEDICINE CLINIC
1576	UW HEALTH RESEARCH PARK-PEDIATRIC FITNESS CLINIC
1577	UW HEALTH RESEARCH PARK-SPINE MEDICINE CLINIC
1578	UW HEALTH RESEARCH PARK-SPORTS MEDICINE CLINIC
1579	UW HEALTH STROKE CLINIC
1580	UW HEALTH SURGERY CLINIC
1581	UW HEALTH TRANSFORMATIONS CLINIC
1582	UW HEALTH TRANSPLANT SURGERY CLINIC
1583	UW HEALTH UROLOGY CLINIC
1584	UW HEALTH-1 S PARK-DERMATOLOGY CLINIC
1585	UW HEALTH-1 S PARK-EAR NOSE AND THROAT CLINIC
1586	UW HEALTH-1 S PARK-GENERAL SURGERY CLINIC
1587	UW HEALTH-1 S PARK-HEMATOLOGY AND ONCOLOGY CLINIC
1588	UW HEALTH-1 S PARK-ORTHOPEDIC SURGERY CLINIC
1589	UW HEALTH-1 S PARK-UROLOGY CLINIC
1590	UW HEALTH-20 S PARK ST - ALLERGY ASTHMA & IMMUNOLOGY CLINIC
1591	UW HEALTH-20 S PARK ST - GASTROENTEROLOGY CLINIC
1592	UW HEALTH-20 S PARK ST - INFECTIOUS DISEASE CLINIC
1593	UW HEALTH-20 S PARK ST - INTERNAL MEDICINE CLINIC
1594	UW HEALTH-20 S PARK ST - NEUROLOGY CLINIC
1595	UW HEALTH-20 S PARK ST - NEUROSURGERY CLINIC
1596	UW HEALTH-20 S PARK ST - OBSTETRICS & GYNECOLOGY CLINIC
1597	UW HEALTH-20 S PARK ST - PEDIATRICS AND ADOLESCENT MEDICINE CLINIC
1598	UW HEALTH-202 S PARK-CARDIOVASCULAR MEDICINE CLINIC
1599	UW HEALTH-ARBORETUM FAMILY MEDICINE CLINIC

1600	UW HEALTH-AUGUSTA FAMILY MEDICINE CLINIC
1601	UW HEALTH-BEAVER DAM CLINIC
1602	UW HEALTH-BELLEVILLE FAMILY MEDICAL CLINIC
1603	UW HEALTH-COTTAGE GROVE CLINIC
1604	UW HEALTH-CROSS PLAINS CLINIC
1605	UW HEALTH-DEFOREST-WINDSOR CLINIC
1606	UW HEALTH-EAST CLINIC
1607	UW HEALTH-EAST TOWNE CLINIC
1608	UW HEALTH-EAU CLAIRE FAMILY MEDICINE CLINIC
1609	UW HEALTH-FITCHBURG CLINIC
1610	UW HEALTH-FORT ATKINSON CLINIC
1611	UW HEALTH-FOX VALLEY FAMILY MEDICINE
1612	UW HEALTH-FOX VALLEY FAMILY MEDICINE RESIDENCY PROGRAM
1613	UW HEALTH-HORICON
1614	UW HEALTH-MOUNT HOREB CLINIC
1615	UW HEALTH-NORTHEAST FAMILY MEDICAL CENTER
1616	UW HEALTH-ODANA ATRIUM CLINIC
1617	UW HEALTH-OREGON CLINIC
1618	UW HEALTH-PORTAGE COMMUNITY CLINIC
1619	UW HEALTH-RESEARCH PARK CLINIC
1620	UW HEALTH-STOUGHTON CLINIC
1621	UW HEALTH-SUN PRAIRIE
1622	UW HEALTH-UNIVERSITY STATION CLINIC
1623	UW HEALTH-UNIVERSITY STATION CLINIC - HOSPITALIST
1624	UW HEALTH-VERONA CLINIC
1625	UW HEALTH-WEST CLINIC
1626	UW HEALTH-WEST TOWNE CLINIC
1627	UW HEALTH-WISCONSIN PSYCHIATRIC INSTITUTE AND CLINIC
1628	UW HEALTH-WISCONSIN SLEEP CLINIC
1629	UW HEALTH-YAHARA CLINIC
1630	UW MEDICAL FOUNDATION CENTENNIAL BUILDING
1631	UW SCHOOL OF MEDICINE AND PUBLIC HEALTH-FACULTY
1632	V STEPHEN SLANA MD SC
1633	VALLEY EYE ASSOCIATES - WEST
1634	VALLEY NEURO/MICRONEUROSURGERY SC
1635	VALLEY ORTHOPEDIC CLINIC SC
1636	VENKATA K SHARMA MD SC
1638	VERRE EYE CLINIC SC
1640	VIBRANT HEALTH FAMILY CLINICS - ELLSWORTH
1641	VIBRANT HEALTH FAMILY CLINICS - RIVER FALLS
1642	VIBRANT HEALTH FAMILY CLINICS - SPRING VALLEY
1643	VICTORIA J MONDLOCH MD SC
1644	VICTORIA L FETTER MD
1645	VINCE LOMBARDI CANCER CENTER-SHEBOYGAN
1646	VIOLETA A SINGSON MD SC
1647	VIRGINIA M LINABURY MD
1649	VMH FAMILY PRACTICE & COMPLEMENTARY MEDICINE-VMH
1650	WAISMAN CENTER
1651	WALK IN CLINIC - TOSA CENTER
1652	WALTER K T WONG MD SC
1653	WATERS PREVENTIVE MEDICAL CENTER
1654	WATERTOWN FAMILY PRACTICE ASSOC SC
1655	WATERTOWN REGIONAL MEDICAL CENTER
1656	WAUKESHA COMMUNITY HEALTH CENTER
1657	WAUKESHA COUNTY MENTAL HEALTH
1658	WAUKESHA FAMILY PRACTICE CENTER
1659	WAUKESHA FAMILY PRACTICE CLINIC
1660	WAUKESHA HEALTH CARE - WOMENS HEALTH CENTER
1661	WAUKESHA HEALTH CARE - WOMENS HEALTH CENTER OCONOMOWOC
1662	WAUKESHA HEART INSTITUTE
1663	WAUKESHA PEDIATRIC ASSOCIATES LTD
1664	WAUKESHA SURGICAL SPECIALISTS

1665	WAUPACA COUNTY DEPT - HUMAN SERVICES
1666	WAUSHARA FAMILY PHYSICIANS
1667	WEBER STEVE A. D.O. D/B/A ANTIGO MEDICAL BUILDING
1668	WEST ALLIS PRIMARY CARE PHYSICIANS SC
1669	WEST SIDE MEDICAL CENTER
1670	WESTERN WISCONSIN EAR NOSE & THROAT CENTER SC
1671	WESTERN WISCONSIN UROLOGY SC
1672	WFMG BROOKFIELD CAPITOL PSY
1673	WHEATON FRANCISCAN GLENDALE FAMILY CARE CENTER
1675	WHEATON FRANCISCAN MEDICAL GROUP 1244 WI AVE 300
1676	WHEATON FRANCISCAN MEDICAL GROUP 1320 WI AVE FL 1 N
1677	WHEATON FRANCISCAN MEDICAL GROUP 2500 LAYTON 220
1678	WHEATON FRANCISCAN MEDICAL GROUP AS 3807 FAM
1679	WHEATON FRANCISCAN MEDICAL GROUP AS 3807 INT
1680	WHEATON FRANCISCAN MEDICAL GROUP AS 3807 PED
1681	WHEATON FRANCISCAN MEDICAL GROUP AS 3807 URG
1682	WHEATON FRANCISCAN MEDICAL GROUP AS ATRIUM 102
1683	WHEATON FRANCISCAN MEDICAL GROUP AS ATRIUM 201
1684	WHEATON FRANCISCAN MEDICAL GROUP AS ATRIUM 202
1685	WHEATON FRANCISCAN MEDICAL GROUP AS ATRIUM 303
1686	WHEATON FRANCISCAN MEDICAL GROUP AS CANCER CENTER
1687	WHEATON FRANCISCAN MEDICAL GROUP AS CVI 410
1688	WHEATON FRANCISCAN MEDICAL GROUP AS CVI 600
1689	WHEATON FRANCISCAN MEDICAL GROUP AS MT PLEASANT
1690	WHEATON FRANCISCAN MEDICAL GROUP AS POB A 310
1691	WHEATON FRANCISCAN MEDICAL GROUP AS SLHP FL1
1692	WHEATON FRANCISCAN MEDICAL GROUP AS STURTEVANT
1693	WHEATON FRANCISCAN MEDICAL GROUP AS W POB B 240
1694	WHEATON FRANCISCAN MEDICAL GROUP AS W POB B 320
1695	WHEATON FRANCISCAN MEDICAL GROUP BROOKFIELD CAPITOL
1696	WHEATON FRANCISCAN MEDICAL GROUP BROWN DEER
1697	WHEATON FRANCISCAN MEDICAL GROUP CUDAHY
1698	WHEATON FRANCISCAN MEDICAL GROUP EM MOB 400
1699	WHEATON FRANCISCAN MEDICAL GROUP EM ONC
1700	WHEATON FRANCISCAN MEDICAL GROUP EMAC 107W SRG
1701	WHEATON FRANCISCAN MEDICAL GROUP EMAC 200E
1702	WHEATON FRANCISCAN MEDICAL GROUP FOUR MILE
1703	WHEATON FRANCISCAN MEDICAL GROUP FRK FL 1 PLSSRG
1704	WHEATON FRANCISCAN MEDICAL GROUP FRK FL 4 SPC
1705	WHEATON FRANCISCAN MEDICAL GROUP FRK MOB FL 2
1706	WHEATON FRANCISCAN MEDICAL GROUP FRK MOB FL 3
1707	WHEATON FRANCISCAN MEDICAL GROUP GLENDALE OBG
1708	WHEATON FRANCISCAN MEDICAL GROUP GLENDALE SRG
1709	WHEATON FRANCISCAN MEDICAL GROUP MP 2500 LAYTON 10
1710	WHEATON FRANCISCAN MEDICAL GROUP MP 2500 LAYTON 250
1711	WHEATON FRANCISCAN MEDICAL GROUP MP 2745 LAYTON 201
1712	WHEATON FRANCISCAN MEDICAL GROUP MP 2745 LAYTON 206
1713	WHEATON FRANCISCAN MEDICAL GROUP MP 4600 LOOMIS 130
1714	WHEATON FRANCISCAN MEDICAL GROUP MP 9200 LOOMIS 215
1715	WHEATON FRANCISCAN MEDICAL GROUP MP CUDAHY
1716	WHEATON FRANCISCAN MEDICAL GROUP MP HALES CORNERS
1717	WHEATON FRANCISCAN MEDICAL GROUP MP NEW BERLIN 210
1718	WHEATON FRANCISCAN MEDICAL GROUP MP RAWSON G30
1719	WHEATON FRANCISCAN MEDICAL GROUP MP S 16TH
1720	WHEATON FRANCISCAN MEDICAL GROUP MP SF MAP 100
1721	WHEATON FRANCISCAN MEDICAL GROUP MP SF MAP 114
1722	WHEATON FRANCISCAN MEDICAL GROUP MP SF MAP 122
1723	WHEATON FRANCISCAN MEDICAL GROUP MP SF MAP 124
1724	WHEATON FRANCISCAN MEDICAL GROUP MP SF OHIO 103
1725	WHEATON FRANCISCAN MEDICAL GROUP MP TOSA FL 3 GST
1726	WHEATON FRANCISCAN MEDICAL GROUP NEW BERLIN 200
1727	WHEATON FRANCISCAN MEDICAL GROUP OAK CREEK 200

1728	WHEATON FRANCISCAN MEDICAL GROUP ONE MAIN
1729	WHEATON FRANCISCAN MEDICAL GROUP PEWAUKEE
1730	WHEATON FRANCISCAN MEDICAL GROUP RAWSON G30
1731	WHEATON FRANCISCAN MEDICAL GROUP REIMAN ONC
1732	WHEATON FRANCISCAN MEDICAL GROUP SF EUCLID 1000
1733	WHEATON FRANCISCAN MEDICAL GROUP SF MAP 102 CRDEP
1734	WHEATON FRANCISCAN MEDICAL GROUP SF MAP 105 CRD
1735	WHEATON FRANCISCAN MEDICAL GROUP SF OHIO 108
1736	WHEATON FRANCISCAN MEDICAL GROUP SF OHIO 209
1737	WHEATON FRANCISCAN MEDICAL GROUP SJ FL 7W
1738	WHEATON FRANCISCAN MEDICAL GROUP SJ POB 207
1739	WHEATON FRANCISCAN MEDICAL GROUP SJ POB FL 6
1740	WHEATON FRANCISCAN MEDICAL GROUP SUSSEX
1741	WHEATON FRANCISCAN MEDICAL GROUP TOSA 535
1742	WHEATON FRANCISCAN MEDICAL GROUP TOSA FL 2
1743	WHEATON FRANCISCAN MEDICAL GROUP TOSA FL 3 OBGFMF
1744	WHEATON FRANCISCAN MEDICAL GROUP TOSA FL 3 OBGURO
1745	WHEATON FRANCISCAN MEDICAL GROUP TOSA FL 3 ONC
1746	WHEATON FRANCISCAN MEDICAL GROUP TOSA FL 3 ONCBSRG
1747	WHEATON FRANCISCAN MEDICAL GROUP TOSA FL 3 ONCGYN
1748	WHEATON FRANCISCAN MEDICAL GROUP TOSA N 117TH 200
1749	WHEATON FRANCISCAN MEDICAL GROUP UNION GROVE
1750	WHEATON HEART AND VASCULAR - WAUWATOSA
1751	WILDWOOD FAMILY CLINIC SC
1752	WILLIAM E RADUEGE MD SC
1753	WILLIAM S MIDDLETON MEMORIAL VETERANS HOSPITAL
1754	WILLIAM T. EVJUE CLINIC
1755	WILSON H LUY TAN MD LTD
1756	WINNEBAGO COUNTY HUMAN SERVICES
1757	WINNEBAGO MENTAL HEALTH INSTITUTE
1758	WISCONSIN BARIATRICS SC
1759	WISCONSIN BONE & JOINT SC
1760	WISCONSIN CARDIOVASCULAR GROUP - BAY VIEW
1761	WISCONSIN CARDIOVASCULAR GROUP - MILWAUKEE EAST
1763	WISCONSIN DIALYSIS FITCHBURG CLINIC
1764	WISCONSIN DIVISION OF PUBLIC HEALTH - MILWAUKEE
1765	WISCONSIN EYE CONSULTANTS
1766	WISCONSIN FERTILITY INSTITUTE
1767	WISCONSIN HEALTH FUND
1768	WISCONSIN HEART CENTER
1769	WISCONSIN HEART GROUP SC DBA MCW
1770	WISCONSIN INSTITUTE FOR NEURO & SLEEP DISORDERS
1771	WISCONSIN INSTITUTE OF UROLOGY - APPLETON
1772	WISCONSIN INSTITUTE OF UROLOGY - OSHKOSH
1773	WISCONSIN INSTITUTE OF UROLOGY SC
1774	WISCONSIN NEUROLOGY CLINIC
1775	WISCONSIN NEUROSURGERY SC
1776	WISCONSIN OCULOPLASTICS LTD
1777	WISCONSIN PSYCHIATRIC SERVICES LTD
1778	WISCONSIN RESOURCE CENTER
1779	WISCONSIN RIVER ORTHOPAEDICS LTD
1780	WISH CENTER AT FROEDTERT & MEDICAL COLLEGE CLINICS
1781	WOMANS HEALTHCARE ASSOCIATES LTD
1782	WOMEN'S HEALTH CARE SC
1783	WOMENCARE LLP
1784	WOMENS CARE OF WISCONSIN SC
1785	WOMENS CARE OF WISCONSIN SC - APPLETON
1786	WOMENS HEALTH CARE OBGYN
1787	WOMENS HEALTH CARE SC
1788	WOMENS HEALTH SPECIALISTS SC - APPLETON
1789	WOMENS HEALTH SPECIALISTS SC - NEENAH
1790	WOMENS PSYCHOTHERAPY CENTRE OF WISCONSIN

1791	WOMENS SPECIALTY CARE SC
1792	WOOD COUNTY UNIFIED SERVICE
1793	ZEBA SAMI MD
9998	UNKNOWN
9999	OTHER

Provider_Network_Code	Provider_Network_Description
01	ANTHEM BLUE PREFERRED NE
02	ARISE HP
03	DEAN HP
04	DEAN HP PREVEA
05	GHC EAU CLAIRE
06	GHC SOUTH CENTRAL WI
07	GUNDERSEN HP
08	HEALTH TRADITION
09	HEALTHPARTNERS
10	HUMANA EASTERN
11	HUMANA WESTERN
12	IYC ACCESS HP
13	LAHP MED SUP
14	LAHP PPO
15	MEDICAL ASSOCIATES HP
16	MERCYCARE HP
17	NETWORK HP NE
18	NETWORK HP SE
19	PHYSICIANS PLUS
20	SECURITY HP CENTRAL
21	SECURITY HP VALLEY
22	SMP
23	SMP LOCAL
24	UNITEDHEALTHCARE
25	UNITY COMMUNITY
26	UNITY UW HEALTH
27	WEA TRUST EAST
28	WEA TRUST NW CHIPPE VALLEY
29	WEA TRUST NW MAYO CLINIC
98	UNKNOWN
99	OTHER

Provider Type Code Claim

Valid Values:	Code	Description	
	1	Acute Care Hospital	(Hospitals, Trauma Center, Christian Science Hospital, Osteopathic Hospital, Teaching/University Hospital, VA/Military Hospital, Critical Access Hospital)
	5	Ambulatory Surgery Centers	(Freestanding Surgical Facility, SurgiCenter, Oral and Maxillofacial Surgery Center, Military Ambulatory Center)
	6	Urgent Care Facility	(Emergency Center, Medi First, Urgent Care Center, Walk-In Clinic)
	10	Birthing Center	
	15	Treatment Center	(Arthritis/Chemotherapy/Radiation/Hemodialysis/Hemophilic Treatment Center)
	20	Mental Health/Chemical Dep NEC	
	21	Mental Health Facilities	(Community Mental Health Center, Psychiatric Hospital, State Psych)
	22	Chemical Depend Treatment Ctr	(Alcohol Abuse Clinic, Detoxification Clinic, Drug and Alcohol Facility, Substance Abuse Rehab/Treatment Center, Recovery Care Center)
	23	Mental Hlth/Chem Dep Day Care	
	25	Rehabilitation Facilities	(Cardiac Rehab Center, Occupational/Physical Therapy Treatment Center, Rehab Center/Clinic/Hospital, Sanatorium, TB Facility)
	30	Longterm Care (NEC)	(Alzheimer Center/Dementia Center)
	31	Extended Care Facility	(Skilled Nursing Facility/SNF, State Hospital)
	32	Geriatric Hospital	
	33	Convalescent Care Facility	(Non-Skilled Nursing Facility, Nursing Home, Custodial Care Facility, Adult Care Home, Assisted Living Facility)
	34	Intermediate Care Facility	(ICF, Mentally Retarded)
	35	Residential Treatment Center	(Psychiatric Residential RTF)
	36	Continuing Care Retirement Com	
	37	Day/Night Care Center	(Adult Day Care Center, Respite Care Facility)
	38	Hospice Facility	(Inpatient Hospice)
	40	Other Facility (NEC)	(Migrant/Public/Corporate/Rural/Student/Community Health Clinic/Center, Unknown Facility, Unknown Clinic)
	41	Infirmery	(Military Outpatient Clinic)
	42	Special Care Facility (NEC)	(Dental Clinic, Pain Clinic, Sleep Disorder Clinic, Hearing and Speech Clinic, Genetics Clinic, Oncology Center)
	100	Dentist - MD & DDS (NEC)	(Dental Public Health)
	105	Dental Specialist	(Endodontics, Orthodontics, Oral Pathology, Oral Surgery, Oral Radiology, Pedodontics, Prosthodontics, Pediatric Dentistry)
	120	Chiropractor/DCM	
	130	Podiatry	(Podiatrist, Chiropodist)
	140	Pain Mgmt/Pain Medicine	(Palliative Medicine)
	145	Pediatric Anesthesiology	
	150	Anesthesiology	
	160	Nuclear Medicine	(Nuclear Radiology, Nuclear Cardiology)
	170	Pathology	(Blood Banking/Transfusion Medicine, Chemical Pathology, Cytopathology, Forensic Pathology, Immunopathology, Microbiology, Neuropathology, Legal Medicine)
	175	Pediatric Pathology	
	180	Radiology	(Diagnostic Radiology, Radiological Oncology, Radiological Physics, Therapeutic Radiology)
	185	Pediatric Radiology	
	200	Medical Doctor - MD (NEC)	(Miscellaneous MD specialty)

202	Osteopathic Medicine	(Osteopath, DO, Neuromusculoskeletal Medicine and OMM, Allopathic/Osteopathic Medicine)
204	Internal Medicine (NEC)	(Vascular Medicine)
206	Multi-Specialty Physician Group	(EPO, HMO, PPO, POS)
208	Proctology	
210	Urology	
215	Dermatology	(Dermatopathology, Dermatological Immunology, MOHS-Micrographic Surgery)
220	Emergency Medicine	(Medical Toxicology, Sports Medicine)
225	Hospitalist	
230	Allergy & Immunology	(Clinical and Lab Immunology)
240	Family Practice	(General Medicine, General Practitioner)
245	Geriatric Medicine	
250	Cardiovascular Disease/Cardiology, etc.	(Electrophysiology, Interventional Radiology)
260	Neurology	(Neurophysiology, Special Qual. In Child Neurology, Neurodevelopmental Disabilities, Vascular Neurology)
265	Critical Care Medicine	
270	Endocrinology & Metabolism	(Diabetes)
275	Gastroenterology	(Hepatology)
280	Hematology	
285	Infectious Disease	
290	Nephrology	
295	Pulmonary Disease	
300	Rheumatology	
320	Obstetrics & Gynecology	(Fertility, Maternal & Fetal Medicine, Reproductive Specialist)
325	Genetics	(Clinical Genetics, Clinical Cytogenetics, Medical Genetics, Molecular Genetics)
330	Ophthalmology	
340	Otolaryngology	(ENT, Neurotology, Otology, Otorhinolaryngology)
350	Physical Medicine & Rehabilitation	(Spinal Cord Injury)
355	Plastic Surgery/Maxillofacial Surgery	(Craniofacial Surgery, Facial Plastic Surgery, Plastic and Reconstructive Surgery)
360	Preventative Medicine	(Occupational, Aerospace/Underseas Medicine)
365	Psychiatry	(Geriatric Psychiatry, Psychoanalysis, Addiction Psychiatry, Forensic Psychiatry, Psychosomatic Medicine)

380	Oncology	
400	Pediatrician (NEC)	
410	Pediatric Specialist (NEC)	(Adolescent Medicine)
413	Pediatric Nephrology	
415	Pediatric Ophthalmology	
418	Pediatric Orthopaedics	
420	Pediatric Otolaryngology	
423	Pediatric Critical Care Medicine	
425	Pediatric Pulmonology	
428	Pediatric Emergency Medicine	
430	Pediatric Allergy & Immunology	
433	Pediatric Endocrinology	
435	Neonatal-Perinatal Medicine	(Neonatology, Perinatology)
438	Pediatric Gastroenterology	
440	Pediatric Cardiology	
443	Pediatric Hematology-Oncology	
448	Pediatric Infectious Diseases	
450	Pediatric Rheumatology	
453	Sports Medicine (Pediatrics)	
455	Pediatric Urology	
458	Child Psychiatry	(Developmental-Behavioral Pediatrics)
460	Pediatric Medical Toxicology	
500	Surgeon (NEC)	(General Surgery)
510	Colon & Rectal Surgery	
520	Neurological Surgery	(Pediatric Neurosurgery)
530	Orthopaedic Surgery	(Hand Surgery, Orthopaedic Surgery, Reconstructive Surgery)
535	Abdominal Surgery	
540	Cardiovascular Surgery	
545	Dermatologic Surgery	
550	General Vascular Surgery	
555	Head and Neck Surgery	
560	Pediatric Surgery (Surgery)	
565	Surgical Critical Care	
570	Transplant Surgery	
575	Traumatic Surgery	
580	Cardiothoracic Surgery	
585	Thoracic Surgery	
805	Dental Technician	(Hygienist, Denturist, Dental Lab, Dental Mechanic, Dental Assistant)
810	Dietitian	(Nutritional Specialist, Weight Control Specialist, Dietary Manager)

Taxonomy Code	Grouping	Classification	Specialization	Definition	Notes
101Y0000X	Behavioral Health & Social Service Providers	Counselor		A provider who is trained and educated in the performance of behavior health services through interpersonal communications and analysis. Training and education at the specialty level usually requires a master's degree and clinical experience and supervision for licensure or certification.	Sources: Abridged from definitions provided by the National Board of Certified Counselors and the American Association of Pastoral Counselors.
101YA0400X	Behavioral Health & Social Service Providers	Counselor	Addiction (Substance Use Disorder)	Definition to come...	
101YM0800X	Behavioral Health & Social Service Providers	Counselor	Mental Health	Definition to come...	
101YP1600X	Behavioral Health & Social Service Providers	Counselor	Pastoral	Definition to come...	
101YP2500X	Behavioral Health & Social Service Providers	Counselor	Professional	Definition to come...	
101YS0200X	Behavioral Health & Social Service Providers	Counselor	School	Definition to come...	
102L00000X	Behavioral Health & Social Service Providers	Psychoanalyst		Psychoanalysis is a comprehensive, theoretical framework which, when applied to a treatment process, consists of an intensive verbal, therapeutic relationship between an analyst and an analysand which aims for symptom relief, emotional growth, and personal integration. The psychoanalytic treatment process includes, but is not limited to, the recognition of unconscious processes and conflicts; the significance of developmental influences; and the impact of resistances, defenses, transference and countertransference phenomena. Treatment is enhanced by an understanding developed in the analyst's training and personal analysis of unconscious manifestations, such as dreams, slips of the tongue, fantasies and day dreams. Psychoanalytic technique varies in relation to theoretical orientation.	Source: Registry of Psychoanalysts published by the National Association for the Advancement of Psychoanalysis [1/1/2007: new; 7/1/2007: definition changed, source changed]
102X00000X	Behavioral Health & Social Service Providers	Poetry Therapist		A medical or mental health professional who has attained credentials after satisfactorily completing a poetry therapy training program approved by the National Federation for Biblio/Poetry Therapy (NFBPT). Training includes didactic work, peer group experience, and supervised practicum. An NFBPT credentialed certified poetry therapist (CPT) or registered poetry therapist (PTR) integrates discussion of published literature and reflective or creative writing into the psychotherapeutic process to achieve goals of emotional well-being, symptom reduction, and improved interpersonal communication. Certified poetry therapists and registered poetry therapists are licensed mental health professionals with advanced training in the theory and practice of poetry therapy. CPTs and PTRs are qualified to work independently with emotionally troubled populations in clinical, rehabilitative, community and educational institutions. They also work with emotionally healthy individuals adjusting to developmental issues, life crises, or disabilities. The PTR completes an advanced level of training and fieldwork, commensurate with the highest levels of clinical practice. The terms poetry therapy, applied poetry facilitation, journal therapy, bibliotherapy, biblio/poetry therapy, and poetry/journal therapy reflect the interactive use of literature and/or writing to promote personal growth and emotional healing. In addition to poetry, poetry therapy applies all forms of written and spoken language including story, myth, folk and fairy tale and other genres of poetic expression as well as journal, memoir, and narrative. The poetry therapy process integrates discussion of published literature and reflective or creative writing for expression and communication of thoughts and feelings to facilitate participants' emotional well-being. The field of poetry therapy encompasses all of these modalities, though only a duly trained and licensed clinical practitioner can be credentialed as CPT or PTR.	Source: The National Federation for Biblio/Poetry Therapy [7/1/2007: new]
103G00000X	Behavioral Health & Social Service Providers	Clinical Neuropsychologist		An individual with a doctorate degree, licensure in clinical psychology and specialized training or board certification in neuropsychology who practices or adheres to the principles of neuropsychology; a specialty within the field of psychology focusing primarily on neurobehavioral functioning.	Source: American Psychological Association, Washington, DC, 1997. [1/1/2007: title modified]
103GC0700X	Behavioral Health & Social Service Providers	Clinical Neuropsychologist	Clinical		[1/1/2007: marked inactive, use 103G00000X]
103K00000X	Behavioral Health & Social Service Providers	Behavioral Analyst		A behavior analyst is qualified by at least a master's degree and Behavior Analyst Certification Board certification and/or a state-issued credential (such as a license) to practice behavior analysis independently. Behavior analysts provide the required supervision to assistant behavior analysts and behavior technicians. A behavior analyst delivers services consistent with the dimensions of applied behavior analysis. Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing and revising behavior-analytic treatment plans, training others to implement components of treatment plans, and overseeing implementation of treatment plans.	Source: Association of Professional Behavior Analysts, www.apbahome.net and Behavior Analyst Certification Board (http://www.bacb.com) [7/1/2008: new, 1/1/2016: modified definition]
103T00000X	Behavioral Health & Social Service Providers	Psychologist		A psychologist is an individual who is licensed to practice psychology which is defined as the observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health. The practice of psychology includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury, or disability; and psychoeducational evaluation, therapy, remediation, and consultation. Psychological services may be rendered to individuals, families, groups and the public.	Source: American Psychological Association [1/1/2007: modified definition]
103TA0400X	Behavioral Health & Social Service Providers	Psychologist	Addiction (Substance Use Disorder)	Definition to come...	
103TA0700X	Behavioral Health & Social Service Providers	Psychologist	Adult Development & Aging	Definition to come...	
103TB0200X	Behavioral Health & Social Service Providers	Psychologist	Cognitive & Behavioral	Definition to come...	[1/1/2007: title modified]
103TC0700X	Behavioral Health & Social Service Providers	Psychologist	Clinical	Definition to come...	
103TC1900X	Behavioral Health & Social Service Providers	Psychologist	Counseling	Definition to come...	
103TC2200X	Behavioral Health & Social Service Providers	Psychologist	Clinical Child & Adolescent	Definition to come...	[1/1/2007: title modified]
103TE1000X	Behavioral Health & Social Service Providers	Psychologist	Educational		[1/1/2007: marked inactive]
103TE1100X	Behavioral Health & Social Service Providers	Psychologist	Exercise & Sports	Definition to come...	

103TF0000X	Behavioral Health & Social Service Providers	Psychologist	Family	Definition to come...	
103TF0200X	Behavioral Health & Social Service Providers	Psychologist	Forensic	Definition to come...	
103TH0004X	Behavioral Health & Social Service Providers	Psychologist	Health	The distinct focus of the clinical health psychologist is on physical health problems. A clinical health psychologist has special expertise or training in clinical health psychology - and - applies scientific knowledge of the interrelationships among behavioral, emotional, cognitive, social and biological components in health and disease to the promotion and maintenance of health; the prevention, treatment and rehabilitation of illness and disability; and the improvement of the health care system. Clinical health psychologists are dedicated to the development of knowledge regarding the interface between behavior and health, and to the delivery of high quality services based on that knowledge to individuals, families, and health care.	Source: American Psychological Association Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, 2008. [1/1/2007: new, 7/1/2008: definition added, source added]
103TH0100X	Behavioral Health & Social Service Providers	Psychologist	Health Service	A psychologist, certified/licensed at the independent practice level in his/her state, who is duly trained and experienced in the delivery of direct, preventative, assessment, and therapeutic intervention services to individuals whose growth, adjustment, or functioning is actually impaired or is demonstrably at high risk of impairment (1974).	Source: National Register of Health Service Providers in Psychology website http://www.nationalregister.org/about_NR.html [7/1/2006: modified title, added definition]
103TM1700X	Behavioral Health & Social Service Providers	Psychologist	Men & Masculinity		[1/1/2007: marked inactive]
103TM1800X	Behavioral Health & Social Service Providers	Psychologist	Mental Retardation & Developmental Disabilities	Definition to come...	
103TP0016X	Behavioral Health & Social Service Providers	Psychologist	Prescribing (Medical)	Those licensed psychologists who have completed specialized, post-doctoral training in psychopharmacology, passed a national proficiency examination in psychopharmacology, and who are authorized by state statute to prescribe medications, in accordance with their state law and state licensing authority, for the evaluation, diagnosis, management and treatment of mental, nervous, emotional, behavioral, and related disorders.	Source: Louisiana Academy of Medical Psychologists Note: Some states issue licenses under Medical Psychologist. [1/1/2007: new]
103TP0814X	Behavioral Health & Social Service Providers	Psychologist	Psychoanalysis	(1) A practitioner of psychoanalysis: methods of eliciting from patients their past emotional experiences and their role in influencing their current mental life, in order to discover the conflicts and mechanisms by which their pathologic mental state has been produced and to furnish hints for psychotherapeutic procedures, the method employs free association, recall and interpretation of dreams and interpretation of transference and resistance phenomena; (2) An individual who is educated with a doctor's degree in psychoanalysis or psychology, trained at an established psychoanalytic institute, and practices or adheres to the principles of psychoanalysis. Psychoanalysis is a form of psychotherapy and a system of investigation for determining and understanding mental processes, which was originally conceived by Sigmund Freud. Psychoanalysis involves the analysis and interpretation of dreams, resistances, and transferences, and uses free association and catharsis. Clinical practice requires licensure.	Sources: (1) Dorlands Illustrated Medical Dictionary, 28th Edition, W.B. Saunders Company: Philadelphia, 1994, p. 1382; (2) American Psychological Association, Washington, DC, 1997, and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
103TP2700X	Behavioral Health & Social Service Providers	Psychologist	Psychotherapy		[1/1/2007: marked inactive]
103TP2701X	Behavioral Health & Social Service Providers	Psychologist	Group Psychotherapy	Definition to come...	[1/1/2007: modified title]
103TR0400X	Behavioral Health & Social Service Providers	Psychologist	Rehabilitation	Definition to come...	
103TS0200X	Behavioral Health & Social Service Providers	Psychologist	School	Definition to come...	
103TW0100X	Behavioral Health & Social Service Providers	Psychologist	Women		[1/1/2007: marked inactive]
104100000X	Behavioral Health & Social Service Providers	Social Worker		A social worker is a person who is qualified by a Social Work degree, and licensed, certified or registered by the state as a social worker to practice within the scope of that license. A social worker provides assistance and counseling to clients and their families who are dealing with social, emotional and environmental problems. Social work services may be rendered to individuals, families, groups, and the public.	Source: National Association of Social Workers, 2009 [7/1/2009: definition modified]
1041C0700X	Behavioral Health & Social Service Providers	Social Worker	Clinical	A social worker who holds a master's or doctoral degree in social work from an accredited school of social work in addition to at least two years of post-master's supervised experience in a clinical setting. The social worker must be licensed, certified, or registered at the clinical level in the jurisdiction of practice. A clinical social worker provides direct services, including interventions focused on interpersonal interactions, intrapsychic dynamics, and life management issues. Clinical social work services are based on bio-psychosocial perspectives. Services consist of assessment, diagnosis, treatment (including psychotherapy and counseling), client-centered advocacy, consultation, evaluation, and prevention of mental illness, emotional, or behavioral disturbances.	Source: National Association of Social Workers, 2008 [7/1/2009: definition modified]
1041S0200X	Behavioral Health & Social Service Providers	Social Worker	School	Definition to come...	
106E00000X	Behavioral Health & Social Service Providers	Assistant Behavior Analyst		An assistant behavior analyst is qualified by Behavior Analyst Certification Board certification and/or a state-issued license or credential in behavior analysis to practice under the supervision of an appropriately credentialed professional behavior analyst. An assistant behavior analyst delivers services consistent with the dimensions of applied behavior analysis and supervision requirements defined in state laws or regulations and/or national certification standards. Common services may include, but are not limited to, conducting behavioral assessments, analyzing data, writing behavior-analytic treatment plans, training and supervising others in implementation of components of treatment plans, and direct implementation of treatment plans.	Association of Professional Behavior Analysts, www.apbahome.net and Behavior Analyst Certification Board (http://www.bacb.com) [7/1/2016: new]
106H00000X	Behavioral Health & Social Service Providers	Marriage & Family Therapist		A marriage and family therapist is a person with a master's degree in marriage and family therapy, or a master's or doctoral degree in a related mental health field with substantially equivalent coursework in marriage and family therapy, who receives supervised clinical experience, or a person who meets the state requirements to practice as a marriage and family therapist. A marriage and family therapist treats mental and emotional disorders within the context of marriage and family systems. A marriage and family therapist provides mental health and counseling services to individuals, couples, families, and groups.	
106S00000X	Behavioral Health & Social Service Providers	Behavior Technician		The behavior technician is a paraprofessional who practices under the close, ongoing supervision of a behavior analyst or assistant behavior analyst certified by the Behavior Analyst Certification Board and/or credentialed by a state (such as through licensure). The behavior technician is primarily responsible for the implementation of components of behavior-analytic treatment plans developed by the supervisor. That may include collecting data on treatment targets and conducting certain types of behavioral assessments (e.g., stimulus preference assessments). The behavior technician does not design treatment or assessment plans or procedures but provides services as assigned by the supervisor responsible for his or her work.	Association of Professional Behavior Analysts, www.apbahome.net and Behavior Analyst Certification Board (http://www.bacb.com) [7/1/2016: new]

111N00000X	Chiropractic Providers	Chiropractor		A provider qualified by a Doctor of Chiropractic (D.C.), licensed by the State and who practices chiropractic medicine -that discipline within the healing arts which deals with the nervous system and its relationship to the spinal column and its interrelationship with other body systems.	
111NI0013X	Chiropractic Providers	Chiropractor	Independent Medical Examiner	A special evaluator not involved with the medical care of the individual examinee that impartially evaluates the care being provided by other practitioners to clarify clinical, disability, liability or other case issues.	Source: American Board of Independent Medical Examiners [1/1/2007: new]
111NI0900X	Chiropractic Providers	Chiropractor	Internist	The chiropractic internist may serve as a primary care physician or may see patients referred from other providers for evaluation and co-management. Evaluation is focused on the early detection of functional, nutritional, and pathological disorders. A chiropractic internist utilizes the diagnostic instruments necessary for proper examination. In cases where laboratory examination is necessary, a chiropractic internist utilizes a recognized reference laboratory facility. A chiropractic internist may manage his or her own cases or may refer to another specialist when prudent to do so. The chiropractic internist utilizes documented natural therapies, therapeutic lifestyle changes, patient education and other resources to promote patient health and avoidance of disease.	Source: American Chiropractic Association, 2008 [7/1/2009: definition added]
111NN0400X	Chiropractic Providers	Chiropractor	Neurology	Chiropractic Neurology is defined as the field of functional neurology that engages the internal - and external environment of the individual in a structured and targeted approach to affect positive changes in the nervous system and consequently the physiology and behavior of an individual. Chiropractic Neurologists are board-certified specialists in non-drug, non-surgical care for those with neurologically based health problems. There are many conditions people suffer from that are in this broad category: learning and attention disorders, headaches, vertigo, pain syndromes, developmental disorders, nerve injury, spinal cord injury, head injury or stroke, movement disorders, and many other conditions.	Source: American Chiropractic Neurology Board, 2008 & American Chiropractic Association, 2008 [7/1/2009: definition added]
111NN1001X	Chiropractic Providers	Chiropractor	Nutrition	Chiropractic Nutrition is that specialty within the chiropractic profession that deals with the overall factors that affect the patient's ability to maintain the manipulative correction and thus sustain better neurological integrity. The Chiropractic Nutrition Specialist will perform extensive research on the patient's previous health history, ethnicity, and any family history related to what the patient is being treated for. Patients fill out questionnaires concerning dietary and sleep patterns and previous or present symptomology. A nutrition examination would be performed to assess areas such as absorption rates, adrenal function, kidney health, lung health etc. The patient is often instructed on how to check the pH of their saliva and urine, test for the presence of Candida Albicans, etc., at home. Outside laboratory testing includes blood, urine, hair analysis, food allergy testing etc. The patient's prescription and over the counter medications are recorded and analyzed.	Source: American Chiropractic Association, 2008 [7/1/2009: definition added]
111NP0017X	Chiropractic Providers	Chiropractor	Pediatric Chiropractor	The Pediatric Chiropractor is a chiropractor with specialized, advanced training and certification in the evaluation, care and management of health and wellness conditions of infancy, childhood and adolescence. This specialist provides primary, comprehensive, therapeutic and preventative chiropractic health care for newborns through adolescents.	Source: Council on Chiropractic Pediatrics, American Chiropractic Association, 2007 [1/1/2008: new]
111NR0200X	Chiropractic Providers	Chiropractor	Radiology	Chiropractic radiology is a referral specialty that provides consultation services at the request of other qualified doctors. Chiropractic radiologists provide consultation in health care facilities (private offices, hospitals and teaching institutions) to meet the needs of referring doctors and their patients. The quality of the consultative services by the chiropractic radiologist in independent practice is reflected by the quality of their professional credentials. Chiropractic radiologists recommend, supervise, and interpret radiologic studies as well as advanced imaging procedures. They advise referring physicians on the necessity and appropriateness of radiologic services and whether to select or to avoid certain diagnostic or clinical procedures. In some instances the radiologist may act as a private practitioner. They may conduct research and apply diagnostic radiologic procedures and may be called upon to act as expert witnesses in matters of litigation. Chiropractic radiologists are also concerned with imaging technology including image production, demonstration of normal and abnormal anatomy, and the interaction of energy and matter. The advances in the technological facets of radiology are so rapid that only qualified radiologists can reasonably be expected to maintain the high level of proficiency required to supervise and interpret these procedures. The practice of radiology continuously involves the application of this technology to patient imaging and treatment. It is now well recognized that chiropractic radiology includes, but is not limited to, plain film radiography, fluoroscopy, tomography, ultrasonography, radioisotope imaging, computed tomography, digital radiography, and magnetic resonance imaging. Individual practices may vary by intent, licensure, and scope of practice laws.	Source: American Chiropractic Board of Radiology, 2009 [7/1/2009: definition added]
111NR0400X	Chiropractic Providers	Chiropractor	Rehabilitation	Rehabilitation is the discipline focused on restoring a patient's functional abilities to pre-injury or pre-disease status. Functional abilities are defined as those activities in one's daily life, work, or sports and recreational activities that an individual participates in. Relevant impairments (e.g. strength, endurance, flexibility, motor control, etc.) are often intermediate goals of rehabilitation, but the final goal of successful care is return to participation in activities in which the patient was successful before the onset of the injury or disease. Essential to a rehabilitation approach is a focus on patient-centered outcomes such as independence and self-management or self-care skills.	Source: The American Chiropractic Association (ACA) and the ACA Council on Physiological Therapeutics [7/1/2006: new]
111NS0005X	Chiropractic Providers	Chiropractor	Sports Physician	A sports chiropractor is uniquely trained to provide care and treatment of injuries or illness resulting from sports and physical fitness activities. Doctors of Chiropractic with the Diplomate American Chiropractic Board of Sports Physicians (DACBSP) or the Certified Chiropractic Sports Physician (CCSP), sport specialty certifications from the American Chiropractic Board of Sports Physicians, have advanced training in the assessment, management and rehabilitation of sports related injuries. Extremity care, rehabilitation and soft tissue procedures are common skills utilized by these doctors. The specialty training covers a broad spectrum from the pediatric athlete to professional and Olympic athletes, and everything in between, using a variety of techniques and modalities.	Source: American Chiropractic Board of Sports Physicians, 2009 [7/1/2009: definition added]
111NT0100X	Chiropractic Providers	Chiropractor	Thermography	Definition to come...	
111NX0100X	Chiropractic Providers	Chiropractor	Occupational Health	Occupational Health is that specialty within the chiropractic profession that deals with the prevention and management of work related injuries. It also considers and assists clients with State and Federal Compliance assistance. Occupational Health goes much farther than simply treating injured workers however. This may mean working with clients to promote optimum safety and ergonomic principles, interacting with the injured worker to promote safety and prevent future injuries, assisting a company with accident investigation to identify root cause, redesigning a workstation to eliminate hazards, working with safety teams, providing training programs etc. The list of potential services that the specialist can interact with a client company or patient is lengthy and varied involving both in office services as well as on site services.	Source: American Chiropractic Association, 2008 [7/1/2009: title modified, definition added]

111NX0800X	Chiropractic Providers	Chiropractor	Orthopedic	Chiropractic Orthopedics is defined as that branch of chiropractic medicine that includes the continued acquisition of knowledge relative to both normal functions and diseases of the human body as they relate to the bones, joints, capsules, discs, muscles, ligaments, tendons, their complete neurological and vascular components, referred organ systems and contiguous tissues. This also includes the development and perfection of skills relative to health maintenance when such exists and when not, the investigations, historical review, physical detection, correlative diagnosis development and complete management of any disorder within the bounds defined herein. Also necessary is the delivery of the combined knowledge and skill on a primary basis to patients who both need and desire this service to the eventual outcome of remissions, whenever resolution is not readily achievable. In addition the certified chiropractic orthopedist provides consultation services at the request of other qualified doctors seeking assistance in the care of their patients. The chiropractic orthopedist may also engage in the teaching and or research of subjects and materials relevant to pursuing the quest for knowledge in the ever changing field of the orthopedic specialty.	Source: American Chiropractic Association, 2008 [7/1/2009: definition added]
122300000X	Dental Providers	Dentist		A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), licensed by the state to practice dentistry, and practicing within the scope of that license. There is no difference between the two degrees: dentists who have a DMD or DDS have the same education. Universities have the prerogative to determine what degree is awarded. Both degrees use the same curriculum requirements set by the American Dental Association's Commission on Dental Accreditation. Generally, three or more years of undergraduate education plus four years of dental school is required to graduate and become a general dentist. State licensing boards accept either degree as equivalent, and both degrees allow licensed individuals to practice the same scope of general dentistry. Additional post-graduate training is required to become a dental specialist.	Source: Council on Dental Education and Licensure, American Dental Association
1223D0001X	Dental Providers	Dentist	Dental Public Health	The science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice that serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.	Source: Council on Dental Education and Licensure, American Dental Association
1223D0004X	Dental Providers	Dentist	Dentist Anesthesiologist	A dentist who has successfully completed an accredited postdoctoral anesthesiology residency training program for dentists of two or more years duration, in accord with Commission on Dental Accreditation's Standards for Dental Anesthesiology Residency Programs, and/or meets the eligibility requirements for examination by the American Dental Board of Anesthesiology.	Source: The American Society of Dentist Anesthesiologists [1/1/2013: new]
1223E0200X	Dental Providers	Dentist	Endodontics	The branch of dentistry that is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.	Source: Council on Dental Education and Licensure, American Dental Association
1223G0001X	Dental Providers	Dentist	General Practice	A general dentist is the primary dental care provider for patients of all ages. The general dentist is responsible for the diagnosis, treatment, management and overall coordination of services related to patients' oral health needs.	Source: Academy of General Dentistry
1223P0106X	Dental Providers	Dentist	Oral and Maxillofacial Pathology	The specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral and maxillofacial pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.	Source: Council on Dental Education and Licensure, American Dental Association
1223P0221X	Dental Providers	Dentist	Pediatric Dentistry	An age-defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.	Source: Council on Dental Education and Licensure, American Dental Association
1223P0300X	Dental Providers	Dentist	Periodontics	That specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.	Source: Council on Dental Education and Licensure, American Dental Association
1223P0700X	Dental Providers	Dentist	Prosthodontics	That branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral and maxillofacial tissues with artificial substitutes.	Source: Council on Dental Education and Licensure, American Dental Association
1223S0112X	Dental Providers	Dentist	Oral and Maxillofacial Surgery	The specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.	Source: Council on Dental Education and Licensure, American Dental Association
1223X0008X	Dental Providers	Dentist	Oral and Maxillofacial Radiology	The specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.	Source: Council on Dental Education and Licensure, American Dental Association
1223X0400X	Dental Providers	Dentist	Orthodontics and Dentofacial Orthopedics	That area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.	
122400000X	Dental Providers	Denturist		Definition to come.	
124Q00000X	Dental Providers	Dental Hygienist		An individual who has completed an accredited dental hygiene education program, and an individual who has been licensed by a state board of dental examiners to provide preventive care services under the supervision of a dentist. Functions that may be legally delegated to the dental hygienist vary based on the needs of the dentist, the educational preparation of the dental hygienist and state dental practice acts and regulations, but always include, at a minimum, scaling and polishing the teeth. To avoid misleading the public, no occupational title other than dental hygienist should be used to describe this dental auxiliary.	Source: Comprehensive Policy Statement on Dental Auxiliaries, American Dental Association.
125J00000X	Dental Providers	Dental Therapist		A Dental Therapist is an individual who has completed an accredited or non-accredited dental therapy program and who has been authorized by the relevant state board or a tribal entity to provide services within the scope of their practice under the supervision of a dentist. Functions that may be delegated to the dental therapist vary based on the needs of the dentist, the educational preparation of the dental therapist and state dental practice acts and regulations.	Source: Summarized from Minnesota Statute 150A.105. [7/1/2012: new]

125K00000X	Dental Providers	Advanced Practice Dental Therapist		An Advanced Practice Dental Therapist is:- (1) A dental therapist who has completed additional training beyond basic dental therapy education and provides dental services in accordance with state advanced practice dental therapist laws or statutes; or- (2) A dental hygienist with a graduate degree in advanced dental therapy prepared for independent and interdependent decision making and direct accountability for clinical judgment across the dental health care continuum. The individual has been authorized by the relevant state board or a tribal entity to provide services under the remote supervision of a dentist. The functions of the advanced practice dental therapist vary based on the needs of the dentist, the educational preparation of the advanced practice dental therapist and state dental practice acts and regulations.	Source: Summarized from Minnesota Statute 150A.106. [7/1/2012: new]
125Q00000X	Dental Providers	Oral Medicinist		A dentist with advanced training specializing in the recognition and treatment of oral conditions resulting from the interrelationship between oral disease and systemic health. The Oral Medicinist manages clinical and non-surgical treatment of non-dental pathologies affecting the oral and maxillofacial region, such as cancer, organ transplants, and acute and chronic pain. Activities include provision of interdisciplinary patient care in collaboration with medical specialists and other dentists in hospitals and outpatient medical clinics in the management of patients with complex medical conditions requiring multidisciplinary healthcare intervention.	Source: National Uniform Claim Committee [1/1/2015: new] Additional Resources: American Academy of Oral Medicine
126800000X	Dental Providers	Dental Assistant		An individual who may or may not have completed an accredited dental assisting education program and who aids the dentist in providing patient care services and performs other nonclinical duties in the dental office or other patient care facility. The scope of the patient care functions that may be legally delegated to the dental assistant varies based on the needs of the dentist the educational preparation of the dental assistant and state dental practice acts and regulations. Patient care services are provided under the supervision of a dentist. To avoid misleading the public, no occupational title other than dental assistant should be used to describe this dental auxiliary.	Source: Comprehensive Policy Statement on Dental Auxiliaries, American Dental Association
126900000X	Dental Providers	Dental Laboratory Technician		An individual who has the skill and knowledge in the fabrication of dental appliances, prostheses and devices in accordance with a dentist's laboratory work authorization. To avoid misleading the public, no occupational title other than dental laboratory technician or certified dental technician (when appropriate) should be used to describe this auxiliary.	Source: Comprehensive Policy Statement on Dental Auxiliaries, American Dental Association.
132700000X	Dietary & Nutritional Service Providers	Dietary Manager		A dietary manager is a trained food services professional who is charged with maintaining cost/profit objectives, purchasing foods and services for the department and supervising staff. Dietary managers are trained to understand the basic nutritional needs of clients and work in partnership with dietitians, who offer specialized nutritional expertise. The CDM certified dietary manager designation is an advanced professional credential awarded to dietary managers who have completed specific course work, have passed the national credentialing exams (including a sanitation and safety exam) and have applied for certification.	
133N00000X	Dietary & Nutritional Service Providers	Nutritionist		A specialist in adapting and applying food and nutrient knowledge to the solution of food and nutritional problems, the control of disease, and the promotion of health. Nutritionists perform research, instruct groups and individuals about nutritional requirements, and assist people in developing meal patterns that meet their nutritional needs; (2) A nutritionist is someone who has completed undergraduate and/or graduate training in the discipline of nutrition without necessarily meeting the academic and experience requirements to qualify for the Registered Dietitian designation.	Source: (1) Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
133NN1002X	Dietary & Nutritional Service Providers	Nutritionist	Nutrition, Education	Definition to come...	
133V00000X	Dietary & Nutritional Service Providers	Dietitian, Registered		A registered dietitian (RD) is a food and nutrition expert who has successfully completed a minimum of a bachelor's degree at a US regionally accredited university or college and course work approved by The American Dietetic Association (ADA); an ADA-accredited or approved, supervised practice program, typically 6 to 12 months in length; a national examination administered by the Commission on Dietetic Registration; and continuing professional educational requirements to maintain registration.	Source: The American Dietetic Association. Becoming a Registered Dietitian – a food and nutrition expert. Chicago, IL: The American Dietetic Association, July 1997.
133VN1004X	Dietary & Nutritional Service Providers	Dietitian, Registered	Nutrition, Pediatric	Definition to come...	
133VN1005X	Dietary & Nutritional Service Providers	Dietitian, Registered	Nutrition, Renal	Definition to come...	
133VN1006X	Dietary & Nutritional Service Providers	Dietitian, Registered	Nutrition, Metabolic	Definition to come...	
136A00000X	Dietary & Nutritional Service Providers	Dietetic Technician, Registered		A person trained in food and nutrition who is an integral part of health care and foodservice management teams. A dietetic technician, registered (DTR) has successfully completed at least a two-year associate's degree at a US regionally accredited college or university; a dietetic technician program approved by The American Dietetic Association, including 450 hours of supervised practice experience; a national examination administered by the Commission on Dietetic Registration; and continuing professional educational requirements to maintain registration.	Source: The American Dietetic Association. Becoming a Dietetic Technician, Registered – a food and nutrition practitioner. Chicago, IL: The American dietetic association, July 1997.
146D00000X	Emergency Medical Service Providers	Personal Emergency Response Attendant		Individuals that are specially trained to assist patients living at home with urgent/emergent situations. These individuals must be able to perform CPR and basic first aid and have sufficient counseling skills to allay fears and assist in working through processes necessary to resolve the crisis. Functions may include transportation to various facilities and businesses, contacting agencies to initiate remediation service or providing reassurance.	
146L00000X	Emergency Medical Service Providers	Emergency Medical Technician, Paramedic		An EMT, Paramedic is an individual trained and certified to perform advanced life support (ALS) in medical emergencies based on individual state boards.	Sources: Tabers Medical Dictionary and Florida EMS Clearing House.
146M00000X	Emergency Medical Service Providers	Emergency Medical Technician, Intermediate		An Intermediate EMT is an individual trained and certified to perform intermediate life support treatment in medical emergencies based on individual state boards.	Sources: Tabers Medical Dictionary and Florida EMS Clearing House.
146N00000X	Emergency Medical Service Providers	Emergency Medical Technician, Basic		A Basic EMT is an individual trained and certified to perform basic life support treatment in medical emergencies based on individual state boards.	Sources: Tabers Medical Dictionary and Florida EMS Clearing House.
152W00000X	Eye and Vision Services Providers	Optometrist		Doctors of optometry (ODs) are the primary health care professionals for the eye. Optometrists examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures as well as identify related systemic conditions affecting the eye. An optometrist has completed pre-professional undergraduate education in a college or university and four years of professional education at a college of optometry, leading to the doctor of optometry (O.D.) degree. Some optometrists complete an optional residency in a specific area of practice. Optometrists are eye health care professionals state-licensed to diagnose and treat diseases and disorders of the eye and visual system.	Source: American Optometric Association (AOA), approved by the AOA's Board of Trustees, June 21, 2005. [7/1/2006: definition modified]
152WC0802X	Eye and Vision Services Providers	Optometrist	Corneal and Contact Management	The professional activities performed by an Optometrist related to the fitting of contact lenses to an eye, ongoing evaluation of the cornea's ability to sustain successful contact lens wear, and treatment of any external eye or corneal condition which can affect contact lens wear.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WL0500X	Eye and Vision Services Providers	Optometrist	Low Vision Rehabilitation	Optometrists who specialize in low-vision care having training to assess visual function, prescribe low-vision devices, develop treatment plans, and recommend other vision rehabilitation services.	Source: American Optometric Association [1/1/2009: added definition, added source]

152WP0200X	Eye and Vision Services Providers	Optometrist	Pediatrics	Optometrists who work in Pediatrics are concerned with the prevention, development, diagnosis, and treatment of visual problems in children.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WS0006X	Eye and Vision Services Providers	Optometrist	Sports Vision	An optometrist who offers services designed to care for unique vision care needs of athletes, which may include one of more of the following services: corrective vision care unique to a specific sporting environment; protective eyewear for the prevention of sports-related injuries; vision enhancement – which may include vision therapy and techniques to improve visual skills specific to the athlete's sport.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WV0400X	Eye and Vision Services Providers	Optometrist	Vision Therapy	Optometrists who specialize in vision therapy as a treatment process used to improve vision function. It includes a broad range of developmental and rehabilitative treatment programs individually prescribed to remediate specific sensory, motor and/or visual perceptual dysfunctions.	Source: American Optometric Association [1/1/2009: added definition, added source]
152WX0102X	Eye and Vision Services Providers	Optometrist	Occupational Vision	Optometrists who work in Occupational Vision, the branch of environmental optometry, consider all aspects of the relationship between work and vision, visual performances, eye safety, and health.	Source: American Optometric Association [1/1/2009: added definition, added source]
156F0000X	Eye and Vision Services Providers	Technician/Technologist		A broad category grouping different kinds of technologists and technicians. See individual definitions.	
156FC0800X	Eye and Vision Services Providers	Technician/Technologist	Contact Lens	An optician or other ancillary support staff person who, where authorized by state law and trained or certified to do so, may fit or dispense contact lenses to a patient based on the prescription of an optometrist or medical physician.	Source: American Optometric Association [1/1/2009: added definition, added source]
156FC0801X	Eye and Vision Services Providers	Technician/Technologist	Contact Lens Fitter	An optician or other ancillary support staff person who, where authorized by state law and trained or certified to do so, may fit or dispense contact lenses to a patient based on the prescription of an optometrist or medical physician.	Source: American Optometric Association [1/1/2009: added definition, added source]
156FX1100X	Eye and Vision Services Providers	Technician/Technologist	Ophthalmic	Definition to come...	
156FX1101X	Eye and Vision Services Providers	Technician/Technologist	Ophthalmic Assistant	Definition to come...	
156FX1201X	Eye and Vision Services Providers	Technician/Technologist	Optometric Assistant	Definition to come...	
156FX1202X	Eye and Vision Services Providers	Technician/Technologist	Optometric Technician	Definition to come...	
156FX1700X	Eye and Vision Services Providers	Technician/Technologist	Ocularist	Definition to come...	
156FX1800X	Eye and Vision Services Providers	Technician/Technologist	Optician	Definition to come...	
156FX1900X	Eye and Vision Services Providers	Technician/Technologist	Orthoptist	Definition to come...	
163W00000X	Nursing Service Providers	Registered Nurse		(1) A registered nurse is a person qualified by graduation from an accredited nursing school (depending upon schooling, a registered nurse may receive either a diploma from a hospital program, an associate degree in nursing (A.D.N.) or a Bachelor of Science degree in nursing (B.S.N.), who is licensed or certified by the state, and is practicing within the scope of that license or certification. R.N.'s assist patient in recovering and maintaining their physical or mental health. They assist physicians during treatments and examinations and administer medications. (2) A provider who is trained and educated in a formal nursing education program at an accredited school of nursing, passes a national certification examination, and is licensed by the state to practice nursing. The individual provides nursing services to patients or clients in areas such as health promotion, disease prevention, acute and chronic care and restoration and maintenance of health across the life span.	Sources: (2) American Nurses Association, American Nurses Credentialing Center, 1996 Certification Catalogue, and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
163WA0400X	Nursing Service Providers	Registered Nurse	Addiction (Substance Use Disorder)	Definition to come...	
163WA2000X	Nursing Service Providers	Registered Nurse	Administrator	Definition to come...	
163WC0200X	Nursing Service Providers	Registered Nurse	Critical Care Medicine	Definition to come...	
163WC0400X	Nursing Service Providers	Registered Nurse	Case Management	Definition to come...	
163WC1400X	Nursing Service Providers	Registered Nurse	College Health	Definition to come...	
163WC1500X	Nursing Service Providers	Registered Nurse	Community Health	Definition to come...	
163WC1600X	Nursing Service Providers	Registered Nurse	Continuing Education/Staff Development	Definition to come...	
163WC2100X	Nursing Service Providers	Registered Nurse	Continence Care	Definition to come...	
163WC3500X	Nursing Service Providers	Registered Nurse	Cardiac Rehabilitation	Definition to come...	
163WD0400X	Nursing Service Providers	Registered Nurse	Diabetes Educator	Definition to come...	
163WD1100X	Nursing Service Providers	Registered Nurse	Dialysis, Peritoneal	Definition to come...	
163WE0003X	Nursing Service Providers	Registered Nurse	Emergency	Definition to come...	
163WE0900X	Nursing Service Providers	Registered Nurse	Enterostomal Therapy	Definition to come...	
163WF0300X	Nursing Service Providers	Registered Nurse	Flight	Definition to come...	
163WG0000X	Nursing Service Providers	Registered Nurse	General Practice	Definition to come...	
163WG0100X	Nursing Service Providers	Registered Nurse	Gastroenterology	Definition to come...	
163WG0600X	Nursing Service Providers	Registered Nurse	Gerontology	Definition to come...	
163WH0200X	Nursing Service Providers	Registered Nurse	Home Health	Definition to come...	
163WH0500X	Nursing Service Providers	Registered Nurse	Hemodialysis	Definition to come...	
163WH1000X	Nursing Service Providers	Registered Nurse	Hospice	Definition to come...	
163WI0500X	Nursing Service Providers	Registered Nurse	Infusion Therapy	Definition to come...	
163WI0600X	Nursing Service Providers	Registered Nurse	Infection Control	Definition to come...	
163WL0100X	Nursing Service Providers	Registered Nurse	Lactation Consultant	Definition to come...	
163WM0102X	Nursing Service Providers	Registered Nurse	Maternal Newborn	Definition to come...	
163WM0705X	Nursing Service Providers	Registered Nurse	Medical-Surgical	Definition to come...	
163WM1400X	Nursing Service Providers	Registered Nurse	Nurse Massage Therapist (NMT)	Definition to come...	
163WN0002X	Nursing Service Providers	Registered Nurse	Neonatal Intensive Care	Definition to come...	
163WN0003X	Nursing Service Providers	Registered Nurse	Neonatal, Low-Risk	Definition to come...	
163WN0300X	Nursing Service Providers	Registered Nurse	Nephrology	Definition to come...	
163WN0800X	Nursing Service Providers	Registered Nurse	Neuroscience	Definition to come...	
163WN1003X	Nursing Service Providers	Registered Nurse	Nutrition Support	Definition to come...	
163WP0000X	Nursing Service Providers	Registered Nurse	Pain Management	Definition to come...	
163WP0200X	Nursing Service Providers	Registered Nurse	Pediatrics	Definition to come...	
163WP0218X	Nursing Service Providers	Registered Nurse	Pediatric Oncology	Definition to come...	
163WP0807X	Nursing Service Providers	Registered Nurse	Psych/Mental Health, Child & Adolescent	Definition to come...	

163WP0808X	Nursing Service Providers	Registered Nurse	Psych/Mental Health	Definition to come...	
163WP0809X	Nursing Service Providers	Registered Nurse	Psych/Mental Health, Adult	Definition to come...	
163WP1700X	Nursing Service Providers	Registered Nurse	Perinatal	Definition to come...	
163WP2201X	Nursing Service Providers	Registered Nurse	Ambulatory Care	Definition to come...	
163WR0006X	Nursing Service Providers	Registered Nurse	Registered Nurse First Assistant	A perioperative registered nurse who works in collaboration with the surgeon and other health care team members to achieve optimal outcomes. The RNFA has acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice. Intraoperatively, the RNFA assists the surgeon.	Source: AORN Official Statement on RNFAs ratified by the AORN House of Delegates in 2004. [7/1/2006: new]
163WR0400X	Nursing Service Providers	Registered Nurse	Rehabilitation	Definition to come...	
163WR1000X	Nursing Service Providers	Registered Nurse	Reproductive Endocrinology/Infertility	Definition to come...	
163WS0121X	Nursing Service Providers	Registered Nurse	Plastic Surgery	Definition to come...	
163WS0200X	Nursing Service Providers	Registered Nurse	School	Definition to come...	
163WU0100X	Nursing Service Providers	Registered Nurse	Urology	Definition to come...	
163WW0000X	Nursing Service Providers	Registered Nurse	Wound Care	Definition to come...	
163WW0101X	Nursing Service Providers	Registered Nurse	Women's Health Care, Ambulatory	Definition to come...	
163WX0002X	Nursing Service Providers	Registered Nurse	Obstetric, High-Risk	Definition to come...	
163WX0003X	Nursing Service Providers	Registered Nurse	Obstetric, Inpatient	Definition to come...	
163WX0106X	Nursing Service Providers	Registered Nurse	Occupational Health	Definition to come...	
163WX0200X	Nursing Service Providers	Registered Nurse	Oncology	Definition to come...	
163WX0601X	Nursing Service Providers	Registered Nurse	Otorhinolaryngology & Head-Neck	Definition to come...	
163WX0800X	Nursing Service Providers	Registered Nurse	Orthopedic	Definition to come...	
163WX1100X	Nursing Service Providers	Registered Nurse	Ophthalmic	Definition to come...	
163WX1500X	Nursing Service Providers	Registered Nurse	Ostomy Care	Definition to come...	
164W00000X	Nursing Service Providers	Licensed Practical Nurse		An individual with post-high school vocational training and practical experience in the provision of nursing care at a level less than that required for certification as a Registered Nurse. Requirements for education, experience, licensure, and job responsibilities vary among the states.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
164X00000X	Nursing Service Providers	Licensed Vocational Nurse		An individual with post-high school vocational training and practical experience in the provision of nursing care at a level less than that required for certification as a Registered Nurse. [An alternate term for licensed practical nurse arising from difference in occupational titles between states and post-high school training programs and institutions.] Requirements for education, experience, licensure, and job responsibilities vary among the states.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
167G00000X	Nursing Service Providers	Licensed Psychiatric Technician		An individual licensed by the state board as a Psychiatric Technician based upon completion of a prescribed course of theory and clinical practice, with two thirds of the clinical practice time focused on mental and developmental disorders. The psychiatric technician practices under the direct supervision of a physician, psychologist, registered nurse or other professional to provide care to patients with mental disorders and developmental disabilities.	
170100000X	Other Service Providers	Medical Genetics, Ph.D. Medical Genetics		A medical geneticist works in association with a medical specialist, is affiliated with a clinical genetics program, and serves as a consultant to medical and dental specialists.	A general certificate was first issued by ABMS in 1982. ACGME Accredited Residency Program Requirements: None.
170300000X	Other Service Providers	Genetic Counselor, MS		A masters trained health care provider who collects and interprets genetic family histories; assesses the risk of disease occurrence or recurrence; identifies interventions to manage or ameliorate disease risk; educates about inheritance, testing, management, prevention, ethical issues, resources, and research; and counsels to promote informed choices and adaptation. Certification was established in 1993 by the American Board of Genetic Counseling and prior to that by the American Board of Medical Genetics. Requirements for experience, licensure, and job responsibilities vary among the states.	Source: National Society of Genetic Counselors [7/1/2005: new]
171000000X	Other Service Providers	Military Health Care Provider		Active duty military health care providers not otherwise classified who need to be separately identified for operational, clinical, or administrative processes.	[7/1/2005: new]
171011002X	Other Service Providers	Military Health Care Provider	Independent Duty Corpsman	A Navy Independent Duty Corpsman (IDC) is an active duty Sailor who has successfully completed one of the Navy's specific IDC training programs. IDCs are formally trained and educated to perform primary medical care and minor surgical services in a variety of health care and non-health care settings worldwide under indirect physician supervision. IDCs provide care to Department of Defense operational forces and other supporting forces such as contractors and foreign nationals.	Source: Bureau of Medicine and Surgery, Department of the Navy [7/1/2005: new]
171011003X	Other Service Providers	Military Health Care Provider	Independent Duty Medical Technicians	An Independent Duty Medical Technician (IDMT) is specially trained and educated to perform primary medical care, minor surgical services, and treatment of dental disorders for active duty military members in a variety of health care and non-health care settings worldwide under direct and indirect physician supervision. An IDMT may take medical histories, perform physical exams, order lab tests and x-rays, prescribe medications, and give immunizations. IDMTs work under the direct supervision of a physician preceptor when at home station and indirectly when assigned to a Mobile Aid Station, Mobile Medical Unit, remote site, or otherwise deployed specifically as an IDMT. An IDMT may be an experienced Aerospace Medical Service Technician who meets special task qualifications and is recommended for training by the Aerospace Medical Service Functional Manager at their Medical Treatment Facility. IDMTs maintain certification as Nationally Registered Emergency Medical Technicians and as Immunization Back-up Technicians.	Source: Air Force Surgeon General Office [7/1/2005: new]
171100000X	Other Service Providers	Acupuncturist		An acupuncturist is a person who performs ancient therapy for alleviation of pain, anesthesia and treatment of some diseases. Acupuncturists use long, fine needles inserted into specific points in order to treat painful conditions or produce anesthesia.	
171M00000X	Other Service Providers	Case Manager/Care Coordinator		A person who provides case management services and assists an individual in gaining access to needed medical, social, educational, and/or other services. The person has the ability to provide an assessment and review of completed plan of care on a periodic basis. This person is also able to take collaborative action to coordinate the services with other providers and monitor the enrollee's progress toward the cost-effective achievement of objectives specified in the plan of care. Credentials may vary from an experience in the fields of psychology, social work, rehabilitation, nursing or a closely related human service field, to a related Assoc of Arts Degree or to nursing credentials. Some states may require certification in case management.	Source: CMS State Medicaid Manual Section 4442.3 [7/1/2006: new]
171R00000X	Other Service Providers	Interpreter		An Interpreter is a person who translates oral communication between two or more people. This includes translating from one language to another or interpreting sign language. An interpreter is necessary for medical care when the patient does not speak the language of the health care provider or when the patient has a disability involving spoken language.	Source: National Medicaid EDI HIPAA NPI Sub Work Group [7/1/2006: new]

171W00000X	Other Service Providers	Contractor		A person who contracts to supply certain materials or do certain work for a stipulated sum; esp., one whose business is contracting work in any of the building trades. For purposes of the taxonomy, a person who contracts to complete home repairs or modifications to accommodate a health condition (e.g. wheelchair ramp, kitchen counter lowering).	Source: Webster's New World Dictionary of the American Language, Second College Edition, William Collins + World Publishing Co., Inc., New York: 1974, p. 308
171WH0202X	Other Service Providers	Contractor	Home Modifications	Definition to come...	
171WV0202X	Other Service Providers	Contractor	Vehicle Modifications	A contractor who makes modifications to private vehicles to accommodate a health condition.	
172A00000X	Other Service Providers	Driver		A person employed to operate a motor vehicle as a carrier of persons or property.	
172M00000X	Other Service Providers	Mechanotherapist		A practitioner of mechanotherapy examines patients by verbal inquiry, examination of the musculoskeletal system by hand, and visual inspection and observation. In the treatment of patients, mechanotherapists employ the techniques of advised or supervised exercise; electrical neuromuscular stimulation; massage or manipulation; or air, water, heat, cold, sound, or infrared ray therapy.	Source: Summarized from Ohio Revised Code 4731.15 [1/1/2007: new]
172P00000X	Other Service Providers	Naprapath		Naprapathy means a branch of medicine that focuses on the evaluation and treatment of neuron-muscular conditions. Doctors of naprapathy are connective tissue specialists. Education and training are defined through individual states' licensing/certification requirements.	Source: National Uniform Claim Committee [1/1/2007: new]
172V00000X	Other Service Providers	Community Health Worker		Community health workers (CHW) are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve. They have been identified by many titles such as community health advisors, lay health advocates, "promotores(as), outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening. Some examples of these practitioners are Community Health Aides or Practitioners established under 25 USC §1616 (l) under HHS, Indian Health Service, Public Health Service.	Source: Health Resources and Services Administration, US Department of Health and Human Services – National Workforce Study on Community Health Workers, March, 2007. [7/1/2007: new] http://bhpr.hrsa.gov/healthworkforce/chw/
173000000X	Other Service Providers	Legal Medicine		The specialty areas of medicine concerned with matters of, and relations with, substantive law and legal institutions; such as the conduct of medical examinations at crime scenes, performance of autopsies, giving of expert medical testimony in judicial proceedings, medical treatment of inmates of penal institutions, the practice of trauma medicine in law enforcement settings, and other clinical practice and medical science applications in the fields of law, law enforcement, and corrections.	Source: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
173C00000X	Other Service Providers	Reflexologist		Reflexologists perform a non-invasive complementary modality involving thumb and finger techniques to apply alternating pressure to the reflexes within the reflex maps of the body located on the feet, hands, and outer ears. Reflexologists apply pressure to specific areas (feet, hands, and ears) to promote a response from an area far removed from the tissue stimulated via the nervous system and acupuncture meridians. Reflexologists are recommended to complete a minimum of 200 hours of education, typically including anatomy & physiology, Reflexology theory, body systems, zones, meridians & relaxation response, ethics, business standards, and supervised practicum.	Source: National Uniform Claim Committee (based on the American Reflexology Certification Board definition of Reflexology), 2007 [1/1/2008: new] Additional Resources: Foot and hand reflexology is a scientific art based on the premise that there are zones and reflex areas in the feet and hands which correspond to all body parts. The physical act of applying specific pressures using thumb, finger and hand techniques result in stress reduction which causes a physiological change in the body. Reflexology is a non-invasive, complementary modality involving thumb and finger techniques to apply alternating pressure to reflexes shown on reflex maps of the body located on the feet, hands, and outer ears. American Reflexology Certification Board, www.arcb.net/definiti.htm ; Reflexology Association of America, www.reflexology-usa.org/standards.html
173F00000X	Other Service Providers	Sleep Specialist, PhD		Sleep medicine is a clinical specialty with a focus on clinical problems that require accurate diagnosis and treatment. The knowledge base of sleep medicine is derived from many disciplines including neuroanatomy, neurophysiology, respiratory physiology, pharmacology, psychology, psychiatry, neurology, general internal medicine, pulmonary medicine, and pediatrics as well as others.	Source: National Uniform Claim Committee (based on American Board of Sleep Medicine), 2007 [1/1/2008: new] Additional resources: www.absm.org
174200000X	Other Service Providers	Meals		A public or privately owned facility providing meals to individuals traveling long distances or receiving prolonged outpatient medical services away from home.	Source: SD DSS Non-Emergency Medical Transportation program Transportation Services [7/1/2010: new]
174400000X	Other Service Providers	Specialist		An individual educated and trained in an applied knowledge discipline used in the performance of work at a level requiring knowledge and skills beyond or apart from that provided by a general education or liberal arts degree.	Source: Expanded from Webster's II New Riverside University Dictionary, Boston: Riverside Publishing Company, 1974.
1744G0900X	Other Service Providers	Specialist	Graphics Designer	Definition to come...	
1744P3200X	Other Service Providers	Specialist	Prosthetics Case Management	Definition to come...	
1744R1102X	Other Service Providers	Specialist	Research Study	Definition to come...	
1744R1103X	Other Service Providers	Specialist	Research Data Abstracter/Coder	Definition to come...	
174H00000X	Other Service Providers	Health Educator		Health educators work in a variety of settings providing education to individuals or groups of individuals on healthy behaviors, wellness, and health-related topics with the goal of preventing diseases and health problems. Health educators generally require a bachelor's degree and may receive additional training, such as through mentoring, internships, or volunteer work.	Source: National Uniform Claim Committee, 2009 [7/1/2009: definition added]
174M00000X	Other Service Providers	Veterinarian		A doctor of veterinary medicine, trained and authorized to practice veterinarian medicine and surgery.	Source: Dorland's Illustrated Medical Dictionary, 28th edition. Philadelphia: W.B. Saunders Company, 1994, p. 1823
174MM1900X	Other Service Providers	Veterinarian	Medical Research	Definition to come...	
174N00000X	Other Service Providers	Lactation Consultant, Non-RN		An individual trained to provide breastfeeding assistance services to both mothers and infants. Lactation Consultants are not required to be nurses and are trained through specific courses of education. The Lactation Consultant may have additional certification through a national or international organization.	Source: National Uniform Claim Committee [1/1/2011: new]
174V00000X	Other Service Providers	Clinical Ethicist		A clinical ethicist has been trained in bioethics and ethics case consultation. The clinical ethicist addresses medical-ethical dilemmas arising in clinical practice, such as end-of-life care, refusal of treatment, and futility of care; assists patients and health care providers with medical decision-making; and provides ethics education for patients and families.	Source: National Uniform Claim Committee [1/1/2011: new]

175F00000X	Other Service Providers	Naturopath		Diagnoses, treats, and cares for patients, using system of practice that bases treatment of physiological functions and abnormal conditions on natural laws governing human body: Utilizes physiological, psychological, and mechanical methods, such as air, water, light, heat, earth, phototherapy, food and herb therapy, psychotherapy, electrotherapy, physiotherapy, minor and official surgery, mechanotherapy, naturopathic corrections and manipulation, and natural methods or modalities, together with natural medicines, natural processed foods, and herbs and nature's remedies. Excludes major surgery, therapeutic use of x ray and radium, and use of drugs, except those assimilable substances containing elements or compounds which are components of body tissues and are physiologically compatible to body processes for maintenance of life.	Source: The Federal Dictionary of Occupational Titles, U.S. Department of Labor, Washington, D.C., section #079, 101-014 [7/1/2007: definition changed, source added]
175L00000X	Other Service Providers	Homeopath		A provider who is educated and trained in a system of therapeutics in which diseases are treated by drugs which are capable of producing in healthy persons symptoms like those of the disease to be treated. Treatment requires administering a drug in minute doses.	Source: Dorland's Illustrated Medical Dictionary, 26th edition. Philadelphia: W.B. Saunders Company, 1981.
175M00000X	Other Service Providers	Midwife, Lay		A person qualified by experience and limited specialized training to provide obstetric and neo-natal care in the management of women having normal pregnancy, labor and childbirth. The lay midwife is licensed in some states.	
175T00000X	Other Service Providers	Peer Specialist		Individuals certified to perform peer support services through a training process defined by a government agency, such as the Department of Veterans Affairs or a state mental health department/certification/licensing authority.	Source: National Uniform Claim Committee [7/1/2014: new]
176B00000X	Other Service Providers	Midwife		A Midwife is a trained professional with special expertise in supporting women to maintain a healthy pregnancy birth, offering expert individualized care, education, counseling, and support to a woman and her newborn throughout the childbearing cycle. A Midwife is a skilled and independent practitioner who has undergone formalized training. Midwives are not required to be nurses and may be trained via multiple routes of education (apprenticeship, workshop, formal classes, or programs, etc., usually a combination). The educational background requirements and licensing requirements vary by state. The Midwife may or may not be certified by a state or national organization.	Source: The National Uniform Claim Committee [7/1/2007: title changed, definition changed, source changed]
176P00000X	Other Service Providers	Funeral Director		A person, usually an embalmer, whose business is to arrange for the burial or cremation of the dead and to assist at the funeral rites.	Source: Joint Commission on Accreditation of Healthcare Organizations, Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Oakbrook Terrace, IL: 1994, p. 323
177F00000X	Other Service Providers	Lodging		A public or privately owned facility providing overnight lodging to individuals traveling long distances or receiving prolonged outpatient medical services away from home.	
183500000X	Pharmacy Service Providers	Pharmacist		An individual licensed by the appropriate state regulatory agency to engage in the practice of pharmacy. The practice of pharmacy includes, but is not limited to, assessment, interpretation, evaluation, and implementation, initiation, monitoring or modification of medication and or medical orders; the compounding or dispensing of medication and or medical orders; participation in drug and device procurement, storage, and selection; drug administration; drug regimen reviews; drug or drug-related research; provision of patient education and the provision of those acts or services necessary to provide medication therapy management services in all areas of patient care.	Source: Adapted from National Association of Boards of Pharmacy Model State Pharmacy Act, Article 1, Section 104, [1/1/2006: definition modified, source modified]
1835C0205X	Pharmacy Service Providers	Pharmacist	Critical Care	A licensed pharmacist who has demonstrated specialized knowledge and skill in the delivery of patient care services by pharmacists, as integral members of interprofessional teams, working to ensure the safe and effective use of medications in critically ill patients.	Source: Board of Pharmacy Specialties, www.bpsweb.org [1/1/2016: new]
1835G0000X	Pharmacy Service Providers	Pharmacist	General Practice		[1/1/2006: marked inactive, use value 183500000X]
1835G0303X	Pharmacy Service Providers	Pharmacist	Geriatric	A pharmacist who is certified in geriatric pharmacy practice is designated as a "Certified Geriatric Pharmacist" (CGP). To become certified, candidates are expected to be knowledgeable about principles of geriatric pharmacotherapy and the provision of pharmaceutical care to the elderly.	Source: Commission for Certification in Geriatric Pharmacy (www.ccp.org) [7/1/2006: new]
1835N0905X	Pharmacy Service Providers	Pharmacist	Nuclear	A licensed pharmacist who has demonstrated specialized knowledge and skill in procurement, compounding, quality control testing, dispensing, distribution, and monitoring of radiopharmaceuticals.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: modified title, added definition]
1835N1003X	Pharmacy Service Providers	Pharmacist	Nutrition Support	A licensed pharmacist who has demonstrated specialized knowledge and skill in maintenance and/or restoration of optimal nutritional status, designing and modifying treatment according to patient needs.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: definition modified]
1835P0018X	Pharmacy Service Providers	Pharmacist	Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist	Pharmacist Clinician/Clinical Pharmacy Specialist is a pharmacist with additional training and an expanded scope of practice that may include prescriptive authority, therapeutic management, and disease management.	Source: National Uniform Claim Committee, 2007 [1/1/2008: new]
1835P0200X	Pharmacy Service Providers	Pharmacist	Pediatrics	A licensed pharmacist who has demonstrated specialized knowledge and skill in the delivery of patient care services by pharmacists that ensures the safe and effective use of medications for all children from neonates through adolescents.	Source: Board of Pharmacy Specialties, www.bpsweb.org [1/1/2016: new]
1835P1200X	Pharmacy Service Providers	Pharmacist	Pharmacotherapy	A licensed pharmacist who has demonstrated specialized knowledge and skill in optimizing pharmacotherapeutic care of patients, by developing, implementing, monitoring, and modifying complex treatment plans, providing advanced level education and consultation, and collaborating with other health professionals in the management of therapy.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: modified definition]
1835P1300X	Pharmacy Service Providers	Pharmacist	Psychiatric	A licensed pharmacist who has demonstrated specialized knowledge and skill in optimizing care of patients with psychiatric illness by assessing and monitoring patients, recognizing drug-induced problems, and recommending appropriate treatment plans.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: modified title, added definition]
1835P2201X	Pharmacy Service Providers	Pharmacist	Ambulatory Care	A licensed pharmacist who has demonstrated specialized knowledge and skill in the provision of integrated, accessible health care services by pharmacists and is accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community.	Source: Board of Pharmacy Specialties, www.bpsweb.org [7/1/2015: new]
1835X0200X	Pharmacy Service Providers	Pharmacist	Oncology	A licensed pharmacist who has demonstrated specialized knowledge and skill in developing, recommending, implementing, monitoring, and modifying pharmacotherapeutic plans to optimize outcomes in patients with malignant diseases.	Source: Specialty certification and recertification program administered by Board of Pharmaceutical Specialties, www.bpsweb.org [7/1/2006: new]
183700000X	Pharmacy Service Providers	Pharmacy Technician		A person who works under the direct supervision of a licensed pharmacist and performs many pharmacy-related functions that do not require the professional judgment of a pharmacist.	Source: Pharmacy Technician Certification Board, www.ptcb.org [1/1/2006: modified definition, modified source]
193200000X	Group	Multi-Specialty		A business group of one or more individual practitioners, who practice with different areas of specialization.	[7/1/2003: new]
193400000X	Group	Single Specialty		A business group of one or more individual practitioners, all of who practice with the same area of specialization.	[7/1/2003: new]
202C00000X	Allopathic & Osteopathic Physicians	Independent Medical Examiner		A special evaluator not involved with the medical care of the individual examinee that impartially evaluates the care being provided by other practitioners to clarify clinical, disability, liability or other case issues.	Source: American Board of Independent Medical Examiners [1/1/2007: new]

202K0000X	Allopathic & Osteopathic Physicians	Phlebology		Phlebology is the medical discipline that involves the diagnosis and treatment of venous disorders, including spider veins, varicose veins, chronic venous insufficiency, venous leg ulcers, congenital venous abnormalities, venous thromboembolism and other disorders of venous origin. A phlebologist has attained a minimum of 50 hours of CME units in phlebology-related courses, and is knowledgeable of and trained in a variety of diagnostic techniques including physical examination, venous imaging techniques such as duplex ultrasound, CT and MR, plethysmographic techniques and laboratory evaluation related to venous thromboembolism. The phlebologist is also trained in a variety of therapeutic interventions, which may include compression, sclerotherapy, cutaneous vascular laser, endovenous thermoablation procedures (laser and radiofrequency) endovenous chemical ablation, surgical procedures (e.g., ambulatory phlebectomy, venous ligation), vasoactive medications and the management of venous thromboembolism.	Source: American College of Phlebology 12/2006. [1/1/2007: new, 7/1/2009: definition reformatted] Additional Resources: Training Programs, Fellowships, and/or Preceptorships: Certification exam is being established by the American Board of Phlebology. ACGME Accredited Residency Program Requirements: None
204C0000X	Allopathic & Osteopathic Physicians	Neuromusculoskeletal Medicine, Sports Medicine		Definition to come.	
204D0000X	Allopathic & Osteopathic Physicians	Neuromusculoskeletal Medicine & OMM		Definition to come.	
204E0000X	Allopathic & Osteopathic Physicians	Oral & Maxillofacial Surgery		Oral and maxillofacial surgeons are trained to recognize and treat a wide spectrum of diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the oral and maxillofacial region. They are also trained to administer anesthesia, and provide care in an office setting. They are trained to treat problems such as the extraction of wisdom teeth, misaligned jaws, tumors and cysts of the jaw and mouth, and to perform dental implant surgery.	Source: American College of Surgeons, 2013. [7/1/2013: definition added, source added, additional resources added] Additional Resources: American Board of Oral and Maxillofacial Surgery and American Association of Oral and Maxillofacial Surgeons While this is generally considered a specialty of dentistry, physicians can also be board certified as oral and maxillofacial surgeons through the American Board of Oral and Maxillofacial Surgery.
204F0000X	Allopathic & Osteopathic Physicians	Transplant Surgery		Definition to come.	
204R0000X	Allopathic & Osteopathic Physicians	Electrodiagnostic Medicine		Electrodiagnostic medicine is the medical subspecialty that applies neurophysiologic techniques to diagnose, evaluate, and treat patients with impairments of the neurologic, neuromuscular, and/or muscular systems. Qualified physicians are trained in performing electrophysiological testing and interpretation of the test data. They require knowledge in anatomy, physiology, kinesiology, histology, and pathology of the brain, spinal cord, autonomic nerves, cranial nerves, peripheral nerves, neuromuscular junction, and muscles. They must know clinical features and treatment of diseases of the central, peripheral, and autonomic nervous systems, as well as those of neuromuscular junction and muscle. Physicians also require special knowledge about electric signal processing, including waveform analysis, electronics and instrumentation, stimulation and recording equipment, and statistics.	Source: American Association of Neuromuscular & Electrodiagnostic Medicine, 2011. www.aanem.org [1/1/2011: new] Additional Resources: American Board of Electrodiagnostic Medicine, 2011. www.abemexam.org
207K0000X	Allopathic & Osteopathic Physicians	Allergy & Immunology		An allergist-immunologist is trained in evaluation, physical and laboratory diagnosis, and management of disorders involving the immune system. Selected examples of such conditions include asthma, anaphylaxis, rhinitis, eczema, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation, or malignancies of the immune system.	Source: American Board of Medical Specialties, 2007, www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Allergy and Immunology, 2007. http://www.abai.org/ No subspecialty certificates in allergy and immunology are offered by the American Board of Allergy and Immunology (ABAI). The ABAI, however, does offer formal special pathways for physicians seeking dual certification in allergy/immunology and pediatric pulmonology; allergy/immunology and pediatric rheumatology; and allergy/immunology and adult rheumatology.
207KA0200X	Allopathic & Osteopathic Physicians	Allergy & Immunology	Allergy	Definition to come...	
207KI0005X	Allopathic & Osteopathic Physicians	Allergy & Immunology	Clinical & Laboratory Immunology	Definition to come...	
207L0000X	Allopathic & Osteopathic Physicians	Anesthesiology		An anesthesiologist is trained to provide pain relief and maintenance, or restoration, of a stable condition during and immediately following an operation or an obstetric or diagnostic procedure. The anesthesiologist assesses the risk of the patient undergoing surgery and optimizes the patient's condition prior to, during and after surgery. In addition to these management responsibilities, the anesthesiologist provides medical management and consultation in pain management and critical care medicine. Anesthesiologists diagnose and treat acute, long-standing and cancer pain problems; diagnose and treat patients with critical illnesses or severe injuries; direct resuscitation in the care of patients with cardiac or respiratory emergencies, including the need for artificial ventilation; and supervise post-anesthesia recovery.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Anesthesiology, 2007. http://www.theaba.org/; American Osteopathic Board of Anesthesiology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.
207LA0401X	Allopathic & Osteopathic Physicians	Anesthesiology	Addiction Medicine	An anesthesiologist who specializes in the diagnosis and treatment of addictions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Anesthesiology.
207L0200X	Allopathic & Osteopathic Physicians	Anesthesiology	Critical Care Medicine	An anesthesiologist, who specializes in critical care medicine diagnoses, treats and supports patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Anesthesiology, 2007. http://www.theaba.org/; American Osteopathic Board of Anesthesiology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.

207LH0002X	Allopathic & Osteopathic Physicians	Anesthesiology	Hospice and Palliative Medicine	An anesthesiologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207LP2900X	Allopathic & Osteopathic Physicians	Anesthesiology	Pain Medicine	An anesthesiologist who provides a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic and/or cancer pain in both hospital and ambulatory settings. Patient care needs are also coordinated with other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Anesthesiology, 2007. http://www.theaba.org/; American Osteopathic Board of Anesthesiology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Anesthesiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Anesthesiology.
207LP3000X	Allopathic & Osteopathic Physicians	Anesthesiology	Pediatric Anesthesiology	An anesthesiologist who has had additional skill and experience in and is primarily concerned with the anesthesia, sedation, and pain management needs of infants and children. A pediatric anesthesiologist generally provides services including the evaluation of complex medical problems in infants and children when surgery is necessary, planning and care for children before and after surgery, pain control, anesthesia and sedation for any procedures out of the operating room such as MRI, CT scan, and radiation therapy.	Source: American Academy of Pediatrics [7/1/2006: new]
207N0000X	Allopathic & Osteopathic Physicians	Dermatology		A dermatologist is trained to diagnose and treat pediatric and adult patients with benign and malignant disorders of the skin, mouth, external genitalia, hair and nails, as well as a number of sexually transmitted diseases. The dermatologist has had additional training and experience in the diagnosis and treatment of skin cancers, melanomas, moles and other tumors of the skin, the management of contact dermatitis and other allergic and nonallergic skin disorders, and in the recognition of the skin manifestations of systemic (including internal malignancy) and infectious diseases. Dermatologists have special training in dermatopathology and in the surgical techniques used in dermatology. They also have expertise in the management of cosmetic disorders of the skin such as hair loss and scars and the skin changes associated with aging.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/ Board certification is provided by the American Board of Dermatology.
207ND0101X	Allopathic & Osteopathic Physicians	Dermatology	MOHS-Micrographic Surgery	The highly-trained surgeons that perform Mohs Micrographic Surgery are specialists both in dermatology and pathology. With their extensive knowledge of the skin and unique pathological skills, they are able to remove only diseased tissue, preserving healthy tissue and minimizing the cosmetic impact of the surgery. Mohs surgeons who belong to the American College of Mohs Surgery (ACMS) have completed a minimum of one year of fellowship training at one of the ACMS-approved training centers in the U.S.	Source: American College of Mohs Surgery, 2007 [1/1/2008: added definition, added source] Additional Resources: Additional Resources: http://www.mohscollege.org/; American Board of Dermatology, 2007. http://www.abderm.org/
207ND0900X	Allopathic & Osteopathic Physicians	Dermatology	Dermatopathology	A dermatopathologist has the expertise to diagnose and monitor diseases of the skin including infectious, immunologic, degenerative and neoplastic diseases. This entails the examination and interpretation of specially prepared tissue sections, cellular scrapings and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/; American Osteopathic Board of Dermatology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Dermatology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Dermatology.
207NI0002X	Allopathic & Osteopathic Physicians	Dermatology	Clinical & Laboratory Dermatological Immunology	A dermatologist who utilizes various specialized laboratory procedures to diagnose disorders characterized by defective responses of the body's immune system. Immunodermatologists also may provide consultation in the management of these disorders and administer specialized forms of therapy for these diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/ Board certification is provided by the American Board of Dermatology.
207NP0225X	Allopathic & Osteopathic Physicians	Dermatology	Pediatric Dermatology	A pediatric dermatologist has, through additional special training, developed expertise in the treatment of specific skin disease categories with emphasis on those diseases which predominate in infants, children and adolescents.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: changed definition, added source] Additional Resources: American Board of Dermatology, 2007. http://www.abderm.org/ A subspecialty certificate was approved by ABMS in 2000. ACGME Accredited Residency Program Requirements: None.
207NS0135X	Allopathic & Osteopathic Physicians	Dermatology	Procedural Dermatology	Procedural Dermatology, a subspecialty of Dermatology, encompassing a wide variety of surgical procedures and methods to remove or modify skin tissue for health or cosmetic benefit. These methods include scalpel surgery, laser surgery, chemical surgery, cryosurgery (liquid nitrogen), electrosurgery, aspiration surgery, liposuction, injection of filler substances, and Mohs micrographic controlled surgery (a special technique for the removal of growths, especially skin cancers).	Source: American Board of Dermatology, 2007 [1/1/2008: definition added, source added, title changed] Additional Resources: Some ABMS board certified dermatologists have completed a one-year ACGME approved fellowship in Procedural Dermatology, which has been offered since 2003. At this time the ABD does not offer subspecialty certification in Procedural Dermatology.

207P0000X	Allopathic & Osteopathic Physicians	Emergency Medicine		An emergency physician focuses on the immediate decision making and action necessary to prevent death or any further disability both in the pre-hospital setting by directing emergency medical technicians and in the emergency department. The emergency physician provides immediate recognition, evaluation, care, stabilization and disposition of a generally diversified population of adult and pediatric patients in response to acute illness and injury.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/; American Osteopathic Board of Emergency Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Emergency Medicine.
207PE0004X	Allopathic & Osteopathic Physicians	Emergency Medicine	Emergency Medical Services	An emergency medicine physician who specializes in non-hospital based emergency medical services (e.g., disaster site, accident scene, transport vehicle, etc.) to provide pre-hospital assessment, treatment, and transport patients.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) is issued by the American Osteopathic Board of Emergency Medicine.
207PE0005X	Allopathic & Osteopathic Physicians	Emergency Medicine	Undersea and Hyperbaric Medicine	A specialist who treats decompression illness and diving accident cases and uses hyperbaric oxygen therapy to treat such conditions as carbon monoxide poisoning, gas gangrene, non-healing wounds, tissue damage from radiation and burns, and bone infections. This specialist also serves as a consultant to other physicians in all aspects of hyperbaric chamber operations, and assesses risks and applies appropriate standards to prevent disease and disability in divers and other persons working in altered atmospheric conditions.	Source: American Board of Emergency Medicine [7/1/2008: source added, additional resources added] Additional Resources: Additional Resources: www.abem.org & American Board of Preventive Medicine www.abprevmed.org
207PH0002X	Allopathic & Osteopathic Physicians	Emergency Medicine	Hospice and Palliative Medicine	An emergency medicine physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207PP0204X	Allopathic & Osteopathic Physicians	Emergency Medicine	Pediatric Emergency Medicine	Pediatric Emergency Medicine is a clinical subspecialty that focuses on the care of the acutely ill or injured child in the setting of an emergency department.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/ Board certification is provided by the American Board of Emergency Medicine. Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine.
207PS0010X	Allopathic & Osteopathic Physicians	Emergency Medicine	Sports Medicine	An emergency physician with special knowledge in sports medicine is responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention and management of injury and illness. A sports medicine physician has knowledge and experience in the promotion of wellness and the role of exercise in promoting a healthy lifestyle. Knowledge of exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation and epidemiology is essential to the practice of sports medicine.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/. American Osteopathic Board of Emergency Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Emergency Medicine.
207PT0002X	Allopathic & Osteopathic Physicians	Emergency Medicine	Medical Toxicology	Medical toxicologists are physicians who specialize in the prevention, evaluation, treatment and monitoring of injury and illness from exposures to drugs and chemicals, as well as biological and radiological agents. Medical toxicologists care for people in clinical, academic, governmental and public health settings, and provide poison control center leadership. Important areas of medical toxicology include acute drug poisoning, adverse drug events, drug abuse, addiction and withdrawal, chemicals and hazardous materials, terrorism preparedness, venomous bites and stings and environmental and workplace exposures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Emergency Medicine, 2007. http://www.abem.org/public/. American Osteopathic Board of Emergency Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Emergency Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Emergency Medicine.
207Q00000X	Allopathic & Osteopathic Physicians	Family Medicine		Family Medicine is the medical specialty which is concerned with the total health care of the individual and the family. It is the specialty in breadth which integrates the biological, clinical, and behavioral sciences. The scope of family medicine is not limited by age, sex, organ system, or disease entity.	Source: American Board of Family Medicine [1/1/2007: changed title; 7/1/2007: added definition, added source]

207QA0000X	Allopathic & Osteopathic Physicians	Family Medicine	Adolescent Medicine	A family medicine physician with multidisciplinary training in the unique physical, psychological and social characteristics of adolescents and their health care problems and needs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source: 7/1/2011: modified source]- - Additional Resources: American Board of Family Medicine, 2007. http://www.theabfm.org/. American Osteopathic Board of Family Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Family Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Family Medicine.
207QA0401X	Allopathic & Osteopathic Physicians	Family Medicine	Addiction Medicine	A family medicine physician who specializes in the diagnosis and treatment of addictions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Family Physicians.
207QA0505X	Allopathic & Osteopathic Physicians	Family Medicine	Adult Medicine	Definition to come.	
207QB0002X	Allopathic & Osteopathic Physicians	Family Medicine	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
207QG0300X	Allopathic & Osteopathic Physicians	Family Medicine	Geriatric Medicine	A family medicine physician with special knowledge of the aging process and special skills in the diagnostic, therapeutic, preventive and rehabilitative aspects of illness in the elderly. This specialist cares for geriatric patients in the patient's home, the office, long-term care settings such as nursing homes, and the hospital.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source: 7/1/2011: modified source]- - Additional Resources: American Board of Family Medicine, 2007. http://www.theabfm.org/. American Osteopathic Board of Family Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Family Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Family Medicine.
207QH0002X	Allopathic & Osteopathic Physicians	Family Medicine	Hospice and Palliative Medicine	A family medicine physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207QS0010X	Allopathic & Osteopathic Physicians	Family Medicine	Sports Medicine	A family medicine physician that is trained to be responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention of injury and illness. A sports medicine physician must have knowledge and experience in the promotion of wellness and the prevention of injury. Knowledge about special areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation, injuries (treatment and prevention and referral practice) and the role of exercise in promoting a healthy lifestyle are essential to the practice of sports medicine. The sports medicine physician requires special education to provide the knowledge to improve the health care of the individual engaged in physical exercise (sports) whether as an individual or in team participation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source: 7/1/2011: modified source]- - Additional Resources: American Board of Family Medicine, 2007. http://www.theabfm.org/. American Osteopathic Board of Family Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Family Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Family Medicine.
207QS1201X	Allopathic & Osteopathic Physicians	Family Medicine	Sleep Medicine	A Family Medicine Physician who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine, 2008 [7/1/2008: new]

207R0000X	Allopathic & Osteopathic Physicians	Internal Medicine		A physician who provides long-term, comprehensive care in the office and the hospital, managing both common and complex illness of adolescents, adults and the elderly. Internists are trained in the diagnosis and treatment of cancer, infections and diseases affecting the heart, blood, kidneys, joints and digestive, respiratory and vascular systems. They are also trained in the essentials of primary care internal medicine, which incorporates an understanding of disease prevention, wellness, substance abuse, mental health and effective treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RA0000X	Allopathic & Osteopathic Physicians	Internal Medicine	Adolescent Medicine	An internist who specializes in adolescent medicine is a multi-disciplinary healthcare specialist trained in the unique physical, psychological and social characteristics of adolescents, their healthcare problems and needs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RA0001X	Allopathic & Osteopathic Physicians	Internal Medicine	Advanced Heart Failure and Transplant Cardiology	Specialists in Advanced Heart Failure and Transplant Cardiology would participate in the inpatient and outpatient management of patients with advanced heart failure across the spectrum from consideration for high-risk cardiac surgery, cardiac transplantation, or mechanical circulatory support, to pre- and post-operative evaluation and management of patients with cardiac transplants and mechanical support devices, and end-of-life care for patients with end-stage heart failure.	Source: American Board of Internal Medicine, www.abim.org [7/1/2015: new]
207RA0201X	Allopathic & Osteopathic Physicians	Internal Medicine	Allergy & Immunology	An internist doctor of osteopathy that specializes in the treatment of allergy and immunologic disorders. A doctor of osteopathy that is board eligible/certified by the American Osteopathic Board of Internal Medicine can obtain a Certificate of Special Qualifications in the field of Allergy & Immunology.	Source: American Osteopathic Board of Internal Medicine, 2007. [7/1/2008: added definition, added source; 7/1/2011: modified source]- - Additional Resources: http://www.osteopathic.org/certification
207RA0401X	Allopathic & Osteopathic Physicians	Internal Medicine	Addiction Medicine	An internist doctor of osteopathy that specializes in the treatment of addiction disorders. A doctor of osteopathy that is board eligible/certified by the American Osteopathic Board of Internal Medicine can obtain a Certificate of Added Qualifications in the field of Addiction Medicine.	Source: American Osteopathic Board of Internal Medicine, 2007. [7/1/2008: added definition, added source; 7/1/2011: modified source]- - Additional Resources: http://www.osteopathic.org/certification
207RB0002X	Allopathic & Osteopathic Physicians	Internal Medicine	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
207RC0000X	Allopathic & Osteopathic Physicians	Internal Medicine	Cardiovascular Disease	An internist who specializes in diseases of the heart and blood vessels and manages complex cardiac conditions such as heart attacks and life-threatening, abnormal heartbeat rhythms.	Source: American Osteopathic Board of Internal Medicine, 2008 [7/1/2008: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, http://www.abim.org/. American Osteopathic Board of Internal Medicine, https://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RC0001X	Allopathic & Osteopathic Physicians	Internal Medicine	Clinical Cardiac Electrophysiology	A field of special interest within the subspecialty of cardiovascular disease, specialty of Internal Medicine, which involves intricate technical procedures to evaluate heart rhythms and determine appropriate treatment for them.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.

207RC0200X	Allopathic & Osteopathic Physicians	Internal Medicine	Critical Care Medicine	An internist who diagnoses, treats and supports patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RE0101X	Allopathic & Osteopathic Physicians	Internal Medicine	Endocrinology, Diabetes & Metabolism	An internist who concentrates on disorders of the internal (endocrine) glands such as the thyroid and adrenal glands. This specialist also deals with disorders such as diabetes, metabolic and nutritional disorders, obesity, pituitary diseases and menstrual and sexual problems.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RG0100X	Allopathic & Osteopathic Physicians	Internal Medicine	Gastroenterology	An internist who specializes in diagnosis and treatment of diseases of the digestive organs including the stomach, bowels, liver and gallbladder. This specialist treats conditions such as abdominal pain, ulcers, diarrhea, cancer and jaundice and performs complex diagnostic and therapeutic procedures using endoscopes to visualize internal organs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RG0300X	Allopathic & Osteopathic Physicians	Internal Medicine	Geriatric Medicine	An internist who has special knowledge of the aging process and special skills in the diagnostic, therapeutic, preventive and rehabilitative aspects of illness in the elderly. This specialist cares for geriatric patients in the patient's home, the office, long-term care settings such as nursing homes and the hospital.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RH0000X	Allopathic & Osteopathic Physicians	Internal Medicine	Hematology	An internist with additional training who specializes in diseases of the blood, spleen and lymph. This specialist treats conditions such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia and lymphoma.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RH0002X	Allopathic & Osteopathic Physicians	Internal Medicine	Hospice and Palliative Medicine	An internal medicine physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207RH0003X	Allopathic & Osteopathic Physicians	Internal Medicine	Hematology & Oncology	An internist doctor of osteopathy that specializes in the treatment of the combination of hematology and oncology disorders. A doctor of osteopathy that is board eligible/certified by the American Osteopathic Board of Internal Medicine WAS able to obtain a Certificate of Special Qualifications in the field of Hematology and Oncology. The Certificate is NO longer offered.	Source: American Osteopathic Board of Internal Medicine, 2007. [7/1/2008: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: http://www.osteopathic.org/certification

207RH0005X	Allopathic & Osteopathic Physicians	Internal Medicine	Hypertension Specialist	A Hypertension Specialist is a physician who concentrates on all aspects of the diagnosis and treatment of hypertension.	Source: American Society of Hypertension [7/1/2011: new] Additional Resources: The American Society of Hypertension Specialists Program offers an examination and designation for Hypertension Specialists. This subspecialty is not a Board certificate issued by either the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.
207RI0001X	Allopathic & Osteopathic Physicians	Internal Medicine	Clinical & Laboratory Immunology	An internal medicine physician who specializes in clinical and laboratory immunology disease management.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A certification was, but is no longer issued by the American Board of Internal Medicine.
207RI0008X	Allopathic & Osteopathic Physicians	Internal Medicine	Hepatology	The discipline of Hepatology encompasses the structure, function, and diseases of the liver and biliary tract. The American Board of Internal Medicine considers Hepatology part of the subspecialty of gastroenterology. Physicians who identify themselves as Hepatologists usually, but not always, have been trained in gastrointestinal programs.	Training Programs, and/or Fellowships, Preceptorships: The American Association for the Study of Liver Diseases (AASLD) is the major professional society organized for physicians with an interest in Hepatology. A subcommittee of that organization has published guidelines for training programs in the 1992 November issue of Hepatology. Source: The American Board of Internal Medicine 9/1993 ACGME Accredited Residency Program Requirements: None
207RI0011X	Allopathic & Osteopathic Physicians	Internal Medicine	Interventional Cardiology	An area of medicine within the subspecialty of cardiology, which uses specialized imaging and other diagnostic techniques to evaluate blood flow and pressure in the coronary arteries and chambers of the heart and uses technical procedures and medications to treat abnormalities that impair the function of the cardiovascular system.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/ Board Certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. ACGME Accredited Residency Program Requirements: 1 year of training plus a prerequisite of 3 years Internal Medicine, 3 years Cardiovascular Disease for a total of 7 years. ABMS Approved Subspecialty Certificate (Internal Medicine)
207RI0200X	Allopathic & Osteopathic Physicians	Internal Medicine	Infectious Disease	An internist who deals with infectious diseases of all types and in all organ systems. Conditions requiring selective use of antibiotics call for this special skill. This physician often diagnoses and treats AIDS patients and patients with fevers which have not been explained. Infectious disease specialists may also have expertise in preventive medicine and travel medicine.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RM1200X	Allopathic & Osteopathic Physicians	Internal Medicine	Magnetic Resonance Imaging (MRI)	Definition to come.	
207RN0300X	Allopathic & Osteopathic Physicians	Internal Medicine	Nephrology	An internist who treats disorders of the kidney, high blood pressure, fluid and mineral balance and dialysis of body wastes when the kidneys do not function. This specialist consults with surgeons about kidney transplantation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RP1001X	Allopathic & Osteopathic Physicians	Internal Medicine	Pulmonary Disease	An internist who treats diseases of the lungs and airways. The pulmonologist diagnoses and treats cancer, pneumonia, pleurisy, asthma, occupational and environmental diseases, bronchitis, sleep disorders, emphysema and other complex disorders of the lungs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source; 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.

207RR0500X	Allopathic & Osteopathic Physicians	Internal Medicine	Rheumatology	An internist who treats diseases of joints, muscle, bones and tendons. This specialist diagnoses and treats arthritis, back pain, muscle strains, common athletic injuries and "collagen" diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source: 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RS0010X	Allopathic & Osteopathic Physicians	Internal Medicine	Sports Medicine	An internist trained to be responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention of injury and illness. A sports medicine physician must have knowledge and experience in the promotion of wellness and the prevention of injury. Knowledge about special areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation, injuries (treatment and prevention and referral practice) and the role of exercise in promoting a healthy lifestyle are essential to the practice of sports medicine. The sports medicine physician requires special education to provide the knowledge to improve the healthcare of the individual.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source: 7/1/2011: modified source]- - Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. American Osteopathic Board of Internal Medicine, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Internal Medicine.
207RS0012X	Allopathic & Osteopathic Physicians	Internal Medicine	Sleep Medicine	An Internist who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
207RT0003X	Allopathic & Osteopathic Physicians	Internal Medicine	Transplant Hepatology	An internist with special knowledge and the skill required of a gastroenterologist to care for patients prior to and following hepatic transplantation that spans all phases of liver transplantation. Selection of appropriate recipients requires assessment by a team having experience in evaluating the severity and prognosis of patients with liver disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Internal Medicine, 2007. http://www.abim.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Internal Medicine.
207RX0202X	Allopathic & Osteopathic Physicians	Internal Medicine	Medical Oncology	An internist who specializes in the diagnosis and treatment of all types of cancer and other benign and malignant tumors. This specialist decides on and administers therapy for these malignancies as well as consults with surgeons and radiotherapists on other treatments for cancer.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source. 11/5/2007: corrected definition]
207SG0300X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Cytogenetic	A clinical cytogeneticist demonstrates competence in providing laboratory diagnostic and clinical interpretive services dealing with cellular components, particularly chromosomes, associated with heredity.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics. A general certificate was first issued by the ABMS in 1982. ACGME Accredited Residency Program Requirements: None
207SG0201X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Genetics (M.D.)	A clinical geneticist demonstrates competence in providing comprehensive diagnostic, management and counseling services for genetic disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SG0202X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Biochemical Genetics	A clinical biochemical geneticist demonstrates competence in performing and interpreting biochemical analyses relevant to the diagnosis and management of human genetic diseases and is a consultant regarding laboratory diagnosis of a broad range of inherited disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SG0203X	Allopathic & Osteopathic Physicians	Medical Genetics	Clinical Molecular Genetics	A clinical molecular geneticist demonstrates competence in performing and interpreting molecular analyses relevant to the diagnosis and management of human genetic diseases and is a consultant regarding laboratory diagnosis of a broad range of inherited disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.
207SG0205X	Allopathic & Osteopathic Physicians	Medical Genetics	Ph.D. Medical Genetics	A medical geneticist works in association with a medical specialist, is affiliated with a clinical genetics program and serves as a consultant to medical and dental specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics.

207SM0001X	Allopathic & Osteopathic Physicians	Medical Genetics	Molecular Genetic Pathology	A board certified subspecialty, the molecular genetic pathologist is expert in the principles, theory and technologies of molecular biology and molecular genetics. This expertise is used to make or confirm diagnoses of Mendelian genetic disorders, of human development, infectious diseases and malignancies and to assess the natural history of those disorders. A molecular genetic pathologist provides information about gene structure, function and alteration, and applies laboratory techniques for diagnosis, treatment and prognosis for individuals with related disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Medical Genetics, 2007. http://www.abmg.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Medical Genetics. A subspecialty certificate for MGG was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Proposal under development.
207T0000X	Allopathic & Osteopathic Physicians	Neurological Surgery		A neurological surgeon provides the operative and non-operative management (i.e., prevention, diagnosis, evaluation, treatment, critical care, and rehabilitation) of disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply; the evaluation and treatment of pathological processes which modify function or activity of the nervous system; and the operative and non-operative management of pain. A neurological surgeon treats patients with disorders of the nervous system; disorders of the brain, meninges, skull, and their blood supply, including the extracranial carotid and vertebral arteries; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column, including those which may require treatment by spinal fusion or instrumentation; and disorders of the cranial and spinal nerves throughout their distribution.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Neurological Surgery, 2007. http://www.abns.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Neurological Surgery.
207U0000X	Allopathic & Osteopathic Physicians	Nuclear Medicine		A nuclear medicine specialist employs the properties of radioactive atoms and molecules in the diagnosis and treatment of disease and in research. Radiation detection and imaging instrument systems are used to detect disease as it changes the function and metabolism of normal cells, tissues and organs. A wide variety of diseases can be found in this way, usually before the structure of the organ involved by the disease can be seen to be abnormal by any other techniques. Early detection of coronary artery disease (including acute heart attack), early cancer detection and evaluation of the effect of tumor treatment, diagnosis of infection and inflammation anywhere in the body and early detection of blood clot in the lungs are all possible with these techniques. Unique forms of radioactive molecules can attack and kill cancer cells (e.g., lymphoma, thyroid cancer) or can relieve the severe pain of cancer that has spread to bone	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Nuclear Medicine, 2007. http://www.abnm.org/. A doctor of osteopathy was able to obtain a Certificate of Added Qualifications in the field of Nuclear Medicine. The Certificate is NO longer offered.-br/-br-American Osteopathic Board of Nuclear Medicine, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Nuclear Medicine.
207UN0901X	Allopathic & Osteopathic Physicians	Nuclear Medicine	Nuclear Cardiology	A nuclear medicine physician who specializes in nuclear cardiology.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Nuclear Medicine.
207UN0902X	Allopathic & Osteopathic Physicians	Nuclear Medicine	Nuclear Imaging & Therapy	A nuclear medicine physician who specializes in nuclear imaging and therapy.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Nuclear Medicine.
207UN0903X	Allopathic & Osteopathic Physicians	Nuclear Medicine	In Vivo & In Vitro Nuclear Medicine	A nuclear medicine physician who specializes in in vivo and in vitro nuclear medicine.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Nuclear Medicine.
207V0000X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology		An obstetrician/gynecologist possesses special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system and associated disorders. This physician serves as a consultant to other physicians and as a primary physician for women.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/. American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207VB0002X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
207VC0200X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Critical Care Medicine	An obstetrician/gynecologist, who specializes in critical care medicine diagnoses, treats and supports female patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/. American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.

207VE0102X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Reproductive Endocrinology	An obstetrician/gynecologist who is capable of managing complex problems relating to reproductive endocrinology and infertility.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - -Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/ . American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification - - -Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207VF0040X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Female Pelvic Medicine and Reconstructive Surgery	A subspecialist in Female Pelvic Medicine and Reconstructive Surgery is a physician in Urology or Obstetrics and Gynecology who, by virtue of education and training, is prepared to provide consultation and comprehensive management of women with complex benign pelvic conditions, lower urinary tract disorders, and pelvic floor dysfunction. Comprehensive management includes those diagnostic and therapeutic procedures necessary for the total care of the patient with these conditions and complications resulting from them.	Source: American Board of Medical Specialties, 2011. [1/1/2012: new] Resources: www.abms.org
207VG0400X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Gynecology	Definition to come...	
207VH0002X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Hospice and Palliative Medicine	An obstetrician/gynecologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
207VM0101X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Maternal & Fetal Medicine	An obstetrician/gynecologist who cares for, or provides consultation on, patients with complications of pregnancy. This specialist has advanced knowledge of the obstetrical, medical and surgical complications of pregnancy and their effect on both the mother and the fetus. The specialist also possesses expertise in the most current diagnostic and treatment modalities used in the care of patients with complicated pregnancies.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - -Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/ . American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification - - -Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207VX0000X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Obstetrics	Definition to come...	
207VX0201X	Allopathic & Osteopathic Physicians	Obstetrics & Gynecology	Gynecologic Oncology	An obstetrician/gynecologist who provides consultation and comprehensive management of patients with gynecologic cancer, including those diagnostic and therapeutic procedures necessary for the total care of the patient with gynecologic cancer and resulting complications.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - -Additional Resources: American Board of Obstetrics and Gynecology, 2007. http://www.abog.org/ . American Osteopathic Board of Obstetrics and Gynecology, 2007. http://www.osteopathic.org/certification - - -Board certification for Medical Doctors (MDs) is provided by the American Board of Obstetrics and Gynecology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Obstetrics and Gynecology.
207W00000X	Allopathic & Osteopathic Physicians	Ophthalmology		An ophthalmologist has the knowledge and professional skills needed to provide comprehensive eye and vision care. Ophthalmologists are medically trained to diagnose, monitor and medically or surgically treat all ocular and visual disorders. This includes problems affecting the eye and its component structures, the eyelids, the orbit and the visual pathways. In so doing, an ophthalmologist prescribes vision services, including glasses and contact lenses.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - -Additional Resources: American Board of Ophthalmology, 2007. http://www.abop.org/ . American Osteopathic Board of Ophthalmology and Otolaryngology, 2007. http://www.osteopathic.org/certification - - -Board certification for Medical Doctors (MDs) is provided by the American Board of Ophthalmology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207WX0009X	Allopathic & Osteopathic Physicians	Ophthalmology	Glaucoma Specialist	An ophthalmologist who specializes in the treatment of glaucoma and other disorders related to increased intraocular pressure and optic nerve damage. This specialty involves the medical and surgical treatment of these conditions.	Source: American Academy of Ophthalmology, www.aao.org [1/1/2017: new] Additional Resources: Association of University Professors of Ophthalmology, www.aupo.org
207WX0107X	Allopathic & Osteopathic Physicians	Ophthalmology	Retina Specialist	An ophthalmologist who specializes in the diagnosis and treatment of vitreoretinal diseases.	Source: American Society of Retina Specialists, www.asrs.org [1/1/2017: new]- - -Additional Resources: American Academy of Ophthalmology, www.aao.org . Macula Society, www.maculasociety.org . Retina Society, www.retinasociety.org . Association of University Professors of Ophthalmology, www.aupo.org .

207WX0108X	Allopathic & Osteopathic Physicians	Ophthalmology	Uveitis and Ocular Inflammatory Disease	An ophthalmologist who specializes in the treatment of intraocular inflammation, scleritis, keratitis and infectious disorders affecting the eye and inflammatory disorders of the adnexa and/or orbit.	Source: American Academy of Ophthalmology, www.aao.org [1/1/2017: new]- - Additional Resources: Association of University Professors of Ophthalmology, www.aupo.org
207WX0200X	Allopathic & Osteopathic Physicians	Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery	A physician who specializes in oculofacial plastic and reconstructive surgery. This subspecialty combines orbital and periorcular surgery with facial plastic surgery, and includes aesthetic and reconstructive surgery of the face, orbit, eyelid, and lacrimal system. Practitioners evaluate, diagnose and treat conditions involving the eyelids, brows, midface, orbits, lacrimal systems and surrounding and supporting structures of the face and neck.	Source: American Academy of Ophthalmology, 2015 [1/1/2016: new]
207X00000X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery		An orthopaedic surgeon is trained in the preservation, investigation and restoration of the form and function of the extremities, spine and associated structures by medical, surgical and physical means. An orthopaedic surgeon is involved with the care of patients whose musculoskeletal problems include congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries and degenerative diseases of the spine, hands, feet, knee, hip, shoulder and elbow in children and adults. An orthopaedic surgeon is also concerned with primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . American Osteopathic Board of Orthopaedic Surgery, 2007. http://www.osteopathic.org/certification - - Board certification for Medical Doctors (MDs) is provided by the American Board of Orthopaedic Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Orthopaedic Surgery.
207XP3100X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Pediatric Orthopaedic Surgery	An orthopedic surgeon who has additional training and experience in diagnosing, treating and managing musculoskeletal problems in infants, children and adolescents. These may include limb and spine deformities (such as club foot, scoliosis); gait abnormalities (limping); bone and joint infections; broken bones.	Source: American Academy of Pediatrics [7/1/2006: new]
207XS0106X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Hand Surgery	An orthopaedic surgeon trained in the investigation, preservation and restoration by medical, surgical and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . American Osteopathic Board of Orthopaedic Surgery, 2007. http://www.osteopathic.org/certification - - Board certification for Medical Doctors (MDs) is provided by the American Board of Orthopaedic Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Orthopaedic Surgery.
207XS0114X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Adult Reconstructive Orthopaedic Surgery	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, adult reconstructive orthopaedic surgeons deal with reconstructive procedures such as joint arthroplasty (i.e., hip and knee), osteotomy, arthroscopy, soft-tissue reconstruction, and a variety of other adult reconstructive surgical procedures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . Separate board certification is not currently offered.
207XS0117X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Orthopaedic Surgery of the Spine	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, orthopaedic surgeons of the spine deal with the evaluation and nonoperative and operative treatment of the full spectrum of primary spinal disorders including trauma, degenerative, deformity, tumor, and reconstructive.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . Separate board certification is not currently offered.
207X00004X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Foot and Ankle Surgery	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, foot and ankle surgeons deal with adult reconstructive foot and ankle surgery, adult foot and ankle trauma, sports medicine foot and ankle, and children's foot and ankle reconstructive surgery.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: title modified, definition added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . Separate board certification is not currently offered. ACGME Accredited Residency Program Requirements: 1 year of training with 5 years Orthopedic Surgery for a total of 6 years.
207XX0005X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Sports Medicine	An orthopaedic surgeon trained in sports medicine provides appropriate care for all structures of the musculoskeletal system directly affected by participation in sporting activity. This specialist is proficient in areas including conditioning, training and fitness, athletic performance and the impact of dietary supplements, pharmaceuticals, and nutrition on performance and health, coordination of care within the team setting utilizing other health care professionals, field evaluation and management, soft tissue biomechanics and injury healing and repair. Knowledge and understanding of the principles and techniques of rehabilitation, athletic equipment and orthotic devices enables the specialist to prevent and manage athletic injuries.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Orthopaedic Surgery. ACGME Accredited Program Requirements: 1 year GME in the specialty + 5 years of Orthopaedic Surgery for a total of 6 years
207XX0801X	Allopathic & Osteopathic Physicians	Orthopaedic Surgery	Orthopaedic Trauma	Recognized by several state medical boards as a fellowship subspecialty program of orthopaedic surgery, orthopaedic trauma surgeons deal with the evaluation and management of acute orthopaedic injuries, evaluation and treatment of post-traumatic deformities and nonunions, acute and delayed reconstruction of pelvic and acetabular fractures, as well as osteotomy in the adult hip for treatment of hip arthritis.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Orthopaedic Surgery, 2007. http://www.abos.org/ . Separate board certification is not currently offered.
207Y00000X	Allopathic & Osteopathic Physicians	Otolaryngology		An otolaryngologist-head and neck surgeon provides comprehensive medical and surgical care for patients with diseases and disorders that affect the ears, nose, throat, the respiratory and upper alimentary systems and related structures of the head and neck. An otolaryngologist diagnoses and provides medical and/or surgical therapy or prevention of diseases, allergies, neoplasms, deformities, disorders and/or injuries of the ears, nose, sinuses, throat, respiratory and upper alimentary systems, face, jaws and the other head and neck systems. Head and neck oncology, facial plastic and reconstructive surgery and the treatment of disorders of hearing and voice are fundamental areas of expertise.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/ . American Osteopathic Board of Ophthalmology and Otolaryngology, 2007. http://www.osteopathic.org/certification - - Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Ophthalmology and Otolaryngology.

207YP0228X	Allopathic & Osteopathic Physicians	Otolaryngology	Pediatric Otolaryngology	A pediatric otolaryngologist has special expertise in the management of infants and children with disorders that include congenital and acquired conditions involving the aerodigestive tract, nose and paranasal sinuses, the ear and other areas of the head and neck. The pediatric otolaryngologist has special skills in the diagnosis, treatment, and management of childhood disorders of voice, speech, language and hearing.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology.
207YS0012X	Allopathic & Osteopathic Physicians	Otolaryngology	Sleep Medicine	An Otolaryngologist who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
207YS0123X	Allopathic & Osteopathic Physicians	Otolaryngology	Facial Plastic Surgery	An otolaryngologist who specializes in facial plastic surgery.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate was, but is no longer issued by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207YX0007X	Allopathic & Osteopathic Physicians	Otolaryngology	Plastic Surgery within the Head & Neck	An otolaryngologist with additional training in plastic and reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft tissue repair and neural surgery. The field is diverse and involves a wide age range of patients, from the newborn to the aged. While both cosmetic and reconstructive surgeries are practiced, there are many additional procedures which interface with them.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology. Board certification for Doctors of Osteopathy is currently provided in the subspecialty of Otolaryngology/Facial Plastic Surgery (see Taxonomy Code 207YX0905X)
207YX0602X	Allopathic & Osteopathic Physicians	Otolaryngology	Otolaryngic Allergy	An otolaryngologist who specializes in the diagnosis and treatment of otolaryngic allergies and other allergic diseases.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) is issued by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207YX0901X	Allopathic & Osteopathic Physicians	Otolaryngology	Otology & Neurotology	An otolaryngologist who treats diseases of the ear and temporal bone, including disorders of hearing and balance. The additional training in otology and neurotology emphasizes the study of embryology, anatomy, physiology, epidemiology, pathophysiology, pathology, genetics, immunology, microbiology and the etiology of diseases of the ear and temporal bone.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added] Additional Resources: American Board of Otolaryngology, 2007. http://www.aboto.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Otolaryngology.
207YX0905X	Allopathic & Osteopathic Physicians	Otolaryngology	Otolaryngology/Facial Plastic Surgery	An otolaryngologist who specializes in the diagnosis and surgical treatment of head and neck conditions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate is issued by the American Osteopathic Board of Ophthalmology and Otolaryngology.
207ZB0001X	Allopathic & Osteopathic Physicians	Pathology	Blood Banking & Transfusion Medicine	A physician who specializes in blood banking/transfusion medicine is responsible for the maintenance of an adequate blood supply, blood donor and patient-recipient safety and appropriate blood utilization. Pre-transfusion compatibility testing and antibody testing assure that blood transfusions, when indicated, are as safe as possible. This physician directs the preparation and safe use of specially prepared blood components, including red blood cells, white blood cells, platelets and plasma constituents, and marrow or stem cells for transplantation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ . American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification - - Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZC0006X	Allopathic & Osteopathic Physicians	Pathology	Clinical Pathology	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new, 7/1/2009: definition reformatted] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ This taxonomy code identifies the combined anatomic "clinical pathology only" route. Board Certification for Medical Doctors (MDs) is provided by the American Board of Pathology. To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only and clinical pathology only. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.
207ZC0008X	Allopathic & Osteopathic Physicians	Pathology	Clinical Informatics	Physicians who practice Clinical Informatics collaborate with other health care and information technology professionals to analyze, design, implement and evaluate information and communication systems that enhance individual and population health outcomes, improve patient care, and strengthen the clinician-patient relationship. Clinical Informaticians use their knowledge of patient care combined with their understanding of informatics concepts, methods, and tools to: assess information and knowledge needs of health care professionals and patients; characterize, evaluate, and refine clinical processes; develop, implement, and refine clinical decision support systems; and lead or participate in the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems.	Source: The American Board of Preventive Medicine, 2013 [1/1/2014: new] Additional Resources: The American Board of Pathology, www.abpath.org

207ZC0500X	Allopathic & Osteopathic Physicians	Pathology	Cytopathology	A cytopathologist is an anatomic pathologist trained in the diagnosis of human disease by means of the study of cells obtained from body secretions and fluids, by scraping, washing, or sponging the surface of a lesion, or by the aspiration of a tumor mass or body organ with a fine needle. A major aspect of a cytopathologist's practice is the interpretation of Papanicolaou-stained smears of cells from the female reproductive systems, the "Pap" test. However, the cytopathologist's expertise is applied to the diagnosis of cells from all systems and areas of the body. He/she is a consultant to all medical specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton changed, source added] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology.
207ZD0900X	Allopathic & Osteopathic Physicians	Pathology	Dermatopathology	A dermatopathologist is an expert in diagnosing and monitoring diseases of the skin including infectious, immunologic, degenerative, and neoplastic diseases. This entails the examination and interpretation of specially prepared tissue sections, cellular scrapings, and smears of skin lesions by means of light microscopy, electron microscopy, and fluorescence microscopy.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton changed, source added] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. A subspecialty certificate was first issued by the ABMS in 1974. ACGME Accredited Residency Program Requirements: None.
207ZF0201X	Allopathic & Osteopathic Physicians	Pathology	Forensic Pathology	A forensic pathologist is expert in investigating and evaluating cases of sudden, unexpected, suspicious and violent death as well as other specific classes of death defined by law. The forensic pathologist serves the public as coroner or medical examiner, or by performing medicolegal autopsies for such officials.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pathology.
207ZH0000X	Allopathic & Osteopathic Physicians	Pathology	Hematology	A hematopathologist is expert in diseases that affect blood cells, blood clotting mechanisms, bone marrow and lymph nodes. This physician has the knowledge and technical skills essential for the laboratory diagnosis of anemias, leukemias, lymphomas, bleeding disorders and blood clotting disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZI0100X	Allopathic & Osteopathic Physicians	Pathology	Immunopathology	A pathologist who specializes in the diagnosis of immunologic diseases.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Pathology.
207ZM0300X	Allopathic & Osteopathic Physicians	Pathology	Medical Microbiology	A medical microbiologist is expert in the isolation and identification of microbial agents that cause infectious disease. Viruses, bacteria and fungi, as well as parasites, are identified and, where possible, tested for susceptibility to appropriate antimicrobial agents.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZN0500X	Allopathic & Osteopathic Physicians	Pathology	Neuropathology	A neuropathologist is expert in the diagnosis of diseases of the nervous system and skeletal muscles and functions as a consultant primarily to neurologists and neurosurgeons. The neuropathologist is knowledgeable in the infirmities of humans as they affect the nervous and neuromuscular systems, be they degenerative, infectious, metabolic, immunologic, neoplastic, vascular or physical in nature.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZP0007X	Allopathic & Osteopathic Physicians	Pathology	Molecular Genetic Pathology	A molecular genetic pathologist is expert in the principles, theory and technologies of molecular biology and molecular genetics. This expertise is used to make or confirm diagnoses of Mendelian genetic disorders, disorders of human development, infectious diseases and malignancies, and to assess the natural history of those disorders. A molecular genetic pathologist provides information about gene structure, function and alteration and applies laboratory techniques for diagnosis, treatment and prognosis for individuals with related disorders.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definiton changed, source changed] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. A subspecialty certificate for MGG was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Proposal under development.

207ZP0101X	Allopathic & Osteopathic Physicians	Pathology	Anatomic Pathology	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. [7/1/2007: definition added, source added, 7/1/2009: definition reformatted; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology (note: this taxonomy code identifies the "anatomic pathology only" route). To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only and clinical pathology only. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.
207ZP0102X	Allopathic & Osteopathic Physicians	Pathology	Anatomic Pathology & Clinical Pathology	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added, 7/1/2009: definition reformatted] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/ This taxonomy code identifies the combined anatomic pathology & clinical pathology route. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only and clinical pathology only. Primary certification in anatomic pathology or clinical pathology may be combined with some of the subspecialty certifications.
207ZP0104X	Allopathic & Osteopathic Physicians	Pathology	Chemical Pathology	A chemical pathologist has expertise in the biochemistry of the human body as it applies to the understanding of the cause and progress of disease. This physician functions as a clinical consultant in the diagnosis and treatment of human disease. Chemical pathology entails the application of biochemical data to the detection, confirmation or monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pathology. The Certification is NO longer provided.
207ZP0105X	Allopathic & Osteopathic Physicians	Pathology	Clinical Pathology/Laboratory Medicine	A pathologist deals with the causes and nature of disease and contributes to diagnosis, prognosis and treatment through knowledge gained by the laboratory application of the biologic, chemical and physical sciences. A pathologist uses information gathered from the microscopic examination of tissue specimens, cells and body fluids, and from clinical laboratory tests on body fluids and secretions for the diagnosis, exclusion and monitoring of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. American Osteopathic Board of Pathology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pathology.
207ZP0213X	Allopathic & Osteopathic Physicians	Pathology	Pediatric Pathology	A pediatric pathologist is expert in the laboratory diagnosis of diseases that occur during fetal growth, infancy and child development. The practice requires a strong foundation in general pathology and substantial understanding of normal growth and development, along with extensive knowledge of pediatric medicine.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pathology, 2007. http://www.abpath.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pathology.
208000000X	Allopathic & Osteopathic Physicians	Pediatrics		A pediatrician is concerned with the physical, emotional and social health of children from birth to young adulthood. Care encompasses a broad spectrum of health services ranging from preventive healthcare to the diagnosis and treatment of acute and chronic diseases. A pediatrician deals with biological, social and environmental influences on the developing child, and with the impact of disease and dysfunction on development.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certificatio-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.

2080A0000X	Allopathic & Osteopathic Physicians	Pediatrics	Adolescent Medicine	A pediatrician who specializes in adolescent medicine is a multi-disciplinary healthcare specialist trained in the unique physical, psychological and social characteristics of adolescents, their healthcare problems and needs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080B0002X	Allopathic & Osteopathic Physicians	Pediatrics	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: new] Additional Resource: American Society of Bariatric Physicians, www.asbp.org.
2080C0008X	Allopathic & Osteopathic Physicians	Pediatrics	Child Abuse Pediatrics	A Child Abuse Pediatrician serves as a resource to children, families and communities by accurately diagnosing abuse; consulting with community agencies on child safety; providing expertise in courts of law; treating consequences of abuse and neglect; directing child abuse and neglect prevention programs and participating on multidisciplinary teams investigating; and managing child abuse cases.	Source: American Board of Medical Specialties, 2009 [7/1/2009: definition added]
2080H0002X	Allopathic & Osteopathic Physicians	Pediatrics	Hospice and Palliative Medicine	A pediatrician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2080I0007X	Allopathic & Osteopathic Physicians	Pediatrics	Clinical & Laboratory Immunology	A pediatrician who specializes in clinical and laboratory immunology disease management.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A certification was, but is no longer issued by the American Board of Pediatrics.
2080N0001X	Allopathic & Osteopathic Physicians	Pediatrics	Neonatal-Perinatal Medicine	A pediatrician who is the principal care provider for sick newborn infants. Clinical expertise is used for direct patient care and for consulting with obstetrical colleagues to plan for the care of mothers who have high-risk pregnancies.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080P0006X	Allopathic & Osteopathic Physicians	Pediatrics	Developmental – Behavioral Pediatrics	A developmental-behavioral specialist is a pediatrician with special training and experience who aims to foster understanding and promotion of optimal development of children and families through research, education, clinical care and advocacy efforts. This physician assists in the prevention, diagnosis, and management of developmental difficulties and problematic behaviors in children and in the family dysfunctions that compromise children's development.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed, 3/26/2008: definition corrected] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0008X	Allopathic & Osteopathic Physicians	Pediatrics	Neurodevelopmental Disabilities	A pediatrician who treats children having developmental delays or learning disorders including those associated with visual and hearing impairment, mental retardation, cerebral palsy, spina bifida, autism and other chronic neurologic conditions. This specialist provides medical consultation and education and assumes leadership in the interdisciplinary management of children with neurodevelopmental disorders. They may also focus on the early identification and diagnosis of neurodevelopmental disabilities in infants and young children as well as on changes that occur as the child with developmental disabilities grows.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0201X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Allergy/Immunology	A pediatrician who specializes in the diagnosis and treatment of allergies, allergic reactions, and immunologic diseases in children.	Source: National Uniform Claim Committee, 2009 [1/1/2010: title modified, definition added, source added] Additional Resources: A Certification of Special Qualifications (CSQ) is issued by the American Osteopathic Board of Pediatrics.
2080P0202X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Cardiology	A pediatric cardiologist provides comprehensive care to patients with cardiovascular problems. This specialist is skilled in selecting, performing and evaluating the structural and functional assessment of the heart and blood vessels, and the clinical evaluation of cardiovascular disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.

2080P0203X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Critical Care Medicine	A pediatrician expert in advanced life support for children from the term or near-term neonate to the adolescent. This competence extends to the critical care management of life-threatening organ system failure from any cause in both medical and surgical patients and to the support of vital physiological functions. This specialist may have administrative responsibilities for intensive care units and also facilitates patient care among other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. ACGME Accredited Residency Program Requirements: 2 years of training with 3 years Pediatrics plus 1 year Pediatric Critical Care for certification for a total of 6 years. ABMS Approved Subspecialty Certificate (Pediatrics)
2080P0204X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Emergency Medicine	A pediatrician who has special qualifications to manage emergencies in infants and children.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0205X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Endocrinology	A pediatrician who provides expert care to infants, children and adolescents who have diseases that result from an abnormality in the endocrine glands (glands which secrete hormones). These diseases include diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, birth defects, the genital region and disorders of the thyroid, the adrenal and pituitary glands.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080P0206X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Gastroenterology	A pediatrician who specializes in the diagnosis and treatment of diseases of the digestive systems of infants, children and adolescents. This specialist treats conditions such as abdominal pain, ulcers, diarrhea, cancer and jaundice and performs complex diagnostic and therapeutic procedures using lighted scopes to see internal organs.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080P0207X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Hematology-Oncology	A pediatrician trained in the combination of pediatrics, hematology and oncology to recognize and manage pediatric blood disorders and cancerous diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.
2080P0208X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Infectious Diseases	A pediatrician trained to care for children in the diagnosis, treatment and prevention of infectious diseases. This specialist can apply specific knowledge to affect a better outcome for pediatric infections with complicated courses, underlying diseases that predispose to unusual or severe infections, unclear diagnoses, uncommon diseases and complex or investigational treatments.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.
2080P0210X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Nephrology	A pediatrician who deals with the normal and abnormal development and maturation of the kidney and urinary tract, the mechanisms by which the kidney can be damaged, the evaluation and treatment of renal diseases, fluid and electrolyte abnormalities, hypertension and renal replacement therapy.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.
2080P0214X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Pulmonology	A pediatrician dedicated to the prevention and treatment of all respiratory diseases affecting infants, children and young adults. This specialist is knowledgeable about the growth and development of the lung, assessment of respiratory function in infants and children, and experienced in a variety of invasive and noninvasive diagnostic techniques.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/-br-Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/-br-Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) was provided by the American Osteopathic Board of Pediatrics. The Certification is no longer offered.

2080P0216X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Rheumatology	A pediatrician who treats diseases of joints, muscle, bones and tendons. A pediatric rheumatologist diagnoses and treats arthritis, back pain, muscle strains, common athletic injuries and "collagen" diseases.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
2080S0010X	Allopathic & Osteopathic Physicians	Pediatrics	Sports Medicine	A pediatrician who is responsible for continuous care in the field of sports medicine, not only for the enhancement of health and fitness, but also for the prevention of injury and illness. A sports medicine physician must have knowledge and experience in the promotion of wellness and the prevention of injury. Knowledge about special areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation, injuries (treatment and prevention and referral practice) and the role of exercise in promoting a healthy lifestyle are essential to the practice of sports medicine. The sports medicine physician requires special education to provide the knowledge to improve the healthcare of the individual engaged in physical exercise (sports) whether as an individual or in team participation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. American Osteopathic Board of Pediatrics, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Pediatrics.
2080S0012X	Allopathic & Osteopathic Physicians	Pediatrics	Sleep Medicine	A Pediatrician who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
2080T0002X	Allopathic & Osteopathic Physicians	Pediatrics	Medical Toxicology	Medical toxicologists are physicians that specialize in the prevention, evaluation, treatment and monitoring of injury and illness from exposures to drugs and chemicals, as well as biological and radiological agents. Medical toxicologists care for people in clinical, academic, governmental and public health settings, and provide poison control center leadership. Important areas of medical toxicology include acute drug poisoning, adverse drug events, drug abuse, addiction and withdrawal, chemicals and hazardous materials, terrorism preparedness, venomous bites and stings, and environmental and workplace exposures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics. ACGME Accredited Residency Program Requirements: Medical Toxicology (EM) 2 years with 3-4 years Emergency Medicine for a total of 5-6 years; for Medical Toxicology (Preventive Medicine) 2 years with 3 years Preventive Medicine for a total of 5 years. Medical Toxicology (Pediatrics): None. ABMS Approved Subspecialty Certificates (Emergency Medicine) (Pediatrics) (Preventive Medicine)
2080T0004X	Allopathic & Osteopathic Physicians	Pediatrics	Pediatric Transplant Hepatology	A pediatrician with expertise in transplant hepatology encompasses the special knowledge and skill required of pediatric gastroenterologists to care for patients prior to and following hepatic transplantation; it spans all phases of liver transplantation.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Pediatrics, 2007. http://www.abp.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Pediatrics.
208100000X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation		Physical medicine and rehabilitation, also referred to as rehabilitation medicine, is the medical specialty concerned with diagnosing, evaluating, and treating patients with physical disabilities. These disabilities may arise from conditions affecting the musculoskeletal system such as neck and back pain, sports injuries, or other painful conditions affecting the limbs, such as carpal tunnel syndrome. Alternatively, the disabilities may result from neurological trauma or disease such as spinal cord injury, head injury or stroke. A physician certified in physical medicine and rehabilitation is often called a physiatrist. The primary goal of the physiatrist is to achieve maximal restoration of physical, psychological, social and vocational function through comprehensive rehabilitation. Pain management is often an important part of the role of the physiatrist. For diagnosis and evaluation, a physiatrist may include the techniques of electromyography to supplement the standard history, physical, x-ray and laboratory examinations. The physiatrist has expertise in the appropriate use of therapeutic exercise, prosthetics (artificial limbs), orthotics and mechanical and electrical devices.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/. American Osteopathic Board of Physical Medicine and Rehabilitation, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Physical Medicine and Rehabilitation.
2081H0002X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Hospice and Palliative Medicine	A physical medicine and rehabilitation physician with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2081N0008X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Neuromuscular Medicine	A physician who specializes in neuromuscular medicine possesses specialized knowledge in the science, clinical evaluation and management of these disorders. This encompasses the knowledge of the pathology, diagnosis and treatment of these disorders at a level that is significantly beyond the training and knowledge expected of a general neurologist, child neurologist or physiatrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation.

2081P0004X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Spinal Cord Injury Medicine	A physician who addresses the prevention, diagnosis, treatment and management of traumatic spinal cord injury and non-traumatic etiologies of spinal cord dysfunction by working in an interdisciplinary manner. Care is provided to patients of all ages on a lifelong basis and covers related medical, physical, psychological and vocational disabilities and complications.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. ACGME Accredited Residency Program Requirements: 1 year of training with 3-5 years in relevant specialty for a total of 4-6 years. ABMS Approved Subspecialty Certificate: (Physical Medicine and Rehabilitation)
2081P0010X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Pediatric Rehabilitation Medicine	A physiatrist who utilizes an interdisciplinary approach and addresses the prevention, diagnosis, treatment and management of congenital and childhood-onset physical impairments including related or secondary medical, physical, functional, psychosocial and vocational limitations or conditions, with an understanding of the life course of disability. This physician is trained in the identification of functional capabilities and selection of the best of rehabilitation intervention strategies, with an understanding of the continuum of care.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. A subspecialty certificate for PRM was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Early discussions underway
2081P0301X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Brain Injury Medicine	A Brain Injury Medicine physician specializes in disorders of brain function due to injury and disease. These disorders encompass a range of medical, physical, neurologic, cognitive, sensory, and behavioral disorders that result in psychosocial, educational, and vocational consequences.	Source: American Board of Physical Medicine and Rehabilitation, 2015 [1/1/2016: new]
2081P2900X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Pain Medicine	A physician who provides a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic or cancer pain in both hospital and ambulatory settings. Patient care needs may also be coordinated with other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source changed] Additional Resources: American Board of Physical Medicine and Rehabilitation, 2007. http://www.abpmr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Physical Medicine and Rehabilitation. A subspecialty certificate was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Proposal under development.
2081S0010X	Allopathic & Osteopathic Physicians	Physical Medicine & Rehabilitation	Sports Medicine	A physician who specializes in Sports Medicine is responsible for continuous care related to the enhancement of health and fitness as well as the prevention of injury and illness. The specialist possesses knowledge and experience in the promotion of wellness and the prevention of injury from many areas of medicine such as exercise physiology, biomechanics, nutrition, psychology, physical rehabilitation, epidemiology, physical evaluation and injuries. It is the goal of a Sports Medicine specialist to improve the healthcare of the individual engaged in physical exercise.	Source: American Board of Medical Specialties, 2009. www.abms.org [7/1/2009: definition added]
208200000X	Allopathic & Osteopathic Physicians	Plastic Surgery		A plastic surgeon deals with the repair, reconstruction or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures, hand, extremities, breast and trunk and external genitalia or cosmetic enhancement of these areas of the body. Cosmetic surgery is an essential component of plastic surgery. The plastic surgeon uses cosmetic surgical principles to both improve overall appearance and to optimize the outcome of reconstructive procedures. The surgeon uses aesthetic surgical principles not only to improve undesirable qualities of normal structures but in all reconstructive procedures as well.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Plastic Surgery, 2007. http://www.abplsurg.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Plastic Surgery.
2082S0099X	Allopathic & Osteopathic Physicians	Plastic Surgery	Plastic Surgery Within the Head and Neck	A plastic surgeon with additional training in plastic and reconstructive procedures within the head, face, neck and associated structures, including cutaneous head and neck oncology and reconstruction, management of maxillofacial trauma, soft tissue repair and neural surgery. The field is diverse and involves a wide age range of patients, from the newborn to the aged. While both cosmetic and reconstructive surgery is practiced, there are many additional procedures which interface with them.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Plastic Surgery, 2007. http://www.abplsurg.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Plastic Surgery. A subspecialty certificate was approved by the ABMS in 2000. ACGME Accredited Residency Program Requirements: None.
2082S0105X	Allopathic & Osteopathic Physicians	Plastic Surgery	Surgery of the Hand	A plastic surgeon with additional training in the investigation, preservation, and restoration by medical, surgical and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Plastic Surgery, 2007. http://www.abplsurg.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Plastic Surgery.
2083A0100X	Allopathic & Osteopathic Physicians	Preventive Medicine	Aerospace Medicine	Aerospace medicine focuses on the clinical care, research, and operational support of the health, safety, and performance of crewmembers and passengers of air and space vehicles, together with the support personnel who assist operation of such vehicles. This population often works and lives in remote, isolated, extreme, or enclosed environments under conditions of physical and psychological stress. Practitioners strive for an optimal human-machine match in occupational settings rich with environmental hazards and engineering countermeasures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Preventive Medicine, 2007. http://www.abprevmed.org/. American Osteopathic Board of Preventive Medicine, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Preventive Medicine.

2083B0002X	Allopathic & Osteopathic Physicians	Preventive Medicine	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: new] Additional Resource: American Society of Bariatric Physicians, www.asbp.org .
2083C0008X	Allopathic & Osteopathic Physicians	Preventive Medicine	Clinical Informatics	Physicians who practice Clinical Informatics collaborate with other health care and information technology professionals to analyze, design, implement and evaluate information and communication systems that enhance individual and population health outcomes, improve patient care, and strengthen the clinician-patient relationship. Clinical Informaticians use their knowledge of patient care combined with their understanding of informatics concepts, methods, and tools to: assess information and knowledge needs of health care professionals and patients; characterize, evaluate, and refine clinical processes; develop, implement, and refine clinical decision support systems; and lead or participate in the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems.	Source: The American Board of Preventive Medicine, 2013 [1/1/2014: new] Additional Resources: The American Board of Preventive Medicine, www.theabpm.org
2083P0011X	Allopathic & Osteopathic Physicians	Preventive Medicine	Undersea and Hyperbaric Medicine	A specialist who treats decompression illness and diving accident cases and uses hyperbaric oxygen therapy to treat such conditions as carbon monoxide poisoning, gas gangrene, non-healing wounds, tissue damage from radiation and burns and bone infections. This specialist also serves as consultant to other physicians in all aspects of hyperbaric chamber operations and assesses risks and applies appropriate standards to prevent disease and disability in divers and other persons working in altered atmospheric conditions.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Preventive Medicine, 2007. http://www.abprevmed.org/ Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine.
2083P0500X	Allopathic & Osteopathic Physicians	Preventive Medicine	Preventive Medicine/Occupational Environmental Medicine	A preventive medicine physician who specializes in preventive medicine/occupational-environmental medicine, which is focused on protecting the population from occupational and environmental conditions.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate is issued by the American Osteopathic Board of Preventive Medicine.
2083P0901X	Allopathic & Osteopathic Physicians	Preventive Medicine	Public Health & General Preventive Medicine	Public health and general preventive medicine focuses on promoting health, preventing disease, and managing the health of communities and defined populations. These practitioners combine population-based public health skills with knowledge of primary, secondary, and tertiary prevention-oriented clinical practice in a wide variety of settings.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Preventive Medicine, 2007. http://www.abprevmed.org/ . American Osteopathic Board of Preventive Medicine, 2007. http://www.osteopathic.org/certification - - Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Preventive Medicine.
2083S0010X	Allopathic & Osteopathic Physicians	Preventive Medicine	Sports Medicine	A preventive medicine physician who specializes in the diagnosis and treatment of sports related conditions and injuries.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) is issued by the American Osteopathic Board of Preventive Medicine.
2083T0002X	Allopathic & Osteopathic Physicians	Preventive Medicine	Medical Toxicology	Medical toxicologists are physicians who specialize in the prevention, evaluation, treatment and monitoring of injury and illness from exposures to drugs and chemicals, as well as biological and radiological agents. Medical toxicologists care for people in clinical, academic, governmental and public health settings, and provide poison control center leadership. Important areas of medical toxicology include acute drug poisoning, adverse drug events, drug abuse, addiction and withdrawal, chemicals and hazardous materials, terrorism preparedness, venomous bites and stings, and environmental and workplace exposures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Preventive Medicine, 2007. http://www.abprevmed.org/ Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine.
2083X0100X	Allopathic & Osteopathic Physicians	Preventive Medicine	Occupational Medicine	Occupational medicine focuses on the health of workers, including the ability to perform work; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental exposures. Practitioners in this field address the promotion of health in the work place, and the prevention and management of occupational and environmental injury, illness, and disability.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Preventive Medicine, 2007. http://www.abprevmed.org/ Board certification for Medical Doctors (MDs) is provided by the American Board of Preventive Medicine.
2084A0401X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Addiction Medicine	A doctor of osteopathy board eligible/certified in the field of Psychiatry by the American Osteopathic Board of Neurology and Psychiatry is able to obtain a Certificate of Added Qualifications in the field of Addiction Medicine	Source: American Osteopathic Board of Neurology and Psychiatry, 2007 [1/1/2008: definition added, source added; 7/1/2011: modified source]- - Additional Resources: http://www.osteopathic.org/certification
2084A2900X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurocritical Care	The medical subspecialty of Neurocritical Care is devoted to the comprehensive, multisystem care of the critically-ill neurological patient. Like other intensivists, the neurointensivist generally assumes the primary role for coordinating the care of his or her patients in the ICU, both the neurological and medical management of the patient. They may also provide consultative services for these patients as requested within the health system.	Source: Adapted from the United Council for Neurologic Subspecialties website definition at: http://www.ucns.org/go/subspecialty/neurocritical [7/1/2016: new] Additional Resources: Additional Resources: National Board for Certification of Orthopaedic Assistants
2084B0002X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Obesity Medicine	A physician who specializes in the treatment of obesity demonstrates competency in and a thorough understanding of the treatment of obesity and the genetic, biologic, environmental, social, and behavioral factors that contribute to obesity. The obesity medicine physician employs therapeutic interventions including diet, physical activity, behavioral change, and pharmacotherapy. The obesity medicine physician utilizes a comprehensive approach, and may include additional resources such as dietitians, exercise physiologists, mental health professionals and bariatric surgeons as indicated to achieve optimal results. Additionally, the obesity medicine physician maintains competency in providing pre- peri- and post-surgical care of bariatric surgery patients, promotes the prevention of obesity, and advocates for those who suffer from obesity.	Source: American Board of Obesity Medicine [7/1/2015: title and definition modified] Additional Resource: American Society of Bariatric Physicians, www.asbp.org .

2084B0040X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Behavioral Neurology & Neuropsychiatry	Behavioral Neurology & Neuropsychiatry is a medical subspecialty involving the diagnosis and treatment of neurologically based behavioral issues.	Source: National Uniform Claim Committee. [1/1/2012: new] Additional Resources: American Academy of Neurology, www.aan.com.
2084D0003X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Diagnostic Neuroimaging	A licensed physician, who has completed a residency program in Neurology, and who has additional training, experience, and competence in the standards of performance and interpretation of Magnetic Resonance Imaging (MRI / MRA) of the head, spine, and peripheral nerves, and Computed Tomography (CT) of the head and spine. Physicians are trained in the administration of contrast media and the recognition and treatment of adverse reactions to contrast media. Neuroimaging training encompasses thorough knowledge of clinical neurology, neurophysiology, neuroanatomy, neurochemistry, neuropharmacology, and dynamics of cerebrospinal fluid circulation. Physicians possess special expertise in the technical aspects and clinical applications of each of the modalities and techniques of neuroimaging.	Source: American Academy of Neurology [1/1/2007: new]
2084F0202X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Forensic Psychiatry	Forensic Psychiatry is a subspecialty with psychiatric focus on interrelationships with civil, criminal and administrative law, evaluation and specialized treatment of individuals involved with the legal system, incarcerated in jails, prisons, and forensic psychiatry hospitals.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084H0002X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Hospice and Palliative Medicine	A psychiatrist or neurologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2084N0008X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neuromuscular Medicine	A neurologist or child neurologist who specializes in the diagnosis and management of disorders of nerve, muscle or neuromuscular junction, including amyotrophic lateral sclerosis, peripheral neuropathies (e.g., diabetic and immune mediated neuropathies), various muscular dystrophies, congenital and acquired myopathies, inflammatory myopathies (e.g., polymyositis, inclusion body myositis) and neuromuscular transmission disorders (e.g., myasthenia gravis, Lambert-Eaton myasthenic syndrome).	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: new] Additional Resources: American Board of Psychiatry and Neurology, 2007. http://www.abpn.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Psychiatry and Neurology
2084N0400X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurology	A Neurologist specializes in the diagnosis and treatment of diseases or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and blood vessels that relate to these structures.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084N0402X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurology with Special Qualifications in Child Neurology	A Child Neurologist specializes in neurology with special skills in diagnosis and treatment of neurologic disorders of the neonatal period, infancy, early childhood, and adolescence.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084N0600X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Clinical Neurophysiology	Clinical Neurophysiology is a subspecialty with psychiatric or neurologic expertise in the diagnosis and management of central, peripheral, and autonomic nervous system disorders using combined clinical evaluation and electrophysiologic testing such as electroencephalography (EEG), electromyography (EMG), and nerve conduction studies (NCS).	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0005X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Neurodevelopmental Disabilities	A pediatrician or neurologist who specializes in the diagnosis and management of chronic conditions that affect the developing and mature nervous system such as cerebral palsy, mental retardation and chronic behavioral syndromes, or neurologic conditions.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Psychiatry and Neurology, 2007. http://www.abpn.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Psychiatry and Neurology. A subspecialty certificate for NDN was approved by the ABMS in 1999. ACGME Accredited Residency Program Requirements: Ongoing early discussions regarding proposal.
2084P0015X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Psychosomatic Medicine	Psychosomatic Medicine is subspecialty in the diagnosis and treatment of psychiatric disorders and symptoms in complex medically ill patients. This subspecialty includes treatment of patients with acute or chronic medical, neurological, obstetrical or surgical illness in which psychiatric illness is affecting their medical care and/or quality of life such as HIV infection, organ transplantation, heart disease, renal failure, cancer, stroke, traumatic brain injury, high-risk pregnancy and COPD, among others. Patients also may be those who have a psychiatric disorder that is the direct consequence of a primary medical condition, or a somatoform disorder or psychological factors affecting a general medical condition. Psychiatrists specializing in Psychosomatic Medicine provide consultation-liaison services in general medical hospitals, attend on medical psychiatry inpatient units, and provide collaborative care in primary care and other outpatient settings.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new]
2084P0301X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Brain Injury Medicine	A Brain Injury Medicine physician specializes in disorders of brain function due to injury and disease. These disorders encompass a range of medical, physical, neurologic, cognitive, sensory, and behavioral disorders that result in psychosocial, educational, and vocational consequences.	Source: American Board of Physical Medicine and Rehabilitation, 2015 [1/1/2016: new]
2084P0800X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Psychiatry	A Psychiatrist specializes in the prevention, diagnosis, and treatment of mental disorders, emotional disorders, psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender identity disorders and adjustment disorders. Biologic, psychological, and social components of illnesses are explored and understood in treatment of the whole person. Tools used may include diagnostic laboratory tests, prescribed medications, evaluation and treatment of psychological and interpersonal problems with individuals and families, and intervention for coping with stress, crises, and other problems.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0802X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Addiction Psychiatry	Addiction Psychiatry is a subspecialty of psychiatry that focuses on evaluation and treatment of individuals with alcohol, drug, or other substance-related disorders, and of individuals with dual diagnosis of substance-related and other psychiatric disorders.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0804X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Child & Adolescent Psychiatry	Child & Adolescent Psychiatry is a subspecialty of psychiatry with additional skills and training in the diagnosis and treatment of developmental, behavioral, emotional, and mental disorders of childhood and adolescence.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2084P0805X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Geriatric Psychiatry	Geriatric Psychiatry is a subspecialty with psychiatric expertise in prevention, evaluation, diagnosis and treatment of mental and emotional disorders in the elderly, and improvement of psychiatric care for healthy and ill elderly patients.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]

2084P2900X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Pain Medicine	A neurologist, child neurologists or psychiatrist who provides a high level of care, either as a primary physician or consultant, for patients experiencing problems with acute, chronic or cancer pain in both hospital and ambulatory settings. Patient care needs may also be coordinated with other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition changed, source added] Additional Resources: American Board of Psychiatry and Neurology, 2007. http://www.abpn.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Psychiatry and Neurology. A subspecialty certificate was approved by ABMS in 1998. ACGME Accredited Residency Program Requirements: None.
2084S0010X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Sports Medicine	A psychiatrist or neurologist who specializes in the diagnosis and treatment of sports related conditions and injuries.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A Certification of Added Qualifications (CAQ) was, but is no longer issued by the American Osteopathic Board of Neurology and Psychiatry.
2084S0012X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Sleep Medicine	A Psychiatrist or Neurologist who practices Sleep Medicine is certified in the subspecialty of sleep medicine and specializes in the clinical assessment, physiologic testing, diagnosis, management and prevention of sleep and circadian rhythm disorders. Sleep specialists treat patients of any age and use multidisciplinary approaches. Disorders managed by sleep specialists include, but are not limited to, sleep related breathing disorders, insomnia, hypersomnias, circadian rhythm sleep disorders, parasomnias and sleep related movement disorders.	Source: American Academy of Sleep Medicine [7/1/2006: new]
2084V0102X	Allopathic & Osteopathic Physicians	Psychiatry & Neurology	Vascular Neurology	Vascular Neurology is a subspecialty in the evaluation, prevention, treatment and recovery from vascular diseases of the nervous system. This subspecialty includes the diagnosis and treatment of vascular events of arterial or venous origin from a large number of causes that affect the brain or spinal cord such as ischemic stroke, intracranial hemorrhage, spinal cord ischemia and spinal cord hemorrhage.	Source: The American Board of Psychiatry and Neurology, Inc. [1/1/2007: new definition]
2085B0100X	Allopathic & Osteopathic Physicians	Radiology	Body Imaging	A Radiology doctor of Osteopathy that specializes in Body Imaging.	Source: National Uniform Claim Committee, 2008 [7/1/2008: definition added, source added] Additional Resources: The American Osteopathic Board of Radiology no longer offers a certificate in this specialty.
2085D0003X	Allopathic & Osteopathic Physicians	Radiology	Diagnostic Neuroimaging	A licensed physician, who has completed a residency program in Neurology, and who has additional training, experience, and competence in the standards of performance and interpretation of Magnetic Resonance Imaging (MRI / MRA) of the head, spine, and peripheral nerves, and Computed Tomography (CT) of the head and spine. Physicians are trained in the administration of contrast media and the recognition and treatment of adverse reactions to contrast media. Neuroimaging training encompasses thorough knowledge of clinical neurology, neurophysiology, neuroanatomy, neurochemistry, neuropharmacology, and dynamics of cerebrospinal fluid circulation. Physicians possess special expertise in the technical aspects and clinical applications of each of the modalities and techniques of neuroimaging.	Source: American Academy of Neurology [1/1/2007: new]
2085H0002X	Allopathic & Osteopathic Physicians	Radiology	Hospice and Palliative Medicine	A radiologist with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2085N0700X	Allopathic & Osteopathic Physicians	Radiology	Neuroradiology	A radiologist who diagnoses and treats diseases utilizing imaging procedures as they relate to the brain, spine and spinal cord, head, neck and organs of special sense in adults and children.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085N0904X	Allopathic & Osteopathic Physicians	Radiology	Nuclear Radiology	A radiologist who is involved in the analysis and imaging of radionuclides and radiolabeled substances in vitro and in vivo for diagnosis and the administration of radionuclides and radiolabeled substances for the treatment of disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085P0229X	Allopathic & Osteopathic Physicians	Radiology	Pediatric Radiology	A radiologist who is proficient in all forms of diagnostic imaging as it pertains to the treatment of diseases in the newborn, infant, child and adolescent. This specialist has knowledge of both imaging and interventional procedures related to the care and management of diseases of children. A pediatric radiologist must be highly knowledgeable of all organ systems as they relate to growth and development, congenital malformations, diseases peculiar to infants and children and diseases that begin in childhood but cause substantial residual impairment in adulthood.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]- - Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification- - Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.

2085R0001X	Allopathic & Osteopathic Physicians	Radiology	Radiation Oncology	A radiologist who deals with the therapeutic applications of radiant energy and its modifiers and the study and management of disease, especially malignant tumors.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification
2085R0202X	Allopathic & Osteopathic Physicians	Radiology	Diagnostic Radiology	A radiologist who utilizes x-ray, radionuclides, ultrasound and electromagnetic radiation to diagnose and treat disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. American Osteopathic Board of Radiology, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Radiology.
2085R0203X	Allopathic & Osteopathic Physicians	Radiology	Therapeutic Radiology	Definition to come...	
2085R0204X	Allopathic & Osteopathic Physicians	Radiology	Vascular & Interventional Radiology	A radiologist who diagnoses and treats diseases by various radiologic imaging modalities. These include fluoroscopy, digital radiography, computed tomography, sonography and magnetic resonance imaging.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology.
2085R0205X	Allopathic & Osteopathic Physicians	Radiology	Radiological Physics	A radiological physicist deals with the diagnostic and therapeutic applications of roentgen rays, gamma rays from sealed sources, ultrasonic radiation and radio-frequency radiation, as well as the equipment associated with their production and use, including radiation safety.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Radiology, 2007. http://www.theabr.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Radiology.
2085U0001X	Allopathic & Osteopathic Physicians	Radiology	Diagnostic Ultrasound	A Radiology doctor of Osteopathy that specializes in Diagnostic Ultrasound.	Source: National Uniform Claim Committee, 2008 [7/1/2008: definition added, source added] Additional Resources: The American Osteopathic Board of Radiology no longer offers a certificate in this specialty. [Note: In medical practice, Diagnostic Ultrasound is part of the scope of training and practice of a Diagnostic Radiologists – see Taxonomy Code 2085R0202X.]
208600000X	Allopathic & Osteopathic Physicians	Surgery		A general surgeon has expertise related to the diagnosis - preoperative, operative and postoperative management - and management of complications of surgical conditions in the following areas: alimentary tract; abdomen; breast, skin and soft tissue; endocrine system; head and neck surgery; pediatric surgery; surgical critical care; surgical oncology; trauma and burns; and vascular surgery. General surgeons increasingly provide care through the use of minimally invasive and endoscopic techniques. Many general surgeons also possess expertise in transplantation surgery, plastic surgery and cardiothoracic surgery.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. American Osteopathic Board of Surgery, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Surgery.
2086H0002X	Allopathic & Osteopathic Physicians	Surgery	Hospice and Palliative Medicine	A surgeon with special knowledge and skills to prevent and relieve the suffering experienced by patients with life-limiting illnesses. This specialist works with an interdisciplinary hospice or palliative care team to maximize quality of life while addressing physical, psychological, social and spiritual needs of both patient and family throughout the course of the disease, through the dying process, and beyond for the family. This specialist has expertise in the assessment of patients with advanced disease; the relief of distressing symptoms; the coordination of interdisciplinary patient and family-centered care in diverse venues; the use of specialized care systems including hospice; the management of the imminently dying patient; and legal and ethical decision making in end-of-life care.	Source: American Academy of Hospice and Palliative Medicine [1/1/2007: new]
2086S0102X	Allopathic & Osteopathic Physicians	Surgery	Surgical Critical Care	A surgeon with expertise in the management of the critically ill and postoperative patient, particularly the trauma victim, who specializes in critical care medicine diagnoses, treats and supports patients with multiple organ dysfunction. This specialist may have administrative responsibilities for intensive care units and may also facilitate and coordinate patient care among the primary physician, the critical care staff and other specialists.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. American Osteopathic Board of Surgery, 2007. http://www.osteopathic.org/certification-br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Surgery.
2086S0105X	Allopathic & Osteopathic Physicians	Surgery	Surgery of the Hand	A surgeon with expertise in the investigation, preservation and restoration by medical, surgical and rehabilitative means, of all structures of the upper extremity directly affecting the form and function of the hand and wrist.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery.
2086S0120X	Allopathic & Osteopathic Physicians	Surgery	Pediatric Surgery	A surgeon with expertise in the management of surgical conditions in premature and newborn infants, children and adolescents.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery.

2086S0122X	Allopathic & Osteopathic Physicians	Surgery	Plastic and Reconstructive Surgery	A surgeon who specializes in plastic and reconstructive surgery.	Source: National Uniform Claim Committee, 2009 [1/1/2010: definition added, source added] Additional Resources: A General Certificate is issued by the American Osteopathic Board of Surgery.
2086S0127X	Allopathic & Osteopathic Physicians	Surgery	Trauma Surgery	Trauma surgery is a recognized subspecialty of general surgery. Trauma surgeons are physicians who have completed a five-year general surgery residency and usually continue with a one to two year fellowship in trauma and/or surgical critical care, typically leading to additional board certification in surgical critical care. There is no trauma surgery board certification at this point. To obtain board certification in surgical critical care, a fellowship in surgical critical care or anesthesiology critical care must be completed during or after general surgery residency.	Source: American Board of Surgery, 2007 [1/1/2008: definition added, source added] Additional Resources: http://www.absurgery.org/ .
2086S0129X	Allopathic & Osteopathic Physicians	Surgery	Vascular Surgery	A surgeon with expertise in the management of surgical disorders of the blood vessels, excluding the intracranial vessels or the heart.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added; 7/1/2011: modified source]-br/>-br/>Additional Resources: American Board of Surgery, 2007. http://www.absurgery.org/ . American Osteopathic Board of Surgery, 2007. http://www.osteopathic.org/certification -br/>-br/>Board certification for Medical Doctors (MDs) is provided by the American Board of Surgery. Board certification for Doctors of Osteopathy (DOs) is provided by the American Osteopathic Board of Surgery.
2086X0206X	Allopathic & Osteopathic Physicians	Surgery	Surgical Oncology	A surgical oncologist is a well-qualified surgeon who has obtained additional training and experience in the multidisciplinary approach to the prevention, diagnosis, treatment, and rehabilitation of cancer patients, and devotes a major portion of his or her professional practice to these activities and cancer research.	Source: Society of Surgical Oncology, 2007 [1/1/2008: definition added, source added, 7/1/2009: definition reformatted] Additional Resources: http://www.surgonc.org/ ; American Board of Medical Specialties, 2007, www.abms.org ; American Board of Surgery, 2007, http://www.absurgery.org/ Surgical oncology is a recognized fellowship subspecialty program of surgery. Separate board certification is not currently offered.
208800000X	Allopathic & Osteopathic Physicians	Urology		A urologist manages benign and malignant medical and surgical disorders of the genitourinary system and the adrenal gland. This specialist has comprehensive knowledge of and skills in endoscopic, percutaneous and open surgery of congenital and acquired conditions of the urinary and reproductive systems and their contiguous structures.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Urology, 2007. http://www.abu.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Urology.
2088F0040X	Allopathic & Osteopathic Physicians	Urology	Female Pelvic Medicine and Reconstructive Surgery	A subspecialist in Female Pelvic Medicine and Reconstructive Surgery is a physician in Urology or Obstetrics and Gynecology who, by virtue of education and training, is prepared to provide consultation and comprehensive management of women with complex benign pelvic conditions, lower urinary tract disorders, and pelvic floor dysfunction. Comprehensive management includes those diagnostic and therapeutic procedures necessary for the total care of the patient with these conditions and complications resulting from them.	Source: American Board of Medical Specialties, 2011. [1/1/2012: new] Resources: www.abms.org
2088P0231X	Allopathic & Osteopathic Physicians	Urology	Pediatric Urology	Surgeons who can diagnose, treat, and manage children's urinary and genital problems. A pediatric urologist devotes a minimum of 50% of his or her practice to the urologic problems of infants, children, and adolescents. Pediatric urologists generally provide the following services: the evaluation and management of voiding disorders; vesicoureteral reflux, and urinary tract infections that require surgery; surgical reconstruction of the urinary tract (kidneys, ureters, and bladder) including genital abnormalities, hypospadias, and intersex conditions; surgery for groin conditions in childhood and adolescence (undescended testes, hydrocele/hernia, varicocele).	Source: American Academy of Pediatrics [7/1/2006: new]
208C00000X	Allopathic & Osteopathic Physicians	Colon & Rectal Surgery		A colon and rectal surgeon is trained to diagnose and treat various diseases of the intestinal tract, colon, rectum, anal canal and perianal area by medical and surgical means. This specialist also deals with other organs and tissues (such as the liver, urinary and female reproductive system) involved with primary intestinal disease.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: added definition, added source] Additional Resources: American Board of Colon and Rectal Surgery, 2007. http://www.abcrs.org/ . Board certification for Medical Doctors (MDs) is provided by the American Board of Colon and Rectal Surgery. Colon and rectal surgeons have the expertise to diagnose and often manage anorectal conditions such as hemorrhoids, fissures (painful tears in the anal lining), abscesses and fistulae (infections located around the anus and rectum) in the office setting. They also treat problems of the intestine and colon, and perform endoscopic procedures to evaluate and treat problems such as cancer, polyps (precancerous growths) and inflammatory conditions.
208D00000X	Allopathic & Osteopathic Physicians	General Practice		Definition to come...	

208G00000X	Allopathic & Osteopathic Physicians	Thoracic Surgery (Cardiothoracic Vascular Surgery)		A thoracic surgeon provides the operative, perioperative and critical care of patients with pathologic conditions within the chest. Included is the surgical care of coronary artery disease, cancers of the lung, esophagus and chest wall, abnormalities of the trachea, abnormalities of the great vessels and heart valves, congenital anomalies, tumors of the mediastinum and diseases of the diaphragm. The management of the airway and injuries of the chest is within the scope of the specialty.	Source: American Board of Medical Specialties, 2007. www.abms.org [7/1/2007: definition added, source added] Additional Resources: American Board of Thoracic Surgery, 2007. http://www.abts.org/. Board certification for Medical Doctors (MDs) is provided by the American Board of Thoracic Surgery. Thoracic surgeons have the knowledge, experience and technical skills to accurately diagnose, operate upon safely, and effectively manage patients with thoracic diseases of the chest. This requires substantial knowledge of cardiorespiratory physiology and oncology, as well as capability in the use of heart assist devices, management of abnormal heart rhythms and drainage of the chest cavity, respiratory support systems, endoscopy and invasive and noninvasive diagnostic techniques.
208M00000X	Allopathic & Osteopathic Physicians	Hospitalist		Hospitalists are physicians whose primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research, and leadership related to Hospital Medicine. The term 'hospitalist' refers to physicians whose practice emphasizes providing care for hospitalized patients.	Source: American Society of Hospital Medicine, 2007. http://www.hospitalmedicine.org/ [7/1/2009: definition added] Additional Resources: Hospitalist is a recognized fellowship specialty program offered by many medical institutions. There is no board certification for the specialty at this point.
208U00000X	Allopathic & Osteopathic Physicians	Clinical Pharmacology		Clinical pharmacology encompasses the spectrum of activities related to the discovery, development, regulation, and utilization of safe and effective drugs.	Source: American Society for Clinical Pharmacology and Therapeutics, 2008 [7/1/2008: modified definition] Additional Resources: Clinical pharmacology is a recognized fellowship program for physicians, pharmacists, and post-doctoral researchers delivered through medical education institutions accredited by the American Board of Clinical Pharmacology. http://www.ascpt.org/; American Board of Clinical Pharmacology http://www.abcp.net/
208VP0000X	Allopathic & Osteopathic Physicians	Pain Medicine	Pain Medicine	Pain Medicine is a primary medical specialty based on a distinct body of knowledge and a well-defined scope of clinical practice that is founded on science, research and education. It is concerned with the study of pain, the prevention of pain, and the evaluation, treatment, and rehabilitation of persons in pain. A comprehensive evaluation incorporates the physical, psychological, cognitive and socio-cultural contributions to pain. The treatment protocol may include pharmacological, invasive, behavioral, cognitive, rehabilitative and complementary strategies provided in a concurrent focused and patient specific manner. The pain medicine physician often serves the patient as a frontline physician regarding their pain, but also may serve as a consultant to other physicians, direct an interdisciplinary/multidisciplinary treatment team, conduct research, or advocate for the patient's pain care with public and private agencies. The Pain Medicine physician may work in variety of settings including office, clinic, hospital, university, or governmental/public agencies.	Source: American Academy of Pain Medicine The American Board of Pain Medicine provides Board Certification.
208VP0014X	Allopathic & Osteopathic Physicians	Pain Medicine	Interventional Pain Medicine	Interventional Pain Medicine is the discipline of medicine devoted to the diagnosis and treatment of pain and related disorders principally with the application of interventional techniques in managing subacute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatment.	
209800000X	Allopathic & Osteopathic Physicians	Legal Medicine		Legal Medicine is a special field of medicine that focuses on various aspects of medicine and law. Historically, the practice of legal medicine made contributions to medicine as a scientific instrument to solve criminal perplexities. Since World War II, the domain of legal medicine has broadened to include not only aspects of medical science to solve legal and criminal problems but aspects of law as it applies to medicine. Legal Medicine continues to grow as medicolegal issues like medical malpractice and liability, government regulation of health care, issues of tort reform, and moral and ethical complexities presented by technological advances become increasingly prominent. Many medical schools have implemented courses which supply medicolegal instruction for medical students, and many law schools now offer medicolegal courses. Also, dual degree programs in law and medicine have been created to assist physicians to bridge the gap between medicine and the law.	Source: American Board of Legal Medicine 08/1992 [7/1/2009: definition reformatted] Additional Resources: Training Programs, and/or Fellowships, Preceptorships: Certification available through the American Board of Legal Medicine. ACGME Accredited Residency Program Requirements: None.
211D00000X	Podiatric Medicine & Surgery Service Providers	Assistant, Podiatric		An individual who assists a podiatrist in tasks, such as exposing and developing x-rays; taking and recording patient histories; assisting in biomechanical evaluations and negative castings; preparing and sterilizing instruments and equipment; providing the patient with postoperative instructions; applying surgical dressings; preparing the patient for treatment, padding, and strapping; and performing routine office procedures.	Source: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations. Oakbrook Terrace, Illinois: 1994. p. 622.
213E00000X	Podiatric Medicine & Surgery Service Providers	Podiatrist		A podiatrist is a person qualified by a Doctor of Podiatric Medicine (D.P.M.) degree, licensed by the state, and practicing within the scope of that license. Podiatrists diagnose and treat foot diseases and deformities. They perform medical, surgical and other operative procedures, prescribe corrective devices and prescribe and administer drugs and physical therapy.	
213EG00000X	Podiatric Medicine & Surgery Service Providers	Podiatrist	General Practice		[7/1/2006: marked inactive, use value 213E00000X]
213EP0504X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Public Medicine	Definition to come...	
213EP1101X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Primary Podiatric Medicine	Definition to come...	
213ER0200X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Radiology	Definition to come...	
213ES0000X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Sports Medicine	Definition to come...	
213ES0103X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Foot & Ankle Surgery	Definition to come...	
213ES0131X	Podiatric Medicine & Surgery Service Providers	Podiatrist	Foot Surgery	Definition to come...	

22170000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Art Therapist		(1) An individual who uses art to achieve the therapeutic goals of symptom relief, emotional integration, and recovery from or adjustment to illness or disability. (2) An art therapist uses a form of treatment that enables patients with mental or physical disabilities to use art as a way of expressing and dealing with feelings and inner conflicts. (3) An individual who uses arts modalities and creative processes during intentional intervention in therapeutic, rehabilitative, community, or educational settings to foster health, communication, and expression; promote the integration of physical, emotional, cognitive, and social functioning; enhance self-awareness; and facilitate change.	Source: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 107. (2) Art Therapy Program, Marymount College, Tarrytown, NY (3) National Coalition of Arts
222Q0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Developmental Therapist		A Developmental Therapist is a person qualified by completion of an approved program in Developmental Therapy and where applicable credentialed by the state and practicing within the scope of the credential, or credentialed by completion of education experiences as approved by the state and practicing within the scope of that credential or, where state credentialing does not exist, certified by the Board of the Developmental Therapy Association. A developmental therapist evaluates children's global development in order to identify areas of developmental delay whether arising from physiological, neurological, or environmental factors, or a combination of factors; and designs, implements, and modifies therapeutic interventions for the child and the family to promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction in order to maximize functional independence and developmental homeostasis, and improve the quality of life at home and in the community; and provides consultation for the parents and other professionals working with the family on global development.	Source: The Illinois Developmental Therapists Association [1/1/2007: new]
222Z0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Orthotist		A health care professional who is specifically educated and trained to manage comprehensive orthotic patient care, including musculoskeletal and neuromuscular anomalies resulting from injuries or disease processes involving the lower extremity, upper extremity or spinal segment/s and positional deformation of the cranium. Orthotists assess specific patient needs, formulate an appropriate treatment plan, implement the treatment plan and provide follow-up care.	Source: American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. [7/1/2010: modified, 7/1/2013: modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
22490000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Mastectomy Fitter		An individual trained in the fitting and adjusting of breast prostheses and management of post-mastectomy prostheses services.	Source: National Uniform Claim Committee [7/1/2010: new] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
224L0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Pedorthist		An individual who is trained in the management and treatment of conditions of the foot, ankle, and lower extremities requiring fitting, fabricating, and adjusting of pedorthic devices.	Source: National Uniform Claim Committee [7/1/2010: new] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
224P0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Prosthetist		A health care professional who is specifically educated and trained to manage comprehensive prosthetic patient care for individuals who have sustained complete or partial limb loss or absence. Prosthetists assess specific patient needs, formulate an appropriate treatment plan, implement the treatment plan and provide follow-up care.	Source: American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. [7/1/2010: modified, 7/1/2013: modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.
224Y0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Clinical Exercise Physiologist		A Clinical Exercise Physiologist is a health care professional who is trained to work with patients with chronic disease where exercise training has been shown to be of therapeutic benefit, including but not limited to cardiovascular and pulmonary disease, and metabolic disorders.	Source: What is a Clinical Exercise Physiologist? Clinical Exercise Physiology Association (CEPA), CEPA Executive Board, 2008
224Z0000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant		An occupational therapy assistant is a person who has graduated from an occupational therapy assistant program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations, has successfully completed a period of supervised fieldwork experience required by the accredited occupational therapy assistant program, has passed a nationally recognized entry-level examination for occupational therapy assistants, and fulfills state requirements for licensure, certification, or registration. An occupational therapy assistant provides interventions under the supervision of an occupational therapist which emphasize the therapeutic use of everyday life activities (i.e., occupations) with individuals or groups for the purpose of facilitating participation in roles and situations and in home, school, workplace, community and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and are provided to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy assistants address the physical, cognitive, psychosocial, sensory, and other aspects of occupational performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: definition changed, source changed]

224ZE0001X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Environmental Modification	Occupational therapy assistants provide environmental modifications under the supervision of an occupational therapist. OTAs develop and implement an individualized occupational therapy environmental modification plan that reflects the relevant contexts of the client and relevant others and maximizes current and future occupational performance, safety, and participation of the client. Clients receive environmental modification recommendations and interventions that enable them to meet occupational performance and participation goals and that have adequate flexibility to accommodate for their future needs.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for an Environmental Modification Occupational Therapy Assistant if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. Fact Sheet: Home Modifications and OT, AOTA Website: Specialty Certifications
224ZF0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Feeding, Eating & Swallowing	Occupational therapy assistants provide environmental modifications under the supervision of an occupational therapist. OTAs develop and implement an individualized occupational therapy environmental modification plan that reflects the relevant contexts of the client and relevant others and maximizes current and future occupational performance, safety, and participation of the client. Clients receive environmental modification recommendations and interventions that enable them to meet occupational performance and participation goals and that have adequate flexibility to accommodate for their future needs.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Feeding, Eating & Swallowing Occupational Therapy Assistant if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Website: Specialty Certifications; AOTA Specialized Knowledge and Skills Paper: Feeding, Eating and Swallowing in Occupational Therapy Practice, 2007; AOTA Fact Sheets: OT: A Vital Role in Dysphagia Care
224ZL0004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapy Assistant	Low Vision	Occupational therapy assistants contribute to the completion of an individualized occupational therapy low-vision evaluation under the direction and supervision of the occupational therapist to identify factors that may facilitate, compensate for, or inhibit use of vision in occupational performance. Clients are engaged in the identification of strengths, limitations, and goals as they relate to low vision to optimize independence and participation in desired occupations. Occupational therapy assistants also contribute to the development and implementation of an individualized occupational therapy low-vision intervention plan in collaboration with the occupational therapist, client, and relevant others that reflects the client's priorities for occupational performance.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Low Vision Occupational Therapy Assistant if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Fact Sheets: Low Vision; OT Services for Individuals with Visual Impairments

225200000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Physical Therapy Assistant		(1)Physical therapist assistants are skilled health care providers who are graduates of a physical therapist assistant associate degree program accredited by an agency recognized by the Secretary of the U.S. Department of Education or Council on Postsecondary Accreditation, who assists the physical therapist in providing physical therapy. The supervising physical therapist is directly responsible for the actions of the physical therapist assistant. The PTA performs physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist. Duties of the PTA include assisting the physical therapist in implementing treatment programs, training patients in exercised and activities of daily living, conducting treatments, and reporting to the physical therapist on the patient's responses. In addition to direct patient care, the PTA may also perform such functions as patient transport, and clinic or equipment preparation and maintenance. Currently more than half of all states require PTAs to be licensed, registered or certified. (2) An individual who works under the supervision of a physical therapist to assist him or her in providing physical therapy services. A physical therapy assistant may, for instance, help patients follow an appropriate exercise program that will increase their strength, endurance, coordination, and range of motion and train patients to perform activities of daily life.	Source: (1) American Physical Therapy Association, P.O. Box 37257, Washington, D.C. 20013. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL: 1994, p. 612
225400000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Practitioner		A health care practitioner who trains or retrains individuals disabled by disease or injury to help them attain their maximum functional capacity.	
225500000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Specialist/Technologist		General classification identifying individuals who are trained on a specific piece of equipment or technical procedure.	
2255A2300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Specialist/Technologist	Athletic Trainer	Athletic trainers are allied health care professionals who work in consultation with or under the direction of physicians, and specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses. Currently, the entry-level employment requirements are a bachelor's degree with a major in athletic training from an accredited university or college. A majority of athletic trainers hold advanced degrees. National board certification is generally required as a condition of state licensure and employment. Most states regulate athletic trainers, and they practice within the scope of that license or regulation. Clinical practice includes emergency care, rehabilitation, reconditioning, therapeutic exercise, wellness programs, exercise physiology, kinesiology, biomechanics, nutrition, psychology and health care administration.	Source: National Athletic Trainers' Association (www.NATA.org) [1/1/2006: modified definition, modified source]
2255R0406X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Specialist/Technologist	Rehabilitation, Blind	Definition to come...	
225600000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Dance Therapist		The dance therapist, sometimes called a movement therapist, focuses on rhythmic body movements as a medium of physical and psychological change. Dance therapy is practiced more often with mental health patients than with physically disabled patients. A master's degree is required by the American Dance Therapy Association to award the credentials Dance Therapist Registered (DTR).	Source: Joel A. DeLisa and Bruce M. Gans, Rehabilitation Medicine: Principles and Practice Second Edition, J.B. Lippincott Company, Philadelphia: 1993, p. 11
225700000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Massage Therapist		An individual trained in the manipulation of tissues (as by rubbing, stroking, kneading, or tapping) with the hand or an instrument for remedial or hygienic purposes.	
225800000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Recreation Therapist		A recreation therapist uses recreational activities for intervention in some physical, social or emotional behavior to bring about a desired change in that behavior and promote the growth and development of the patient.	Source: Joel A. DeLisa and Bruce M. Gans, Rehabilitation Medicine: Principles and Practice Second Edition, J.B. Lippincott Company, Philadelphia: 1993, p. 7
225A00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Music Therapist		Music therapists use music interventions to assess clients' strengths and needs, develop goals, implement services, and evaluate and document progress for individuals of all ages. Music therapists facilitate changes in physical, cognitive, emotional, and/or psychosocial health.	Source: American Music Therapy Association
225B00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Pulmonary Function Technologist		An individual who is trained and qualified to perform pulmonary diagnostic tests. In the course of conducting these tests, the Pulmonary Function Technologist is able to setup, calibrate, maintain, and ensure the quality assurance of the pulmonary function testing equipment. In the laboratory, clinical or patient care setting the technologist instructs patients, elicits cooperation, performs procedures, monitors patient response, and evaluates patient performance. Tests results are calculated, compared with predicted normal ranges, and evaluated for reliability. The technologist collects clinical history data and evaluates the clinical implications of the test results.	
225C00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor		An individual trained and educated in a systematic process of assisting persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals assessment and appraisal, diagnosis and treatment planning, career (vocational) counseling, individual and group counseling interventions for adjustments to the medical and psychosocial impact of disability, case management, program evaluation and research, job analysis and placement counseling, and consultation on rehabilitation resources and technology. Certification generally requires a Master's degree with specialized courses in rehabilitation processes and technology.	Sources: Commission on Rehabilitation Counselor Certification and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
225CA2400X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor	Assistive Technology Practitioner	Definition to come...	
225CA2500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor	Assistive Technology Supplier	Definition to come...	
225CX0006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Rehabilitation Counselor	Orientation and Mobility Training Provider	Orientation and Mobility (O&M) specialists teach children and adults who have visual impairments the specific orientation skills used to find one's way in the environment and the mobility skills needed to travel safely and efficiently at home, school, work, and in the community. Instruction is usually provided one-on-one and can include skills such as how to use a long cane, the operation of low vision devices and electronic travel aids when appropriate, how to orient oneself to new environments, navigate public transportation systems, how to cross streets safely, and traveling by using hearing, remaining vision, and other senses. In addition, O&M Specialists help children to develop fundamental skills such as fine and gross motor skills, concept development and problem solving skills. Adult clients can also benefit from an O&M specialist evaluating their current use of travel-related skills, discussing their future goals, and helping them select a program of instruction that will allow them to reach their greatest travel potential.	Source: San Francisco State University Orientation and Mobility Program web site http://online.sfsu.edu/~mobility/ [7/1/2006: new]

225XH1200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Hand	Definition to come...	
225XH1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Human Factors	Definition to come...	
225XL0004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Low Vision	Occupational therapists enable children and adults with visual impairment to engage in their chosen daily living activities safely and as independently as possible. This is accomplished by 1) teaching the person to use their remaining vision as efficiently as possible to complete activities; (2) modifying activities so that they can be completed with less vision; (3) training the person in use of adaptive equipment to compensate for vision loss, including high and low technology assistive devices; and (4) modifying the person's environment.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Low Vision Occupational Therapist if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Fact Sheets: Low Vision; OT Services for Individuals with Visual Impairments
225XM0800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Mental Health	Occupational therapists provide treatment for people recovering from a mental or physical illness to regain their independence and stability and to engage in normal daily occupations (work, home, family life, school, leisure). Occupational therapists provide particular emphasis on interventions that result in improved quality of life and decrease hospitalization.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary board certification for a Mental Health Occupational Therapist if the applicant meets the following requirements: Professional degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 5 years of practice as an occupational therapist. Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years. Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Fact Sheets: Partial Hospitalization Programs and Consumer
225XN1300X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Neurorehabilitation	Definition to come...	
225XP0019X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Physical Rehabilitation	Occupational therapists are experts at helping people lead as independent a life as possible. Occupational therapists bring an understanding of the physical and psychological implications of illness and injury and their effects on peoples' ability to perform the tasks of daily living. Occupational therapists provide interventions that can aide a person in completing ADL and IADL tasks, such as dressing, bathing, preparing meals, and driving. They also may fabricate custom orthotics to improve function, evaluate the environment for safety hazards and recommend adaptations to remove those hazards, help a person compensate for cognitive changes, and build a persons' physical endurance and strength. Occupational therapists' knowledge of adapting tasks and modifying the environment to compensate for functional limitations is used to increase the involvement of clients and to promote safety and success.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary board certification for a Physical Rehabilitation Occupational Therapist if the applicant meets the following requirements: Professional degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 5 years of practice as an occupational therapist. Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years. Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Consumer Tip Sheets: Stroke, Hip

225XP0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Pediatrics	Occupational therapists provide services to infants, toddlers and children who have or who are at risk for developmental delays or disabilities. Occupational therapy is concerned with a child's ability to participate in daily life activities or "occupations." Occupational therapists use their unique expertise to help children with social-emotional, physical, cognitive, communication, and adaptive behavioral challenges and to help children to be prepared for and perform important learning and school-related activities and to fulfill their role as students. Through an understanding of the impact of disability, illness, and impairment on a child's development, plan, ability to learn new skills, and overall occupational performance, occupational therapists design interventions that promote healthy development, establish needed skills, and/or modify environments, all in support of participation in daily activities.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: new] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary board certification for a Pediatric Occupational Therapist if the applicant meets the following requirements: Professional degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 5 years of practice as an occupational therapist. Minimum of 5,000 hours of experience as an occupational therapist in the certification area in the last 7 calendar years. Minimum of 500 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 5 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Specialized Knowledge and Skills Paper: Occupational Therapy Practice in the Neonatal Intensive Care Unity (2006); AOTA Fact Sheets: Children and the Tsunami, OT for Children Birth to 3 Years of Age, OT's Role with Autism, OT in Educational Settings Under the Individuals with Disabilities Education Act, Transforming Caseload to Workload in School Based and Early Intervention OT Services, OT in Preschool Settings.
225XR0403X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Occupational Therapist	Driving and Community Mobility	Occupational therapists can optimize and prolong an older driver's ability to drive safely and ease the transition to other forms of transportation if driving cessation becomes necessary. By identifying strengths as well as physical or cognitive challenges, occupational therapists can evaluate an individual's overall ability to operate a vehicle safely and recommend assistive devices or behavioral changes to limit risks. Occupational therapy practitioners offer a continuum of services related to community mobility, from evaluation of driving performance, through counseling and support for lifestyle changes, to maintaining independence and quality of life.	Source: The Guide to Occupational Therapy Practice, 2nd edition. Bethesda: American Occupational Therapy Association, 2007. [7/1/2008: title changed, definition added, source added] Additional Resources: The American Occupational Therapy Association (AOTA) does offer voluntary specialty certification for a Driving & Community Mobility Occupational Therapist if the applicant meets the following requirements: Professional or technical degree or equivalent in occupational therapy. Certified or licensed by and in good standing with an AOTA recognized credentialing or regulatory body. Minimum of 2,000 hours of experience as an occupational therapist or occupational therapy assistant. 600 hours of experience delivering occupational therapy services in the certification area to clients (individuals, groups, or populations) in the last 3 calendar years. Service delivery may be paid or voluntary. Verification of employment. AOTA Fact Sheets: Older Driver
226000000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Recreational Therapist Assistant		Recreational Therapist Assistants work in support of or assistant to Recreational Therapists treating patients with disabilities, injuries, and illnesses. Recreational Therapist Assistants work in a variety of settings providing treatments using recreational activities, including games, sports, and crafts.	Source: National Uniform Claim Committee, 2015 [1/1/2016: new]
226300000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Kinesiotherapist		A provider trained and educated in the applied science of medically prescribed therapeutic exercise, education and adapted physical activities designed to improve the quality of line and health of adults and children by developing physical fitness, increasing mobility and independence, and improving psychosocial behavior. The kinesiotherapist seeks a coach-player relationship in which he/she helps the patient/client reach the goal of becoming an independent, self-sustaining person. Kinesiotherapists, as compared with physical therapists, put more emphasis on geriatric care, reconditioning and fitness, and psychiatric care. A large percentage of kinesiotherapists practice in Veterans Administration hospitals.	Source: The Kinesiotherapy Association.
227800000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified		A Certified Respiratory Therapist (CRT) is an entry level therapist who has passed a standardized written examination administered by the National Board for Respiratory Care (NBRC). CRTs provide diagnostic testing, therapeutics, monitoring, rehabilitation, and education to patients with disorders of the cardiopulmonary system. They provide these respiratory care services in all health care facilities and in the home. A CRT is a graduate of an associate degree program approved by the Commission on Accreditation of Allied Health Educational Programs (CAAHEP) and where applicable, is licensed by the state and is practicing within the scope of the license.	
2278C0205X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Critical Care	Respiratory emergencies are commonplace in the treatment of critical care patients. Included in the assessment measurements conducted by the respiratory therapist in the critical care settings are arterial blood gas puncture and analysis, intrarterial monitoring, bedside measurements of lung mechanics, hemodynamic monitoring, and inspired and expired gas measurements. This is coupled with the initiation and management of mechanical ventilation patients.	
2278E0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Emergency Care	The immediate availability of diagnostic and therapeutic cardiopulmonary services in the assessment and management of trauma victims, patients requiring airway management and others requiring emergency care.	
2278E1000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Educational	The focus of patient and family education activities is to promote knowledge of disease process, medical therapy, and self help. Respiratory therapists are uniquely qualified to provide this service in regard to cardiopulmonary diseases and injury.	
2278G0305X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Geriatric Care	Care of older patients who have age and/or disease related decremental pulmonary changes. Diagnosis and treatment is very important for this group since chronic lung disease is the major cause of morbidity and mortality among them. Furthermore, as this segment of the population increases, life expectancy is being extended.	

2278G1100X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	General Care	This level of care includes diagnostics testing, therapeutics, monitoring, rehabilitation of patients with disorders of the cardiopulmonary system, as well as, education of the patient and family in regard to those disorders.
2278H0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Home Health	Home care fosters individual responsibility for self-management of chronic respiratory conditions. It includes individualized assessment based plans of care service developed to promote safe, proper, and sustained use of prescribed respiratory therapy medications, equipment, and techniques in the home.
2278P1004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Pulmonary Diagnostics	Included in the area of pulmonary diagnostics are the following: collection and analysis of physiological specimens, interpretation of physiological data, administration of tests of the cardiopulmonary system, and the conduct of both neurophysiological and sleep disorders studies.
2278P1005X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Pulmonary Rehabilitation	The respiratory therapist can assist the chronic pulmonary patient in returning to an optimal role in society by providing an effective program. It includes bronchopulmonary drainage, exercise therapy, and patient education.
2278P1006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Pulmonary Function Technologist	An individual who is trained and qualified to perform pulmonary diagnostic tests. In the course of conducting these tests, the Pulmonary Function Technologist is able to setup, calibrate, maintain, and ensure the quality assurance of the pulmonary function testing equipment. In the laboratory, clinical or patient care setting the technologist instructs patients, elicits cooperation, performs procedures, monitors patient response, and evaluates patient performance. Tests results are calculated, compared with predicted normal ranges, and evaluated for reliability. The technologist collects clinical history data and evaluates the clinical implications of the test results.
2278P3800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Palliative/Hospice	A coordinated plan of care to help dying patients and their families handle the burden of terminal care. Effective secretion management and relief of dyspnea are paramount in caring for patients with end-stage pulmonary disease.
2278P3900X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Neonatal/Pediatrics	The care and treatment of premature infants, newborns and children. This includes management of mechanical ventilation, assessment, diagnostics and generalized respiratory treatments.
2278P4000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	Patient Transport	Transport respiratory therapist provide patient assessment, initiation of treatment modalities and continued monitoring of patient status of the critically ill and injured patients with special attention to advanced airway and ventilator management. The transport respiratory therapist knowledge and experience with complex neonatal, pediatric and adult patient care issues provides them with an expertise to assist with any patient care issue in a variety of transport modes.
2278S1500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Certified	SNF/Subacute Care	Care of residents in a long-term care environment. Respiratory modalities delivered include those similar in the general care and critical care areas but provided to less critical patients.
227900000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered		A Registered Respiratory Therapist (RRT) is an advanced therapist who has passed standardized written and clinical simulation examinations administered by the National Board for Respiratory Care (NBRC). In addition, to the certified therapist (CRT) entry level skills, RRTs have advanced education and training in patient assessment, in the development and modification of patient care plans, and in assuring the appropriate utilization of respiratory care resources. An RRT is a graduate of an associate or baccalaureate degree producing educational programs approved by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and where applicable, is licensed by the state and is practicing within the scope of that license.
2279C0205X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Critical Care	Respiratory emergencies are commonplace in the treatment of critical care patients. Included in the assessment measurements conducted by the respiratory therapist in the critical care settings are arterial blood gas puncture and analysis, intrarterial monitoring, bedside measurements of lung mechanics, hemodynamic monitoring, and inspired and expired gas measurements. This is coupled with the initiation and management of mechanical ventilation patients.
2279E0002X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Emergency Care	The immediate availability of diagnostic and therapeutic cardiopulmonary services in the assessment and management of trauma victims, patients requiring airway management and others requiring emergency care.
2279E1000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Educational	The focus of patient and family education activities is to promote knowledge of disease process, medical therapy, and self help. Respiratory therapists are uniquely qualified to provide this service in regard to cardiopulmonary diseases and injury.
2279G0305X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Geriatric Care	Care of older patients who have age and/or disease related decremental pulmonary changes. Diagnosis and treatment is very important for this group since chronic lung disease is the major cause of morbidity and mortality among them. Furthermore, as this segment of the population increases, life expectancy is being extended.
2279G1100X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	General Care	This level of care includes diagnostics testing, therapeutics, monitoring, rehabilitation of patients with disorders of the cardiopulmonary system, as well as, education of the patient and family in regard to those disorders.
2279H0200X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Home Health	Home care fosters individual responsibility for self-management of chronic respiratory conditions. It includes individualized assessment based plans of care service developed to promote safe, proper, and sustained use of prescribed respiratory therapy medications, equipment, and techniques in the home.
2279P1004X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Pulmonary Diagnostics	Included in the area of pulmonary diagnostics are the following: collection and analysis of physiological specimens, interpretation of physiological data, administration of tests of the cardiopulmonary system, and the conduct of both neurophysiological and sleep disorders studies.
2279P1005X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Pulmonary Rehabilitation	The respiratory therapist can assist the chronic pulmonary patient in returning to an optimal role in society by providing an effective program. It includes bronchopulmonary drainage, exercise therapy, and patient education.
2279P1006X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Pulmonary Function Technologist	An individual who is trained and qualified to perform pulmonary diagnostic tests. In the course of conducting these tests, the Pulmonary Function Technologist is able to setup, calibrate, maintain, and ensure the quality assurance of the pulmonary function testing equipment. In the laboratory, clinical or patient care setting the technologist instructs patients, elicits cooperation, performs procedures, monitors patient response, and evaluates patient performance. Tests results are calculated, compared with predicted normal ranges, and evaluated for reliability. The technologist collects clinical history data and evaluates the clinical implications of the test results.
2279P3800X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Palliative/Hospice	A coordinated plan of care to help dying patients and their families handle the burden of terminal care. Effective secretion management and relief of dyspnea are paramount in caring for patients with end-stage pulmonary disease.
2279P3900X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Neonatal/Pediatrics	The care and treatment of premature infants, newborns and children. This includes management of mechanical ventilation, assessment, diagnostics and generalized respiratory treatments.

2279P4000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	Patient Transport	Transport respiratory therapist provide patient assessment, initiation of treatment modalities and continued monitoring of patient status of the critically ill and injured patients with special attention to advanced airway and ventilator management. The transport respiratory therapist knowledge and experience with complex neonatal, pediatric and adult patient care issues provides them with an expertise to assist with any patient care issue in a variety of transport modes.	
2279S1500X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Respiratory Therapist, Registered	SNF/Subacute Care	Care of residents in a long-term care environment. Respiratory modalities delivered include those similar in the general care and critical care areas but provided to less critical patients.	
229N00000X	Respiratory, Developmental, Rehabilitative and Restorative Service Providers	Anaplastologist		An anaplastologist is a professional who creates prostheses for the face and body. Patients treated include those missing anatomy due to cancer, traumatic injury, or birth differences. Generally, there are no state licensing requirements for anaplastologists. Certification specific to anaplastology is provided through the Board for Certified Clinical Anaplastology (BCCA) with a credential title of Certified Clinical Anaplastologist (CCA).	Source: American Anaplastology Association, www.anaplastology.org . [7/1/2006: new]
231H00000X	Speech, Language and Hearing Service Providers	Audiologist		(1) A specialist in evaluation, habilitation and rehabilitation of those whose communication disorders center in whole or in part in hearing function. Audiologists are autonomous professionals who identify, assess, and manage disorders of the auditory, balance and other neural systems. Audiologists provide audiological (aural) rehabilitation to children and adults across the entire age span. Audiologists select, fit and dispense amplification systems such as hearing aids and related devices. (2) An audiologist is a person qualified by a master's degree in audiology, licensed by the state, where applicable, and practicing within the scope of that license. Audiologists evaluate and treat patients with impaired hearing. They plan, direct and conduct rehabilitative programs with audioty substitutional devices (hearing aids) and other therapy.	Source: (1) American Speech-Language-Hearing Association, (1996, Spring) Scope of practice in Audiology, p. 2
231HA2400X	Speech, Language and Hearing Service Providers	Audiologist	Assistive Technology Practitioner	Definition to come...	
231HA2500X	Speech, Language and Hearing Service Providers	Audiologist	Assistive Technology Supplier	Definition to come...	
235500000X	Speech, Language and Hearing Service Providers	Specialist/Technologist		General classification identifying individuals who are trained on a specific piece of equipment or technical procedure.	
2355A2700X	Speech, Language and Hearing Service Providers	Specialist/Technologist	Audiology Assistant	Definition to come...	
2355S0801X	Speech, Language and Hearing Service Providers	Specialist/Technologist	Speech-Language Assistant	Definition to come...	
235Z00000X	Speech, Language and Hearing Service Providers	Speech-Language Pathologist		The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Speech-language pathologists address typical and atypical impairments and disorders related to communication and swallowing in the areas of speech sound production, resonance, voice, fluency, language (comprehension and expression), cognition, and feeding and swallowing.	"Scope of Practice in Speech-Language Pathology", American Speech-Language-Hearing Association, 2013.
237600000X	Speech, Language and Hearing Service Providers	Audiologist-Hearing Aid Fitter		An audiologist/hearing aid fitter is the professional who specializes in evaluating and treating people with hearing loss, conducts a wide variety of tests to determine the exact nature of an individual's hearing problem, presents a variety of treatment options to patients, dispenses and fits hearing aids, administers tests of balance to evaluate dizziness and provides hearing rehabilitation training. This classification should be used where individuals are licensed as "audiologist-hearing aid fitters" as opposed to states that license individuals as "audiologists".	Source: American Academy of Audiology, 1735 N. Lynn St, Suite 950, Arlington VA 22209, (800)AAA-2336
237700000X	Speech, Language and Hearing Service Providers	Hearing Instrument Specialist		Individuals who test hearing for the selection, adaptation, fitting, adjusting, servicing, and sale of hearing aids. Hearing Instrument Specialist is a designation provided individuals who qualify by the National Hearing Aid Society	
242T00000X	Technologists, Technicians & Other Technical Service Providers	Perfusionist		A perfusionist operates extracorporeal circulation and autotransfusion equipment during any medical situation where it is necessary to support or temporarily replace the patient's circulatory or respiratory function. The perfusionist is knowledgeable concerning the variety of equipment available to perform extracorporeal circulation functions and is responsible, in consultation with the physician, for selecting the appropriate equipment and techniques to be used.	Source: Health Professions Career and Education Directory, American Medical Association [1/1/2007: new]
243U00000X	Technologists, Technicians & Other Technical Service Providers	Radiology Practitioner Assistant		A Radiology Practitioner Assistant (RPA) is a health professional certified as a registered radiographer with the American Registry of Radiologic Technologists (ARRT) and, in addition, is credentialed to provide primary radiology health care with radiologist supervision. Radiology Practitioner Assistants are qualified by graduation from an educational program recognized by the Board of Directors of the Certification Board for Radiology Practitioner Assistants (CBRPA) and certified by the CBRPA. Within the Radiologist/RPA relationship, Radiology Practitioner Assistants exercise autonomy in decision making in the role of a primary caregiver with regard to patient assessment, patient management and in providing a broad range of radiology diagnostic and interventional services. The clinical role of the Radiology Practitioner Assistant includes primary and specialty care in radiology practice settings in rural and urban areas.	Source: Certification Board of Radiology Practitioner Assistants [7/1/2008: new] Additional Resources: www.cbrpa.org
246Q00000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology		(1) An individual educated and trained in clinical chemistry, microbiology or other biological sciences; and in gathering data on the blood, tissues, and fluids in the human body. Tests and procedures performed or supervised center on major areas of hematology, microbiology, immunohematology, immunology, clinical chemistry and urinalysis. Education and certification requires the equivalent of an associate degree and alternative combinations of accredited training and experience. (2) A specially trained individual who works under the direction of a pathologist, other physician, or scientist, and performs specialized chemical, microscopic, and bacteriological tests of human blood, tissue, and fluids. Also known as medical technologists, they perform and supervise tests and procedures in clinical chemistry, immunology, serology, bacteriology, hematology, parasitology, mycology, urinalysis, and blood banking. The work requires the correlation of test results with other data, interpretation of test findings, and exercise of independent judgment. The minimum educational requirement (for one of several certification programs in medical technology) is a baccalaureate degree with appropriate science course requirements, plus a twelve-month, structured, AMA approved medical technology program and an examination; or a baccalaureate degree with appropriate science course requirements and experience.	
246QB00000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Blood Banking	Definition to come...	
246QC1000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Chemistry	Definition to come...	

246QC2700X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Cytotechnology	Definition to come...	
246QH0000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Hematology	Definition to come...	
246QH0401X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Hemapheresis Practitioner	Definition to come...	
246QH0600X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Histology	Definition to come...	
246QI0000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Immunology	Definition to come...	
246QL0900X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Laboratory Management	Definition to come...	
246QL0901X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Laboratory Management, Diplomate	Definition to come...	
246QM0706X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Medical Technologist	Definition to come...	
246QM0900X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Pathology	Microbiology	Definition to come...	
246R00000X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology		An individual with knowledge of specific techniques and instruments who performs all of the routine tests in a medical laboratory and who has the ability to discriminate between similar factors that directly affect procedures and results.	
246RH0600X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology	Histology	Definition to come...	
246RM2200X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology	Medical Laboratory	Definition to come...	
246RP1900X	Technologists, Technicians & Other Technical Service Providers	Technician, Pathology	Phlebotomy	Definition to come...	
246W00000X	Technologists, Technicians & Other Technical Service Providers	Technician, Cardiology		An individual who has knowledge of specific techniques, instruments, and equipment required in performing specific cardiovascular/peripheral vascular diagnostic procedures.	
246X00000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular		An allied health professional who performs diagnostic examinations at the request or direction of a physician in one or more of the following three areas: invasive cardiology, noninvasive cardiology, and noninvasive peripheral vascular study. Cardiovascular technologists are one type of allied health professional for which the Committee on Allied Health Education and Accreditation has accredited education programs	Source: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 159.
246XC2901X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular	Cardiovascular Invasive Specialist	Definition to come...	
246XC2903X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular	Vascular Specialist	Definition to come...	
246XS1301X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Cardiovascular	Sonography	Definition to come...	
246Y00000X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info		An individual with a high school diploma, on-the-job experience and coding education from seminars or college classes who passes a national certification examination in either inpatient and outpatient facility services coding, or physician services coding.	Source: American Health Information Management Association, Chicago, IL, 1996.
246YC3301X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info	Coding Specialist, Hospital Based	Definition to come...	
246YC3302X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info	Coding Specialist, Physician Office Based	Definition to come...	
246YR1600X	Technologists, Technicians & Other Technical Service Providers	Spec/Tech, Health Info	Registered Record Administrator	Definition to come...	
246Z00000X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other		General classification identifying individuals trained on specific equipment and technical procedures in one of a collection of miscellaneous healthcare disciplines.	
246ZA2600X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Art, Medical	Definition to come...	
246ZB0301X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biomedical Engineering	Definition to come...	
246ZB0302X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biomedical Photographer	Definition to come...	

246ZB0500X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biochemist	Definition to come...	
246ZB0600X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Biostatistician	Definition to come...	
246ZC0007X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Surgical Assistant	A surgical assistant is a skilled practitioner who has undergone formalized education and training as a surgical assistant. The surgical assistant performs surgical functions that include, but are not limited to: retracting, manipulating, suturing, clamping, cauterizing, ligating, and tying tissue; suctioning, irrigating and sponging; positioning the patient; closure of body planes and skin; and participating in hemostasis and volume replacement. Surgical assistants are certified and registered or licensed by the state, or, in states without licensure, certified as surgical assistants by completing appropriate education and training.	Source: Association of Surgical Assistants, 2014. [7/1/2014: title modified, definition modified] http://www.surgicalassistant.org/index.php/surgical-assisting Additional Resources: National Surgical Assistant Association, www.nsa.net .
246ZE0500X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	EEG	Definition to come...	
246ZE0600X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Electroneurodiagnostic	Definition to come...	
246ZG0701X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Graphics Methods	Definition to come...	
246ZG1000X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Geneticist, Medical (PhD)	Definition to come...	
246ZH1000X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Illustration, Medical	Definition to come...	
246ZN0300X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Nephrology	Definition to come...	
246ZS0410X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Surgical Technologist	Surgical technologists are allied health professionals, who are an integral part of the team of medical practitioners providing surgical care to patients. Surgical technologists work under the supervision of a surgeon to facilitate the safe and effective conduct of invasive surgical procedures, ensuring that the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. Surgical technologists possess expertise in the theory and application of sterile and aseptic technique and combine the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.	Source: Association of Surgical Technologists, "Job Description: Surgical Technologist," 2014. [7/1/2014: code modified, title modified, definition added]
246ZX2200X	Technologists, Technicians & Other Technical Service Providers	Specialist/Technologist, Other	Orthopedic Assistant	An Orthopaedic Assistant is a person who has been trained to work as a physician extender in both clinical and surgical environments. An Orthopaedic Assistant assists with aspects of patient care as determined by the supervising surgeon including, but not limited to, obtaining patient history, assisting with examinations, injections, recording of office notes, and application/adjustment/removal of splints, casts, and other immobilization devices. Acting as a surgical first assistant for orthopaedic surgery cases includes providing aid in exposure, hemostasis, positioning of the patient, suturing and closure of body planes and skin, application of wound dressings or immobilization devices, and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient. An Orthopaedic Assistant may be licensed, registered, or certified depending on the state in which the individual practices.	Source: American Society of Orthopaedic Assistants (ASOA), 2014 [7/1/2014: new] Additional Resources: National Board for Certification of Orthopaedic Assistants
247000000X	Technologists, Technicians & Other Technical Service Providers	Technician, Health Information		Preferred term for an Accredited Record Technician who is an individual with an associate's degree from an accredited college or independent study program who is skilled in analyzing health information and in examination of medical records for accuracy, reporting of patient data for reimbursement, and creation of disease registries for researchers.	Source: American Health Information Management Association, Chicago, IL, 1996.
2470A2800X	Technologists, Technicians & Other Technical Service Providers	Technician, Health Information	Assistant Record Technician	Definition to come...	
247100000X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist		An individual who is trained and qualified in the art and science of both ionizing and non-ionizing radiation for the purposes of diagnostic medical imaging, interventional procedures and therapeutic treatment.	
2471B0102X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Bone Densitometry	Definition to come.	
2471C1101X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Cardiovascular-Interventional Technology	Definition to come...	
2471C1106X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Cardiac-Interventional Technology	Definition to come.	
2471C3401X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Computed Tomography	Definition to come...	
2471C3402X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Radiography	Definition to come...	
2471M1202X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Magnetic Resonance Imaging	Definition to come...	
2471M2300X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Mammography	Definition to come...	
2471N0900X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Nuclear Medicine Technology	Definition to come.	

2471Q0001X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Quality Management	Definition to come...	
2471R0002X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Radiation Therapy	Definition to come...	
2471S1302X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Sonography	Definition to come...	
2471V0105X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Vascular Sonography	Definition to come.	
2471V0106X	Technologists, Technicians & Other Technical Service Providers	Radiologic Technologist	Vascular-Interventional Technology	Definition to come.	
247200000X	Technologists, Technicians & Other Technical Service Providers	Technician, Other		A collective term for persons with specialized training in various narrow fields of expertise whose occupations require training and skills in specific technical processes and procedures; and where further classification is deemed unnecessary by the user.	Sources: Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1986; Dorland's Illustrated Medical Dictionary, 26th Edition. Philadelphia: W.B. Saunders Company, 1981; and Webster's II New Riverside University Dictionary. Boston: Riverside Publishing Company, 1984.
2472B0301X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Biomedical Engineering	Definition to come...	
2472D0500X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Darkroom	Definition to come...	
2472E0500X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	EEG	Definition to come...	
2472R0900X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Renal Dialysis	Definition to come...	
2472V0600X	Technologists, Technicians & Other Technical Service Providers	Technician, Other	Veterinary	Definition to come...	
247ZC0005X	Technologists, Technicians & Other Technical Service Providers	Pathology	Clinical Laboratory Director, Non-physician	An individual who is state-licensed as a clinical laboratory director and meets the qualifications in the Clinical Laboratory Improvement Amendments of 1988 for non-physicians (non-MD/DO) as defined in the CFR 42 Part 493.1405.	Source: National Uniform Claim Committee [1/1/2007: new]
251300000X	Agencies	Local Education Agency (LEA)		The term local education agency means a public board of education or other public authority legally constituted within a State to either provide administrative control or direction of, or perform a service function for public schools serving individuals ages 0 – 21 in a state, city, county, township, school district, or other political subdivision including a combination of school districts or counties recognized in a State as an administrative agency for its public schools. An LEA may provide, or employ professional who provide, services to children included in the Individuals with Disabilities Education Act (IDEA), such services may include, but are not limited to, such medical services as physical, occupational, and speech therapy.	Source: Portions of IDEA Regulations Part B (34 CFR Part 300.18, Assistance to States for the Education of Children with Disabilities) [1/1/2006: new]
251B00000X	Agencies	Case Management		An organization that is responsible for providing case management services. The agency provides services which assist an individual in gaining access to needed medical, social, educational, and/or other services. Case management services may be used to locate, coordinate, and monitor necessary appropriate services. It may be used to encourage the use of cost-effective medical care by referrals to appropriate providers and to discourage over utilization of costly services. Case management may also serve to provide necessary coordination of non-medical services such as vocational rehabilitation, education, employment, when the services provided enable the individual to function at the highest level.	Source: CMS State Medicaid Manual Section 4442.3 [7/1/2006: definition modified]
251C00000X	Agencies	Day Training, Developmentally Disabled Services		These agencies are authorized to provide day habilitation services to developmentally disabled individuals who live in their homes. The function of day habilitation is to assist an individual to acquire and maintain those life skills that enable the individual to cope more effectively with the demands of independent living. Also to raise the level of the individual's physical, mental, social, and vocational functioning.	
251E00000X	Agencies	Home Health		A public agency or private organization, or a subdivision of such an agency or organization, that is primarily engaged in providing skilled nursing services and other therapeutic services, such as physical therapy, speech-language pathology services, or occupational therapy, medical social services, and home health aide services. It has policies established by a professional group associated with the agency or organization (including at least one physician and one registered nurse) to govern the services and provides for supervision of such services by a physician or a registered nurse; maintains clinical records on all patients; is licensed in accordance with State or local law or is approved by the State or local licensing agency as meeting the licensing standards, where applicable; and meets other conditions found by the Secretary of Health and Human Services to be necessary for health and safety.	Source: CFR42 Chapter IV Part 484, http://www.access.gpo.gov/nara/cfr/waisidx_99/42cfr484_99.html [7/1/2007: definition added, source added]
251F00000X	Agencies	Home Infusion		Definition to come...	
251G00000X	Agencies	Hospice Care, Community Based		Definition to come...	
251J00000X	Agencies	Nursing Care		A Nursing Care Agency is an entity that provides skilled nursing care through the services of a Registered Nurse (RN) or a Licensed Practical Nurse (LPN), by employees, contracted individuals, or via a registry, in a variety of settings. The agency may engage in providing private duty nursing and/or staffing services.	Source: National Uniform Claim Committee, 2008 [7/1/2008: modified definition]
251K00000X	Agencies	Public Health or Welfare		Definition to come...	
251S00000X	Agencies	Community/Behavioral Health		A private or public agency usually under local government jurisdiction, responsible for assuring the delivery of community based mental health, mental retardation, substance abuse and/or behavioral health services to individuals with those disabilities. Services may range from companion care, respite, transportation, community integration, crisis intervention and stabilization, supported employment, day support, prevocational services, residential support, therapeutic and supportive consultation, environmental modifications, intensive in-home therapy and day treatment, in addition to traditional mental health and behavioral treatment.	Source: National Medicaid EDI HIPAA NPI Sub Work Group [1/1/2007: modified definition]

251T00000X	Agencies	PACE Provider Organization		A PACE provider organization is a not-for-profit private or public entity that is primarily engaged in providing PACE services(unique capitated managed care benefits for the frail elderly which include comprehensive medical and social services). The following characteristics also apply to a PACE organization. It must: have a governing board that includes community representation; be able to provide complete PACE services regardless of frequency or duration of services; have a physical site to provide adult day services; have a defined service area; have safeguards against conflict of interest; have demonstrated fiscal soundness and have a formal Participant Bill of Rights.	Source: Centers for Medicare and Medicaid, PACE Fact Sheet http://www.cms.hhs.gov/PACE/Downloads/PACEFactSheet.pdf [7/1/2006: new]
251V00000X	Agencies	Voluntary or Charitable		Definition to come...	
251X00000X	Agencies	Supports Brokerage		A provider of service/function that assists participating individuals to make informed decisions about what will work best for them is consistent with their needs and reflects their individual circumstances. Serving as the agent of the individual, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services and may include assistance with recruiting, screening, hiring, and training in-home support providers. A family or person-centered planning approach is used. Supports Brokerage offers practical skills training to enable families and individuals to remain independent. Examples of skills training include providing information on recruiting and hiring personal care workers, managing personal care workers and providing information on effective communication and problem solving. The service/function provides sufficient information to assure that individuals understand the responsibilities involved with self-direction and assist in the development of an effective back-up and emergency plan. Plans may elect to fulfill the requirement of this service/function using a self-directed case manager or creating a distinct service. The Supports Brokerage documents the need for assistive services, planning for and documenting the use of excess funds and locating and maintaining services.	Source: CMS Independence Plus Waiver template. [7/1/2006: new]
252Y00000X	Agencies	Early Intervention Provider Agency		Early intervention services are an effective way to address the needs of infants and toddlers who have developmental delays or disabilities. The services are made available through a federal law known as the Individuals with Disabilities Education Act (IDEA). IDEA provides states and territories with specific requirements for providing early intervention services to infants and toddlers with special needs. In turn, each state and territory develops its own policies for carrying out IDEA and its requirements. Broadly speaking, early intervention services are special services for eligible infants and toddlers and their families. These services are designed to identify and meet children's needs in five developmental areas. These areas are: physical development, cognitive development, communication, social or emotional development, and adaptive development.	Source: National Dissemination Center for Children with Disabilities [7/1/2007: new] http://www.nichcy.org/pubs/parent/pa2txt.htm
253J00000X	Agencies	Foster Care Agency		A Foster Care Agency is an agency that provides foster care as defined in the Code of Federal Regulations (CFR) as "24-hour substitute care for children outside their own homes." Foster care settings include, but are not limited to, nonrelative foster family homes, relative foster homes (whether payments are being made or not), group homes, emergency shelters, residential facilities, and pre-adoptive homes.	Source: Code Of Federal Regulations, Title 45, Volume 4, Part 1355, Section 57 [1/1/2008: new]
253Z00000X	Agencies	In Home Supportive Care		An In Home Supportive Care Agency provides services in the patient's home with the goal of enabling the patient to remain at home. The services provided may include personal care services such as hands-on assistance with activities of daily living (ADLs), e.g., eating, bathing, dressing, and bladder and bowel requirements; homemaker services and instrumental activities of daily living (IADLs), e.g., taking medications, shopping for groceries, laundry, housekeeping, and companionship; and/or supervision or cuing so that a person can perform tasks themselves.	Source: National Uniform Claim Committee, 2008 [7/1/2008: new]
261Q00000X	Ambulatory Health Care Facilities	Clinic/Center		A facility or distinct part of one used for the diagnosis and treatment of outpatients. "Clinic/Center" is irregularly defined, sometimes being limited to organizations serving specialized treatment requirements or distinct patient/client groups (e.g., radiology, poor, and public health).	
261QA0005X	Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Family Planning Facility	An abortion/family planning facility where services are provided at a fixed specific location. An Ambulatory Family Planning Facility does not provide overnight accommodations. The following procedures may be performed at an Ambulatory Family Planning Facility: abortions, laparoscopy, hysterectomies, tubule ligation and other related procedures. Abortion is considered voluntary termination of pregnancy.	
261QA0006X	Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Fertility Facility	A fertility facility, which may be licensed, registered, or certified in some states, that is not hospital-based, where services are provided at a fixed specific location. An Ambulatory Fertility Facility does not provide overnight accommodations. The following fertility procedures may be performed at an Ambulatory Fertility Facility: In Vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Embryo Transfer-Thaw (ET-T), Zygote Intrafallopian Transfer (ZIFT), Donor OOCYTE (DO)	
261QA0600X	Ambulatory Health Care Facilities	Clinic/Center	Adult Day Care	Definition to come...	
261QA0900X	Ambulatory Health Care Facilities	Clinic/Center	Amputee	An entity, facility, or distinct part of a facility providing counseling, fitting, custom design, prescriptive, and training services related to congenital or postoperative absence of all or part of a limb or limbs.	[7/1/2003: new]
261QA1903X	Ambulatory Health Care Facilities	Clinic/Center	Ambulatory Surgical	Definition to come...	
261QA3000X	Ambulatory Health Care Facilities	Clinic/Center	Augmentative Communication	An entity, facility, or distinct part of a facility staffed by audiology and/or speech professionals with special training in the evaluation of a patient's potential for use of an augmentative communication device, determination of the most appropriate device, adjustment and maintenance of the device, and training the patient to use the device.	[7/1/2003: new]
261QB0400X	Ambulatory Health Care Facilities	Clinic/Center	Birthing	A freestanding birth center is a health facility other than a hospital where childbirth is planned to occur away from the pregnant woman's residence, and that provides prenatal, labor and delivery, and postpartum care, as well as other ambulatory services for women and newborns.	Source: Summarized from Social Security Act [42 U.S.C. §1396d(1)(3)(B)] [1/1/2013: added definition]
261QC0050X	Ambulatory Health Care Facilities	Clinic/Center	Critical Access Hospital	An outpatient entity, facility, or distinct part of a facility within or affiliated with a Critical Access Hospital that provides access to primary care services for individuals in a small rural community and is Medicare certified.	[7/1/2003: new]
261QC1500X	Ambulatory Health Care Facilities	Clinic/Center	Community Health	Definition to come...	
261QC1800X	Ambulatory Health Care Facilities	Clinic/Center	Corporate Health	Definition to come...	
261QD0000X	Ambulatory Health Care Facilities	Clinic/Center	Dental	Definition to come...	
261QD1600X	Ambulatory Health Care Facilities	Clinic/Center	Developmental Disabilities	An entity, facility, or distinct part of a facility providing comprehensive, multidiscipline diagnostic, treatment, therapy, training, and counseling services to children with congenital disorders that precipitate developmental delays and in many instances mental deficiencies (e.g., Cerebral Palsy, metabolic disorders, Sturge-Weber Syndrome, etc.).	[7/1/2003: new]
261QE0002X	Ambulatory Health Care Facilities	Clinic/Center	Emergency Care	Definition to come...	

261QE0700X	Ambulatory Health Care Facilities	Clinic/Center	End-Stage Renal Disease (ESRD) Treatment	Definition to come...	
261QE0800X	Ambulatory Health Care Facilities	Clinic/Center	Endoscopy	Definition to come...	
261QF0050X	Ambulatory Health Care Facilities	Clinic/Center	Family Planning, Non-Surgical	An entity, facility, or distinct part of a facility, or mobile unit providing non-surgical, family planning/reproductive services including physical examination, laboratory services such as PAP or pregnancy tests; pregnancy, pregnancy prevention/contraceptive, and nutritional counseling, and contraceptives or prescriptions for contraceptives.	[7/1/2003: new]
261QF0400X	Ambulatory Health Care Facilities	Clinic/Center	Federally Qualified Health Center (FOHC)	Definition to come...	
261QG0250X	Ambulatory Health Care Facilities	Clinic/Center	Genetics	An entity, facility, or distinct part of a facility providing analysis of family history, genetic laboratory testing and analysis, diagnosis of genetic trait, prognosis and options. Laboratory studies may be outsourced.	[7/1/2003: new]
261QH0100X	Ambulatory Health Care Facilities	Clinic/Center	Health Service	Definition to come...	[7/1/2006: modified title]
261QH0700X	Ambulatory Health Care Facilities	Clinic/Center	Hearing and Speech	An entity, facility, or distinct part of a facility providing diagnostic, treatment, prescriptive, and therapy services related to congenital and acquired conditions and diseases that affect hearing capacity and speech ability.	[7/1/2003: new]
261QI0500X	Ambulatory Health Care Facilities	Clinic/Center	Infusion Therapy	Definition to come...	
261QL0400X	Ambulatory Health Care Facilities	Clinic/Center	Lithotripsy	Definition to come...	
261QM0801X	Ambulatory Health Care Facilities	Clinic/Center	Mental Health (Including Community Mental Health Center)	Definition to come...	
261QM0850X	Ambulatory Health Care Facilities	Clinic/Center	Adult Mental Health	An entity, facility, or distinct part of a facility providing diagnostic, treatment, and prescriptive services related to mental and behavioral disorders in adults.	[7/1/2003: new]
261QM0855X	Ambulatory Health Care Facilities	Clinic/Center	Adolescent and Children Mental Health	An entity, facility, or distinct part of a facility providing diagnostic, treatment, and prescriptive services related to mental and behavioral disorders in children and adolescents. Services may be provided to parents and family members of the patient in the form of conjoint, group, or individual therapy, and education and/or training.	[7/1/2003: new]
261QM1000X	Ambulatory Health Care Facilities	Clinic/Center	Migrant Health	Definition to come...	
261QM1100X	Ambulatory Health Care Facilities	Clinic/Center	Military/U.S. Coast Guard Outpatient	The Defense Health Program or U.S. Coast Guard funded "fixed" facilities or distinct parts of a facility, providing outpatient medical and dental services, primarily for Uniformed Services beneficiaries. A "fixed" facility is a non-temporary, non-deployed facility. It includes mobile specialty units such as Magnetic Resonance Imaging (MRI) units that may furnish services at the "fixed" facility. It includes, as examples, the institutional portion of outpatient encounters (except Ambulatory Procedure Visits), supplies issued (e.g., glasses, ostomy supplies, crutches), and radiology and laboratory studies. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: title modified, definition added; 7/1/2006 title modified, definition modified]
261QM1101X	Ambulatory Health Care Facilities	Clinic/Center	Military and U.S. Coast Guard Ambulatory Procedure	That part of a "fixed" (non-temporary, non-deployed) DoD or Coast Guard entity furnishing surgical procedures requiring medically supervised recovery. Similar to a civilian ambulatory surgical center. May be in shared resources with a DoD or Coast Guard Clinic or a DoD Hospital. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport. Includes initial "take home" pharmaceuticals.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: title modified, definition added; 7/1/2006 title modified, definition modified]
261QM1102X	Ambulatory Health Care Facilities	Clinic/Center	Military Outpatient Operational (Transportable) Component	"Non-fixed" facilities or distinct parts of a "non-fixed" facility, providing outpatient medical and dental services, primarily intended for DoD active duty. The entity is funded with other than Defense Health Program funding. Non-DoD active duty may receive services from this entity. "Non-fixed" facilities are generally deployed DoD health care activities, not providing services on or in association with a DoD fort or base. "Non-fixed" facilities include outpatient services furnished onboard ships. "Non-fixed" facilities also include deployed clinics. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport.	[1/1/2005: title modified, definition added]
261QM1103X	Ambulatory Health Care Facilities	Clinic/Center	Military Ambulatory Procedure Visits Operational (Transportable)	"Non-fixed" facilities or distinct parts of a "non-fixed" facility, providing outpatient surgical procedures requiring medically supervised recovery. Does not include items issued directly to a patient from an outpatient pharmacy or patient transport. Includes initial "take home" pharmaceuticals.	[1/1/2005: new]
261QM1200X	Ambulatory Health Care Facilities	Clinic/Center	Magnetic Resonance Imaging (MRI)	Definition to come...	
261QM1300X	Ambulatory Health Care Facilities	Clinic/Center	Multi-Specialty	Definition to come...	
261QM2500X	Ambulatory Health Care Facilities	Clinic/Center	Medical Specialty	An entity, facility, or distinct part of a facility providing diagnostic, treatment, and prescriptive services related to a specific area of medical specialization. Frequently used for Title V related Children's Specialty services or to meet specific public health needs (e.g., infectious diseases or breast and cervical cancer).	[7/1/2003: new]
261QM2800X	Ambulatory Health Care Facilities	Clinic/Center	Methadone Clinic	An entity, facility, or distinct part of a facility providing diagnostic, and replacement maintenance treatment services related to individuals with drug addiction.	[7/1/2003: new]
261QM3000X	Ambulatory Health Care Facilities	Clinic/Center	Medically Fragile Infants and Children Day Care	An entity, facility, or distinct part of a facility specially equipped and staffed to provide care for medically fragile children with varied and complex care needs (e.g., enteral or parental feeding, ostomy care, respiratory/ventilator care, medications and therapies, etc.).	[7/1/2003: new]
261QP0904X	Ambulatory Health Care Facilities	Clinic/Center	Public Health, Federal	Definition to come...	
261QP0905X	Ambulatory Health Care Facilities	Clinic/Center	Public Health, State or Local	Definition to come...	
261QP1100X	Ambulatory Health Care Facilities	Clinic/Center	Podiatric	Definition to come...	
261QP2000X	Ambulatory Health Care Facilities	Clinic/Center	Physical Therapy	Definition to come...	
261QP2300X	Ambulatory Health Care Facilities	Clinic/Center	Primary Care	Definition to come...	
261QP2400X	Ambulatory Health Care Facilities	Clinic/Center	Prison Health	Definition to come...	
261QP3300X	Ambulatory Health Care Facilities	Clinic/Center	Pain	Definition to come...	
261QR0200X	Ambulatory Health Care Facilities	Clinic/Center	Radiology	Definition to come...	

261QR0206X	Ambulatory Health Care Facilities	Clinic/Center	Radiology, Mammography	Definition to come...	
261QR0207X	Ambulatory Health Care Facilities	Clinic/Center	Radiology, Mobile Mammography	Definition to come...	
261QR0208X	Ambulatory Health Care Facilities	Clinic/Center	Radiology, Mobile	Definition to come...	
261QR0400X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation	Definition to come...	
261QR0401X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF)	Definition to come...	
261QR0404X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation, Cardiac Facilities	Definition to come...	
261QR0405X	Ambulatory Health Care Facilities	Clinic/Center	Rehabilitation, Substance Use Disorder	Definition to come...	
261QR0800X	Ambulatory Health Care Facilities	Clinic/Center	Recovery Care	Definition to come...	
261QR1100X	Ambulatory Health Care Facilities	Clinic/Center	Research	Definition to come...	
261QR1300X	Ambulatory Health Care Facilities	Clinic/Center	Rural Health	Definition to come...	
261QS0112X	Ambulatory Health Care Facilities	Clinic/Center	Oral and Maxillofacial Surgery	The specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.	Source: Council on Dental Education and Licensure, American Dental Association
261QS0132X	Ambulatory Health Care Facilities	Clinic/Center	Ophthalmologic Surgery	Definition to come...	
261QS1000X	Ambulatory Health Care Facilities	Clinic/Center	Student Health	Definition to come...	
261QS1200X	Ambulatory Health Care Facilities	Clinic/Center	Sleep Disorder Diagnostic	Definition to come...	
261QU0200X	Ambulatory Health Care Facilities	Clinic/Center	Urgent Care	Definition to come...	
261QV0200X	Ambulatory Health Care Facilities	Clinic/Center	VA	Definition to come...	
261QX0100X	Ambulatory Health Care Facilities	Clinic/Center	Occupational Medicine	Definition to come...	
261QX0200X	Ambulatory Health Care Facilities	Clinic/Center	Oncology	An entity, facility, or distinct part of a facility providing diagnostic, treatment and prescriptive services related to cancerous conditions. Services include chemotherapy infusions and monitoring of implanted chemotherapeutic agents.	[7/1/2003: new]
261QX0203X	Ambulatory Health Care Facilities	Clinic/Center	Oncology, Radiation	Definition to come...	
273100000X	Hospital Units	Epilepsy Unit		An Epilepsy Unit is a distinct unit of a hospital that provides services that may include observation, urgent care, diagnostic testing, treatment, and medication management for patients with seizure disorders.	Source: National Uniform Claim Committee [7/1/2007: new]
273R00000X	Hospital Units	Psychiatric Unit		In general, a distinct unit of a hospital that provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to the chronically mentally ill, mentally disordered or other mentally incompetent persons; (2) For Medicare, a distinct part of a general acute care hospital admitting only patients whose admission to the unit is required for active treatment, whose treatment is of an intensity that can be provided only in an inpatient hospital setting, and whose condition is described by a psychiatric principal diagnosis contained in the Third Edition of the American Psychiatric Association Diagnostic and Statistical Manual or in Chapter 5 (Mental Disorders) of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). The unit must furnish, through the use of qualified personnel, psychological services, social work services, psychiatric nursing, occupational therapy, and recreational therapy. The unit must maintain medical records that permit determination of the degree and intensity of treatment provided to individuals who are furnished services in the unit; the unit must meet special staff requirements in that the unit must have adequate numbers of qualified professional and supportive staff to evaluate inpatients, formulate written, individualized, comprehensive treatment plans, provide active treatment measures and engage in discharge planning.	Source: (1) AHA Annual Survey p. A10 1996 AHA Guide; (2) Code of Federal Regulations #42, Section 412.27.
273Y00000X	Hospital Units	Rehabilitation Unit		In general, a distinct unit of a general acute care hospital that provides care encompassing a comprehensive array of restoration services for the disabled and all support services necessary to help patients attain their maximum functional capacity. Source: AHA Annual Survey p. A10 1996 AHA Guide. For Medicare, a distinct part of a general acute care hospital providing inpatient rehabilitation services that meets the following requirements. Rehabilitation Units have in effect a preadmission screening procedure under which each prospective patient's condition and medical history are reviewed to determine whether the patient is likely to benefit significantly from an intensive inpatient program or assessment; ensure that the patients receive close medical supervision and furnish, through the use of qualified personnel, rehabilitation nursing, physical therapy and occupational therapy, plus, as needed, speech therapy, social services or psychological services and orthotic and prosthetic services; have a plan of treatment for each inpatient that is established, reviewed, and revised as needed by a physician in consultation with other professional personnel who provide services to the patient; use a coordinated multidisciplinary team approach in the rehabilitation of each inpatient, as documented by periodic clinical entries made in the patient's medical record to note the patient's status in relationship to goal attainment, and that team conferences are held at least every two weeks to determine the appropriateness of treatment; have a director of rehabilitation who provides services to the unit and its inpatients for at least 20 hours a week, is a doctor of medicine or osteopathy, is licensed under State law to practice medicine or surgery, and has had, after completing a one-year hospital internship at least two years of training or experience in the medical management of inpatients requiring rehabilitation services.	Source: Code of Federal Regulations #42, Section 412.29.
275N00000X	Hospital Units	Medicare Defined Swing Bed Unit		A unit of a hospital that has a Medicare provider agreement and has been granted approval from HCFA to provide post-hospital extended care services and be reimbursed as a swing-bed unit.	Source: Code of Federal Regulations #42, Section 482.66.

27640000X	Hospital Units	Rehabilitation, Substance Use Disorder Unit		A distinct part of a hospital that provides medically monitored, interdisciplinary addiction-focused treatment to patients/clients who have psychoactive substance use disorders (commonly referred to as alcohol and drug abuse or substance abuse.)	Source: Department of Defense Regulation 6010.8-R, Chapter 6.
281P0000X	Hospitals	Chronic Disease Hospital		(1) A hospital including a physical plant and personnel that provides multidisciplinary diagnosis and treatment for diseases that have one or more of the following characteristics: is permanent; leaves residual disability; is caused by nonreversible pathological alteration; requires special training of the patient for rehabilitation; and/or may be expected to require a long period of supervision or care. In addition, patients require the safety, security, and shelter of these specialized inpatient or partial hospitalization settings. (2) A hospital that provides medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase but who require an intensity of services not available in nursing homes.	Source: (1) Expanded from Rhea, Ott, and Shafiritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
281PC2000X	Hospitals	Chronic Disease Hospital	Children	Definition to come...	
282E0000X	Hospitals	Long Term Care Hospital		Long-term care hospitals (LTCHs) furnish extended medical and rehabilitative care to individuals who are clinically complex and have multiple acute or chronic conditions.	Source: American Hospital Association [7/1/2006: new]
282J0000X	Hospitals	Religious Nonmedical Health Care Institution		Furnishes only nonmedical nursing items and services to patients who choose to rely solely upon a religious method of healing, and for whom the acceptance of medical services would be inconsistent with their religious beliefs. Furnishes nonmedical items and services exclusively through nonmedical nursing personnel who are experienced in caring for the physical needs of nonmedical patients. For example, caring for the physical needs such as assistance with activities of daily living; assistance in moving, positioning, and ambulation; nutritional needs; and comfort and support measures. Furnishes nonmedical items and services to inpatients on a 24-hour basis. Does not furnish, on the basis of religious beliefs, through its personnel or otherwise, medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment, or the administration of drugs) for its patients.	Source: Centers for Medicare & Medicaid Services, http://www.cms.hhs.gov/CertificationandCompliance/19_RNHCIs.asp#TopOfPage [7/1/2006: new]
282N0000X	Hospitals	General Acute Care Hospital		An acute general hospital is an institution whose primary function is to provide inpatient diagnostic and therapeutic services for a variety of medical conditions, both surgical and non-surgical, to a wide population group. The hospital treats patients in an acute phase of illness or injury, characterized by a single episode or a fairly short duration, from which the patient returns to his or her normal or previous level of activity.	
282NG0060X	Hospitals	General Acute Care Hospital	Critical Access	Definition to come...	[7/1/2003: new]
282NG2000X	Hospitals	General Acute Care Hospital	Children	Definition to come...	
282NR1301X	Hospitals	General Acute Care Hospital	Rural	Definition to come...	
282NW0100X	Hospitals	General Acute Care Hospital	Women	Definition to come...	
283Q0000X	Hospitals	Psychiatric Hospital		An organization including a physical plant and personnel that provides multidisciplinary diagnostic and treatment mental health services to patients requiring the safety, security, and shelter of the inpatient or partial hospitalization settings.	Source: Expanded from Rhea, Ott, and Shafiritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
283X0000X	Hospitals	Rehabilitation Hospital		A hospital or facility that provides health-related, social and/or vocational services to disabled persons to help them attain their maximum functional capacity.	Source: Joint Commission on Accreditation of Healthcare Organizations, Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Oakbrook Terrace, IL: 1994, p. 323
283XC2000X	Hospitals	Rehabilitation Hospital	Children	Definition to come...	
28430000X	Hospitals	Special Hospital		A designation by the AHA of a hospital whose primary function of the institution is to provide diagnostic and treatment services for patients who have specified medical conditions, both surgical and nonsurgical.	Source: AHA Guide, Registration section, p. A5.
28650000X	Hospitals	Military Hospital		A health care facility operated by the Department of Defense.	
2865C1500X	Hospitals	Military Hospital	Community Health		[1/1/2005: marked inactive]
2865M2000X	Hospitals	Military Hospital	Military General Acute Care Hospital	A Department of Defense (DoD) health care organization furnishing inpatient care 24 hours per day in "fixed" facilities, primarily for DoD beneficiaries. Entity is Defense Health Program (DHP) funded. A "fixed" facility is a non-temporary, non-deployed facility usually used for health care services. It includes mobile specialty units such as Magnetic Resonance Imaging (MRI) units that may furnish services at the "fixed" facility. It includes those services and institutional costs usually included in a Diagnosis Related Group as well as "pass-through" items.	[1/1/2005: title modified, definition added]
2865X1600X	Hospitals	Military Hospital	Military General Acute Care Hospital, Operational (Transportable)	A Department of Defense (DoD) health care organization furnishing inpatient care 24 hours per day in "non-fixed" or deployed facilities. Entity is not Defense Health Program funded. Services are primarily intended for DoD active duty though some services may be furnished for non-DoD active duty. "Non-fixed" facilities are generally deployed DoD health care activities, not providing services on or in association with a DoD fort or base. "Non-fixed" facilities include hospital ships.	[1/1/2005: title modified, definition added]
28730000X	Hospitals	Christian Science Sanitorium		Inactive, use 282J0000X	[7/1/2009: marked inactive]
29190000X	Laboratories	Military Clinical Medical Laboratory		A Department of Defense (DoD) medical clinical reference laboratory not associated with a DoD Hospital or DoD Clinic. An example is the Armed Forces Institute of Pathology.	[1/1/2005: new]
291U0000X	Laboratories	Clinical Medical Laboratory		(1) A clinical laboratory is a facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, human beings. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered clinical laboratories. (2) Any facility that examines materials from the human body for purposes of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of, the health of human beings. Typical divisions of a clinical laboratory include hematology, cytology, bacteriology, histology, biochemistry, medical toxicology, and serology.	Source: (1) Code of Federal Regulations #42, Public Health, Section 493.2. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 186.
29220000X	Laboratories	Dental Laboratory		A commercial laboratory specializing in the construction of dental appliances that conform to a dentist's specifications including the construction of dentures (complete or partial), orthodontic appliances, bridgework, crowns, and inlays.	Source: Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 1245.
293D0000X	Laboratories	Physiological Laboratory		A laboratory that operates independently of a hospital and physician's office to furnish physiological diagnostic services (e.g. EEG's, EKG's, scans, etc.). Facilities offering ONLY physiological services are not certified as independent laboratories. If an independent laboratory offers physiological services IN ADDITION to clinical laboratory services, they are surveyed only for compliance with the clinical laboratory regulations because there are no health and safety regulations for physiological services.	Source: Paraphrased from the Medicare Carrier Manual, Section 2070.5.

302F00000X	Managed Care Organizations	Exclusive Provider Organization		(1) An EPO is a form of PPO, in which patients must visit a caregiver that is specified on its panel of providers (is a participating provider). If a visit to an outside(not participating) provider is made the EPO offers very limited or no coverage for the medical service; (2) While similar to a PPO in that an EPO allows patients to go outside the network for care, if they do so in an EPO, they are required to pay the entire cost of care. An EPO differs from an HMO in that EPO physicians do not receive capitation but instead are reimbursed only for actual services provided; (3) An organization identical to a preferred provider organization except that persons enrolled in the plan are eligible to receive benefits only when they use the services of the contracting providers. No benefits are available when non-contracting providers are used, except in certain emergency situations.	Source: (1) Medical Interface: Managed Care A thru Z-Managed Care Terms published by Medicom International, Bronxville, New York Telephone (914) 337-5023, p. 15; (2) "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 58; (3) Rhea, Ott, and Shalritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
302R00000X	Managed Care Organizations	Health Maintenance Organization		(1) A form of health insurance in which its members prepay a premium for the HMO's health services which generally include inpatient and ambulatory care. For the patient, an HMO means reduced out-of-pocket costs (i.e. no deductible), no paperwork (i.e. insurance forms), and only a small copayment for each office visit to cover the paperwork handled by the HMO; (2) A organization of health care personnel and facilities that provides a comprehensive range of health services to an enrolled population for a fixed sum of money paid in advance for a specified period of time. These health services include a wide variety of medical treatments and consults, inpatient and outpatient hospitalization, home health service, ambulance service, and sometimes dental and pharmacy services. The HMO may be organized as a group model, an individual practice association (IPA), a network model or a staff model.	Source: (1) Medical Interface: Managed Care A thru Z-Managed Care Terms published by Medicom International, Bronxville, New York Telephone (914) 337-5023, p. 20; (2) "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 58
305R00000X	Managed Care Organizations	Preferred Provider Organization		A group of physicians and/or hospitals who contract with an employer to provide services to their employees. In a PPO, the patient may go to the physician of his/her choice, even if that physician does not participate in the PPO, but the patient receives care at a lower benefit level.	Source: "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 62
305S00000X	Managed Care Organizations	Point of Service		This product may also be called an open-ended HMO and offers a transition product incorporating features of both HMOs and PPOs. Beneficiaries are enrolled in an HMO but have the option to go outside the networks for an additional cost.	Source: "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 62
310400000X	Nursing & Custodial Care Facilities	Assisted Living Facility		A facility providing supportive services to individuals who can function independently in most areas of activity, but need assistance and/or monitoring to assure safety and well being.	[7/1/2003: new]
3104A0625X	Nursing & Custodial Care Facilities	Assisted Living Facility	Assisted Living, Mental Illness	A facility providing supportive services to individuals who can function independently in most areas of activity, but need special guidance, assistance and/or monitoring as the result of a psychiatric problem. This type of facility requires a staff with special training in mental health training and dealing with psychiatric emergencies.	[7/1/2003: new]
3104A0630X	Nursing & Custodial Care Facilities	Assisted Living Facility	Assisted Living, Behavioral Disturbances	A facility providing supportive services to individuals who can function independently in most areas of activity, but exhibit abnormal behavioral responses and habits and therefore need special guidance, assistance and/or monitoring to assure safety and well being. This type of facility requires a staff with special training in dealing with and redirecting negative, violent or destructive behaviors.	[7/1/2003: new]
310500000X	Nursing & Custodial Care Facilities	Intermediate Care Facility, Mental Illness		A nursing facility that provides an intermediate level of nursing care to individuals whose functional abilities are significantly compromise by mental illness.	[7/1/2003: new]
311500000X	Nursing & Custodial Care Facilities	Alzheimer Center (Dementia Center)		A freestanding facility or special care unit of a long term care facility focusing on patient care of individuals diagnosed with dementia or Alzheimer's Disease or their related diseases. Six elements of the facility/unit set it apart from other (the rest of the) facilities(y): Admission of residents with dementia (including those with Alzheimer's disease); Staff who are specially selected, trained, and supervised; Activities that are specifically designed for the cognitively impaired; A marketing of a special care unit in brochures; A high level of family involvement; and A physical environment designed to keep residents safe and segregated from other populations.	
311Z00000X	Nursing & Custodial Care Facilities	Custodial Care Facility		A facility providing care that serves to assist an individual in the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, and using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered. Custodial care essentially is personal care that does not require the continuing attention of trained medical or paramedical personnel.	Source: Paraphrased from Section 3159 A3 of the Medicare Intermediary Manual.
311ZA0620X	Nursing & Custodial Care Facilities	Custodial Care Facility	Adult Care Home	A custodial care facility providing supportive and personal care services to disabled and/or elderly individuals who cannot function independently in most areas of activity and need assistance and monitoring to enable them to remain in a home like environment.	[7/1/2003: new]
313M00000X	Nursing & Custodial Care Facilities	Nursing Facility/Intermediate Care Facility		An institution (or a distinct part of an institution) which- (1) is primarily engaged in providing to residents- (A) skilled nursing care and related services for residents who require medical or nursing care, (B) rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases; (2) has in effect a transfer agreement with one or more hospitals.	Source: Paraphrased from Section 1919 (a) of the Social Security Act.
314000000X	Nursing & Custodial Care Facilities	Skilled Nursing Facility		(1) A skilled nursing facility is a facility or distinct part of an institution whose primary function is to provide medical, continuous nursing, and other health and social services to patients who are not in an acute phase of illness requiring services in a hospital, but who require primary restorative or skilled nursing services on an inpatient basis above the level of intermediate or custodial care in order to reach a degree of body functioning to permit self care in essential daily living. It meets any licensing or certification standards set forth by the jurisdiction where it is located. A skilled nursing facility may be a freestanding facility or part of a hospital that has been certified by Medicare to admit patients requiring subacute care and rehabilitation; (2) Provides non-acute medical and skilled nursing care services, therapy and social services under the supervision of a licensed registered nurse on a 24-hour basis.	Source: (1) "Glossary of terms used in managed care" Developed by the Managed Care Assembly (MCA) of Medical Group Management Association (MGMA), MGM Journal, September/October 1995, p. 64; (2) AHA Guide, 1996 Annual Survey.
3140N1450X	Nursing & Custodial Care Facilities	Skilled Nursing Facility	Nursing Care, Pediatric	A nursing care facility designed and staffed for the provision of nursing care and appropriate educational and habitative/rehabilitative services to children with multiple, complex or profound disabilities that can not be cared for in a less restrictive environment.	[7/1/2003: new]
315D00000X	Nursing & Custodial Care Facilities	Hospice, Inpatient		A provider organization, or distinct part of the organization, which renders an interdisciplinary program providing palliative care, chiefly medical relief of pain and supporting services, which addresses the emotional, social, financial, and legal needs of terminally ill patients and their families where an institutional care environment is required for the patient.	Source: AHA Guide, American Hospital Association.

315P00000X	Nursing & Custodial Care Facilities	Intermediate Care Facility, Mentally Retarded		(1) A public institution for care of the mentally retarded or people with related conditions. (2) An institution giving active treatment to mentally retarded or developmentally disabled persons or persons with related conditions. The primary purpose of the institution is to provide health or rehabilitative services to such individuals.	Sources: (1) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL: 1994, p. 403 (2) Paraphrased from Code of Federal Regulations #42, Public Health, Section 440.150(c).
317400000X	Nursing & Custodial Care Facilities	Christian Science Facility		Inactive, use 282J00000X	[7/1/2009: marked inactive]
320600000X	Residential Treatment Facilities	Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities		A residential facility that provides habilitation services and other care and treatment to adults or children diagnosed with developmental disabilities and/or mental retardation and are not able to live independently.	[7/1/2003: new]
320700000X	Residential Treatment Facilities	Residential Treatment Facility, Physical Disabilities		A residential facility that provides habilitation services and other care and treatment to adults or children diagnosed with developmental disabilities and/or mental retardation and are not able to live independently.	[7/1/2003: new]
320800000X	Residential Treatment Facilities	Community Based Residential Treatment Facility, Mental Illness		A home-like residential facility providing psychiatric treatment and psycho/social rehabilitative services to individuals diagnosed with mental illness.	[7/1/2003: new]
320900000X	Residential Treatment Facilities	Community Based Residential Treatment, Mental Retardation and/or Developmental Disabilities		A home-like residential facility providing habilitation, support and monitoring services to individuals diagnosed with mental retardation and/or developmental disabilities.	[7/1/2003: new]
322D00000X	Residential Treatment Facilities	Residential Treatment Facility, Emotionally Disturbed Children		A provider facility or distinct part of the organization which renders an interdisciplinary program of mental health treatment to individuals under 21 years of age who have persistent dysfunction in major life areas. The dysfunction is of an extent and pervasiveness that requires a protected and highly structured therapeutic environment. These organizations, or distinct part of organizations, exclude those that provide acute psychiatric care, partial hospitalization, group living, therapeutic schooling, primary diagnosis substance abuse disorder treatment, or primary diagnosis mental retardation or developmental disability treatment.	Source: U.S. Department of Defense Regulation 6010.8-R, Chapter 6.
323P00000X	Residential Treatment Facilities	Psychiatric Residential Treatment Facility		A residential treatment facility (RTF) is a facility or distinct part of a facility that provides to children and adolescents, a total, twenty-four hour, therapeutically planned group living and learning situation where distinct and individualized psychotherapeutic interventions can take place. Residential treatment is a specific level of care to be differentiated from acute, intermediate, and long-term hospital care, when the least restrictive environment is maintained to allow for normalization of the patient's surroundings. The RTF must be both physically and programmatically distinct if it is a part or subunit of a larger treatment program. An RTF is organized and professionally staffed to provide residential treatment of mental disorders to children and adolescents who have sufficient intellectual potential to respond to active treatment (that is, for whom it can reasonably be assumed that treatment of the mental disorder will result in an improved ability to function outside the RTF) for whom outpatient treatment, partial hospitalization or protected and structured environment is medically or psychologically necessary.	Source: Champus Policy manual, Volume II, p. 6010.47M dated 9/12/94. Revision: Definition title revised 7/1/03
324500000X	Residential Treatment Facilities	Substance Abuse Rehabilitation Facility		A facility or distinct part of a facility that provides a 24 hr therapeutically planned living and rehabilitative intervention environment for the treatment of individuals with disorders in the abuse of drugs, alcohol, and other substances.	[7/1/2003: modified title, modified definition]
3245S0500X	Residential Treatment Facilities	Substance Abuse Rehabilitation Facility	Substance Abuse Treatment, Children	A facility or distinct part of a facility that provides a 24 hr therapeutically planned living and rehabilitative intervention environment for the treatment of children with disorders in the use of drugs, alcohol, and other substances. Medical and supportive counseling services and education services are included.	[7/1/2003: new]
331L00000X	Suppliers	Blood Bank		An institution (organization or distinct part thereof) that performs, or is responsible for the performance of, the collection, processing, storage and/or issuance of human blood and blood components, intended for transfusion. The institution may also collect, process, and/or distribute human tissue, including bone marrow and peripheral blood progenitor cells, intended for transplantation.	Source: American Association of Blood Banks, Standards for Blood Banks and Tranfusion, 17th ed.
332000000X	Suppliers	Military/U.S. Coast Guard Pharmacy		A Department of Defense (DoD) or U.S. Coast Guard entity whose primary function is to store, prepare and dispense pharmaceuticals and other associated items to Uniformed Services beneficiaries. These pharmacies may be associated with a DoD or U.S. Coast Guard clinic, DoD Hospital or freestanding. Usually associated with outpatient services.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006: modified title, modified definition]
332100000X	Suppliers	Department of Veterans Affairs (VA) Pharmacy		Department of Veterans Affairs (VA) Pharmacy means any place under VA jurisdiction where drugs are dispensed and Pharmaceutical Care is provided to enrolled Veterans, by licensed pharmacists. The Pharmacy is reviewed by JCAHO, utilizes the VA hospital's DEA number, and has a designated NCPDP number. VA facility pharmacies include Inpatient (Institutional), Outpatient, Consolidated Mail Outpatient Pharmacies (CMOPs), Research, Addiction Treatment Centers, Long Term Care and Community Based Outpatient Clinics Pharmacies. The VHA Pharmacy Benefits Management – Strategic Healthcare Group has oversight for professional and practice activities of VA Pharmacies. Each pharmacy is under the direct supervision of a U.S. or U.S. territory licensed pharmacist, and has staffing to meet its designated scope of service.	Source: Pharmacy Benefits Management – Strategic Healthcare Group, Veterans Health Administration, Department of Veterans Affairs [1/1/2006: new]
332800000X	Suppliers	Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy		An Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy means a pharmacy operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, all of which are defined in Section 4 of the Indian Health Care Improvement Act, 25 U.S.C. 1603.	Source: The Medicare Prescription Drug, Improvement and Modernization Act of 2003 [1/1/2006: new]
332900000X	Suppliers	Non-Pharmacy Dispensing Site		A site other than a pharmacy that dispenses medicinal preparations under the supervision of a physician to patients for self-administration. (e.g. physician offices, ER, Urgent Care Centers, Rural Health Facilities, etc.)	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
332B00000X	Suppliers	Durable Medical Equipment & Medical Supplies		A supplier of medical equipment such as respirators, wheelchairs, home dialysis systems, or monitoring systems, that are prescribed by a physician for a patient's use in the home and that are usable for an extended period of time.	
332BC3200X	Suppliers	Durable Medical Equipment & Medical Supplies	Customized Equipment	Definition to come...	
332BD1200X	Suppliers	Durable Medical Equipment & Medical Supplies	Dialysis Equipment & Supplies	Definition to come...	
332BN1400X	Suppliers	Durable Medical Equipment & Medical Supplies	Nursing Facility Supplies	Definition to come...	
332BP3500X	Suppliers	Durable Medical Equipment & Medical Supplies	Parenteral & Enteral Nutrition	Definition to come...	

332B2000X	Suppliers	Durable Medical Equipment & Medical Supplies	Oxygen Equipment & Supplies	Definition to come...	
332G0000X	Suppliers	Eye Bank		An eye bank procures and distributes eyes for transplant, education and research. To promote patient safety, donated eyes and donor medial histories are evaluated based on strict Eye Bank Association of America Medical Standards	
332H0000X	Suppliers	Eyewear Supplier (Equipment, not the service)		An organization that provides spectacles, contact lenses, and other vision enhancement devices prescribed by an optometrist or ophthalmologist.	
332S0000X	Suppliers	Hearing Aid Equipment		The manufacture and/or sale of electronic hearing aids, their component parts, and related products and services on a national basis.	
332U0000X	Suppliers	Home Delivered Meals		Home-delivered meals are those services or activities designed to prepare and deliver one or more meals a day to an individual's residence in order to prevent institutionalization, malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization services; and information and referral.	Source: Code of Federal Regulations #45, Part 96, Appendix A, Uniform Definition of Services.
33330000X	Suppliers	Emergency Response System Companies		A supplier of a personal emergency response system (PERS), which is an electronic device that enables a patient to receive emergency assistance when needed. The PERS is one of two different methodologies of notification: (1) where the patient summons emergency assistance themselves directly through the device or (2) emergency assistance is summoned through secure activation by the caretaker/guardian, which sends the device location to emergency responders.	Source: National Uniform Claim Committee, 2010 [7/1/2010: modified]
33360000X	Suppliers	Pharmacy		A facility used by pharmacists for the compounding and dispensing of medicinal preparations and other associated professional and administrative services. A pharmacy is a facility whose primary function is to store, prepare and legally dispense prescription drugs under the professional supervision of a licensed pharmacist. It meets any licensing or certification standards set forth by the jurisdiction where it is located.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: added definition]
3336C0002X	Suppliers	Pharmacy	Clinic Pharmacy	A pharmacy in a clinic, emergency room or hospital (outpatient) that dispenses medications to patients for self-administration under the supervision of a pharmacist.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336C0003X	Suppliers	Pharmacy	Community/Retail Pharmacy	A pharmacy where pharmacists store, prepare, and dispense medicinal preparations and/or prescriptions for a local patient population in accordance with federal and state law; counsel patients and caregivers (sometimes independent of the dispensing process); administer vaccinations; and provide other professional services associated with pharmaceutical care such as health screenings, consultative services with other health care providers, collaborative practice, disease state management, and education classes.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336C0004X	Suppliers	Pharmacy	Compounding Pharmacy	A pharmacy that specializes in the preparation of components into a drug preparation as the result of a Practitioner's Prescription Drug Order or initiative based on the Practitioner/Patient/Pharmacist relationship in the course of professional practice. A compounding pharmacy utilizes specialized equipment and specially designed facilities necessary to meet the legal and quality requirements of its scope of compounding practice.	Sources: NABP Model Practice Act, Appendix C - Good Compounding Practice, USP <795> and <797>, and Pharmacy Compounding Accreditation Board [7/1/2006: new]
3336H0001X	Suppliers	Pharmacy	Home Infusion Therapy Pharmacy	Pharmacy-based, decentralized patient care organization with expertise in USP 797-compliant sterile drug compounding that provides care to patients with acute or chronic conditions generally pertaining to parenteral administration of drugs, biologics and nutritional formulae administered through catheters and/or needles in home and alternate sites. Extensive professional pharmacy services, care coordination, infusion nursing services, supplies and equipment are provided to optimize efficacy and compliance.	Source: National Home Infusion Association [1/1/2006: new]
3336I00012X	Suppliers	Pharmacy	Institutional Pharmacy	A pharmacy in a hospital (inpatient) or institution used by pharmacists for the compounding and delivery of medicinal preparations to be administered to the patient by nursing or other authorized personnel. Institutional Pharmacies also counsel patients and caregivers; administer vaccinations; and provide other professional services associated with pharmaceutical care such as health screenings, consultative services with other health care providers, collaborative practice, disease state management, and education classes.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336L0003X	Suppliers	Pharmacy	Long Term Care Pharmacy	A pharmacy that dispenses medicinal preparations delivered to patients residing within an intermediate or skilled nursing facility, including intermediate care facilities for mentally retarded, hospice, assisted living facilities, group homes, and other forms of congregate living arrangements.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336M0002X	Suppliers	Pharmacy	Mail Order Pharmacy	A pharmacy where pharmacists compound or dispense prescriptions or other medications in accordance with federal and state law, using common carriers to deliver the medications to patient or their caregivers. Mail order pharmacies counsel patients and caregivers (sometimes independent of the dispensing process) through telephone or email contact and provide other professional services associated with pharmaceutical care appropriate to the setting. Mail order pharmacies are licensed as a Mail Order Pharmacy in the state where they are located and may also be licensed or registered as nonresident pharmacies in other states.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336M0003X	Suppliers	Pharmacy	Managed Care Organization Pharmacy	A pharmacy owned by a managed care organization (MCO) used by pharmacists for the compounding and dispensing of medicinal preparations to that MCO's covered members only.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336N0007X	Suppliers	Pharmacy	Nuclear Pharmacy	A pharmacy dedicated to the compounding and dispensing of radioactive materials for use in nuclear imaging and nuclear medical procedures.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
3336S0011X	Suppliers	Pharmacy	Specialty Pharmacy	A pharmacy that dispenses generally low volume and high cost medicinal preparations to patients who are undergoing intensive therapies for illnesses that are generally chronic, complex and potentially life threatening. Often these therapies require specialized delivery and administration.	Source: Developed by National Council for Prescription Drug Programs (NCPDP), National Home Infusion Association (NHIA), and Pharmacist Services Technical Advisory Coalition (PSTAC) [1/1/2006: new]
335E00000X	Suppliers	Prosthetic/Orthotic Supplier		An organization that provides prosthetic and orthotic care which may include, but is not limited to, patient evaluation, prosthesis or orthosis design, fabrication, fitting and modification to treat limb loss for purposes of restoring physiological function and/or cosmesis or to treat a neuromusculoskeletal disorder or acquired condition.	Source: American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. [7/1/2010: modified, 7/1/2013: modified] Additional Resources: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., www.abcop.org and Board of Certification/Accreditation, International, www.bocusa.org.

335G0000X	Suppliers	Medical Foods Supplier		A supplier of special replacement foods for clients with errors of metabolism that prohibit them from eating a regular diet. Medical foods are lacking in the compounds which cause complications of the metabolic disorder, and are not generally available in grocery stores, health food stores, or pharmacies.	Source: The Children with Special Healthcare Needs (CSHCN) Services Program, a program of the Texas Department of State Health Services
335U0000X	Suppliers	Organ Procurement Organization		A federally designated organization that works with hospital personnel in retrieval of organs for transplantation. The federal government designates an OPO's service area and the hospitals with which an OPO is to establish working relationships.	
335V0000X	Suppliers	Portable X-ray and/or Other Portable Diagnostic Imaging Supplier		A supplier that provides one or more of the following portable services, including but not limited to, x-ray, electrocardiogram (EKG), long-term EKG (Holter Monitor), bone densitometry, sonography, and other imaging services in accordance with all state and federal requirements, under the general supervision of a qualified physician. All necessary resources are transported to the patient's location where the services are performed.	Source: National Uniform Claim Committee, 2015 [1/1/2016: title and definition modified]
34160000X	Transportation Services	Ambulance		An emergency vehicle used for transporting patients to a health care facility after injury or illness. Types of ambulances used in the United States include ground (surface) ambulance, rotor-wing (helicopter), and fixed-wing aircraft (airplane).	Source: Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 37.
3416A0800X	Transportation Services	Ambulance	Air Transport	Definition to come...	[1/1/2005: title modified]
3416L0300X	Transportation Services	Ambulance	Land Transport	Definition to come...	[1/1/2005: title modified]
3416S0300X	Transportation Services	Ambulance	Water Transport	Definition to come...	[1/1/2005: title modified]
34180000X	Transportation Services	Military/U.S. Coast Guard Transport		Definition to come...	[1/1/2005: new: 7/1/2006 title modified]
3418M1110X	Transportation Services	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Ambulance, Ground Transport	Vehicle and staff for patient emergency or non-emergency ground transport. Includes traditional ambulances as well as ambulance buses.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006 modified title, added source]
3418M1120X	Transportation Services	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Ambulance, Air Transport	Vehicle and staff for patient emergency or non-emergency air transport.	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006 modified title, added source]
3418M1130X	Transportation Services	Military/U.S. Coast Guard Transport	Military or U.S. Coast Guard Ambulance, Water Transport	Vehicle and staff for patient emergency or non-emergency sea/water transport	Source: TRICARE Management Activity Uniform Business Office User's Guide [1/1/2005: new; 7/1/2006 modified title, added source]
34380000X	Transportation Services	Secured Medical Transport (VAN)		A public or privately owned transportation service with vehicles, specially equipped to provide enhanced safety, security and passenger restraint, and staffed by one or more individuals trained to work with patients in crisis situations resulting from mental or emotional illness and/or substance abuse.	
34390000X	Transportation Services	Non-emergency Medical Transport (VAN)		A land vehicle with a capacity to meet special height, clearance, access, and seating, for the conveyance of persons in non-emergency situations. The vehicle may or may not be required to meet local county or state regulations.	
34460000X	Transportation Services	Taxi		A land commercial vehicle used for the transporting of persons in non-emergency situations. The vehicle meets local, county or state regulations set forth by the jurisdictions where it is located.	
34480000X	Transportation Services	Air Carrier		An air company that the Federal Aviation Administration, the certificate-holding district office (CHDO), regional Flight Standards Division (RFSO) offices, and AFS-900 has verified that the company is capable of operating safely and that it complies with the regulations and standards prescribed by the Administrator.	Source: Federal Aviation Administration [1/1/2010: new] Additional Resources: www.faa.gov/about/initiatives/atos/air_carrier/intro_to_part1_21_cert/
347B0000X	Transportation Services	Bus		A public or private organization or business licensed to provide bus services.	
347C0000X	Transportation Services	Private Vehicle		An individual paid to provide non-emergency transportation using their privately owned/leased vehicle.	
347D0000X	Transportation Services	Train		An organization or business licensed to provide passenger train service, including light rail, subway, and traditional services.	
347E0000X	Transportation Services	Transportation Broker		A public or private organization or business contracted to arrange non-emergency medical transportation services, including appropriate ancillary services, e.g., lodging.	
363A0000X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant		A physician assistant is a person who has successfully completed an accredited education program for physician assistant, is licensed by the state and is practicing within the scope of that license. Physician assistants are formally trained to perform many of the routine, time-consuming tasks a physician can do. In some states, they may prescribe medications. They take medical histories, perform physical exams, order lab tests and x-rays, and give inoculations. Most states require that they work under the supervision of a physician.	
363AM0700X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant	Medical	Definition to come...	
363AS0400X	Physician Assistants & Advanced Practice Nursing Providers	Physician Assistant	Surgical Technologist	Definition to come...	
363L0000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner		(1) A registered nurse provider with a graduate degree in nursing prepared for advanced practice involving independent and interdependent decision making and direct accountability for clinical judgment across the health care continuum or in a certified specialty. (2) A registered nurse who has completed additional training beyond basic nursing education and who provides primary health care services in accordance with state nurse practice laws or statutes. Tasks performed by nurse practitioners vary with practice requirements mandated by geographic, political, economic, and social factors. Nurse practitioner specialties include, but are not limited to, family nurse practitioners, gerontological nurse practitioners, pediatric nurse practitioners, obstetric-gynecologic nurse practitioners, and school nurse practitioners.	Source: (1) American Nurses' Association, American Nurses Credentialing Center, 1996 Certification Catalogue. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 549.
363LA2100X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Acute Care	Definition to come...	
363LA2200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Adult Health	Definition to come...	
363LC0200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Critical Care Medicine	Definition to come...	
363LC1500X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Community Health	Definition to come...	

363LF0000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Family	Definition to come...	
363LG0600X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Gerontology	Definition to come...	
363LN0000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Neonatal	Definition to come...	
363LN0005X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Neonatal, Critical Care	Definition to come...	
363LP0200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Pediatrics	Definition to come...	
363LP0222X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Pediatrics, Critical Care	Definition to come...	
363LP0808X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Psych/Mental Health	Definition to come...	
363LP1700X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Perinatal	Definition to come...	
363LP2300X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Primary Care	Definition to come...	
363LS0200X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	School	Definition to come...	
363LW0102X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Women's Health	Definition to come...	
363LX0001X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Obstetrics & Gynecology	Definition to come...	
363LX0106X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Practitioner	Occupational Health	Definition to come...	
364S0000X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist		A registered nurse who, through a graduate degree program in nursing, or through a formal post-basic education program or continuing education courses and clinical experience, is expert in a specialty area of nursing practice within one or more of the components of direct patient/client care, consultation, education, research and administration.	Sources: American Nurses Association, American Nurses Credentialing Center, 1996 Certification Catalogue and The Interagency Conference on Nursing Statistics.
364SA2100X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Acute Care	Definition to come...	
364SA2200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Adult Health	Definition to come...	
364SC0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Critical Care Medicine	Definition to come...	
364SC1501X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Community Health/Public Health	Definition to come...	
364SC2300X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Chronic Care	Definition to come...	
364SE0003X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Emergency	Definition to come...	
364SE1400X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Ethics	Definition to come...	
364SF0001X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Family Health	Definition to come...	
364SG0600X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Gerontology	Definition to come...	
364SH0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Home Health	Definition to come...	
364SH1100X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Holistic	Definition to come...	
364SI0800X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Informatics	Definition to come...	

364SL0600X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Long-Term Care	Definition to come...	
364SM0705X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Medical-Surgical	Definition to come...	
364SN0000X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Neonatal	Definition to come...	
364SN0800X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Neuroscience	Definition to come...	
364SP0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Pediatrics	Definition to come...	
364SP0807X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Child & Adolescent	Definition to come...	
364SP0808X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health	Definition to come...	
364SP0809X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Adult	Definition to come...	
364SP0810X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Child & Family	Definition to come...	
364SP0811X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Chronically Ill	Definition to come...	
364SP0812X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Community	Definition to come...	
364SP0813X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Psych/Mental Health, Geropsychiatric	Definition to come...	
364SP1700X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Perinatal	Definition to come...	
364SP2800X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Perioperative	Definition to come...	
364SR0400X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Rehabilitation	Definition to come...	
364SS0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	School	Definition to come...	
364ST0500X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Transplantation	Definition to come...	
364SW0102X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Women's Health	Definition to come...	
364SX0106X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Occupational Health	Definition to come...	
364SX0200X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Oncology	Definition to come...	
364SX0204X	Physician Assistants & Advanced Practice Nursing Providers	Clinical Nurse Specialist	Oncology, Pediatrics	Definition to come...	
36750000X	Physician Assistants & Advanced Practice Nursing Providers	Nurse Anesthetist, Certified Registered		(1) A licensed registered nurse with advanced specialty education in anesthesia who, in collaboration with appropriate health care professionals, provides preoperative, intraoperative, and postoperative care to patients and assists in management and resuscitation of critical patients in intensive care, coronary care, and emergency situations. Nurse anesthetists are certified following successful completion of credentials and state licensure review and a national examination directed by the Council on Certification of Nurse Anesthetists. (2) A registered nurse who is qualified by special training to administer anesthesia in collaboration with a physician or dentist and who can assist in the care of patients who are in critical condition.	Sources: (1) Council on Certification of Nurse Anesthetists, Park Ridge, IL, and Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 548.

367A00000X	Physician Assistants & Advanced Practice Nursing Providers	Advanced Practice Midwife		Midwifery practice as conducted by certified nurse-midwives (CNMs) and certified midwives (CMs) is the independent management of women's health care, focusing particularly on pregnancy, childbirth, the post partum period, care of the newborn, and the family planning and gynecologic needs of women. The CNM and CM practice within a health care system that provides for consultation, collaborative management, or referral, as indicated by the health status of the client. CNMs and CMs practice in accord with the Standards for the Practice of Midwifery, as defined by the American College of Nurse-Midwives (ACNM).	Source: American College of Nurse-Midwives, 2008 [7/1/2008: title changed, definition changed, source changed] Additional Resources: American College of Nurse-Midwives www.acnm.org. The American Midwifery Certification Board, Inc. [AMCB, formerly the ACNM Certification Council, Inc. (ACC)] opened its national certification exam to non-nurse graduates of midwifery education programs and issued the first certified midwife (CM) credential in 1997. Certified midwives are educated to meet the same high standards that certified nurse-midwives must meet. These are the standards that every state in the U.S. has recognized as the legal basis for nurse midwifery practice. All education programs for CMs, like CNMs, award a post-baccalaureate certificate or higher degree. CMs take the same AMCB certification exam as CNMs and study side by side with nurse-midwifery students in some education programs. As an organization, ACNM supports efforts to legally recognize CMs as qualified midwifery practitioners granted the same rights and responsibilities as CNMs.
367H00000X	Physician Assistants & Advanced Practice Nursing Providers	Anesthesiologist Assistant		An individual certified by the state to perform anesthesia services under the direct supervision of an anesthesiologist. Anesthesiologist Assistants are required to have a bachelor's degree with a premed curriculum prior to entering a two-year anesthesiology assistant program, which is focused upon the delivery and maintenance of anesthesia care as well as advanced patient monitoring techniques. An Anesthesiologist Assistant must work as a member of the anesthesia care team under the direction of a qualified Anesthesiologist.	
372500000X	Nursing Service Related Providers	Chore Provider		An individual who provides home maintenance services required to sustain a safe, sanitary living environment for individuals who because of age or disabilities is unable to perform the activities. These services include heavy household chores such as washing floors, windows, and walls; tacking down loose rugs and tiles; and moving heavy items of furniture in order to provide safe access and egress.	[7/1/2003: new]
372600000X	Nursing Service Related Providers	Adult Companion		An individual who provides supervision, socialization, and non-medical care to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. These services are provided in accordance with a therapeutic goal in the plan of care.	[7/1/2003: new]
373H00000X	Nursing Service Related Providers	Day Training/Habilitation Specialist		Individuals experienced or trained in working with developmentally disabled individuals who need assistance in acquiring and maintaining life skills that enable them to cope more effectively with the demands of independent living.	
374700000X	Nursing Service Related Providers	Technician		(1) A person with specialized training in a narrow field of expertise whose occupation requires training and is skilled in specific technical processes and procedures. (2) An individual having special skill or practical knowledge in an area, such as operation and maintenance of equipment or performance of laboratory procedures involving biochemical analyses. Special technical qualifications are normally required, though an increasing number of technicians also possess university degrees in science, and occasionally doctorate degrees. The distinction between technician and technologist in the health care field is not always clear.	Sources: (1) Rhea, Ott, and Shafritz, The Facts on File Dictionary of Health Care Management, New York: Facts on File Publications, 1988; Dorland's Illustrated Medical Dictionary, 26th Edition, Philadelphia: W.B. Saunders Company, 1981 and Webster's II New Riverside University Dictionary, Boston: Riverside Publishing Company, 1984. (2) Lexikon: Dictionary of Health Care Terms, Organizations and Acronyms for the Era of Reform, The Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, Illinois: 1994, p. 776.
3747A0650X	Nursing Service Related Providers	Technician	Attendant Care Provider	An individual who provides hands-on care, of both a supportive and health related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law.	[7/1/2003: new]
3747P1801X	Nursing Service Related Providers	Technician	Personal Care Attendant	An individual who provides assistance with eating, bathing, dressing, personal hygiene, activities of daily living as specified in the plan of care. Services which are incidental to the care furnished, or essential to the health and welfare of the individual may also be provided. Personal care providers must meet state defined training and certification standards	[7/1/2003: definition added]
374J00000X	Nursing Service Related Providers	Doula		Doulas work in a variety of settings and have been trained to provide physical, emotional, and informational support to a mother before, during, and just after birth and/or provide emotional and practical support to a mother during the postpartum period.	Source: National Uniform Claim Committee, 2009 [7/1/2009: definition added]
374K00000X	Nursing Service Related Providers	Religious Nonmedical Practitioner		A religious nonmedical practitioner offers spiritually-based care. Services may be rendered in an office, home, or care facility or by phone, email, or written correspondence.	Source: National Uniform Claim Committee, 2009 [7/1/2009: definition added]
374T00000X	Nursing Service Related Providers	Religious Nonmedical Nursing Personnel		Religious nonmedical nursing personnel are experienced in caring for the physical needs of nonmedical patients. For example, caring for the physical needs such as assistance with activities of daily living; assistance with moving, positioning, and ambulation; nutritional needs; and comfort and support measures.	Source: Centers for Medicare & Medicaid Services [7/1/2009: title modified, definition modified] Additional Resources: www.cms.hhs.gov/CertificationandCompliance/19_RNHClis.asp 2005 Code of Federal Regulations, Title 42, Chapter IV, Part 403, Subpart G, 403.702 Definitions and Terms
374U00000X	Nursing Service Related Providers	Home Health Aide		A person trained to assist public health nurses, home health nurses, and other health professionals in the bedside care of patients in their homes.	Source: Rhea, Ott, and Shafritz, The Facts on File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
376G00000X	Nursing Service Related Providers	Nursing Home Administrator		An individual, often licensed by the state, who is responsible for the management of a nursing home.	Source: Lexikon: Dictionary of Health Care Terms, Organizations, and Acronyms for the Era of Reform, Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, 1994, p. 552.
376J00000X	Nursing Service Related Providers	Homemaker		An individual who provides general household activities such as meal preparation, laundry, and light housekeeping, when the individual regularly responsible for these activities is temporarily absent or unable to provide for himself. Homemakers must meet the state defined training standards.	[7/1/2003: definition added]

376K00000X	Nursing Service Related Providers	Nurse's Aide		(1) An unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient/client activities as delegated by the nurse; (2) An individual trained (either on-the-job or through a formal course generally of less than one year) and experienced in performing patient or client-care nursing tasks that do not require the skills of a specialist, technician, or professional. Examples of tasks performed by nurses aides include changing clothes, diapers, and beds; assisting patients to perform exercises or personal hygiene tasks, and supporting communication or social interaction. Specific education and credentials are not required for this work.	Source: (1) American Nurses Association, Registered Professional Nurses and Unlicensed Personnel, 2nd ed., 1996; (2) Rhea, Ott, and Shafritz, The Facts On File Dictionary of Health Care Management, New York: Facts On File Publications, 1988.
385H00000X	Respite Care Facility	Respite Care		Definition to come.	
385HR2050X	Respite Care Facility	Respite Care	Respite Care Camp	A camping facility that provides specialized respite care to individuals requiring enhanced services to enable them to remain in the community, (e.g., those with developmental delays, mental retardation, mental/behavioral disorders). The staff must have training in working with the target populations and dealing with emergency situations which might be related to or exacerbate the individual's condition.	[7/1/2003: new]
385HR2055X	Respite Care Facility	Respite Care	Respite Care, Mental Illness, Child	A facility or distinct part of a facility that provides short term, residential care to children, diagnosed with mental illness, as respite for the regular caregivers.	[7/1/2003: new]
385HR2060X	Respite Care Facility	Respite Care	Respite Care, Mental Retardation and/or Developmental Disabilities, Child	A facility or distinct part of a facility that provides short term, residential care to children, diagnosed with mental retardation and/or developmental disabilities as respite for the regular caregivers.	[7/1/2003: new]
385HR2065X	Respite Care Facility	Respite Care	Respite Care, Physical Disabilities, Child	A facility or distinct part of a facility that provides short term, residential care to children, diagnosed with complex or profound disabilities as respite for the regular caregivers.	[7/1/2003: new]
390200000X	Student, Health Care	Student in an Organized Health Care Education/Training Program		An individual who is enrolled in an organized health care education/training program leading to a degree, certification, registration, and/or licensure to provide health care.	[1/1/2005: new]
405300000X	Other Service Providers	Prevention Professional		Prevention Professionals work in programs aimed to address specific patient needs, such as suicide prevention, violence prevention, alcohol avoidance, drug avoidance, and tobacco prevention. The goal of the program is to reduce the risk of relapse, injury, or re-injury of the patient. Prevention Professionals work in a variety of settings and provide appropriate case management, mediation, referral, and mentorship services. Individuals complete prevention professionals training for the population of patients with whom they work.	Source: National Uniform Claim Committee, 2015 [1/1/2016: new]

Appendix 6: Guidance for DEPARTMENT Initiatives provides additional information for several of the required DEPARTMENT Initiatives of Section 215B of the AGREEMENT. Upon request by the DEPARTMENT, the CONTRACTOR will be required to report protocols for the DEPARTMENT Initiatives confirming administration and compliance with each DEPARTMENT Initiative. Where appropriate, the CONTRACTOR may assign responsibility for delivery of the DEPARTMENT Initiative(s) to providers or subcontractors; however, the CONTRACTOR will remain responsible for the quality of the DEPARTMENT Initiatives and all DEPARTMENT reporting requirements.

215B 1) Care Coordination

At a minimum, the CONTRACTOR must provide care coordination efforts under this requirement to PARTICIPANTS who have a diagnosis of heart failure, myocardial infarction, or pneumonia.

The CONTRACTOR shall provide documentation to the DEPARTMENT detailing the care coordination program that is established which must include:

- a. Communication by telephone or home visit to the PARTICIPANT within 3 to 5 business days following the initial discharge from an INPATIENT HOSPITAL stay of more than 24 hours, and
- b. At a minimum, the communication, as applicable to the PARTICIPANT, must cover: (1) medication reconciliation; (2) arrangement for timely follow-up with provider; (3) discussion of any possible problems or troubling symptoms being experienced by the PARTICIPANT; and (4) notification to the PARTICIPANT regarding whom the PARTICIPANT or PARTICIPANT'S family should contact if problems arise before the PARTICIPANT'S post-discharge visit with the provider.

Reporting Metrics

Denominator

Inclusion: PARTICIPANTS \geq 18 years of age discharged from an INPATIENT HOSPITAL stay of more than 24 hours.

Numerator

Number of successful PARTICIPANT contacts that occurred within 3 to 5 business days of a PARTICIPANT'S initial discharged from an INPATIENT HOSPITAL stay of more than 24 hours.

In addition, the CONTRACTOR must:

- a. Further identify the denominator in the report by detailing the type of PARTICIPANTS targeted for care coordination such as: (1) all PARTICIPANTS discharged or (2) specific PARTICIPANT population(s) at high risk for readmission.
- b. Report by the method type of communication used for care coordination, such a phone call or home visit.
- c. The CONTRACTOR must report the number of PARTICIPANTS targeted for each communication type.

215B 2) Advanced Care Planning (ACP)/Palliative Care
Reporting Metrics

Denominator

Inclusion: Number of PARTICIPANTS \geq 18 years of age who died during the reporting year.

Numerator

Number of PARTICIPANTS who engaged in one or more ACP conversations.

Number of PARTICIPANTS who accessed hospice care, either in-home or facility based.

Denominator

Inclusion: Number of PARTICIPANTS \geq 18 years and also enrolled in Medicare who died during the reporting year.

Numerator

Number of PARTICIPANTS who engaged in one or more ACP conversations.

Number of PARTICIPANTS who accessed hospice care, either in-home or facility based.

ER #	Group #	FEIN	Group Name	Contact First Name	Contact Last Name
0001999	83900	474571342	CENTRAL PAYROLL (suffix with agency name)	DENNIS	DISSMORE
0001142	83440	396006489	COURTS - APPEALS & SUPREME	TERRY	HOPKINS
0001142	83457	390988984	COURTS - CIRCUIT	TERRY	HOPKINS
0001190	83562	861113736	FOX RIVER NAVIGATION SYS AUTH	BOB	STARK
0001171	83515	391337855	HEALTH & EDUC FACILITIES AUTH	TANYA	COPPERSMITH
0001999	83901	475367918	LEGISLATURE	MARK	KAEPPEL
0001131	83445	396006492	UNIVERSITY OF WISCONSIN	SANDY	SMITH
0001183	83532	391835630	UW HOSP & CLINICS AUTHORITY	ANTHONY	DIX
0001153	83493	391209764	WHEDA	ANN	WETLEY
0001196	83563	451832104	WISCONSIN ECON DEVELOP CORP	TOMISA	COLLINS
0001172	83467	391527326	WISCRAFT INC.	ROB	BUETTNER

Contact Phone	Address Line 1	Address Line 2	City	State	Zip
608-266-9950	101 E WILSON ST 5TH FL		MADISON	WI	53703
608-266-6808	110 E MAIN ST STE 430		MADISON	WI	53703-3328
608-266-6808	110 E MAIN ST STE 430		MADISON	WI	53703-3328
920-759-9833	1008 AUGUSTINE ST		KAUKAUNA	WI	54130-1608
262-792-0466	18000 W SARAH LN STE 300		BROOKFIELD	WI	53045-5841
608-264-8471	17 West Main St Suite 402	PO BOX 7882	MADISON	WI	53707-7882
608-262-4823	STE 201	660 W WASHINGTON AVE	MADISON	WI	53703-4703
608-821-4153	STE 200	301 S WESTFIELD RD	MADISON	WI	53717-1729
608-267-2067	STE 700	201 W WASHINGTON AVE	MADISON	WI	53703-2727
608-210-6836	FLOOR 6	201 W WASHINGTON AVE	MADISON	WI	53703-2760
414-778-5804	5316 W STATE ST		MILWAUKEE	WI	53208-2620

County	PO#	Surcharge Code	Contract Count	ER Active In WRS
DANE	P01	S01	27220	Y
DANE	P01	S01	254	Y
DANE	P01	S01	504	Y
OUTAGAMIE	P01	S01	1	Y
WAUKESHA	P01	S01	4	Y
DANE	P01	S01	548	Y
DANE	P01	S01	31902	Y
DANE	P01	S01	8262	Y
DANE	P01	S01	134	Y
DANE	P01	S01	90	Y
MILWAUKEE	P01	S01	29	Y

Appendix 8 - Local Employer Group Roster (ET-1407)

ER #	Group #	FEIN	Group Name	Contact First Name
0040000	70040	396005372	ADAMS, CITY OF	JEANNE
0114000	70114	391191732	ADDISON, TOWN OF(WASHINGTON)	ELLEN
5464000	75464	611675107	ADRC OF THE NORTHWOODS	ANGELA
0515000	70515	396006194	ALBANY, VILLAGE OF	LAURIE
0807000	70807	396005769	ALBION, TOWN OF (DANE)	JULIE
5406000	75406	391290138	ALGOMA SANITARY DIST	MIKE
0959000	60959	396005373	ALGOMA, CITY OF	AMBER
5207000	75207	391262363	ALLENTON SANITARY DIST	ELLEN
0071000	70071	396006197	AMHERST, VILLAGE OF	MARCY
1673000	71673	396024116	ARLINGTON, VILLAGE OF	PJ
0622000	70622	396005781	ASHIPPUN, TOWN OF (DODGE)	MICHELLE
5062000	75062	391383009	ASHLAND COUNTY HOUSING AUTH	TINA
0516000	70516	396029284	AVOCA, VILLAGE OF	SUSAN
5296000	75296	391742944	BARABOO DISTRICT AMBULANCE	TROY
0963000	70963	396005391	BARABOO, CITY OF	BRENDA
4933000	74933	391181870	BAY-LAKE REGIONAL PLAN COMM	CINDY
0075000	70075	396006206	BELLEVILLE, VILLAGE	GRACE
0076000	70076	396006207	BELMONT, VILLAGE OF	ALICE
3984000	73984	396022138	BELOIT, TOWN OF	KARRY
1413000	71413	396006208	BENTON, VILLAGE OF	BEVERLY
4966000	74966	396005796	BERGEN, TOWN OF	TINA
0805000	70805	396006210	BLACK CREEK, VILLAGE OF	BARBARA
0812000	70812	396006211	BLACK EARTH, VILLAGE OF	SHELLIE
4758000	74758	391104235	BLACKHAWK VTAE DISTRICT	JENNIFER
1264000	71264	396006213	BLANCHARDVILLE, VILLAGE OF	AMY
0030000	70030	396005801	BLOOMING GROVE, TOWN OF(DANE)	MICHAEL
0463000	70463	396005802	BLUE MOUNDS, TOWN OF (DANE)	HELEN
5294000	75294	391321826	BLUE MOUNDS, VILLAGE OF	MARY JO
1433000	71433	396006215	BLUE RIVER, VILLAGE OF	VALERIE
0969000	70969	396005403	BOSCOBEL, CITY OF	LINDA
1332000	71332	396007914	BRIGHAM, TOWN OF	AUDREY
0614000	70614	396005404	BRILLION, CITY OF	LORI
5458000	75458	390595690	BRISTOL, VILLAGE OF	KATHLEEN
0210000	70210	396005406	BRODHEAD, CITY OF	TERESA
0617000	70617	396006219	BROOKLYN, VILLAGE OF	LINDA
4693000	74693	391543580	BROOKLYN. TOWN OF (GREEN)	AMY
0119000	70119	396005807	BROTHERTOWN, TOWN OF	LEANNE
4688000	74688	396006220	BROWNSVILLE, VILLAGE OF	MARILYN
1723000	71723	396006221	BROWNTOWN, VILLAGE OF	DONNA
0895000	70895	396005808	BURKE, TOWN OF (DANE)	BRENDA
1333000	71333	396005809	BURLINGTON, TOWN OF	DIANE
1188000	71188	391595955	BUTLER, VILLAGE OF	BARBARA
0079000	70079	396006227	CAMBRIA, VILLAGE	LOIS
4660000	74660	391049164	CAMP DOUGLAS, VILLAGE OF	TAMMI
4877000	74877	391155286	CAMPBELL, TOWN OF (LA CROSSE)	CHADWICK

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0170000	70170	396006233	CEDAR GROVE, VILLAGE OF	JULIE
5129000	75129	391487507	CESA #5, PORTAGE	KIM
0081000	70081	396006237	CHENEQUA, VILLAGE OF	PAMELA ANN
5299000	75299	391505633	CHIPPEWA CO HOUSING AUTH	RUTH
5415000	75415	391277020	CHIPPEWA FIRE DIST	RITA
0465000	70465	396005825	CHRISTIANA, TOWN OF (DANE)	KATHLEEN
4767000	74767	391276353	CLARNO, TOWN OF (GREEN)	JAMES
0179000	70179	391020318	CLEAR LAKE, TOWN OF (POLK)	JANELLE
0222000	70222	396006239	CLINTON, VILLAGE OF	PAM
4657000	74657	391049477	CLYMAN, VILLAGE OF	KRIS
4558000	74558	391024332	COBB, VILLAGE OF	LORI
0732000	70732	391085929	COLEMAN, VILLAGE OF	JULIE
0519000	70519	396006242	COMBINED LOCKS, VILLAGE OF	RACQUEL
4903000	74903	391163007	CONSOL KOSHKONONG SANITARY DIS	LYNNE
1625000	71625	391160373	COTTAGE GROVE, VILLAGE OF	DEB
5439000	75439	391347516	COUNTRY ESTATES SANITARY DIST	CYNTHIA
0925000	70925	396005682	CRAWFORD COUNTY	JANET/ROBERTA
4958000	74958	391211790	CRIVITZ, VILLAGE OF	MARILYN
5451000	75451	391788348	CROSS PLAINS AREA EMS	J TIM
0652000	70652	396007896	CROSS PLAINS, TOWN OF	NANCY
1749000	71749	396025361	CROSS PLAINS, VILLAGE OF	BOBBI
1135000	71135	396005420	CUBA CITY, CITY OF	JILL
5363000	75363	396005425	CUMBERLAND UTILITIES	LORI
5389000	75389	391872007	DANE COUNTY DIST #1 EMS	JIM
1612000	71612	396006246	DANE, VILLAGE OF	TERESA
1262000	71262	396008330	DARIEN, VILLAGE OF	DEAN
0596000	70596	396001618	DARLINGTON COMM SCHOOL DIST	CONNIE
0212000	70212	396005426	DARLINGTON, CITY OF	PHILIP
0678000	70678	396006247	DEERFIELD, VILLAGE OF	KIM
5300000	75300	391293690	DEER-GROVE EMS DIST	KIM
5371000	75371	391795961	DEFOREST AREA FIRE BOARD DIST	KATHERINE
4300000	74300	396028752	DELAFIELD, CITY OF	JEANNE
5043000	75043	391264681	DELAFIELD-HARTL WATER POL CNTL	ROSE
4924000	74924	391141656	DELAVAN LAKE SANITARY DISTRICT	KIM
0213000	70213	396005428	DELAVAN, CITY OF	DEBRA
0125000	70125	396005853	DELEVAN, TOWN OF	DIXIE
5405000	75405	460506871	DELLS-DELTON EMS COMM	STEPHANIE
0126000	70126	396005855	DELTON, TOWN OF	DEBORAH
4371000	74371	390981770	DICKEYVILLE, VILLAGE OF	DONNA
0927000	60927	396005685	DODGE COUNTY	LEANN
5054000	75054	391330384	DODGE COUNTY HOUSING AUTHORITY	DONNA
0167000	60167	396005432	DODGEVILLE, CITY OF	LISA
5391000	75391	391405396	DOUSMAN FIRE DISTRICT	TIMOTHY
4372000	74372	396005859	DOVER, TOWN OF	MARILYN
0737000	70737	396005864	DUNKIRK, TOWN OF (DANE)	MELANIE
4446000	74446	396005865	DUNN, TOWN OF (DANE)	MARY
1261000	71261	396018585	EAGLE, VILLAGE OF	RICHARD

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4911000	74911	391170145	EAST CENTRAL WIS REG PLAN COMM	PAM
0128000	70128	396005867	EAST TROY, TOWN OF	KIM
0171000	70171	396006254	EDGAR, VILLAGE OF	LOUELLA
4805000	74805	391129708	EDGERTON CITY HOUSING AUTH	JODI
5292000	75292	391730419	EDGERTON FIRE PROT DIST	NANCY
0976000	70976	396005440	EDGERTON, CITY OF	CINDY
4583000	74583	396001856	EGG HARBOR, TOWN OF (DOOR)	PAM
0318000	70318	396005444	ELROY, CITY OF	LYNN
5178000	75178	391050284	EPHRAIM, VILLAGE OF	BRENT
5057000	75057	390335807	ERIN, TOWN OF (WASHINGTON)	JULIE
0978000	70978	396005445	EVANSVILLE, CITY OF	MELANIE
4309000	74309	396031393	FALL RIVER, VILLAGE OF	MARIE
1591000	71591	391405703	FARMINGTON, TOWN OF	JULIE
1746000	71746	396025354	FENNIMORE COMMUNITY SD	CHAD
0046000	70046	396005448	FENNIMORE, CITY OF	MARGARET
1608000	71608	396005889	FITCHBURG, CITY OF	LISA
4781000	74781	391099594	FOND DU LAC HOUS AUTH	CHRIS
5161000	75161	391513478	FONTANA/WALWORTH WATER POL CTL COMM	KATHRYN
0762000	70762	396006265	FONTANA-ON-GENEVA-LAKE,VILLAGE OF	DENNIS
0980000	70980	396005451	FORT ATKINSON, CITY OF	MICHELLE
5483000	75483	813372124	FOX CROSSING, VILLAGE OF	TAMI
1036000	71036	396006267	FOX POINT, VILLAGE OF	MARY
0183000	70183	396005900	FREEDOM, TOWN OF (SAUK)	JENNIFER
0815000	70815	391435259	FULTON, TOWN OF (ROCK)	CONNIE
0582000	70582	396008417	GENEVA, TOWN OF (WALWORTH)	DEBRA
5381000	75381	391762942	GERMANTOWN, TOWN OF	SUSAN
0184000	70184	390990805	GIBRALTER, TOWN OF (DOOR)	BETH
0761000	70761	396008082	GLENDALE, CITY OF	JESSICA
0705000	70705	396006274	GRAFTON, VILLAGE OF	CHRISTINE
0839000	70839	396005918	GRAND CHUTE, TOWN OF(OUTAGAME)	MARY
5139000	75139	391390170	GRAND CHUTE-MENASHA WS SEW COM	JANE
1526000	71526	396006065	GRAND VIEW, TOWN OF (BAYFIELD)	TERESA
1081000	71081	396005459	GREEN BAY METRO SEW DIST	PATRICIA
0933000	70933	396005699	GREEN COUNTY	WENDY
5003000	75003	391218475	GREEN LAKE SANITARY DISTRICT	PAULETTE
5349000	75349	396085877	GREENVILLE, TOWN OF(OUTAGAMIE)	LISA
0227000	70227	396006280	GRESHAM, VILLAGE OF	GRACE
0228000	70228	396006282	HARTLAND, VILLAGE OF	RYAN
5005000	75005	391278532	HAUGEN, VILLAGE OF	FAY
0172000	70172	396006284	HAZEL GREEN, VILLAGE OF	SALLY
4968000	74968	391225060	HEART OF THE VALLEY MET SEW DIST	DAWN
0706000	70706	396006285	HIGHLAND, VILLAGE OF	BECKY
5201000	75201	396268695	HOLLAND, TOWN OF (LACROSSE)	MARILYN
4540000	74540	396006288	HOLLANDALE, VILLAGE OF	HOLLY
5357000	75357	391639959	HOLMEN AREA FIRE DEPT	WILLIAM
0662000	70662	396007818	HOLMEN, VILLAGE OF	ANGELA
0983000	70983	396005467	HORICON, CITY OF	KRISTEN

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4809000	74809	391129819	HUDSON CITY HOUSING AUTHORITY	JOANNE
4415000	74415	396005945	HUGHES, TOWN OF	KENNETH
5017000	75017	391296047	INDIANHEAD FED LIBR SYS	JULI
0035000	60035	396005701	IOWA COUNTY	ALLISON
1565000	71565	390989196	IRON RIDGE, VILLAGE OF	ARLETTE
4708000	74708	391180410	IXONIA, TOWN OF	NANCY
1208000	71208	396008429	JACKSON, TOWN OF (WASHINGTON)	JULIA
0091000	70091	396021868	JACKSON, VILLAGE OF	PAULA
0935000	70935	396005705	JEFFERSON COUNTY	KAREN
4921000	74921	391175180	JEFFERSON HOUS AUTH, CITY OF	BERTHA
0050000	70050	396005474	JEFFERSON, CITY OF	SARAH
0092000	70092	396006293	JOHNSON CREEK, VILLAGE OF	SANDRA
0009000	70009	396005706	JUNEAU COUNTY	KATIE
0986000	70986	396005476	JUNEAU, CITY OF	SANDY
0987000	70987	396005479	KAUKAUNA, CITY OF	CRAIG
5318000	75318	391642019	KEGONSA SANITARY DISTRICT	CINDY
1038000	71038	396006295	KEWASKUM, VILLAGE OF	JANET
0051000	70051	396005485	KEWAUNEE, CITY OF	SHELBY
0094000	70094	396006297	KIMBERLY, VILLAGE OF	BARBARA
1154000	71154	396006967	LA CROSSE CITY HOUSING AUTH	JANE
0840000	70840	396005969	LA POINTE, TOWN OF (ASHLAND)	BARBARA
0817000	70817	396005970	LA VALLE, TOWN OF	JEAN
0330000	70330	396006302	LA VALLE, VILLAGE OF	COLETTE
4557000	74557	396005890	LAC DU FLAMBEAU, TOWN (VILAS)	NANCY
5454000	75454	391378048	LAC LA BELLE, VILLAGE OF	JILL
0939000	70939	396005711	LAFAYETTE COUNTY	CARLA
0629000	70629	396008464	LAFAYETTE, TOWN OF	BARBARA
5369000	75369	391837097	LAKE COMO SANITARY DISTRICT	GAIL
5453000	75453	270640768	LAKE COUNTRY FIRE & RESCUE	SANDY
1483000	71483	396020817	LAKE DELTON, VILLAGE OF	KAY
5410000	75410	753133673	LAKE HALLIE, VILLAGE OF	JENNI
4783000	74783	391101094	LAKE MILLS CITY HOUSING AUTH	STEVEN
0053000	70053	396005499	LAKE MILLS, CITY OF	MELISSA
5378000	75378	391978173	LAKESHORES LIBRARY SYSTEM	JANICE
0368000	70368	396002918	LANCASTER COMM SCH DIST	COLLEEN
4368000	74368	396007056	LEAGUE OF WISCONSIN MUNICIPALITIES	KATRINA
4459000	74459	396023742	LEBANON, TOWN OF	DEBORAH
0028000	60028	396006303	LENA, VILLAGE OF	CHARLENE
3666000	73666	396026371	LINDEN, VILLAGE OF	SHELLY
0870000	70870	396005981	LINN, TOWN OF	SUE
0095000	60095	396006304	LITTLE CHUTE, VILLAGE OF	KELLY
0095000	70095	396006304	LITTLE CHUTE, VILLAGE OF	KELLY
0570000	70570	396006309	LIVINGSTON, VILLAGE OF	CHRISTINA
0321000	70321	396005503	LODI, CITY OF	SANDRA
1249000	71249	396008556	LOMIRA, TOWN OF (DODGE)	
1286000	71286	396006306	LOMIRA, VILLAGE OF	JENNA
5058000	75058	396268088	LYONS SANITARY DISTRICT #2	DONNA

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0630000	70630	396005990	LYONS, TOWN OF(WALWORTH)	KARLA
0991000	70991	396005507	MADISON, CITY OF	WILLIAM
1128000	71128	396006310	MANAWA, CITY OF	CHERYL
4738000	74738	391083672	MANITOWOC CITY HOUS AUTH	PAULINE
1040000	71040	396006311	MAPLE BLUFF, VILLAGE OF	TIMOTHY
4876000	74876	391774534	MARINETTE CITY HOUSING AUTH	JODI
0993000	70993	396005515	MARINETTE, CITY OF	KRISTA
0036000	70036	396005719	MARQUETTE COUNTY	KATHLEEN
0871000	70871	396006315	MARSHALL, VILLAGE OF	ADAM
0216000	70216	396005521	MAUSTON, CITY OF	DIANE
0055000	60055	396005522	MAYVILLE, CITY OF	LOIS
0055000	70055	396005522	MAYVILLE, CITY OF	LOIS
4881000	74881	391179002	MAZOMANIE, TOWN OF	MELISSA
0458000	70458	396006316	MAZOMANIE, VILLAGE OF	SUSAN
1252000	71252	396008211	MCFARLAND, VILLAGE OF	CASSANDRA
4522000	74522	391015739	MENASHA, TOWN OF (WINNEBAGO)	TAMI
3642000	73642	390890213	MEQUON - THIENSVILLE LIBRARY	CRAIG
0469000	70469	396006006	MEQUON, CITY OF	PAULA
1567000	71567	396006009	MERTON, TOWN OF	DONNA
5347000	75347	391609117	MIDDLETON FIRE DISTRICT	LORIE
1281000	71281	396006010	MIDDLETON, TOWN OF	PATTI
5379000	75379	391977756	MID-MORAINÉ MUNICIPAL COURT	KATHLEEN
5372000	75372	391947192	MILW AREA DOM ANIMAL CTRL COMM	LAURA
5346000	75346	391704721	MILWAUKEE CO FED LIB SYS	JUDY
0024000	70024	396005535	MINERAL POINT, CITY OF	DEBI
5027000	75027	237348812	MISSISSIPPI RIVER REG PLAN COM	SARAH
5486000	75486	814156985	MONARCH LIBRARY SYSTEM	LYNN
4772000	74772	391100199	MONROE CITY HOUSING AUTHORITY	CINDY
0998000	70998	396005538	MONROE, CITY OF	BRIDGET
1727000	71727	396025155	MONTELLO SCHOOL DISTRICT	CHERYL
1204000	71204	396005539	MONTELLO, CITY OF	DAWN
0521000	70521	396006325	MONTICELLO, VILLAGE OF	DANEAN
0331000	70331	396006326	MOUNT HOREB, VILLAGE OF	CHERYL
5425000	75425	391923560	MT HOREB AREA FIRE DEPT	JENNIFER
5375000	75375	396100860	MUKWONAGO, TOWN OF	KATHY
0573000	70573	396008442	MUKWONAGO, VILLAGE OF	LINDA
0229000	70229	396006327	MUSCODA, VILLAGE OF	LAURA
1566000	71566	390989314	NECEDAH, VILLAGE OF	CHERYL
5420000	75420	237394803	NEW GLARUS EMS	MARLYN
0880000	70880	396006028	NEW GLARUS, TOWN OF	PATTI
0099000	70099	396006328	NEW GLARUS, VILLAGE OF	LYNNE
0058000	70058	396008009	NEW LISBON, CITY OF	LISA
1042000	71042	396006330	NIAGARA, CITY OF	LEANNE
4996000	74996	391236067	NICOLET FEDERATED LIBRARY SYS	JAMIE
4565000	74565	391024830	NORTH CAPE CONS SCH DIST	TINA
4949000	74949	391208509	NORTH CENTRAL WIS REG PLAN COM	DENNIS
0707000	70707	396024117	NORTH FREEDOM, VILLAGE OF	KAYLA

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4535000	74535	390991284	NORTH SHORE WATER COMMISSION	ERIC
4991000	74991	391241807	NORTHERN MORAINES UTILITY COMM	DON
5028000	75028	391313215	NORTHWEST REGIONAL PLAN COMM	MARIANN
4850000	74850	391142409	NORWAY SANITARY DISTRICT #1	AMY
1365000	71365	396006034	NORWAY, TOWN OF (RACINE)	CAMILLE
4192000	74192	396028802	OCONOMOWOC LAKE, VILLAGE OF	MICHELE
0025000	70025	396005555	OCONOMOWOC, CITY OF	TONY
4350000	74350	396029654	OCONOMOWOC, TOWN OF	LORI
1005000	71005	396005559	OCANTO FALLS, CITY OF	EVE
5295000	75295	391733568	ONALASKA COMM DEVL P AUTH	FRED
0616000	70616	396005562	ONALASKA, CITY OF	HOPE
0574000	70574	396006335	OOSTBURG, VILLAGE OF	JILL
5208000	75208	391838732	OREGON AREA FIRE - EMS DIST	BETH
0586000	70586	396006043	OREGON, TOWN OF (DANE)	DENISE
0575000	70575	396006336	OREGON, VILLAGE OF	PEGGY
5036000	75036	391251777	OSHKOSH HOUSING AUTHORITY	KIM
5268000	75268	930826994	OTTAWA, TOWN OF	MELISSA
5009000	75009	391295427	OUTAGAMIE CO HOUSING AUTH	KARI
4972000	74972	391222726	OUTAGAMIE WAUPACA FED LIB SYS	AMY
4843000	74843	396030771	PADDOCK LAKE, VILLAGE OF	EMILY
0102000	70102	396006340	PARDEEVILLE, VILLAGE OF	LAURIE
1736000	71736	396006048	PELICAN, TOWN OF	KENNETH
0037000	70037	396005728	PEPIN COUNTY	MICHELLE
0576000	70576	396006343	PEWAUKEE, VILLAGE OF	SCOTT
5356000	75356	391638093	PLEASANT SPRING, SANITARY DIST	DAVID
0147000	70147	396006059	PLEASANT SPRINGS, TOWN (DANE)	MARIA
5480000	75480	391383639	PORTAGE COUNTY HOUSING AUTH	STACY
1008000	71008	396005572	PORTAGE, CITY OF	MARIE
0334000	70334	396006348	POYNETTE, VILLAGE OF	NATALIE
1155000	71155	396006363	PRAIRIE DU SAC JT SEWER	NIKI
0105000	70105	396006349	PRAIRIE DU SAC, VILLAGE OF	NIKI
0063000	70063	396005579	PRINCETON, CITY OF	MARY LOU
1617000	71617	391016130	QUINCY, TOWN OF (ADAMS)	WANDA
4978000	74978	391225646	RACINE COUNTY HOUSING AUTH	DEBORAH
0398000	70398	396006351	RANDOLPH, VILLAGE OF	ELLEN
0064000	70064	396005582	REEDSBURG, CITY OF	JULIE
4798000	74798	391099560	RICHLAND CENTER HOUSING AUTH	CAROL
1013000	71013	396005586	RICHLAND CENTER, CITY OF	AARON
4728000	74728	396006080	RICHMOND, TOWN OF (WALWORTH)	BARBARA
0524000	70524	396006358	RIO, VILLAGE OF	AMY
5423000	75423	391139932	ROCHESTER, VILLAGE OF	BETTY
1707000	71707	396024261	ROCK SPRINGS, VILLAGE OF	JENNIFER
5197000	75197	391156286	ROSENDALE, VILLAGE OF	DORIS
1765000	71765	396006096	RUTLAND, TOWN OF (DANE)	DAWN
1046000	71046	396006362	SAUK CITY, VILLAGE OF	JANET
4994000	74994	391244676	SAUK COUNTY HOUSING AUTHORITY	SANDY
5407000	75407	300162925	SAUK PRAIRIE POLICE COMM	AMANDA

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1129000	71129	396006364	SAUKVILLE, VILLAGE OF	VICTORIA
5467000	75467	391335980	SCOTT, TOWN OF (BROWN)	JOHN
5061000	75061	391417117	SCOTT, TOWN OF (SHEBOYGAN)	LUANNE
4398000	74398	396031435	SE WIS REG PLANNING COMM	CHRISTINE
0218000	70218	396005593	SEYMOUR, CITY OF	LORI
0438000	70438	396006366	SHARON, VILLAGE OF	DAWN
4880000	74880	391152447	SHAWANO COUNTY HOUSING AUTH	JOHN
4775000	74775	391099075	SHAWANO HOUSING AUTH, CITY OF	TODD
5366000	75366	396005596	SHAWANO MUNICIPAL UTILITIES	SARA
1016000	71016	396005594	SHAWANO, CITY OF	KARLA
4846000	74846	391143811	SHEBOYGAN CITY HOUSING AUTH	JOE
1545000	71545	396006108	SHELBY, TOWN OF (LA CROSSE)	GLORIA
0399000	70399	396006368	SHIOCTON, VILLAGE OF	LAURIE
1048000	71048	396006370	SHOREWOOD HILLS, VILLAGE OF	COLLEEN
5192000	75192	391599965	SILVER LAKE SANITARY DIST	MARY ANN
5114000	75114	391412363	SLINGER HOUSING AUTH	CAROL
0233000	70233	396006371	SLINGER, VILLAGE OF	TAMMY
5482000	75482	474090653	SOMERS, VILLAGE OF	TIMOTHY
4960000	74960	391210652	SOUTH CENTRAL LIBRARY SYSTEM	HEIDI
4942000	74942	396028914	SOUTH MILWAUKEE CITY HOUS AUTH	PEGGY
0107000	70107	396006374	SOUTH WAYNE, VILLAGE OF	PHILLIP
4480000	74480	391194048	SOUTHWEST WIS LIBRARY SYSTEM	PEGGY
5029000	75029	391313227	SOUTHWESTERN WIS REG PLAN COMM	TROY
1020000	71020	396005610	SPARTA, CITY OF	JUDY
0439000	70439	396006376	SPRING GREEN, VILLAGE OF	WENDY
0715000	70715	396006120	SPRINGDALE, TOWN OF	SUSAN
1102000	71102	396006121	SPRINGFIELD, TOWN OF (DANE)	JAN
4868000	74868	391141163	STEVENS POINT CITY HOUS AUTH	DENICE
1678000	71678	391029792	SULLIVAN, TOWN OF	DAWN
4360000	74360	396030168	SULLIVAN, VILLAGE OF	HEATHER
1302000	71302	396006129	SUMMIT, TOWN OF	DEBRA
1635000	71635	396063174	SURING, VILLAGE OF	CAROL
0849000	70849	396006387	THIENSVILLE, VILLAGE OF	DIANNE
0168000	70168	396005633	TOMAH, CITY OF	JOANN
0953000	70953	396005747	TREMPEALEAU COUNTY	AMYA
5108000	75108	391377061	TREMPEALEAU COUNTY HOUSING AUTH	JANE
4892000	74892	391149466	TRENTON, TOWN OF	CINDY
0235000	70235	396006392	UNION GROVE, VILLAGE OF	JILL
5426000	75426	770650352	VANGUARD ELECTRIC UTILITY COMM.	LYDIA
4170000	74170	396006150	VERMONT, TOWN OF (DANE)	KAREN
3911000	73911	396006151	VERNON, TOWN OF (WAUKESHA)	KAREN
0175000	70175	396006395	VERONA, CITY OF	ELLEN
3632000	73632	396006152	VERONA, TOWN OF (DANE)	AMANDA
1428000	71428	396008588	VIENNA, TOWN OF (DANE)	KATHLEEN
5368000	75368	391906104	W WAUKESHA CO MUNI COURT	PAMELA
5396000	75396	391948759	WALES/GENESEE JT FIRE BD	PAULINE
5010000	75010	396262868	WALWORTH CNTY METRO SEW DIST	CINDY

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5149000	75149	391372087	WALWORTH CO HOUSING AUTHORITY	MELODY
1382000	71382	396006156	WALWORTH, TOWN OF (WALWORTH)	MARIE
0754000	70754	396006398	WALWORTH, VILLAGE OF	LISA
4959000	74959	396243173	WARRENS, VILLAGE OF	JOLENE
0068000	70068	396005638	WASHBURN, CITY OF	SCOTT
1335000	71335	396006161	WASHINGTON, TOWN (EAU CLAIRE)	JANELLE
5180000	75180	391615608	WATERFORD SAN DIST, TOWN OF	JAMES
0525000	70525	396006400	WATERLOO, CITY OF	MICHAEL
4879000	74879	391151251	WATERTOWN CITY HOUSING AUTH	TAMMY
1025000	71025	396005640	WATERTOWN, CITY OF	ELISSA
5409000	75409	391618587	WAUNAKEE AREA EMS	JAY
5354000	75354	391797791	WAUNAKEE AREA FIRE DIST	RANDY
1027000	71027	396005646	WAUPUN, CITY OF	ANGIE
1145000	71145	396017944	WAUZEKA, VILLAGE OF	PHYLLIS
5107000	75107	391384154	WEST BARABOO, VILLAGE OF	KATHY
5039000	75039	391336325	WEST BEND, TOWN OF(WASHINGTON)	JULIE
4935000	74935	391178189	WEST CENTRAL WI REGIONAL PLAN COMM	KIM
1049000	71049	396006405	WEST MILWAUKEE, VILLAGE OF	PAUL
4810000	74810	690364810	WESTERN RACINE CO SEWERAGE DISTRICT	JEFF
1350000	71350	396006404	WESTFIELD, VILLAGE OF	LINDA
1533000	71533	396006172	WESTPORT, TOWN OF (DANE)	ROBERT
0070000	70070	396005658	WHITEWATER, CITY OF	MARY
0254000	70254	391181034	WILSON, TOWN OF (SHEBOYGAN)	GEORGENE
5038000	75038	396022133	WIND POINT, VILLAGE OF	JAN
5293000	75293	391715138	WINDING RIVER LIBRARY SYS	RANDY
1383000	71383	396006180	WINDSOR, TOWN OF	SINDY
0112000	70112	396006411	WINNECONNE, VILLAGE OF	JACQUIN
4998000	74998	391272072	WINNEFOX LIBRARY SYSTEM	MARK
5159000	75159	396020817	WIS DELLS-LAKE DELTON SEW COMM	KAY
5196000	75196	521546060	WIS MUNI MUTUAL INS CO	DANIELLE
1221000	71221	396007681	WISCONSIN COUNTIES ASSOCIATION	TERRY
1034000	71034	396005659	WISCONSIN DELLS, CITY OF	NANCY
4891000	74891	431310058	WISCONSIN VALLEY LIBRARY SRV	AUGO
0664000	70664	396006416	WONEWOC, VILLAGE OF	LEE
0113000	70113	396006418	WRIGHTSTOWN, VILLAGE OF	MICHELLE
4999000	74999	396006419	WYOCENA, VILLAGE OF	LORI
1632000	71632	396006192	YORKVILLE, TOWN OF (RACINE)	TAMMY

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Contact Last Name	Contact Phone	Address Line 1	Address Line 2
GOSTOMSKI	608-339-6516	101 N MAIN ST	PO BOX 1009
WOLF	262-629-5420	127 FIRST ST	PO BOX 481
BEAUCHAINE	715-362-5695	PO BOX 400	
KEEPERS	608-862-3240	206 N WATER ST	
HANEWALL	608-884-8974	620 ALBION RD	
CLAFFEY	920-426-0335	3477 MILLER DR	
SHALLOW	920-487-5203	416 FREMONT ST	
WOLF	262-629-5420	127 FIRST ST	PO BOX 481
PETERSON	715-824-5613	161 MILL ST	PO BOX 36
MONSON	608-635-2474	200 COMMERCIAL ST	PO BOX 207
LIESENER	920-474-4781	PO BOX 206	
GILGEN	715-274-8311	PO BOX 349	
ZIEBARTH	608-532-6831	401 WISCONSIN ST	PO BOX 188
SNOW	608-963-9436	120 5TH ST	PO BOX 195
ZEMAN	608-355-7311	135 4TH ST	
WOJTCZAK	920-448-2820	425 S ADAMS ST STE 201	
GERVASI	608-424-3341	24 W MAIN ST	PO BOX 79
GILMAN	608-762-5142	222 S MOUND AVE	PO BOX 6
DEVAULT	608-364-2980	2871 S AFTON RD	
HITZ	608-759-3721	244 RIDGE AVE STE 101	
DAHL	608-498-6227	W1402 SKYLINE LN	
SCHUH	920-984-3295	301 N MAPLE ST	
BENISH	608-767-4900	1210 MILLS ST	PO BOX 347
MOORE	608-757-7765	6004 S COUNTY ROAD G	
BARNES	608-523-4521	208 MASON ST	PO BOX 9
WOLF	608-223-1104	1880 S STOUGHTON RD	
KAHL	608-437-8722	10566 BLUE VISTA RD	
MICHEK	608-437-5197	PO BOX 189	
BAILEY	608-537-2758	201 CLINTON ST	PO BOX 217
HANEY	608-375-5001	1006 WISCONSIN AVE	
RUE	608-924-1013	407 BUSINESS ID	
GOSZ	920-756-2250	130 CALUMET ST	
GERRETSEN	262-857-2368	19801 83RD ST	
WITHEE	608-897-4018	1111 W 2ND AVE	PO BOX 168
KUHLMAN	608-455-4201	210 COMMERCIAL ST	PO BOX 189
ROSS	608-455-6411	400 W MAIN ST	
KARLS	920-849-9008	N2445 S TOWER RD	
HALLEY	920-583-4087	514 RAILROAD ST	PO BOX 308
WYSS	608-966-3273	110 S MILL ST	
AYERS	608-825-8420	5365 REINER RD	
BAUMEISTER	262-763-3070	32288 BUSHNELL RD	
SPINNEY	262-783-2525	12621 W HAMPTON AVE	
FRANK		111 W EDGEWATER ST	PO BOX 295
LANDOWSKI	608-427-3355	304 CENTER ST	PO BOX 294
HAWKINS	608-783-0050	2219 BAINBRIDGE ST	

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BREY	920-668-6523	22 WILLOW AVE	PO BOX 426
MUSIEDLAK	608-745-5418	626 E SLIFER ST	
LITTLE	262-367-2239	31275 W COUNTY ROAD K	
ROSENOW	715-726-7933	711 N BRIDGE ST STE 1	
ERICKSON	715-723-9020	13143 30TH AVE	
WILSON	608-423-3816	773 KOSHKONONG RD	
RUTLEDGE		W6764 COUNTY ROAD B	
JOHNSON	715-948-2189	209 50TH AVE	
FRANSEEN	608-676-5304	301 CROSS ST	PO BOX 129
KOHLHOFF	920-696-3444	713 MORGAN ST	PO BOX 129
BREIWA	608-623-2777	501 BENSON ST	PO BOX 158
NOSGOVITZ	920-897-2234	202 E MAIN ST	PO BOX 52
SHAMPO-GIESE	920-788-7740	405 WALLACE ST	
LUND	608-868-7191	328 E ELLENDALE RD	
WINTER	608-839-4704	221 E COTTAGE GROVE RD	
GANKA	262-767-8690	6978 PRAIRIE LN	
GEISLER/FISHER-AL	608-326-0200	225 N BEAUMONT RD STE 210	
PADGETT	715-854-2030	800 HENRIETTE AVE	PO BOX 727
HILLEBRAND	608-798-2720	PO BOX 152	
MEINHOLZ	608-798-0189	3734 COUNTY ROAD P	
ZAUNER	608-798-3241	2417 BREWERY RD	PO BOX 97
HILL	608-744-2152	108 N MAIN ST	
NYHUS	715-822-2595	1265 2ND AVE	PO BOX 726
WICK	608-795-9860	PO BOX 505	
HUGHEY-GROVES	608-849-5422	102 W MAIN ST	PO BOX 168
ABEL	262-882-5055	24 WISCONSIN ST	PO BOX 97
UBERSOX	608-776-2006	11630 CENTER HILL RD	
RISSEEUW	608-776-4972	627 MAIN ST STE 9	PO BOX 207
GROB	608-764-5404	4 N MAIN ST	PO BOX 66
BANIGAN	608-839-5658	4030 COUNTY RD N STE 1	
PRESTON	608-846-4364	110 S STEVENSON ST	
OBRIEN	262-303-4514	500 GENESEE ST	
FRICK	262-646-4364	416 BUTLER DR	
COSBY	262-728-4100	2990 COUNTY ROAD F S	
EPPING	262-728-5585	123 S 2ND ST	PO BOX 465
BERNSTEEN		5621 TOWN HALL RD	
CZUPRYNKO	608-254-2159	45 MILLER DR	PO BOX 716
KOWALKE	608-253-4621	30 WISCONSIN DELLS PKWY S	PO BOX 148
TIMMERMAN	608-568-3333	500 EAST AVE	PO BOX 219
SCHULTZ	920-386-3523	127 E OAK ST STOP 1	
BRAUN	920-386-2866	491 E CENTER ST OFC	
RILEY	608-930-5228	100 E FOUNTAIN ST	
MEYER	262-965-2262	107 S MAIN ST	
RUDRUD	262-878-2200	4110 S BEAUMONT AVE	
HUCHTHAUSEN		654 COUNTY RD N	
LIEBIG	608-838-1081	4156 COUNTY ROAD B	
SPURRELL	262-594-3400	820 E MAIN ST	PO BOX 295

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SCHEIBE-JOHNSON	920-886-6817	400 AHNAIP ST STE 100	
BUCHANAN	262-642-5386	N9330 STEWART SCHOOL RD	PO BOX 872
LUEDTKE	715-352-2891	224 S 3RD AVE	PO BOX 67
PARSON	608-884-8454	800 ELM DR OFC	
TOWNS	608-931-7835	621 N MAIN ST	
HEGGLUND	608-884-3341	12 ALBION ST	
KRAUEL	920-743-6141	5242 COUNTY ROAD I	
THORSON	608-462-2400	1717 OMAHA ST	
BRISTOL	920-854-5501	PO BOX 138	
KRIEWALDT	262-673-3682	1846 STATE ROAD 83	
CRANS	608-882-2266	31 S MADISON ST	PO BOX 76
ABEGGLEN	920-484-3525	641 S MAIN ST	PO BOX 37
LEAF	715-258-2779	E913 PRAIRIE VIEW LN	
FREYMILLER	608-822-3243	1397 9TH ST	
SPRAGUE	608-822-6119	860 LINCOLN AVE	
SIGURSLID	608-270-4211	5520 LACY RD	
GROSS	920-929-3107	15 N MARR ST STE OFC	
SCHWARTZ	262-736-4473	N840 CHILSON RD	PO BOX 850
MARTIN	262-275-6137	175 VALLEY VIEW DR	PO BOX 200
EBBERT	920-563-7760	101 N MAIN ST	
THOMPSON	920-720-7147	2000 MUNICIPAL DR	
CARTHELL	414-351-8900	7200 N SANTA MONICA BLVD	
ROLOFF	608-522-4343	PO BOX 176	
ZIMMERMAN	608-868-4103	2738 W FULTON CENTER DR	
KIRCH	262-248-8497	N3496 COMO RD	
GANTHER	608-562-5751	N7560 17TH AVE	
HAGEN	920-868-1714	4097 HIGHWAY 42	PO BOX 850
BALLWEG	414-228-1703	5909 N MILWAUKEE RIV PKWY	
STANNIS	262-375-5300	860 BADGER CIR	
BAXTER	920-832-5644	1900 W GRAND CHUTE BLVD	
BADER	920-739-7921	1965 BUTTE DES MORTS BCH	
GUNDERSON	715-763-3151	PO BOX 126	
BROWN	920-438-1052	2231 N QUINCY ST	
TSCHUDY	608-328-9449	1016 16TH AVE	
JANSSEN	920-295-4488	N5295 COUNTY ROAD TT	
BEYER	920-757-5151	W6860 PARKVIEW DR	PO BOX 60
SCHWEFEL	715-787-3244	1126 MAIN ST	PO BOX 50
BAILEY	262-367-2714	210 COTTONWOOD AVE	
OLSON	715-234-8663	104 3RD ST	PO BOX 234
BAUER	608-854-2953	PO BOX 367	
BARTEL	920-766-5731	801 THILMANY RD	
FREDERICKS	608-929-7781	530 MAIN ST	PO BOX 284
PEDRETTI	608-526-3354	W7937 COUNTY ROAD MH	
DEWITT	608-967-2600	301 WALDWICK ST	PO BOX 55
BULAWA		PO BOX 92	
HORNBERG	608-526-6302	421 S MAIN ST	PO BOX 158
JACOBSON	920-485-3500	404 E LAKE ST	

Appendix 8 - Local Employer Group Roster (ET-1407)

BRANSON	715-386-5301	1015 2ND ST OFC	
HALTI		67195 COUNTY HIGHWAY A	PO BOX 805
BUTTON	715-839-5082	1538 TRUAX BLVD	
LEITZINGER	608-935-0303	222 N IOWA ST STE 102	
LINDERT	920-387-3975	PO BOX 247	
ZASTROW	920-261-1588	W1195 MARIETTA AVE	PO BOX 109
OLIVER	262-677-4048	3146 DIVISION RD	
WINTER	262-677-9001	N168W20733 MAIN ST	PO BOX 637
MUNDT	920-674-8634	311 S CENTER AVE	
LANGHOLFF	920-674-5294	431 N ELIZABETH AVE STE 1	
COPSEY	920-674-7700	317 S MAIN ST	
BELL	920-699-2296	125 DEPOT ST	PO BOX 238
STEINKE	608-847-9306	220 E STATE ST RM 203	
MILFRED	920-386-4800	150 MILLER ST STE 1	PO BOX 163
PEARSON	920-766-6375	144 W 2ND ST	PO BOX 890
LEHR	608-873-0230	PO BOX 486	
KNOPS	262-626-8484	204 1ST ST	PO BOX 38
JOHNSON	920-388-5000	401 5TH ST	
REIN	920-788-7500	515 W KIMBERLY AVE	
ALBERTS	608-782-2264	1307 BADGER ST	PO BOX 1053
NELSON	715-747-6913	240 BIG BAY RD	PO BOX 270
JUDD	608-985-7695	218 COMMERCIAL ST	PO BOX 30
RADTKE	608-985-8383	103 W MAIN ST	PO BOX 13
EDWARDS	715-588-3358	109 OLD ABE RD	PO BOX 68
MURPHY		524 LAC LA BELLE DR	
JACOBSON	608-776-4853	626 MAIN ST	PO BOX 40
FISCHER	262-723-4321	N6221 TAMARACK CT	
THOMPSON	262-248-2077	N3420 DELL PL	
ROSCH	262-646-6235	115 MAIN ST	
MACKESEY	608-254-2558	50 WISC DELLS PKWY S	PO BOX 87
CARLI	715-726-2660	13136 30TH AVE	
PIERCE	920-648-5064	228 WATER ST OFC	
QUEST	920-648-2344	200D WATER ST	
MARTIN	262-514-4500	STE 600	29134 EVERGREEN DR
EGGERS	608-723-2175	925 W MAPLE ST STE 1	
SWEENEY	608-267-2380	131 WEST WILSON	
BEHL	920-925-3846	N1738 COUNTY ROAD R	PO BOX 24
MEIER	920-829-5226	117 E MAIN ST	
BULL	608-623-2800	PO BOX 469	
POLYOCK	262-275-5033	W3728 FRANKLIN WALSH ST	PO BOX 130
VANDEN HEUVEL	920-788-7380	108 W MAIN ST	
VANDEN HEUVEL	920-788-7380	108 W MAIN ST	
CHRISTIANSON	608-943-6800	220 W BARBER AVE	PO BOX 90
BLOECHL	608-592-3247	130 S MAIN ST	
		N11392 COUNTY ROAD AY	
RHEIN	920-269-4112	425 S WATER ST	
PROCHACKA	262-763-4627	5996 CLEARWATER CT	PO BOX 237

Appendix 8 - Local Employer Group Roster (ET-1407)

HILL	262-763-9936	PO BOX 337	
WICK	608-266-4677	210 MLK JR BLVD RM 406	
HASS	920-596-2577	500 S BRIDGE ST	PO BOX 248
HAELFRISCH	920-684-5865	1433 N 6TH ST OFC	
KRUEGER	608-244-3048	18 OXFORD PL	
MAHLIK	715-735-6912	1520 LUDINGTON ST APT 100	
PARRISH	715-732-5144	1905 HALL AVE	
MCREATH	608-297-3001	77 W PARK ST	PO BOX 129
RUECHEL	608-655-4017	130 S PARDEE ST	PO BOX 45
KROPIWKA	608-847-6676	303 MANSION ST	
KRUEGER	920-387-7900	15 S SCHOOL ST	PO BOX 273
KRUEGER	920-387-7900	15 S SCHOOL ST	PO BOX 273
LORHE	608-795-2920	711 W HUDSON ST	
DIETZEN		133 CRESCENT ST	PO BOX 26
SUETTINGER	608-838-3153	5915 MILWAUKEE ST	PO BOX 110
THOMPSON	920-720-7106	2000 MUNICIPAL DR	
JACOBSON	262-242-2593	11345 N CEDARBURG RD	
BARTZ-WAGNER	262-236-2942	11333 N CEDARBURG RD	
HANN	262-966-2651	W314N7624 STATE ROAD 83	PO BOX 128
BURNS	608-827-1050	7426 HUBBARD AVE	
KEICHINGER	608-833-5887	7555 W OLD SAUK RD	
BUTH	262-334-5700	961 W PARADISE DR	
PROEBER	414-649-8640	3839 W BURNHAM ST	
KANIASTY		709 N 8TH ST	
HEISNER	608-987-2361	137 HIGH ST STE 1	
OFTE	608-785-9396	1707 MAIN ST STE 435	
HUETHER	920-208-4900	4632 S TAYLOR DR	
LANDSBERG	608-325-2949	800 13TH AVE APT 244	
SCHUCHART	608-329-2529	1110 18TH AVE	
TROOST	608-297-7617	222 FOREST LN	
CALNIN	608-297-2727	20 UNDERWOOD AVE	PO BOX 39
NAEGER	608-938-4383	PO BOX 147	
SUTTER	608-437-6884	138 E MAIN ST	
MINTER	608-220-1088	120 S 1ST ST	
KARALEWITZ	262-363-4577	W320S8315 BEULAH RD	
GOURDOUX	262-363-6421	440 RIVER CREST COURT	PO BOX 206
FAGA	608-739-3182	206 N WISCONSIN AVE	PO BOX 206
STEEN	608-565-2260	100 CENTER ST	PO BOX 371
JEGLUM	608-527-5067	401 3RD ST	PO BOX 286
SALTER	608-527-2390	1101 STATE HIGHWAY 69	PO BOX 448
ERB	608-527-5973	PO BOX 399	
VINZ	608-562-5213	232 W PLEASANT ST	PO BOX 218
WIERSCHKE	715-251-3235	1029 ROOSEVELT RD	PO BOX 24
MATCZAK	920-448-4413	1595 ALLOUEZ AVE STE 4	
WEISS	262-835-4069	11926 COUNTY ROAD K	
LAWRENCE	715-845-7306	210 MCCLELLAN ST STE 210	
STEINHORST	608-522-4550	105 N MAPLE ST	PO BOX 300

Appendix 8 - Local Employer Group Roster (ET-1407)

KIEFER		400 W BENDER RD	
DITTER	920-526-3808	N7025 COUNTY ROAD P	PO BOX 217
LEE	715-635-2197	1400 S RIVER ST	
SCHWABE		6419 HEG PARK RD	
COHEN	262-895-6335	6419 HEG PARK RD	
CANNARIATO	262-567-5301	35328 PABST RD	
POSNIK	262-569-3225	174 E WISCONSIN AVE	
OPITZ	920-474-4449	W359N6812 BROWN ST	
WALLACE	920-846-4505	500 N CHESTNUT AVE	
BUEHLER		415 MAIN ST	
BURCHELL	608-392-0204	415 MAIN ST	
LUDENS		PO BOX 700227	
TRUMPY	608-835-6287	117 SPRING ST	
ARNOLD	608-835-3200	1138 UNION RD	
HAAG	608-835-3118	117 SPRING ST	
LYNCH	920-424-1450	600 MERRITT AVE STOP 1	PO BOX 397
KLEIN	262-965-3228	W360S3337 STATE ROAD 67	
KUIPER	920-731-9781	3020 E WINSLOW AVE	
MCGLONE	920-832-6196	225 N ONEIDA ST	
UHLENHAKE	262-843-2713	6969 236TH AVE	
TANGNEY	608-429-3121	114 LAKE ST	
GARDNER	715-369-2303	5019 LASSIG RD	
WEISS	715-672-8704	740 7TH AVE W	PO BOX 39
GOSSE	262-691-5660	235 HICKORY ST	
PFEIFFER	608-873-0880	2083 WILLIAMS DR	
HOUGAN	608-873-3063	2354 COUNTY RD N STE 1	
CIESLEWICZ		STE 201B	1100 CENTERPOINT DR
MOE	608-742-2176	115 W PLEASANT ST	
MEGOW	608-635-2122	106 S MAIN ST	PO BOX 95
CONWAY	608-643-2421	335 GALENA ST	
CONWAY	608-643-2421	335 GALENA ST	
NEUBAUER	920-295-6612	531 S FULTON ST	PO BOX 53
ABFALL	608-339-7230	2599 COUNTY ROAD Z	
MADSEN	262-636-3405	837 MAIN ST	
JUNG	920-326-4600	248 W STROUD ST	
STRUTZ	608-524-6404	134 S LOCUST ST	PO BOX 490
KELLER	608-647-4877	701 W SEMINARY ST OFC	
JOYCE	608-647-3466	450 S MAIN ST	
CEAS	608-883-2017	W8776 TERRITORIAL RD	
STONE	920-992-5454	207 LINCOLN AVE	PO BOX 276
NOVY		203 W MAIN ST	PO BOX 65
ROLOFF	608-522-5700	110 E BROADWAY	PO BOX 26
TETZLAFF	920-872-2740	211 N GRANT ST	PO BOX 424
GEORGE	608-455-3925	4177 OLD STAGE RD	
KRAEMER	608-643-3932	726 WATER ST STE 2	
SHAWBACK	608-356-3986	1211 8TH ST	PO BOX 147
GIBSON	608-643-2427	726 WATER ST STE A	

Appendix 8 - Local Employer Group Roster (ET-1407)

LEE		639 E GREEN BAY AVE	
ROTH	920-406-9380	2621 JODY DR	
RADY	920-994-4470	N1306 BOLTONVILLE RD	
KETTNER	262-547-6721	W239N1812 ROCKWOOD DR	PO BOX 1607
THIEL	920-833-2209	328 N MAIN ST	
REDINUS	262-736-4888	125 PLAIN ST	PO BOX 379
WARTMAN	715-526-6960	1259 ENGEL DR	
BUETTNER	715-524-2132	951 E ELIZABETH ST OFC	
CONRADT	715-526-3132	122 N SAWYER ST	PO BOX 436
DUCHAC	715-526-6138	127 S SAWYER ST	
RUPNIK	920-459-3466	611 N WATER ST OFC	PO BOX 1052
JOHNSON	608-788-1032	2800 WARD AVE	
BUNNELL	920-986-3415	N5605 STATE HIGHWAY 76	PO BOX 96
ALBRECHT	608-267-2680	810 SHOREWOOD BLVD	
BOLAN	920-787-7622	N1702 19TH AVE	PO BOX 357
BIERSACH	262-644-8255	205 SLINGER RD OFC	
TENNIES	262-644-5265	300 SLINGER RD	
KITZMAN	262-859-2822	PO BOX 197	
MOE	608-246-7970	4610 S BILTMORE LN # 101	
HOLCOMB	414-762-4114	2906 6TH AVE	
CARROLL	608-439-1011	107 E CENTER ST	PO BOX 305
FREYMILLER	608-822-3393	1300 INDUSTRIAL DR STE 2	
MAGGIED	608-342-1636	20 S COURT ST	PO BOX 262
SCHMIDT	608-269-4340	201 W OAK ST	
CRARY	608-588-2335	154 N LEXINGTON ST	PO BOX 158
SEVERSON	608-437-6230	2379 TOWN HALL RD	
BARMAN	608-849-7887	6157 COUNTY ROAD P	
SCANTLIN	715-341-3444	1300 BRIGGS CT OFC	
LYNN	262-593-8383	N3866 WEST ST	
RUPNOW	262-593-2388	500 MADISON AVENUE	PO BOX 6
MICHAEL	262-567-2757	2911 N DOUSMAN RD	
HEISE	920-842-2333	640 E MAIN ST	PO BOX 31
ROBERTSON	262-242-3720	250 ELM ST	
CRAM	608-374-7426	819 SUPERIOR AVE STE 2	
SPIGGLE	715-538-2311	36245 MAIN ST	
HOLEN	715-538-2274	PO BOX 295	
KOMRO	262-675-6009	1071 HIGHWAY 33	
KOPP	262-878-1818	925 15TH AVE	
CAMINITI	608-767-2561	PO BOX 393	
CARLOCK	608-767-2457	4017 COUNTY ROAD JJ	
SCHUH	262-662-2039	W249S8910 CENTER DR	
CLARK	608-845-0912	111 LINCOLN ST	
ARNOLD	608-845-7187	335 N NINE MOUND RD	
CLARK	608-846-3802	7161 COUNTY ROAD I	
STRUNK	262-569-0920	174 E WISCONSIN AVE	
WIGDERSON	262-786-3805	600 S WALES RD	PO BOX 96
MOEHLING	262-728-4140	975 W WALWORTH AVE	

Appendix 8 - Local Employer Group Roster (ET-1407)

FIESBECK		735 N WISCONSIN ST STE 1	
BAKER	262-275-9800	W6741 BRICK CHURCH RD	PO BOX 386
ROGERS	262-275-2127	227 N MAIN ST	PO BOX 400
RHEA	608-378-4177	212 GEORGE ST	PO BOX 97
KLUVER	715-373-6160	119 WASHINGTON AVE	PO BOX 638
HENNING	715-834-3257	5750 OLD TOWN HALL RD	
FILICETTI	262-534-4646	415 N MILWAUKEE ST	
KAWULA	920-478-3025	136 N MONROE ST	
KASTEN	920-261-7795	201 N WATER ST OFC	
MELTESEN	920-262-4006	106 JONES ST	PO BOX 477
GAWLIKOSKI	608-849-7522	201 N KLEIN DR	PO BOX 33
MEFFERT	608-849-8140	401 W 2ND ST	PO BOX 472
HULL	920-324-7915	201 E MAIN ST	
GROOM		213B E FRONT ST	PO BOX 344
GOERKS	608-356-2516	500 CEDAR ST	
IHLENFELD	262-338-3417	6355 COUNTY ROAD Z	
ZIMMERMAN	715-836-2918	MAIL BOX 9	800 WISCONSIN ST UNIT 9
BAUMGART	414-645-1530	4755 W BELOIT RD	
BRATZ	262-210-6350	1020 N RIVER RD	PO BOX 177
QUINN	608-296-2363	129 E 3RD ST	PO BOX 250
ANDERSON	608-849-4372	5387 MARY LAKE RD	
HENNESSY	262-473-1381	312 W WHITEWATER ST	PO BOX 178
LUBACH	920-208-2390	5935 S BUSINESS DR	
OSBORN	262-639-3524	215 E 4 MILE RD	
DAGNON	608-789-7148	800 MAIN ST	
SCHWENN	608-846-3854	4084 MUELLER RD	
STELZNER	920-582-4381	30 S 1ST ST	PO BOX 488
AREND	920-236-5222	WINNEFOX LIBRARY SYSTEM	106 WASHINGTON AVE
MACKESEY	608-254-2558	50 WISC DELLS PKWY S	PO BOX 87
ROGACKI	608-245-7215	4785 HAYES RD STE 200	
SCHUMACHER	608-663-7188	22 E MIFFLIN ST STE 900	
HOLZEM	608-254-2012	300 LA CROSSE ST	
HILDEBRAND	715-261-7250	300 N 1ST ST	
KUCHER		200 WEST ST	PO BOX 37
SEIDEL	920-532-5567	352 HIGH ST	
KRATKY	608-429-2349	165 E DODGE ST	PO BOX 913
RUGGABER	262-878-9232	925 15TH AVE	

Appendix 8 - Local Employer Group Roster (ET-1407)

City	State	Zip	County	PO#	Surcharge Code	Contract Count
ADAMS	WI	53910-1009	ADAMS	P12	S01	12
ALLENTON	WI	53002-0481	WASHINGTON	P04	S01	2
RHINELANDER	WI	54501-0400	ONEIDA	P12	S01	5
ALBANY	WI	53502-9430	GREEN	P12	S01	7
EDGERTON	WI	53534-9539	DANE	P12	S01	3
OSHKOSH	WI	54904-7877	WINNEBAGO	P02	S01	6
ALGOMA	WI	54201-1353	KEWAUNEE	P14	S01	64
ALLENTON	WI	53002-0481	WASHINGTON	P04	S01	0
AMHERST	WI	54406-0036	PORTAGE	P02	S01	4
ARLINGTON	WI	53911-0207	COLUMBIA	P02	S01	2
ASHIPPUN	WI	53003-0206	DODGE	P02	S01	2
MELLEN	WI	54546-0349	ASHLAND	P12	S01	10
AVOCA	WI	53506-0188	IOWA	P12	S01	3
BARABOO	WI	53913-0195	SAUK	P12	S01	23
BARABOO	WI	53913-2184	SAUK	P12	S01	98
GREEN BAY	WI	54301-4117	BROWN	P02	S01	6
BELLEVILLE	WI	53508-0079	DANE	P12	S01	15
BELMONT	WI	53510-0006	LAFAYETTE	P14	S01	7
BELOIT	WI	53511-8666	ROCK	P12	S01	36
BENTON	WI	53803-8023	LAFAYETTE	P12	S01	4
STODDARD	WI	54658-8950	VERNON	P12	S01	1
BLACK CREEK	WI	54106-9791	OUTAGAMIE	P02	S01	4
BLACK EARTH	WI	53515-0347	DANE	P12	S01	6
JANESVILLE	WI	53546-9458	ROCK	P14	S01	215
BLANCHARDVILLE	WI	53516-0009	LAFAYETTE	P02	S01	4
MADISON	WI	53716-2258	DANE	P12	S01	2
BLUE MOUNDS	WI	53517-9701	DANE	P02	S01	1
BLUE MOUNDS	WI	53517-0189	DANE	P12	S01	4
BLUE RIVER	WI	53518-0217	GRANT	P12	S01	3
BOSCOBEL	WI	53805-1532	GRANT	P12	S01	24
BARNEVELD	WI	53507-9752	IOWA	P12	S01	1
BRILLION	WI	54110-1118	CALUMET	P04	S01	15
BRISTOL	WI	53104-9601	KENOSHA	P02	S01	10
BRODHEAD	WI	53520-0168	GREEN	P12	S01	19
BROOKLYN	WI	53521-0189	GREEN	P12	S01	8
BROOKLYN	WI	53521-9759	GREEN	P12	S01	1
CHILTON	WI	53014-9000	CALUMET	P02	S01	3
BROWNSVILLE	WI	53006-0308	DODGE	P12	S01	3
BROWNTOWN	WI	53522-9540	GREEN	P12	S01	2
MADISON	WI	53718-6347	DANE	P02	S01	3
BURLINGTON	WI	53105-9426	RACINE	P02	S01	6
BUTLER	WI	53007-1791	WAUKESHA	P04	S01	13
CAMBRIA	WI	53923-0295	COLUMBIA	P12	S01	5
CAMP DOUGLAS	WI	54618-0294	JUNEAU	P02	S01	3
LA CROSSE	WI	54603-1356	LACROSSE	P02	S01	11

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CEDAR GROVE	WI	53013-0426	SHEBOYGAN	P02	S01	6
PORTAGE	WI	53901-1224	COLUMBIA	P12	S01	186
HARTLAND	WI	53029-8606	WAUKESHA	P14	S01	12
CHIPPEWA FALLS	WI	54729-1876	CHIPPEWA	P17	S29	7
CHIPPEWA FALLS	WI	54729-7377	CHIPPEWA	P02	S01	8
CAMBRIDGE	WI	53523-9444	DANE	P02	S01	2
MONROE	WI	53566-9745	GREEN	P02	S01	1
CLAYTON	WI	54004-3506	POLK	P12	S01	1
CLINTON	WI	53525-0129	ROCK	P16	S01	10
CLYMAN	WI	53016-0129	DODGE	P14	S01	3
COBB	WI	53526-0158	IOWA	P04	S01	2
COLEMAN	WI	54112-0052	MARINETTE	P14	S01	1
COMBINED LOCKS	WI	54113-1129	OUTAGAMIE	P04	S01	6
EDGERTON	WI	53534-9092	ROCK	P02	S01	5
COTTAGE GROVE	WI	53527-9619	DANE	P12	S01	26
BURLINGTON	WI	53105-8209	WALWORTH	P02	S01	1
PR DU CHIEN	WI	53821-1445	CRAWFORD	P14	S01	123
CRIVITZ	WI	54114-0727	MARINETTE	P04	S01	5
CROSS PLAINS	WI	53528-0152	DANE	P12	S01	0
CROSS PLAINS	WI	53528-9180	DANE	P04	S01	1
CROSS PLAINS	WI	53528-0097	DANE	P12	S01	18
CUBA CITY	WI	53807-1538	GRANT	P16	S01	12
CUMBERLAND	WI	54829-0726	BARRON	P12	S01	11
MAZOMANIE	WI	53560-0505	DANE	P12	S01	1
DANE	WI	53529-0168	DANE	P02	S57	2
DARIEN	WI	53114-0097	WALWORTH	P12	S01	5
DARLINGTON	WI	53530-9231	LAFAYETTE	P12	S01	81
DARLINGTON	WI	53530-0207	LAFAYETTE	P12	S01	18
DEERFIELD	WI	53531-0066	DANE	P14	S01	8
COTTAGE GROVE	WI	53527-8305	DANE	P02	S01	10
DEFOREST	WI	53532-1513	DANE	P12	S01	8
DELAFIELD	WI	53018-1817	WAUKESHA	P14	S01	41
DELAFIELD	WI	53018-1871	WAUKESHA	P12	S01	7
DELAVAN	WI	53115-3789	WALWORTH	P02	S01	8
DELAVAN	WI	53115-0465	WALWORTH	P14	S01	54
DELAVAN	WI	53115-3712	WALWORTH	P12	S01	25
LAKE DELTON	WI	53940-0716	SAUK	P12	S01	17
LAKE DELTON	WI	53940-0148	SAUK	P14	S01	2
DICKEYVILLE	WI	53808-0219	GRANT	P14	S01	3
JUNEAU	WI	53039-1329	DODGE	P14	S01	709
JUNEAU	WI	53039-1374	DODGE	P14	S01	3
DODGEVILLE	WI	53533-1750	IOWA	P14	S01	26
DOUSMAN	WI	53118-9557	WAUKESHA	P04	S01	10
KANSASVILLE	WI	53139-9522	RACINE	P12	S01	0
STOUGHTON	WI	53589-4354	DANE	P12	S01	1
MC FARLAND	WI	53558-9754	DANE	P02	S01	9
EAGLE	WI	53119-0295	WAUKESHA	P04	S01	4

Appendix 8 - Local Employer Group Roster (ET-1407)

MENASHA	WI	54952-3388	WINNEBAGO	P04	S01	18
EAST TROY	WI	53120-0872	WALWORTH	P12	S01	9
EDGAR	WI	54426-0067	MARATHON	P12	S01	1
EDGERTON	WI	53534-1248	ROCK	P04	S01	2
EDGERTON	WI	53534-1562	ROCK	P02	S01	6
EDGERTON	WI	53534-1866	ROCK	P14	S01	31
STURGEON BAY	WI	54235-9669	DOOR	P02	S57	1
ELROY	WI	53929-9776	JUNEAU	P02	S01	12
EPHRAIM	WI	54211-0138	DOOR	P02	S01	8
HARTFORD	WI	53027-9774	WASHINGTON	P02	S01	2
EVANSVILLE	WI	53536-0076	ROCK	P12	S01	38
FALL RIVER	WI	53932-0037	COLUMBIA	P14	S01	5
WAUPACA	WI	54981-8651	WAUPACA	P12	S01	1
FENNIMORE	WI	53809-1413	GRANT	P02	S01	109
FENNIMORE	WI	53809-1538	GRANT	P04	S01	23
FITCHBURG	WI	53711-5318	DANE	P12	S01	158
FOND DU LAC	WI	54935-3441	PIERCE	P12	S01	16
WALWORTH	WI	53184-0850	WALWORTH	P12	S01	6
FONTANA	WI	53125-0200	WALWORTH	P12	S01	26
FORT ATKINSON	WI	53538-1861	JEFFERSON	P14	S01	90
NEENAH	WI	54956-5663	WINNEBAGO	P14	S01	78
FOX POINT	WI	53217-3505	MILWAUKEE	P04	S01	47
ROCK SPRINGS	WI	53961-0176	SAUK	P02	S01	1
EDGERTON	WI	53534-8528	ROCK	P12	S01	1
LAKE GENEVA	WI	53147-2617	WALWORTH	P12	S01	13
NEW LISBON	WI	53950-9327	JUNEAU	P12	S01	0
FISH CREEK	WI	54212-0850	DOOR	P12	S01	6
GLENDALE	WI	53209-3815	MILWAUKEE	P12	S01	123
GRAFTON	WI	53024-9436	OZAUKEE	P04	S01	67
GRAND CHUTE	WI	54913-9613	OUTAGAMIE	P14	S01	94
NEENAH	WI	54956-1208	WINNEBAGO	P14	S01	9
GRAND VIEW	WI	54839-0126	BAYFIELD	P07	S01	0
GREEN BAY	WI	54302-1248	BROWN	P14	S01	90
MONROE	WI	53566-1702	GREEN	P12	S01	329
PRINCETON	WI	54968-8753	GREEN LAKE	P02	S01	3
GREENVILLE	WI	54942-0060	OUTAGAMIE	P04	S01	26
GRESHAM	WI	54128-0050	SHAWANO	P12	S01	5
HARTLAND	WI	53029-2017	WAUKESHA	P14	S01	50
HAUGEN	WI	54841-0234	BARRON	P12	S01	1
HAZEL GREEN	WI	53811-0367	GRANT	P02	S01	8
KAUKAUNA	WI	54130-1642	OUTAGAMIE	P02	S01	11
HIGHLAND	WI	53543-0284	IOWA	P04	S01	3
HOLMEN	WI	54636-9213	LACROSSE	P14	S01	1
HOLLANDALE	WI	53544-0055	IOWA	P14	S01	1
HOLMEN	WI	54636-0092	LACROSSE	P06	S01	3
HOLMEN	WI	54636-0158	LACROSSE	P02	S01	33
HORICON	WI	53032-1245	DODGE	P12	S01	45

Appendix 8 - Local Employer Group Roster (ET-1407)

HUDSON	WI	54016-1282	ST. CROIX	P12	S01	1
IRON RIVER	WI	54847-0805	BAYFIELD	P12	S01	1
EAU CLAIRE	WI	54703-1571	EAU CLAIRE	P02	S01	10
DODGEVILLE	WI	53533-1557	IOWA	P14	S01	197
IRON RIDGE	WI	53035-0247	DODGE	P14	S01	3
IXONIA	WI	53036-0109	JEFFERSON	P12	S01	5
JACKSON	WI	53037-9711	WASHINGTON	P02	S01	4
JACKSON	WI	53037-0637	WASHINGTON	P14	S01	31
JEFFERSON	WI	53549-1701	JEFFERSON	P14	S01	452
JEFFERSON	WI	53549-2215	JEFFERSON	P12	S01	2
JEFFERSON	WI	53549-1772	JEFFERSON	P14	S01	57
JOHNSON CREEK	WI	53038-0238	JEFFERSON	P12	S01	17
MAUSTON	WI	53948-1347	JUNEAU	P14	S01	202
JUNEAU	WI	53039-0163	DODGE	P12	S01	21
KAUKAUNA	WI	54130-0890	OUTAGAMIE	P04	S01	155
STOUGHTON	WI	53589-0486	DANE	P06	S01	1
KEWASKUM	WI	53040-0038	WASHINGTON	P14	S01	17
KEWAUNEE	WI	54216-1838	KEWAUNEE	P04	S01	21
KIMBERLY	WI	54136-1335	OUTAGAMIE	P04	S01	26
LA CROSSE	WI	54602-1053	LACROSSE	P14	S01	22
LA POINTE	WI	54850-0270	ASHLAND	P04	S01	13
LA VALLE	WI	53941-0030	SAUK	P12	S01	3
LA VALLE	WI	53941-0013	SAUK	P12	S01	1
LAC DU FLAMBEAU	WI	54538-0068	VILAS	P12	S01	4
OCONOMOWOC	WI	53066-1529	WAUKESHA	P12	S01	1
DARLINGTON	WI	53530-0040	LAFAYETTE	P02	S01	280
ELKHORN	WI	53121-4009	WALWORTH	P12	S01	2
LAKE GENEVA	WI	53147-2657	WALWORTH	P12	S01	3
DELAFIELD	WI	53018-1319	WAUKESHA	P14	S01	12
LAKE DELTON	WI	53940-0087	SAUK	P14	S01	34
CHIPPEWA FALLS	WI	54729-7377	CHIPPEWA	P12	S01	10
LAKE MILLS	WI	53551-1677	JEFFERSON	P12	S01	1
LAKE MILLS	WI	53551-1632	JEFFERSON	P02	S01	56
WATERFORD	WI	53185-5116	RACINE	P04	S01	4
LANCASTER	WI	53813-1562	GRANT	P12	S01	133
MADISON	WI	53703-2715	DANE	P02	S01	7
LEBANON	WI	53047-0024	DODGE	P16	S01	1
LENA	WI	54139-9486	OCONTO	P04	S01	4
LINDEN	WI	53553-0469	IOWA	P12	S01	3
ZENDA	WI	53195-0130	WALWORTH	P17	S01	9
LITTLE CHUTE	WI	54140-1750	OUTAGAMIE	P12	S01	0
LITTLE CHUTE	WI	54140-1750	OUTAGAMIE	P14	S01	72
LIVINGSTON	WI	53554-9792	GRANT	P14	S41	2
LODI	WI	53555-1119	COLUMBIA	P12	S01	20
BROWNSVILLE	WI	53006-1325	DODGE	P04	S01	1
LOMIRA	WI	53048-9581	DODGE	P02	S01	4
LYONS	WI	53148-0237	WALWORTH	P12	S01	1

Appendix 8 - Local Employer Group Roster (ET-1407)

LYONS	WI	53148-0337	WALWORTH	P12	S01	3
MADISON	WI	53703-3345	DANE	P14	S01	2614
MANAWA	WI	54949-0248	WAUPACA	P14	S01	9
MANITOWOC	WI	54220-2086	MANITOWOC	P14	S01	2
MADISON	WI	53704-5955	DANE	P12	S01	14
MARINETTE	WI	54143-1325	MARINETTE	P14	S01	4
MARINETTE	WI	54143-1716	MARINETTE	P04	S01	84
MONTELLO	WI	53949-0129	MARQUETTE	P12	S01	140
MARSHALL	WI	53559-0045	DANE	P14	S01	17
MAUSTON	WI	53948-1329	JUNEAU	P14	S01	31
MAYVILLE	WI	53050-0273	DODGE	P17	S01	7
MAYVILLE	WI	53050-0273	DODGE	P14	S01	23
MAZOMANIE	WI	53560-9326	DANE	P14	S01	1
MAZOMANIE	WI	53560-0026	DANE	P12	S01	7
MC FARLAND	WI	53558-0110	DANE	P12	S01	36
NEENAH	WI	54956-5663	WINNEBAGO	P14	S01	0
MEQUON	WI	53092-1930	OZAUKEE	P04	S01	8
MEQUON	WI	53092-1930	OZAUKEE	P04	S01	105
NORTH LAKE	WI	53064-0128	WAUKESHA	P12	S01	10
MIDDLETON	WI	53562-3118	DANE	P12	S01	5
VERONA	WI	53593-9700	DANE	P12	S01	7
WEST BEND	WI	53095-8536	WASHINGTON	P04	S01	4
WEST MILWAUKEE	WI	53215-2026	MILWAUKEE	P12	S01	22
MILWAUKEE	WI	53233-2414	MILWAUKEE	P12	S01	4
MINERAL POINT	WI	53565-1387	IOWA	P12	S01	16
LA CROSSE	WI	54601-4286	LACROSSE	P12	S01	4
SHEBOYGAN	WI	53081-1107	SHEBOYGAN	P02	S01	8
MONROE	WI	53566-1444	GREEN	P02	S01	3
MONROE	WI	53566-1850	GREEN	P06	S01	81
MONTELLO	WI	53949-9390	MARQUETTE	P17	S01	81
MONTELLO	WI	53949-0039	MARQUETTE	P12	S01	8
MONTICELLO	WI	53570-0147	GREEN	P04	S01	3
MOUNT HOREB	WI	53572-2138	DANE	P12	S01	41
MOUNT HOREB	WI	53572-1949	DANE	P12	S01	5
MUKWONAGO	WI	53149-9235	WAUKESHA	P02	S01	11
MUKWONAGO	WI	53149-0206	WAUKESHA	P04	S01	49
MUSCODA	WI	53573-0206	GRANT	P14	S01	12
NECEDAH	WI	54646-0371	JUNEAU	P12	S01	6
NEW GLARUS	WI	53574-0286	GREEN	P12	S01	1
NEW GLARUS	WI	53574-0448	GREEN	P12	S01	2
NEW GLARUS	WI	53574-0399	GREEN	P12	S01	17
NEW LISBON	WI	53950-0218	JUNEAU	P14	S01	14
NIAGARA	WI	54151-0024	MARINETTE	P12	S01	26
GREEN BAY	WI	54311-6267	BROWN	P02	S01	5
FRANKSVILLE	WI	53126-9691	RACINE	P06	S01	21
WAUSAU	WI	54403-4820	MARATHON	P02	S01	4
NORTH FREEDOM	WI	53951-0300	SAUK	P12	S01	2

Appendix 8 - Local Employer Group Roster (ET-1407)

GLENDAL	WI	53217-4103	MILWAUKEE	P02	S01	6
GLENBEULAH	WI	53023-0217	SHEBOYGAN	P14	S01	2
SPOONER	WI	54801-8692	WASHBURN	P12	S01	13
WIND LAKE	WI	53185-2735	RACINE	P02	S01	4
WIND LAKE	WI	53185-2735	RACINE	P04	S01	5
OCONOMOWOC	WI	53066-4516	WAUKESHA	P04	S01	7
OCONOMOWOC	WI	53066-3034	WAUKESHA	P12	S01	111
OCONOMOWOC	WI	53066-1108	WAUKESHA	P12	S01	21
OCONTO FALLS	WI	54154-1111	OCONTO	P02	S01	22
ONALASKA	WI	54650-2953	LACROSSE	P12	S01	0
ONALASKA	WI	54650-2953	LACROSSE	P12	S01	89
OOSTBURG	WI	53070-0227	SHEBOYGAN	P02	S01	6
OREGON	WI	53575-1451	DANE	P12	S01	8
OREGON	WI	53575-2742	DANE	P12	S01	4
OREGON	WI	53575-1451	DANE	P12	S01	49
OSHKOSH	WI	54903-0397	WINNEBAGO	P16	S01	26
DOUSMAN	WI	53118-9709	WAUKESHA	P02	S01	1
APPLETON	WI	54911-8994	OUTAGAMIE	P14	S01	21
APPLETON	WI	54911-4717	OUTAGAMIE	P04	S01	6
SALEM	WI	53168-9624	KENOSHA	P04	S01	6
PARDEEVILLE	WI	53954-8035	COLUMBIA	P02	S01	9
RHINELANDER	WI	54501-9207	ONEIDA	P14	S01	0
DURAND	WI	54736-0039	PEPIN	P04	S01	66
PEWAUKEE	WI	53072-3533	WAUKESHA	P16	S01	45
STOUGHTON	WI	53589-3352	DANE	P12	S01	2
STOUGHTON	WI	53589-2875	DANE	P12	S01	3
STEVENS POINT	WI	54481-2849	PORTAGE	P02	S01	2
PORTAGE	WI	53901-1742	COLUMBIA	P12	S01	77
POYNETTE	WI	53955-0095	COLUMBIA	P12	S01	12
PRAIRIE DU SAC	WI	53578-1008	SAUK	P12	S01	1
PRAIRIE DU SAC	WI	53578-1008	SAUK	P12	S01	19
PRINCETON	WI	54968-0053	GREEN LAKE	P02	S01	9
FRIENDSHIP	WI	53934-9617	ADAMS	P12	S01	2
RACINE	WI	53403-1522	RACINE	P02	S01	11
RANDOLPH	WI	53956-1272	COLUMBIA	P12	S01	11
REEDSBURG	WI	53959-0490	SAUK	P16	S01	81
RICHLAND CENTER	WI	53581-2169	RICHLAND	P12	S01	2
RICHLAND CENTER	WI	53581-2545	RICHLAND	P12	S01	45
WHITEWATER	WI	53190-4129	WALWORTH	P02	S01	1
RIO	WI	53960-0276	COLUMBIA	P02	S01	5
ROCHESTER	WI	53167-0065	RACINE	P07	S23	2
ROCK SPRINGS	WI	53961-0026	SAUK	P04	S01	2
ROSENDALE	WI	54974-0424	FOND DU LAC	P12	S01	4
BROOKLYN	WI	53521-9473	DANE	P12	S01	2
SAUK CITY	WI	53583-1465	SAUK	P12	S01	18
BARABOO	WI	53913-0147	SAUK	P12	S01	4
SAUK CITY	WI	53583-1465	SAUK	P02	S01	13

Appendix 8 - Local Employer Group Roster (ET-1407)

SAUKVILLE	WI	53080-2013	OZAUKEE	P14	S01	22
NEW FRANKEN	WI	54229-9602	BROWN	P02	S01	3
ADELL	WI	53001-1426	SHEBOYGAN	P12	S01	0
WAUKESHA	WI	53187-1607	WAUKESHA	P14	S01	58
SEYMOUR	WI	54165-1312	OUTAGAMIE	P04	S01	17
SHARON	WI	53585-0379	WALWORTH	P12	S01	11
SHAWANO	WI	54166-3748	SHAWANO	P12	S01	4
SHAWANO	WI	54166-3180	SHAWANO	P04	S01	3
SHAWANO	WI	54166-0436	SHAWANO	P04	S01	15
SHAWANO	WI	54166-2433	SHAWANO	P04	S01	54
SHEBOYGAN	WI	53082-1052	SHEBOYGAN	P12	S01	9
LA CROSSE	WI	54601-7426	LACROSSE	P14	S01	10
SHIOCTON	WI	54170-0096	OUTAGAMIE	P12	S01	6
MADISON	WI	53705-2115	DANE	P12	S01	12
WAUTOMA	WI	54982-0357	WAUSHARA	P12	S01	4
SLINGER	WI	53086-9447	WASHINGTON	P12	S01	0
SLINGER	WI	53086-9022	WASHINGTON	P14	S01	30
SOMERS	WI	53171-0197	KENOSHA	P14	S01	25
MADISON	WI	53718-2153	DANE	P12	S01	42
SOUTH MILWAUKEE	WI	53172-3316	MILWAUKEE	P12	S01	1
SOUTH WAYNE	WI	53587-0305	LAFAYETTE	P12	S01	2
FENNIMORE	WI	53809-9579	GRANT	P02	S01	1
PLATTEVILLE	WI	53818-0262	GRANT	P12	S01	4
SPARTA	WI	54656-2148	MONROE	P14	S01	56
SPRING GREEN	WI	53588-0158	SAUK	P02	S01	10
MOUNT HOREB	WI	53572-2454	DANE	P02	S01	2
DANE	WI	53529-9760	DANE	P12	S01	4
STEVENS POINT	WI	54481-2883	PORTAGE	P02	S01	9
SULLIVAN	WI	53178-9621	JEFFERSON	P02	S01	2
SULLIVAN	WI	53178-0006	JEFFERSON	P02	S01	2
OCONOMOWOC	WI	53066-4705	WAUKESHA	P04	S01	10
SURING	WI	54174-0031	OCONTO	P14	S01	4
THIENSVILLE	WI	53092-1602	OZAUKEE	P14	S01	18
TOMAH	WI	54660-2046	MONROE	P02	S01	71
WHITEHALL	WI	54773-9139	TREMPEALEAU	P14	S01	452
WHITEHALL	WI	54773-0295	TREMPEALEAU	P02	S01	6
WEST BEND	WI	53095-8958	WASHINGTON	P12	S01	2
UNION GROVE	WI	53182-1427	RACINE	P02	S01	14
BLACK EARTH	WI	53515-0393	DANE	P12	S01	5
BLACK EARTH	WI	53515-9729	DANE	P12	S01	1
BIG BEND	WI	53103-8900	WAUKESHA	P14	S01	4
VERONA	WI	53593-1520	DANE	P12	S01	73
VERONA	WI	53593-1035	DANE	P02	S01	3
DEFOREST	WI	53532-1959	DANE	P12	S01	3
OCONOMOWOC	WI	53066-3034	WAUKESHA	P14	S01	3
WALES	WI	53183-0096	WAUKESHA	P02	S01	2
DELAN	WI	53115-1547	WALWORTH	P02	S01	15

Appendix 8 - Local Employer Group Roster (ET-1407)

ELKHORN	WI	53121-1136	WALWORTH	P12	S01	3
WALWORTH	WI	53184-0386	WALWORTH	P02	S01	2
WALWORTH	WI	53184-0400	WALWORTH	P14	S01	11
WARRENS	WI	54666-0097	MONROE	P02	S01	2
WASHBURN	WI	54891-0638	BAYFIELD	P04	S01	14
EAU CLAIRE	WI	54701-8948	EAU CLAIRE	P02	S01	5
WATERFORD	WI	53185-4434	RACINE	P04	S01	2
WATERLOO	WI	53594-1125	JEFFERSON	P02	S01	35
WATERTOWN	WI	53094-7717	JEFFERSON	P12	S01	1
WATERTOWN	WI	53094-0477	JEFFERSON	P14	S01	165
WAUNAKEE	WI	53597-0033	DANE	P12	S01	5
WAUNAKEE	WI	53597-0472	DANE	P12	S01	1
WAUPUN	WI	53963-2019	DODGE	P02	S01	67
WAUZEKA	WI	53826-0344	CRAWFORD	P12	S01	0
BARABOO	WI	53913-1181	SAUK	P12	S01	5
WEST BEND	WI	53095-9201	WASHINGTON	P02	S01	4
EAU CLAIRE	WI	54703-3521	EAU CLAIRE	P12	S01	10
WEST MILWAUKEE	WI	53214-3517	MILWAUKEE	P14	S01	30
ROCHESTER	WI	53167-0177	RACINE	P02	S01	2
WESTFIELD	WI	53964-0250	MARQUETTE	P02	S01	7
WAUNAKEE	WI	53597-9128	DANE	P02	S01	7
WHITEWATER	WI	53190-0178	WALWORTH	P04	S01	61
SHEBOYGAN	WI	53081-8930	SHEBOYGAN	P02	S01	3
RACINE	WI	53402-2625	RACINE	P14	S01	3
LA CROSSE	WI	54601-4122	LACROSSE	P02	S01	7
DEFOREST	WI	53532-2332	DANE	P12	S01	15
WINNECONNE	WI	54986-0488	WINNEBAGO	P02	S01	17
OSHKOSH	WI	54901-4933	WINNEBAGO	P14	S01	13
LAKE DELTON	WI	53940-0087	SAUK	P12	S01	3
MADISON	WI	53704-7364	DANE	P12	S01	9
MADISON	WI	53703-4247	DANE	P12	S01	19
WISCONSIN DELLS	WI	53965-1568	COLUMBIA	P12	S01	44
WAUSAU	WI	54403-5405	MARATHON	P12	S01	7
WONEWOC	WI	53968-0037	JUNEAU	P02	S01	7
WRIGHTSTOWN	WI	54180-1130	BROWN	P02	S01	12
WYOCENA	WI	53969-0913	COLUMBIA	P12	S01	3
UNION GROVE	WI	53182-1427	RACINE	P06	S01	2

Appendix 9 Current Financial and Utilization Data Submissions

See RFP Section 8.3.2.

PLAN UTILIZATION AND RATE REVIEW INFORMATION

NAME OF PLAN: _____

SERVICE AREA COVERED: _____

PREMIUM RATES BASED ON: COMMUNITY RATED EXPERIENCE
 STATE EMPLOYEE EXPERIENCE*
 LOCAL EMPLOYEE EXPERIENCE*
 OTHER (PLEASE SPECIFY BASIS)
 * USE SEPARATE ADDENDUM 1 PAGES

This Rate Review information shall be provided June 3, 2016. It must be submitted directly to the Board's Actuary in the prescribed Excel format via e-mail. The accompanying data shall also be submitted on the same date in the prescribed format via a secure file transfer.

The Department will provide written guidelines to the plan concerning the definitions, group numbers or subgroups, report period, and other information required to prepare this report. Additional data may be required on different subgroups (COBRA participants, for example) throughout the contract year.

STATE OF WISCONSIN ACTUARIAL DATA REPORT GENERAL TABLE DESCRIPTION

Based upon the membership, experience data, trend assumptions, and assumed administrative costs provided, the data and calculations provided in TABLES 1-15 of the Addendum 1 utilization and experience data request calculate prospective premium rates for calendar year 2017. Any plan for which proposed calendar year 2017 premium rates differ from those developed in Addendum 1 TABLES 1-15 will be required to submit its justification and applicable renewal calculation.

TABLE 1 - MONTHLY ENROLLMENT AND PREMIUMS

TABLE 1 will calculate average contract size and contract mix figures based upon data provided. The number of member months and contracts for the period 1/1/2015-3/31/2016 should be input for single coverage in Columns B and C and for family coverage in Columns D and E.

The contractual premium rates by coverage tier should be entered on line 30. Row 31 should be the dental benefit component of the premium applicable to the prior dental benefit. Row 32 should include any other adjustments that may have been made to the contractual premium rates. The net premium is calculated on row 33 as row 30 less rows 31 and 32.

The remainder of the worksheet will auto calculate, including rows 43-44 that calculate average contract size and mix for single and family coverage.

TABLE 2 - ENROLLMENT AND MEMBER MONTHS BY AGE AND SEX

The first section of TABLE 2 requests the member counts for the period of 4/1/2015-3/31/2016 by age group and sex (regardless of whether the member is an employee or a dependent).

The second section of TABLE 2 requests the member counts for December 2015 by age group and sex (regardless of whether the member is an employee or a dependent).

The third section of TABLE 2 requests the member counts for March 2016 by age group and sex (regardless of whether the member is an employee or a dependent).

A box at the bottom of TABLE 2 will show the automatically calculated average age and average age/sex factor.

The age calculation should be based on the employee or dependent's age on the first day of the month.

All counts should reconcile to TABLE 1.

TABLE 3 - ACTUARIAL DATA REPORTS

TABLE 3A: APRIL 1, 2015 THROUGH MARCH 31, 2016 FEE FOR SERVICE CLAIMS
TABLE 3B: APRIL 1, 2015 THROUGH MARCH 31, 2016 CAPITATION ENCOUNTER

GENERAL DESCRIPTION

TABLE 3 requests fee for service claims and capitation encounter experience information for all health plans, whether they are experience rated or fully or partially capitated. There are separate sections for medical fee for service and capitation encounter data (TABLES 3A and 3B, respectively). Please complete those portions of the data request that are applicable to your type of plan.

- Category: One report is requested for each of the following eight categories:
- i. State of Wisconsin Employee Plan, Non-Medicare, Non Graduate Assistant
 - ii. State of Wisconsin Employee Plan, Medicare
 - iii. State of Wisconsin Employee Plan, Graduate Assistant
 - iv. State of Wisconsin Local Plan, Non-Medicare
 - v. State of Wisconsin Local Plan, Medicare
 - vi. State of Wisconsin High Deductible Plan
 - vii. Total Organization, Non-Medicare/Commercial
 - viii. Total Organization, Medicare

A title worksheet is included in the first tab of the workbook. Use the dropdown box to specify the category of each report.

For the Medicare lines of business (State & Local), the experience and membership provided should include only those members who are Medicare-eligible (no non-Medicare eligible spouses or other dependents). Please respond to the questions in TABLE 11 and indicate if this is not the case.

Please note that the Total Organization refers to all commercial group business for your organization, including the State of Wisconsin but excluding Medicaid participants. If you offer more than one plan option to either Non-Medicare or Medicare State of Wisconsin Employee or Local Plan participants, please include a separate report for each option.

➤ Report Period

The report should include all services rendered from April 1, 2015 through March 31, 2016.

➤ Benefit Description

Refer to the section immediately following for a detailed description of services to be included in each benefit category. If you are unable to follow these definitions, indicate the reason why and the actual definition used.

➤ Total Number of Admissions

For hospital inpatient services, the total number of admissions rendered for all members during the Report Period.

➤ Total Number of Days

For hospital inpatient services, the total number of hospital days rendered for all members during the Report Period.

➤ Total Billed Charges

For all services, the total billed charges. Billed charges are defined as undiscounted charges for covered services during the requested Report Period. The experience should not include any billed charges for services not covered by the plan, The experience should also not include any adjustments for incurred but not reported claims; see Incurred Claim Factor below.

➤ Total Allowed Charges

For all services, the total allowed charges. Allowed charges are defined as discounted charges for covered services during the requested Report Period. The experience should not include any allowed charges for services not covered by the plan. The experience should also not include any adjustments for incurred but not reported claims; see Incurred Claim Factor below.

➤ Total COB (including Medicare)

For all services, the total amount paid for covered services by another carrier or Medicare through coordination of benefits during the requested Report Period.

- Total Member Cost Share
For all services, the total member cost share. Member cost share is defined as any participant/member liabilities such as copayments, coinsurance or deductibles applicable for covered services during the requested Report Period.
- Total Paid Charges
For all services, the total paid claims. Paid claims are defined as discounted charges net of employee cost-sharing during the requested Report Period. In other words, the experience should not include any participant/member liabilities such as copayments, coinsurance or deductibles. The experience should also not include any adjustments for incurred but not reported claims; see Incurred Claim Factor below.
- Total Number of Member Months
The Total Number of Member Months is the number of months each member and dependent is eligible for benefits during the Report Period. Please note that this cell is linked to the total 4/1/2015-3/31/2016 member months from TABLE 1.
- Annual Admissions Per 1,000
For hospital inpatient services, calculated as the total Number of Admissions divided by the Total Number of Member Months, times 12,000.
- Annual Days Per 1,000
For hospital inpatient services, calculated as the Total Number of Days divided by the Total Number of Member Months, times 12,000.
- Average Length of Stay
For hospital inpatient services, calculated as the Total Number of Days divided by Total Number of Admissions.
- Average Paid Charges Per Day
For hospital inpatient services, calculated as Total Paid Charges divided by the Total Number of Days.
- Average Paid Charges Per Member Per Month
Calculated as Total Paid Charges divided by the Total Number of Member Months.
- Total Number of Services
For non-hospital inpatient services, the total number of services rendered for all members during the Report Period. Please note the services are defined in the Benefit Description section.
- Annual Services Per 1,000
For non-hospital inpatient services, calculated as Total Number of Services divided by the total Number of Member Months, times 12,000.

- Average Paid Charges Per Service
For non-hospital inpatient services, calculated as the Total Paid Charges divided by the Total Number of Services.
- Fee For Service Incurred Claim Factor
This factor is the estimated percentage of paid claims for the specified Reporting Period that have not yet been recorded or paid. Incurred Claims will be calculated as (1 + Incurred Claim Factor) multiplied by the Total Paid Charges.
- Number of Runout Months
This is the number of months of experience that have been included in Paid Charges beyond the specific incurred Reporting Period of 4/1/2015-3/31/2016. For example, if a plan includes experience for claims that were incurred from 4/1/2015-3/31/2016 and paid through 5/31/2016, the Number of Runout Months would equal two, and the Incurred Claim Factor should be reflective of the Number of Runout Months.
- Incurred Fee For Service Total
Incurred claims will be calculated as (1 + Incurred Claim Factor) multiplied by the Paid Charges. This represents the total amount of claims that have been incurred in the Reporting Period.
- Total Capitation Paid
The total capitation payments paid during the Report Period. This will calculate automatically from Total Paid Capitation during the Report Period entered on Table 4.

BENEFIT DESCRIPTION FOR TABLES 3A and 3B

TABLE 3A requests medical fee for service utilization and claims experience for the period 4/1/2015-3/31/2016. TABLE 3B requests medical capitation encounter data for the period 4/1/2015-3/31/2016.

The following benefit descriptions should be used in developing the Actuarial Data Report. Where possible, Current Procedural Terminology Codes—CPT 2014 Professional Edition, (CPT-4 codes) has been included to aid in the summarization of information. The appropriate HCFA Common Procedure Coding System (HCPCS) Level II codes are also included. For services affected by the Medicare Resource Based Relative Value System (RBRVS), both the CPT code ranges used prior to RBRVS and the evaluation and management CPT code ranges introduced by RBRVS have been included.

Note: There have been no changes to the mapping this year and the required data submission utilizes identical methodology.

A. HOSPITAL INPATIENT

This benefit includes daily semi-private room and board and ancillary services in short-term community hospitals. Ancillary services include use of surgical and intensive care facilities, inpatient nursing care, pathology and radiology procedures, drugs and supplies. Services

are counted as the number of admissions and the number of days confined. Ancillary charges should not include professional charges for hospital-based physicians.

1. Non-Maternity

- a. Medical: A medical admission includes a confinement without a major surgery and without a diagnosis indicating a substance abuse or psychiatric condition.
- b. Surgical: A surgical admission includes a confinement primarily resulting from a surgery or multiple surgeries.
- c. Mental Health: A psychiatric admission includes a confinement with a primary diagnosis involving a psychiatric condition.
- d. Substance Abuse: A substance abuse admission includes a confinement with a primary diagnosis involving an alcohol and/or drug abuse condition.

2. Maternity

- a. Maternity Deliveries: This benefit includes hospital inpatient room and board and ancillary services for normal and cesarean deliveries for the mother. Charges for the well newborn baby should be included but newborn admissions and days should be excluded.
- b. Maternity - Non-Deliveries: This benefit includes hospital inpatient room and board and ancillary services for complications of pregnancy and pregnancies that do not result in a delivery due to miscarriage or therapeutic abortion.
- c. Neonatal ICU: This benefit includes hospital inpatient room and board and ancillary services for premature infants or other neonatal care.

3. Extended Care Facility

This benefit includes daily room and board and ancillary services in an approved extended care facility. The facility may be either the extended care ward of a community hospital or an independent skilled nursing facility. Ancillary services include inpatient nursing care, pathology and radiology procedures, drugs and supplies.

B. HOSPITAL OUTPATIENT

1. Emergency Room

This benefit includes services for emergency accident and medical care performed in the emergency area of a hospital outpatient facility. Services are counted as the number of visits to the emergency room. Charges should include facility charges only and not professional charges.

2. Outpatient Surgery

This benefit includes hospital outpatient services for surgery, including surgery performed in a hospital outpatient facility or a freestanding surgical facility. Services are counted as the number of surgical procedures and not the number of outpatient surgical

encounters. Charges should include facility charges only and do not include professional charges.

3. Radiology

This benefit includes the technical component of radiology services performed by a hospital outpatient department. Services are counted as the number of procedures. Professional charges should be excluded.

4. Pathology

This benefit includes the technical component of pathology services performed by the hospital outpatient department. Services are counted as the number of procedures. Professional charges should be excluded.

5. Outpatient Mental Health

This benefit includes mental health outpatient services. Services are counted as the number of visits to the outpatient mental health facility. Charges should include facility charges only and not professional charges.

6. Outpatient Substance Abuse

This benefit includes substance abuse outpatient services. Services are counted as the number of visits to the outpatient substance abuse facility. Charges should include facility charges only and not professional charges.

7. Other

This benefit includes hospital outpatient services other than emergency room, surgery, radiology and pathology, such as physical therapy, maternity non-delivery, and supplies. Services are counted as the number of procedures. Charges should include facility charges only and not professional charges.

8. Other Facility

- a. Hospice -This benefit includes all facility charges and services provided in a hospice for a terminally ill patient and family. Charges incurred in the hospice ward of a hospital are included as well as in a stand-alone hospice facility.
- b. Transitional Care -This benefit includes substance abuse rehabilitation services provided in a transitional care program. Services may be provided in a hospital outpatient or day care setting and charges would include professional and facility charges.

C. PHYSICIAN

1. Surgical Services

a. Inpatient Surgery:

- (1) Professional Surgeon (CPT-4 Codes 10021-58999 (except 36415), 59525, 60000-69990)

This benefit includes surgeries performed by a surgeon on an inpatient basis. Services are counted as the number of inpatient surgical procedures and not the number of surgical admissions. Charges should include normal pre-surgical and post-surgical encounters with the surgeon and would include both primary and assistant surgeon charges.

b. Anesthesia:

- (1) Inpatient Anesthesia (CPT-4 Codes 00100-01999, 99100-99140 or 10040-69990 with anesthesia modifier)

This benefit includes services by an anesthesiologist or anesthesiologist for non-maternity and maternity surgeries performed in an inpatient setting. Services are counted as the number of inpatient surgical procedures requiring anesthesia. Charges should include inpatient pre-surgical and post-surgical encounters, and the usual monitoring procedures.

- (2) Outpatient Anesthesia (CPT-4 Codes 00100-01999, 99100-99140, or 10040-69990 with anesthesia modifier)

Same as above except in an outpatient setting, including a hospital outpatient department, freestanding surgical facility or physician's office.

c. Maternity:

- (1) Normal Deliveries (CPT-4 Codes 59400-59430, 59610-59614)

This benefit includes physician obstetrical care for normal deliveries and complications of pregnancy that result in a normal delivery. Services are counted as the number of maternity cases that result in a normal delivery. Charges should include delivery care and standard pre- and post-natal visits.

- (2) Cesarean Deliveries (CPT-4 Codes 59510-59515, 59618-59622)

This benefit includes physician obstetrical care for cesarean deliveries and complications of pregnancy that result in a cesarean delivery. Services are counted as the number of maternity cases that result in a cesarean delivery. Charges should include delivery care and standard pre-natal and post-natal visits.

- (3) Other OB Services (CPT-4 Codes 59000-59350, 59812-59899)

This benefit includes physician obstetrical care for pregnancies that do not result in a delivery due to a complication, miscarriage or therapeutic abortion as well as other obstetrical services that are not related to a delivery (e.g. amniocentesis, fetal monitoring, etc.). Services are counted as the number of procedures. Charges should include surgical care and standard pre-natal visits.

d. Outpatient Surgery:

- (1) Outpatient Surgical Center (CPT-4 Codes 10021-58999 (except 36415), 59525, 60000-69990)

This benefit provides for surgery by a physician in a hospital outpatient department or a freestanding surgical facility. Services are counted as the

number of outpatient procedures and not the number of outpatient surgical encounters. Charges should include normal pre-surgical and post-surgical encounters with a surgeon.

(2) Office (CPT-4 Codes 10021-58999 (except 36415), 59525, 60000-69990)

This benefit includes surgery by a physician in the physician's office. Services are counted as the number of office outpatient surgical procedures and not the number of office outpatient surgical encounters. Charges should include normal pre-surgical and post-surgical encounters with the physician.

2. Physician — Inpatient Visits

a. Hospital Visits (CPT-4 Codes 99217-99239, 99289-99300, 99460, 99462-99465, HCPCS Codes M0064-M0100)

This benefit includes visits to hospitals by a physician. Services are counted as the number of visits. Physician visits by the surgeon in the case of a surgery should be included in the surgery benefit.

b. Critical Care Visits (CPT-4 Codes 99170-99199, 99289-99292, 99466-99480)

This benefit includes the care of critically ill patients in a variety of medical emergencies that require the constant attention of the physician (e.g. cardiac arrest, shock, bleeding, respiratory failure, etc.). Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit or an emergency care facility. Services are counted as the number of procedures.

c. Mental Health Visits (CPT-4 Codes 90785-90899; HCPCS Codes G0176-G0177, H0001-H2999, M0064-M0100)

This benefit includes visits to hospitals for a psychiatric patient by a psychiatrist, psychologist, or other professional. Services are counted as the number of visits.

d. Substance Abuse Visits (CPT-4 Codes 90791-90792, 90832-90899, 99406-99409; HCPCS Codes G0396-G0397, H0001-H2999, S9075)

This benefit includes visits to hospitals for a substance abuse patient by a psychiatrist, psychologist, or other professional. Services are counted as the number of visits.

e. Extended Care Visits (CPT-4 Codes 99304-99318, HCPCS Codes M0064-M0100)

This benefit includes physician visits to approved extended care facilities. Services are counted as the number of procedures.

- f. Home Health Visits (CPT-4 Codes 99324-99350, 99500-99602, HCPCS Codes M0064-M0100)

This benefit includes physician visits in the insured's home or a custodial facility. It does not include visits by a nurse. Services are counted as the number of visits.

3. Office Services

- a. Office Visits (CPT-4 Codes 99143-99150, 99201-99215, HCPCS Codes M0064-M0100)

This benefit includes visits to a physician's office. Physical exams, well baby exams and any pre-surgical or post-surgical visits are included elsewhere. Services are counted as the number of visits. Charges should include professional fees of the primary physician or the referral physician. Charge levels should include only the physician's time; the charges for lab or x-ray procedures performed in the physician's office and medications are included elsewhere.

- b. Therapeutic Injections (J Codes) (CPT-4 Codes 96360-96379; HCPCS Codes J0120-J8999, J9019, J9042)

This benefit includes professional services and materials associated with therapeutic injections when administered by the staff of the attending physician. Immunizations are not included. Services are counted as the number of procedures.

- c. Allergy Testing/Allergy Immunotherapy (CPT-4 Codes 95004-95079, 95115-95199, HCPCS Codes G0008-G0010, J0171-J8999)

This benefit includes professional services and materials associated with allergy tests when administered by the staff of the attending physician. This benefit also includes professional services and materials associated with allergy immunotherapy (serum, syringes, etc.) when administered by the staff of the attending physician. Services are counted as the number of procedures.

- d. Chemotherapy Drugs (HCPCS Codes J9000-J9999, excluding codes J9019 and J9042.)

This benefit includes professional services and materials associated with chemotherapy drugs when administered by the staff of the attending physician. Services are counted as the number of procedures.

- e. Diagnostic Testing

This benefit provides for the following professional services:

<u>Service</u>	<u>CPT-4 or HCPCS Codes</u>
Biofeedback	90901-90911
Gastroenterology	91000-91299
Otorhinolaryngology Services	92502-92505, 92511-92526, 92700

Vestibular Function Tests	92531-92548
Non-Invasive Peripheral Vascular Diagnostic Studies	93875-93998
Pulmonary	94002-94799
Neurology	95782, 95783, 95800-96020
Chemotherapy	96401-96549, HCPCS Codes Q0083-Q0085
Dermatology	96900-96999
Miscellaneous	96101-96125, 96150-96155, 99000-99091, 99175-99199, 99354-99360, 99477-99499, HCPCS Code G9143

Not all of the above procedures are necessarily diagnostic testing. They were included in this benefit because they are related to diagnostic testing. Services are counted as the number of procedures.

f. Urgent Care

This benefit includes services for medical care performed in an urgent care facility. Services are counted as the number of visits to the urgent care center. Charges should include both facility and professional charges.

g. Other (HCPCS Codes A4206-A4608, A4641-A4652, A5051-A9999, B4000-B5200, M0075-M0100)

This benefit includes physician office services not included elsewhere. Services are counted as the number of procedures.

4. Other Physician Services

a. Emergency Room Visits (CPT-4 Codes 99281-99288)

This benefit includes visits to the emergency area of a hospital outpatient facility by either a primary care physician or a hospital staff physician. Services are counted as the number of visits.

b. Consults (CPT-4 Codes 99241-99255, 97802-97804, HCPCS G0270-G0271)

This benefit includes a consulting specialist and presumes the primary care physician has due cause to seek consultation. A consultation includes services rendered by a physician or other appropriate source for the further evaluation and/or management of the patient. When the consulting physician assumes responsibility for the continuing care of the patient, any subsequent service rendered by the physician will cease to be a consultation. Consultations can be provided for both inpatient and outpatient care. Services are counted as the number of consultations.

- c. Cardiovascular (CPT-4 Codes 92950-93799; HCPCS Codes M0300-M0301, Q0035)

This benefit includes therapeutic services (e.g. CPR), cardiography (e.g. EKGs), cardiac catheterization and other cardiovascular services performed by a physician. Services are counted as the number of procedures.

- d. Dialysis (CPT-4 Codes 90935-90999; HCPCS Codes A4650-A4932, E1500-E1699, M0064-M0100)

This benefit includes services by a physician and staff for dialysis treatment including hemodialysis, peritoneal dialysis and miscellaneous dialysis procedures. Services are counted as the number of procedures.

- e. Other Physician Services (CPT-4 Codes 96567-96571, 99143-99150, 99363-99380; Miscellaneous HCPCS Codes)

This benefit includes physician services not allocated to other line items. Services are counted as the number of procedures.

- f. Radiology:

- (1) Inpatient - (Professional Only) (CPT-4 Codes 70010-77032, 77071-79999)

This benefit includes professional services by a physician when the x-ray is performed on an inpatient basis. Services are counted as the number of procedures. Charges for the technical component of radiology services should be included in the hospital inpatient benefit.

- (2) Outpatient - (Professional Only) (CPT-4 Codes 70010-77032, 77071-79999)

This benefit includes professional services by the physician when the x-ray is performed in the office, hospital outpatient department or freestanding facility. Services are counted as the number of procedures. This benefit includes only those professional charges that are billed separately from the technical component. The technical component of radiology services should be included in the Hospital Outpatient - Radiology benefit or in the Physician - Radiology - Office (Combined Professional and Technical) benefit.

- (3) Office - (Combined Professional and Technical) (CPT-4 Codes 70010-77032, 77071-79999; HCPCS Codes Q0092, R0000-R5999)

This benefit includes both the professional and technical component of radiology services when these services are billed together. Services are counted as the number of procedures. Charges should only be included here when the x-ray is performed in an office or clinic setting.

g. Surgical Pathology:

(1) Inpatient (Professional Only) (CPT-4 Codes 88300-88399)

This benefit includes professional services by a physician when the surgical pathology procedure is performed on an inpatient basis. Services are counted as the number of procedures. Charges for the technical component of pathology services should be included in the hospital inpatient benefit.

(2) Outpatient (Professional Only) (CPT-4 Codes 88300-88399)

This benefit includes professional service by the physician when the surgical pathology procedure is performed in the office, hospital outpatient department or freestanding facility. Services are counted as the number of procedures. This benefit includes only those professional charges that are billed separately from the technical component. The technical component of pathology services should be included in the Hospital Outpatient - Pathology benefit or in the Physician - Pathology - Office (Combined Professional and Technical) benefit.

(3) Office (Combined Professional and Technical) (CPT-4 Codes 88300-88399; HCPCS Code Q0091)

This benefit includes both the professional and technical component of surgical pathology services when these services are billed together. Services are counted as the number of procedures. Charges should only be included here when the lab work is performed in an office or clinic setting.

D. OTHER SERVICES

1. Physical Therapy

(CPT-4 Codes 97001-97002, 97005-97799)

This benefit includes physical therapy when ordered by the attending physician. Services are counted as the number of procedures.

2. Occupational/Speech Therapy

(CPT-4 Codes 92506-92508, 97003-97004, HCPCS Codes V5362-V5364)

This benefit includes occupational therapy when ordered by the attending physician. Services are counted as the number of procedures.

3. Chiropractic

(CPT-4 Codes 98940-98943)

This benefit includes visits to a licensed chiropractor's office including those visits involving manipulations. This benefit includes x-rays taken in the chiropractor's office. Services are counted as the number of procedures.

4. Private Duty Nursing/Home Health

(CPT-4 Codes 99500-99602)

This benefit includes private nursing and home health visits if required by the attending physician and not representing custodial care. Services are counted as the number of procedures.

5. Ambulance

(HCPCS Codes A0000-A0999)

This benefit includes professional ambulance service. Services are counted as the number of procedures.

6. Durable Medical Equipment/Prosthetics

(HCPCS Codes A4611-A4640, B9000-B9999, E0100-E1406, E1700-E8002, K0001-K0900, L0100-L9999, Q0081, V5030-V5299, V5336)

This benefit includes appliances, equipment, and prosthetic devices. Appliances and equipment include braces (orthotics), canes, crutches, glucosan, glucometer, intermittent positive pressure machines, rib belt for treatment of an accident or illness, walker, wheel chairs, etc. Prosthetics includes artificial parts that replace a missing body part or improve a body function (i.e., artificial limb, heart valve, and medically necessary reconstruction). Services are counted as the number of items.

7. Laboratory

(CPT Codes 36415, 80047-88299, 89049-89240; HCPCS Codes G0027, P0000-P9999)

This benefit includes both the professional and technical component of non-physician laboratory services when these services are billed together. Services are counted as the number of procedures.

E. ADDITIONAL BENEFITS

1. Immunizations

(CPT-4 Codes 90281-90749)

This benefit includes the professional services and materials associated with administering immunizations. Services are counted as the number of procedures.

2. Well Baby Exams

(CPT-4 Codes 99381, 99391, 99460-99465)

This benefit includes normal periodic examinations of well children under age one. Services are counted as the number of exams.

3. Well Child Exams

(CPT Codes 99382-99384, 99392-99394, HCPCS Codes M0064-M0100)

This benefit includes routine examinations of children ages 1 through 17. Services are counted as the number of exams.

4. Physical Exams

(CPT-4 Codes 99385-99387, 99395-99397, 99401-99429, HCPCS Codes M0064-M0100)

This benefit includes routine examinations of adults and children over the age of 17. Services are counted as the number of exams.

5. Vision Services

(CPT-4 Codes 92002-92287, 92499)

This benefit includes eye exams and other ophthalmology services conducted by a licensed ophthalmologist or optometrist. Services are counted as the number of procedures.

6. Vision Supplies

(CPT-4 Codes 92310-92371; HCPCS Codes V2020-V2799)

This benefit includes lenses and frames and contact lenses. Services are counted as the number of services.

7. Speech Exams

(CPT-4 Codes 92506-92508; HCPCS Codes V5301-V5364 (except V5336))

This benefit includes speech exams. Services are counted as the number of procedures.

8. Hearing Exams

(CPT-4 Codes 92550-92597; HCPCS Codes V5000-V5020)

This benefit includes hearing exams. Services are counted as the number of procedures.

9. Podiatrist

This benefit includes services performed by a licensed podiatrist. There are no specifically identified CPT codes for this treatment. Services are counted as the number of visits.

10. Mammography Exams

(CPT Codes 77051-77059)

This benefit includes routine mammography examinations of female adults. Charges should include the x-ray associated with the exam. Services are counted as the number of procedures.

11. Outpatient Mental Health

(CPT-4 Codes 90785-90899; HCPCS Codes G0176-G0177, H0001-H2999)

This benefit includes psychiatric treatment by a qualified professional performed on an outpatient basis. Services are counted as the number of visits.

12. Outpatient Substance Abuse

(CPT-4 Codes 90785-90899, 99406-99409; HCPCS Codes G0396-G0397, H0001-H2999, S9075)

This benefit includes treatment of alcohol and/or drug abuse by a qualified professional performed on an outpatient basis. Services are counted as the number of visits.

13. Other Services

This line item would include all services that have not been allocated to any of the above line items.

The Total FFS Incurred Claim Factor and the Number of Runout Months should be input at the bottom of this section.

Note that there are a number of calculated fields in this section that are self-explanatory.

TABLE 4 - PAID CLAIMS AND ENCOUNTER EXPERIENCE BY MONTH

TABLE 4 requests medical fee for service claims, capitation encounter data and capitation payments by month for the period 1/1/2015-3/31/2016.

Claims and encounter data should be entered for the six main service categories consistent with TABLES 3A & 3B: Hospital Inpatient, Hospital Outpatient, Other Facility, Physician, Other Services and Additional Services. There are separate columns for fee-for-service and encounter data. Data entered by month should not include any incurred claim completion factors.

Additional input is required for total actual capitation payment by month for the same period.

TABLE 5 - MEDICAL TREND ASSUMPTIONS

TABLE 5 requests information regarding the trends used in the rate development. **NOTE: The trend periods used in the calculations are listed at the top of the table.**

Step I shows the calculation of the weighted trend for fee-for-service costs. The weighted trend is the trend assumed by the carrier from the midpoint of the experience period to the midpoint of the rating period. Prepare separate tables for each period. Prepare one table for 2015-2016 and another table for 2016-2017 annual trends.

The first column lists the major categories by type of service, which are the same as those shown in the applicable experience table (TABLE 3A or 3B).

The second and third columns represent trend factors for cost and utilization. Estimates of these factors need to be input for both trending periods.

The fourth, fifth, and sixth columns are automatically calculated fields which develop an overall trend factor for both rating periods.

Step 2 calculates the two year weighted trend for fee-for-service costs. The aggregate trend is calculated by multiplying the sum of one plus the weighted trend for the first period (for only 9 months) times the sum of one plus the weighted trend for the second period.

Step 3 requests the aggregate trend for capitated services.

The first column lists the major categories by type of service, which are the same as those shown in the applicable experience table (TABLE 3A or 3B).

The second column requests the projected annual trend for 2015-2016.

The third and fourth columns automatically calculate an overall weighted annual trend for 2015-2016 based on the trend input and the distribution of capitated service categories.

The fifth, sixth and seventh columns are similar to columns one, two and three and four as described above. However, plans should enter projected annual trend for 2016-2017 in the fifth column.

The two year weighted trend for capitated services is then calculated. The aggregate trend is calculated by multiplying the sum of one plus the weighted trend for the first period times the sum of one plus the weighted trend for the second period.

Step 4 is where the carrier should explain any special circumstances which may have caused the trends to be unusually high or low.

TABLE 6 - MEDICAL ADMINISTRATIVE EXPENSES AND OTHER PMPM COSTS

TABLE 6 requires a breakdown of the administrative expenses and any other miscellaneous costs included in the rate development.

Medical Administrative Expenses:

The first column lists a detailed description of the different expense categories requested.

The second column is the 2015 PMPM cost for the expense category.

The third column is the PMPM cost that was included in the 2016 rate calculation.

The fourth column is the estimated PMPM cost included in the 2017 rate calculation.

TABLE 7 - REQUIRED PREMIUM PMPM

TABLE 7 uses the information provided on TABLES 1 - 6 to calculate the required premium per member per month for calendar year 2017. Please note that these automatically calculate and plans are not required to input data.

Line 1 - is the grand total amount of fee-for-service claims cost PMPM for the experience period as shown in TABLE 3A. This amount includes the incurred claim factor supplied to bring the claims to an incurred level.

Line 2 - is the aggregate fee-for-service trend factor as shown in TABLE 5.

Line 3 - is the claims cost trended to the rating period, which is calculated by multiplying Line 1 by Line 2.

Line 4 - is the total capitation cost PMPM from TABLES 3A and/or 3B.

Line 5 - is the aggregate capitated services trend factor from TABLE 5.

Line 6 - is the total capitation cost trended to the rating period and is calculated by multiplying Line 4 by Line 5.

Line 7 - is the total estimated 2017 administrative cost PMPM as shown on TABLE 6.

Line 8 - is the required medical premium PMPM and is calculated by adding lines 3, 6 and 7.

TABLE 8 - 2017 CALCULATED RATES

TABLE 8 includes information from TABLES 1 through 7 to automatically calculate the single and family rates.

Step 1 details the calculation of the conversion factor used to convert the required premium per member per month to single and family rates.

Line 1, Column B - is the contract mix from TABLE 1, row 44 Column B.

Line 2, Column B - is the contract mix from TABLE 1, row 44 Column C.

Line 3, Column B - is the sum of the contract mix for single and family, which must equal 100%.

Line 1, Column C - is the average contract size for single from TABLE 1, row 43 Column B.

Line 2, Column C - is the average contract size for family from TABLE 1, row 43 Column C.

Line 3, Column C - is the average contract size in total from TABLE 1, row 43 Column D.

Line 1, Column D - is the rate ratio for single of 1.0.

Line 2, Column D - is the rate ratio for family of 2.0 for Medicare, 2.5 for non-Medicare.

Line 3, Column D - is the weighted average rate ratio in total for single and family.

Line 1, Column E - is the conversion factor for single and is derived by dividing the total average contract size by the total rate ratio.

Line 2, Column E - is the conversion factor for family and is derived by multiplying the conversion factor for single by the rate ratio for family.

Step 2 details the calculation of the 2017 medical rates using the required premium PMPM and the conversion factor.

Line 4, Column C - is the required premium PMPM from TABLE 7, line 8.

Line 5, Column C - is the conversion factor for single.

Line 6, Column C - is the calculated 2017 rate for single and is derived by multiplying the required premium PMPM by the conversion factor.

Line 4, Column D - is the required premium PMPM from TABLE 7, line 8.

Line 5, Column D - is the conversion factor for family.

Line 6, Column D - is the calculated 2017 rate for family and is derived by multiplying the required premium PMPM by the conversion factor.

Line 7 - The last line pulls the net 2016 inforce medical only rates for single and family coverage from TABLE 1 row 33 columns D & E.

TABLE 9 - CALCULATED LOSS RATIOS

TABLE 9 includes information from TABLES 1 through 8 to automatically calculate the loss ratios for each of the periods.

The experience period loss ratios are calculated by first calculating the monthly revenue from TABLE 1 and pulling the monthly claims and capitation experience from TABLE 4.

The projected 2016 and 2017 loss ratios have a number of calculated fields that utilize the reported claims experience and calculated rates.

TABLE 10 - CLAIMS IN EXCESS OF \$100,000
Incurred Period: April 1, 2015 through March 31, 2016

Line 1 - is the total amount of paid claims for individuals with paid claims of \$100,000 or greater. Paid claims are defined as medical and pharmacy claims paid by the health plan; do not include pharmacy claims paid by the Department's pharmacy benefit manager in this calculation. For example, if you had five cases with paid claims of \$150,000 each, you would enter the value of $\$150,000 \times 5 = \$750,000$.

Line 2 - is the number of individuals with paid claims of \$100,000 or greater.

Line 3 – is the total amount of claims of \$100,000 or greater on an individual basis. For example, if you had five cases with paid claims of \$150,000 each, this cell would calculate as follows: $\$150,000 \times 5 - \$100,000 \times 5 = \$250,000$.

Line 4 - is the estimated percentage of paid claims for the specified Reporting Period that have not yet been recorded or paid. Incurred claims will be calculated as $(1 + \text{Total Incurred Claim Factor})$ multiplied by the Paid Charges.

Line 5 - is the number of months of experience that have been included in Paid Charges beyond the specific incurred Reporting Period of 4/1/2015-3/31/2016. For example, if a plan includes experience for claims that were incurred from 4/1/2015-3/31/2016 and paid through 5/31/2016, the Number of Runout Months would equal two.

Line 6 - will be calculated as $(1 + \text{Incurred Claim Factor})$ multiplied by the Paid Charges. This represents the total amount of claims of \$100,000 or greater that have been incurred in the Report Period.

TABLE 11 - QUESTIONS REGARDING SUBMITTED DATA

TABLE 11 requests responses to questions regarding the submitted data. We prefer that plans provide responses to the questions in the space provided in TABLE 11. TABLE 11 is considered a part of the required data and must be provided at the same time as all other information.

TABLE 12 - TOP PROVIDER REPORT

TABLE 12 requests plans submit a list of top facility and top professional providers based on Plan Paid dollars for the Addendum population and the time period April 1, 2015 through March 31, 2016. The provider information requested includes name, location, National Provider Identifier number and utilization counts.

Table 12 is only included in three of the eight categories:

- i. State of Wisconsin Employee Plan, Non-Medicare
- ii. State of Wisconsin Employee Plan, Medicare
- iii. State of Wisconsin Local Plan, Non-Medicare

TABLE 13 - REQUIRED DATA FORMAT

Data is to be submitted to the Board's Actuary and match the information in the service categories detailed in TABLES 3A & 3B. It is expected that the data will match both the utilization and billed amounts. In later years more financial information will be required in the detail file.

Please send data for all groups. We are requesting 12 months of incurred data covering the period April 1, 2015 Through March 31, 2016 and paid through the most recent and complete month. Both fee-for-service claims and capitation encounter data should be provided with an appropriate code to separate.

The file should be comma delimited and include Control totals for all groups and files sent. The Control totals should include: Total Record Count, Total Billed Amount, Total Allowed Amount and Total Paid Amount.

TABLE 14 - SERVICE CATEGORY CODES

TABLE 14 provides a mapping of the line items in TABLES 3A & 3B. The data should be grouped as described in that section, with the mapping included in the data sets.

TABLE 15 - ACTUARIAL CERTIFICATION

There is a new requirement to have the rate development, supporting reports and detailed data be certified by an actuary who is a Member of the American Academy of Actuaries. There is a box to allow an actuary to enter their certification language.

The actuary should enter his Name, Firm, Phone and Date of the certification.

If vendors are unable to meet the actuarial certification requirement, they should provide acceptable language and justification. The rates should then be certified by their Chief Financial Officer.

**State of Wisconsin
Addendum 1**

REPORT CATEGORY

One report is requested for each of the following eight categories:

- State of Wisconsin - Employee Plan, Non-Medicare, Non Grad Assistant
- State of Wisconsin - Employee Plan, Medicare
- State of Wisconsin - Employee Plan, Grad Assistant
- State of Wisconsin - Local Plan, Non-Medicare
- State of Wisconsin - Local Plan, Medicare
- State of Wisconsin - High Deductible Plan
- Total Organization - Non-Medicare/Commercial
- Total Organization - Medicare

Please specify the category of this report by choosing one option from the dropdown box below:

State of Wisconsin - Employee Plan, Non-Medicare, Non Grad Assistant

TABLE 1
MONTHLY ENROLLMENT AND PREMIUMS
 January 1, 2015 Through March 31, 2016

Enrollment	SINGLE		FAMILY	
	Members	Contracts	Members	Contracts
Jan-15	0	0	0	0
Feb-15	0	0	0	0
Mar-15	0	0	0	0
Apr-15	0	0	0	0
May-15	0	0	0	0
Jun-15	0	0	0	0
Jul-15	0	0	0	0
Aug-15	0	0	0	0
Sep-15	0	0	0	0
Oct-15	0	0	0	0
Nov-15	0	0	0	0
Dec-15	0	0	0	0
Total 2015	0	0	0	0
Jan-16	0	0	0	0
Feb-16	0	0	0	0
Mar-16	0	0	0	0
Total 2016 Q1	0	0	0	0

Premiums	2015		2016	
	Single	Family	Single	Family
Contract Rate	\$0.00	\$0.00	\$0.00	\$0.00
Dental Component	\$0.00	\$0.00		
Other Adjustments	\$0.00	\$0.00	\$0.00	\$0.00
Net Premium Rate	\$0.00	\$0.00	\$0.00	\$0.00

CALCULATION OF CONTRACT MIX AND CONTRACT SIZE
 April 1, 2015 Through March 31, 2016

	Single	Family	Total
Member Months	0	0	0
Contract Months	0	0	0
Contract Size	0.0	0.0	0.0
Contract Mix	0%	0%	0%

TABLE 2
ENROLLMENT AND MEMBER MONTHS BY AGE AND SEX

Member Months 4/1/15 - 3/31/16			
Age Category	Male	Female	Total
Under 1	0	0	0
1-4	0	0	0
5-14	0	0	0
15-17	0	0	0
18-24	0	0	0
25-34	0	0	0
35-44	0	0	0
45-54	0	0	0
55-64	0	0	0
65-74	0	0	0
75+	0	0	0
TOTAL	0	0	0

December 2015 Member Counts			
Age Category	Male	Female	Total
Under 1	0	0	0
1-4	0	0	0
5-14	0	0	0
15-17	0	0	0
18-24	0	0	0
25-34	0	0	0
35-44	0	0	0
45-54	0	0	0
55-64	0	0	0
65-74	0	0	0
75+	0	0	0
TOTAL	0	0	0

March 2016 Member Counts			
Age Category	Male	Female	Total
Under 1	0	0	0
1-4	0	0	0
5-14	0	0	0
15-17	0	0	0
18-24	0	0	0
25-34	0	0	0
35-44	0	0	0
45-54	0	0	0
55-64	0	0	0
65-74	0	0	0
75+	0	0	0
TOTAL	0	0	0

Age/Sex Factors (using member months)			
Age Category	Male	Female	Total
Under 1	3.66	3.05	0.00
1-4	0.59	0.50	0.00
5-14	0.37	0.33	0.00
15-17	0.52	0.57	0.00
18-24	0.46	0.74	0.00
25-34	0.54	1.25	0.00
35-44	0.78	1.26	0.00
45-54	1.34	1.61	0.00
55-64	2.36	2.26	0.00
65-74	3.07	2.79	0.00
75+	3.07	2.79	0.00
TOTAL	0.00	0.00	0.00

Average age (from 4/15/3/16 member months):	0
Average age/sex factor (using 4/15/3/16 member months):	0.00

TABLE 3A
Fee For Service Claims Experience - Actuarial Data

April 1, 2015 Through March 31, 2016														
Type of Service	Total # of Admissions	Total # of Days	Total Billed Charges	Total Allowed Charges	Total COB (including Medicare)	Total Member Cost Share	Total Paid Charges	Total # of Member Months	Annual Admissions/1,000	Annual Days/1,000	Average Length of Stay	Average Paid Charges per Day	Average Paid Charges PMPM	Percent of Total
Hospital Inpatient														
Medical	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Surgical	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Mental Health (MH)	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Substance Abuse (SA)	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Subtotal Non-Maternity														
Maternity Deliveries	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Maternity Non-Deliveries	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Neonatal ICU	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Subtotal Maternity														
Extended Care Facility	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
1. Total Hospital Inpatient	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
2. TOTAL HOSPITAL														
Hospital Outpatient														
Emergency Room	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Surgery	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Radiology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Pathology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Mental Health (MH)	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Substance Abuse (SA)	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Other (Specify)	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
2. Total Hospital Outpatient	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
3. TOTAL HOSPITAL														
Other Facility														
Respite	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Transitional Care	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
4. Total Other Facility	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Physician Services														
Inpatient Surgery	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Anesthesia	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Anesthesia	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
IP Maternity - Normal Deliveries	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
IP Maternity - Cesarean Deliveries	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
IP Other OB Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Subspecialty Hosp/Surgical Center	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Office Surgery	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Hospital Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Critical Care Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Mental Health Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Substance Abuse Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Extended Care Facility Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Home Health Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Office Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Therapeutic Injections (C-Block)	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Allergy Testing/Immunotherapy	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Chemotherapy Drugs	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Diagnosis Testing	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Diast. Care	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Emergency Room	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Consults	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Cardiovascular	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Diagnos.	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Radiology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Radiology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Office Radiology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Pathology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Pathology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Office Pathology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Office (Specify)	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
5. Total Physician Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Other Services														
Physical Therapy	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Occupational/Speech Therapy	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Chiropractic Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Private Duty Nursing/Home Health Care Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Ambulance	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
DME/Prosthetics	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Laboratory	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
6. Total Other Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Additional Services														
Immunizations	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Well Baby Exams	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Well Child Exams	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Physical Exams	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Visitation Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Vision Supplies	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Speech Exams	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Hearing Exams	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Podiatry Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Maternity	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Mental Health	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Substance Abuse	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Other	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
7. Total Additional Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
8. Total Fee For Service	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
9. Total FFS Incurred Claim Factor: 0.00%														
10. Number of Risk Months: 0														
11. Incurred Fee For Service Total: \$0 0.0%														
12. Total Capitation Paid (From Table 3B Line 9): \$0 0.0%														
13. Incurred Claim Grand Total: \$0 0.0%														

TABLE 38
Capitation Encounter Experience - Actuarial Data

April 1, 2015 Through March 31, 2016														
Type of Service	Total # of Admissions	Total # of Days	Total Billed Charges	Total Allowed Charges	Total COB (including Medicare)	Total Member Cost Share	Total Paid Charges	Total # of Member Months	Annual Admissions/1,000	Annual Days/1,000	Average Length of Stay	Average Paid Charges per Day	Average Paid Charges PMPM	Percent of Total
Hospital Inpatient														
Medical	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Surgical	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Mental Health (MH)	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Substance Abuse (SA)	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Subtotal Non-Maternity														
Maternity Deliveries	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Maternity Non-Deliveries	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Neonatal ICU	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Subtotal Maternity														
Extended Care Facility	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
1. Total Hospital Inpatient	0	0	\$0	\$0	\$0	\$0	\$0	0	0	0	0	\$0.00	\$0.00	0.0%
Hospital Outpatient														
Emergency Room	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Surgery	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Radiology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Pathology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Mental Health (MH)	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Substance Abuse (SA)	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Other (Specify)	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
2. Total Hospital Outpatient	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
3. TOTAL HOSPITAL														
Other Facility														
Respite	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Transitional Care	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
4. Total Other Facility	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Physician Services														
Inpatient Surgery	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Anesthesia	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Anesthesia	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
IP Maternity - Normal Deliveries	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
IP Maternity - Cesarean Deliveries	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
IP Other OB Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Hospital/Outpatient Clinic	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Office Surgery	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Hospital Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Critical Care Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Mental Health Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Substance Abuse Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Extended Care Facility Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Home Health Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Office Visits	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Therapeutic Injections (I Codes)	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Allergy Testing/Immunotherapy	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Chemotherapy Drugs	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Chemotherapy Testing	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Urgent Care	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Emergency Rooms	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Consults	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Cardiovascular	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Dialysis	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Radiology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Radiology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Office Radiology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Inpatient Pathology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Pathology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Office Pathology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Other (Specify)	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
5. Total Physician Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Other Services														
Physical Therapy	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Occupational/Speech Therapy	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Therapeutic Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Private Duty Nursing/Home Health Care Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Ambulance	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
CRIS/Prosthetics	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Laboratory	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
6. Total Other Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Additional Services														
Immunizations	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Well Baby Exams	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Well Child Exams	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Physical Exams	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Flu Shots	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Vision Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Hearing Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Speech Exams	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Hearing Exams	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Podiatry Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Dermatology	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Mental Health	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Outpatient Substance Abuse	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Other	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
7. Total Additional Services	0	\$0	\$0	\$0	\$0	\$0	\$0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
8. Total Encounter Data Reported		\$0	\$0	\$0	\$0	\$0	\$0	0		\$0.00	\$0.00	\$0.00	\$0.00	0.0%
9. Total Capitation Paid								0					\$0.00	0.0%

Please provide any documentation necessary

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TABLE 5
MEDICAL TREND ASSUMPTIONS

Experience Period: April 1, 2015 Through March 31, 2016
 Rating Period: January 1, 2017 Through December 31, 2017
 Midpoint of Experience Period: October 1, 2015
 Midpoint of Rating Period: July 1, 2017

Step 1. Calculate Weighted Trend for Fee For Service Experience Claims Data

2015-2016 Annual Trend					
Category	Trends			% of Total See Table 3A	Weighted Trend
	Cost	Utilization	Combined		
Hospital Inpatient	0.0%	0.0%	0.0%	0.0%	0.0%
Hospital Outpatient	0.0%	0.0%	0.0%	0.0%	0.0%
Other Facility	0.0%	0.0%	0.0%	0.0%	0.0%
Physician Services	0.0%	0.0%	0.0%	0.0%	0.0%
Other Professional Services	0.0%	0.0%	0.0%	0.0%	0.0%
Additional Services	0.0%	0.0%	0.0%	0.0%	0.0%
Total				0.0%	0.0%

2016-2017 Annual Trend					
Category	Trends			% of Total See Table 3A	Weighted Trend
	Cost	Utilization	Combined		
Hospital Inpatient	0.0%	0.0%	0.0%	0.0%	0.0%
Hospital Outpatient	0.0%	0.0%	0.0%	0.0%	0.0%
Other Facility	0.0%	0.0%	0.0%	0.0%	0.0%
Physician Services	0.0%	0.0%	0.0%	0.0%	0.0%
Other Professional Services	0.0%	0.0%	0.0%	0.0%	0.0%
Additional Services	0.0%	0.0%	0.0%	0.0%	0.0%
Total				0.0%	0.0%

Step 2. Calculate Aggregate Trend Factor for Experience Claims Data

2015-2016 Annual Trend	1.000
2016-2017 Annual Trend	1.000
1) Aggregate Trend Factor	1.000

Step 3. Calculate Weighted Trend for Capitated Services

Category	2015-2016 Annual Trend			2016-2017 Annual Trend		
	Trends	% of Total See Table 3B	Weighted Trend	Trends	% of Total See Table 3B	Weighted Trend
Hospital Inpatient	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hospital Outpatient	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Facility	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physician Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Professional Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Additional Services	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total		0.0%	0.0%	Total	0.0%	0.0%

2015-2016 Annual Trend	1.000
2016-2017 Annual Trend	1.000
2) Aggregate Trend Factor	1.000

Step 4. Describe any special circumstances which may have caused aggregate trends to be unusually high or low.

**TABLE 6
MEDICAL
ADMINISTRATIVE EXPENSES AND OTHER PMPM COSTS**

Detailed Description of Administrative Expense Category	2015 PMPM Actual	2016 PMPM Per Rate Renewal	2017 PMPM Estimated
ACA Fees	\$0.00	\$0.00	\$0.00
Reinsurance	\$0.00	\$0.00	\$0.00
Risk	\$0.00	\$0.00	\$0.00
Retention	\$0.00	\$0.00	\$0.00
Profit	\$0.00	\$0.00	\$0.00
Claims Processing	\$0.00	\$0.00	\$0.00
Medical Management	\$0.00	\$0.00	\$0.00
Wellness Incentive	\$0.00	\$0.00	\$0.00
Premium Tax	\$0.00	\$0.00	\$0.00
Marketing	\$0.00	\$0.00	\$0.00
Other*	\$0.00	\$0.00	\$0.00
1) TOTAL	\$0.00	\$0.00	\$0.00

*Please list and describe in detail amounts included in Other

**TABLE 7
REQUIRED PREMIUM PMPM**

DESCRIPTION	COST PMPM
1. Incurred claims cost PMPM for experience period (Table 3A Line 11)	\$0.00
2. Aggregate fee for service trend factor (Table 5 Line 1)	1.000
3. Claims cost trended to rating period (1. x 2.)	\$0.00
4. Total capitation PMPM (Table 3A Line 12)	\$0.00
5. Aggregate capitated services trend factor (Table 5 Line 2)	1.000
6. Capitation cost trended to rating period (Line 4 x Line 5)	\$0.00
7. 2017 Administrative cost PMPM (Table 6 Line 1)	\$0.00
8 REQUIRED MEDICAL PREMIUM PMPM (3 + 6 + 7)	\$0.00

**TABLE 8
2017 CALCULATED RATES**

Step 1

Conversion Factor Calculation				
	Contract Mix	Average Contract Size	Rate Ratio	Conversion Factor
1. Employee	0.0%	-	1.0	0.000
2. Family	0.0%	-	2.0	0.000
3. Total	0.0%	-	-	

Step 2

2017 Medical Rate Calculation		
	Single	Family
4. Required Premium PMPM	\$0.00	\$0.00
5. Conversion Factor	0.000	0.000
6. 2017 Calculated Rates	\$0.00	\$0.00
7. 2016 Inforce Rates	\$0.00	\$0.00

0.0% Single Rate Increase

**TABLE 9
CALCULATED LOSS RATIOS**

January 1, 2015 Through March 31, 2016			
	REVENUE	EXPENSE	MEDICAL LOSS RATIO
Jan-15	\$0	\$0	0.0%
Feb-15	\$0	\$0	0.0%
Mar-15	\$0	\$0	0.0%
Apr-15	\$0	\$0	0.0%
May-15	\$0	\$0	0.0%
Jun-15	\$0	\$0	0.0%
Jul-15	\$0	\$0	0.0%
Aug-15	\$0	\$0	0.0%
Sep-15	\$0	\$0	0.0%
Oct-15	\$0	\$0	0.0%
Nov-15	\$0	\$0	0.0%
Dec-15	\$0	\$0	0.0%
TOTAL 2015	\$0	\$0	0.0%
Jan-16	\$0	\$0	0.0%
Feb-16	\$0	\$0	0.0%
Mar-16	\$0	\$0	0.0%
TOTAL Q1 2016	\$0	\$0	0.0%

Projected CY 2016			
	MONTHLY REVENUE	MONTHLY EXPENSE	MEDICAL LOSS RATIO
TOTAL 2016	\$0	\$0	0.0%

Projected CY 2017			
	MONTHLY REVENUE	MONTHLY EXPENSE	MEDICAL LOSS RATIO
TOTAL 2017	\$0	\$0	0.0%

TABLE 10
LARGE CLAIMANTS > \$100,000

4/1/15 - 3/31/16 Service Dates	
1. Total Paid Claims for Individuals with Paid Claims of \$100,000 or Greater	\$0
2. Number of Individuals with Paid Claims of \$100,000 or Greater	0
3. Total Paid Claims Greater than \$100,000 on an Individual Basis	\$0
4. Total Incurred Claim Factor	0.000%
5. Number of Runout Months	0
6. Incurred Claims Total	\$0

TABLE 11

please enter in the space provided below each question

1) When providing information for Medicare lines of business (State & Local), who is being included in the membership.

a) If a Medicare-eligible member with family coverage has a spouse (no other dependents) who is not eligible for Medicare, where are the spouse's membership and claims experience being reflected? In other words, are the spouse and his/her experience reflected in the Medicare (State or Local) experience or the regular employee (State or Local) experience?

b) In a situation similar to that above in (a) where there are also dependent children, how are the children's membership and claims experience being reflected? Are their membership and claims experience included in the Medicare (State or Local) or regular employee (State or Local) experience?

c) What happens when an employee not eligible for Medicare has a Medicare-eligible spouse? In other words, where are the employee and his/her experience reflected (Medicare or regular employee coverage) and where are the spouse and his/her experience reflected (Medicare or regular employee coverage)? If there are any dependent children, where are their membership and claims experience reflected?

2) Please describe the basis for the renewal (experience, community rated etc.)

TABLE 12
 TOP PROVIDER REPORT
 Based on April 1, 2015 Through March 31, 2016 Incurrals

FACILITY

	Provider Name	City	State	Zip Code	National Provider Identifier	Plan Paid Dollars	Utilization
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

PROFESSIONAL

	Provider Name	City	State	Zip Code	National Provider Identifier	Plan Paid Dollars	Utilization
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

TABLE 13
REQUIRED DATA FORMAT
 Based on April 1, 2015 Through March 31, 2016 Incurrals

	Field Name	Field Description	Examples/Notes
1	HealthPlanCode	Two-digit plan code	
2	HealthPlanName	Health Plan Name	
3	Group	State or Local	State (S) or Local (L)
4	Plan	Plan Design	Uniform Benefits (U) or HDHP (H)
	EligibilityStatus	Active Employee, Non-Medicare Retiree, Medicare Retiree, Grad Assistant	Active Employee (1); Non-Medicare Retiree (2); Medicare Retiree (3); Grad Assistant (4)
5			
6	ServiceCategory	Service Category Code	See Service Category Codes in Table 14 for complete listing
7	Capitated	Yes or No	Y, N; Specifies whether a claim is capitated (Y) or not (N)
8	ClaimNumber	Medical claim number	ClaimNumber is an assigned number that identifies a claim
	ClaimLineNumber	Line number of the claim	ClaimLineNumber identifies the line item detail for each service provided
9			
10	SubscriberID	Subscriber identification number	Navitus Subscriber ID
11	MemberID	Member identification number	Navitus Member ID
12	Relationship	Self, Spouse or Child	Self (1); Spouse (2); Child (3)
13	Member DOB	Date of Birth of member	
14	Member Gender	Gender of member	
	ProviderID	Provider identification number	National Provider Identification number (NPI); if unable to provide then populate this field with Provider TIN
15			
16	ProviderName	Name of provider	
17	ProviderAddress	Address of provider	
18	ProviderCity	City of Provider	
19	ProviderState	State of Provider	
20	ProviderZipCode	Zip code of Provider	
21	ProviderSpecialty	Specialty description	Use CMS Standard Coding
22	NetworkFlag	In or out of network	Y, N; Specifies whether a claim is in (Y) or out (N) of network.
23	OutOfAreaFlag	Claim is out of area	(1) if out of area
24	PlaceOfServCode	Place of service code	Use CMS Standard Coding
	ProcTypeFlag	Procedure code type	Code which indicates what types of codes are in the procCode field CPT4 (C), HCPCS (H), revenue codes (R), and DRG, ICD9Proc codes (D)
25			
	ProcCode	Procedure code	Code for the medical procedure performed. Types of codes include CPT4, HCPCS, revenue codes, etc. If non-standard codes are used, code descriptions are required.
26			
27	ModifierCode	Modifier code for procedure	Used to further define the medical procedure code
28	PrimaryDiagCode	ICD-9 code or ICD10 if applicable	
29	Diag2Code	Additional ICD-9 code or ICD10 if applicable	
30	Diag3Code	Additional ICD-9 code or ICD10 if applicable	
31	Diag4Code	Additional ICD-9 code or ICD10 if applicable	
32	DRG	DRG Code	
33	ServiceFromDate	Date of service start	
34	ServiceToDate	Date of service end	
35	Service Units	Number of units	
36	Discharge Status		Use CMS Standard Coding
37	ClaimPaidDate	Date claim paid	
38	SubmittedAmount	Amount Submitted	
39	NotCoveredAmount	Amount not covered	
40	BilledAmount	Amount billed	Totals must tie to Addendum 1
	SavingsAmount	Amount of savings as generated by network	
41			
42	AllowedAmount	Amount allowed under contract	Totals must tie to Addendum 1
43	DeductibleAmount	Amount of deductible	Totals must tie to Addendum 1
44	CoinsuranceAmount	Amount of coinsurance	Totals must tie to Addendum 1
45	CoPayAmount	Amount of copay	Totals must tie to Addendum 1
46	MedicarePaid	Amount paid by Medicare	Totals must tie to Addendum 1
47	COBAmount	Coordination of Benefits amount other than Medicare	Totals must tie to Addendum 1
48	PaidAmount	Amount paid	Totals must tie to Addendum 1

TABLE 14
SERVICE CATEGORY CODES

Major Service Category	Detailed Service Category	Code
Hospital Inpatient	Medical	1
Hospital Inpatient	Surgical	2
Hospital Inpatient	Mental Health (MH)	3
Hospital Inpatient	Substance Abuse (SA)	4
Hospital Inpatient	Maternity Deliveries	5
Hospital Inpatient	Maternity Non-Deliveries	6
Hospital Inpatient	Neonatal ICU	7
Hospital Inpatient	Extended Care Facility	8
Hospital Outpatient	Emergency Room	9
Hospital Outpatient	Surgery	10
Hospital Outpatient	Radiology	11
Hospital Outpatient	Pathology	12
Hospital Outpatient	Mental Health (MH)	13
Hospital Outpatient	Substance Abuse (SA)	14
Hospital Outpatient	Other (Specify)	15
Other Facility	Hospice	16
Other Facility	Transitional Care	17
Physician Services	Inpatient Surgery	18
Physician Services	Inpatient Anesthesia	19
Physician Services	Outpatient Anesthesia	20
Physician Services	IP Maternity - Normal Deliveries	21
Physician Services	IP Maternity-Cesarean Deliveries	22
Physician Services	IP Other OB Services	23
Physician Services	Outpatient Hosp/Surgical Center	24
Physician Services	Office Surgery	25
Physician Services	Inpatient Hospital Visits	26
Physician Services	Inpatient Critical Care Visits	27
Physician Services	Inpatient Mental Health Visits	28
Physician Services	Inpatient Substance Abuse Visits	29
Physician Services	Extended Care Facility Visits	30
Physician Services	Home Health Visits	31
Physician Services	Office Visits	32
Physician Services	Therapeutic Injections (J Codes)	33
Physician Services	Allergy Testing/Immunotherapy	34
Physician Services	Chemotherapy Drugs	35
Physician Services	Diagnostic Testing	36
Physician Services	Urgent Care	37
Physician Services	Emergency Room	38
Physician Services	Consults	39
Physician Services	Cardiovascular	40
Physician Services	Dialysis	41
Physician Services	Inpatient Radiology	42
Physician Services	Outpatient Radiology	43
Physician Services	Office Radiology	44
Physician Services	Inpatient Pathology	45
Physician Services	Outpatient Pathology	46
Physician Services	Office Pathology	47
Physician Services	Other (Specify)	48
Other Services	Physical Therapy	49
Other Services	Occupational/Speech Therapy	50
Other Services	Chiropractic Services	51
Other Services	Private Duty Nursing/Home Health Care Services	52
Other Services	Ambulance	53
Other Services	DME/Prosthetics	54
Other Services	Laboratory	55
Additional Services	Immunizations	56
Additional Services	Well Baby Exams	57
Additional Services	Well Child Exams	58
Additional Services	Physical Exams	59
Additional Services	Vision Services	60
Additional Services	Vision Supplies	61
Additional Services	Speech Exams	62
Additional Services	Hearing Exams	63
Additional Services	Podiatry Services	64
Additional Services	Mammography	65
Additional Services	Outpatient Mental Health	66
Additional Services	Outpatient Substance Abuse	67
Additional Services	Other	68

TABLE 15
ACTUARIAL CERTIFICATION

Insert Actuarial Certification Language. The certification should cover the development of the rates, all reporting and that the detailed data matches the submission.

Actuary:
Firm:
Phone:
Date:



FORM A PROPOSER CHECKLIST

Instructions:

1. This form shall be completed by the Proposer by marking the check-boxes below. By marking these boxes the Proposer acknowledges compliance with these items. Not checking a box may be cause for rejection of a Proposal.
2. Print company name.
3. Print the name of the representative signing this form (must be authorized to legally bind the company).
4. Provide the signature of the individual authorized to sign this form (to legally bind the company).
5. Date the form.
6. Return this form per Section 2.4 of the RFP (TAB 1).

Exhibit 1: State of Wisconsin Medicare Advantage Program Agreement	<input type="checkbox"/> Have read and understand.
Exhibit 2: Pro Forma Contract by Authorized Board	<input type="checkbox"/> Have read and understand.
Exhibit 3: Standard Terms and Conditions (DOA-3054)	<input type="checkbox"/> Have read and understand.
Exhibit 4: Supplemental Standard Terms and Conditions for Procurement for Services (DOA-3681)	<input type="checkbox"/> Have read and understand.
Exhibit 5: Department Terms and Conditions	<input type="checkbox"/> Have read and understand.
Appendix 1 – 834 Companion Guide	<input type="checkbox"/> Have read and understand.
Appendix 2 – Pharmacy Data Specifications	<input type="checkbox"/> Have read and understand.
Appendix 3 (a, b, c, and d) – Wellness Data Specifications	<input type="checkbox"/> Have read and understand.
Appendix 4a – Claims Data Specifications – Medical	<input type="checkbox"/> Have read and understand.
Appendix 4b – Claims Data Specifications – Dental	<input type="checkbox"/> Have read and understand.
Appendix 5 – Provider Data Specifications	<input type="checkbox"/> Have read and understand.
Appendix 6 – Guidance for Department Initiatives	<input type="checkbox"/> Have read and understand.
Appendix 7 – State Employer Group Roster (ET-1404)	<input type="checkbox"/> Have read and understand.
Appendix 8 – Local Employer Group Roster (ET-1407)	<input type="checkbox"/> Have read and understand.
Appendix 9 – Current Financial and Utilization Data Submissions	<input type="checkbox"/> Have read and understand.
FORM A: Proposer Checklist	<input type="checkbox"/> Have read, completed, and signed.
FORM B: Mandatory Proposer Qualifications	<input type="checkbox"/> Have read, completed, and signed.
FORM C: Subcontractor Information	<input type="checkbox"/> Have read, completed, and signed.
FORM D: Proposer Verification of Data Submission to Board Actuary	<input type="checkbox"/> Have read, completed, signed and emailed to ETFSMBProcurement@etf.wi.gov .

FORM E: Designation of Confidential and Proprietary Information (DOA-3027)	<input type="checkbox"/> Have read, completed, and signed.
FORM F: Non-Disclosure Agreement with ETF and The Segal Company	<input type="checkbox"/> Have read, completed, signed and emailed to <i>ETFsMBProcurement@etf.wi.gov</i> .
FORM G: Request for Proposal	<input type="checkbox"/> Have read, completed, and signed.
FORM H: Vendor Information	<input type="checkbox"/> Have read and completed.
FORM I: Vendor References	<input type="checkbox"/> Have read and completed.
FORM J: Non-Disclosure Agreement with Truven Health Analytics	<input type="checkbox"/> Have read, completed, and signed.
Current W-9 (use online IRS Form)	<input type="checkbox"/> Have read, completed, and signed.

Note: The checklist for Section 8 Attachments is included in FORM D.

Proposer Company Name: _____	
Printed Name of Authorized Representative _____	
Signature of Authorized Representative _____	Date _____



FORM B Mandatory Proposer Qualifications

The following requirements are Mandatory for any Proposer who submits a Proposal. Failure to comply with one or more of the Mandatory qualifications may disqualify the Proposer.

Instructions:

1. Read.
2. Check "Agree" or "Disagree" to each Mandatory requirement as appropriate.
3. Complete the "ACKNOWLEDGE AND ACCEPT" section:
 - Print company name.
 - Print the name of the representative signing this form (must be authorized to legally bind the company).
 - Sign this form.
 - Date the form.
4. Return this form per **Section 2.4 of the RFP (TAB 1).**

<u>Agree</u>	<u>Disagree</u>	<u>Sec.</u>	<u>Qualification</u>
<input type="checkbox"/>	<input type="checkbox"/>	4.1	Pursuant to Wis. Stat. § 16.705 (1r), services must be performed within the United States.
<input type="checkbox"/>	<input type="checkbox"/>	4.2	Proposer agrees that any work products developed by Proposer as part of the project described in this RFP (e.g. all written reports, drafts, presentations and meeting materials, etc.) shall become the property of ETF.
<input type="checkbox"/>	<input type="checkbox"/>	4.3	The Proposer shall have no conflict of interest with regard to any other work performed by the Proposer for the State of Wisconsin.
<input type="checkbox"/>	<input type="checkbox"/>	4.4	The Proposer shall not be suspended or debarred from performing federal or State government work.
<input type="checkbox"/>	<input type="checkbox"/>	4.5	During the past five (5) years, the Proposer must not have been in bankruptcy or receivership or been involved with any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct. If the Proposer provides a response of "DISAGREE," provide details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Proposer.

ACKNOWLEDGE AND ACCEPT

This Form has been reviewed by me and shall become part of the final Contract. I am a duly authorized representative of my company and have the authority to legally bind my company. I hereby acknowledge and accept responsibility for the accuracy of the responses given above. I further accept that my company's Proposal *may* be rejected on the grounds that any item listed above is marked as "Disagree." Also, I acknowledge I have specified and provided a reason for any answer marked as "Disagree" in TAB 3 Assumptions and Exceptions of my company's Proposal.

Company Name: _____	
Printed Name of Authorized Company Representative _____	
Signature of Authorized Company Representative _____	Date _____



Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

FORM C

Subcontractor Information

Instructions:

1. Provide a list of all Proposer subcontractors, consultants and suppliers (including Proposer subsidiaries) that will provide services, products, content, work and supplies as part of the Services described in the Proposal using the table below.
2. Provide a list of all persons who contributed to authoring the Proposal.
3. Print company name.
4. Print the name of the representative signing this form (must be authorized to legally bind the company).
5. Sign this form.
6. Date the form.
7. Return this form per **Section 2.4 of the RFP (TAB 1)**.
8. Add additional copies of this form as necessary.

Name of Subcontractor, Consultant, Supplier, Proposal Author	Address	Work/Service/Product/Content to be Performed/Supplied

Company Name: _____
Authorized Printed Name _____
Authorized Signature _____ Date _____



Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

FORM D
Proposer Verification of Data Submission
to
Board Actuary

Instructions:

- 1) Submit the files listed below as instructed in RFP Section 8, Network Submission Requirements, Alternative Benefit Design, and Cost Proposal.
- 2) Complete this form by marking the check boxes below. By marking the check boxes below the Proposer acknowledges each file listed has been submitted through Segal's Secure File Transfer system by the due and time listed in RFP Section 1.9 Calendar of Events, Proposal Due Date.
- 3) Complete the signature block below: a) print the name of the Proposer (company name); b) print the name of the representative authorized to legally bind the Proposer who will sign this form; c) provide the signature of said representative; d) include the date on which this form is signed.
- 4) Submit this form as instructed in RFP Section 8 Network Submission Requirements, Alternative Benefit Design, and Cost Proposal.

Attachment A – Network Access	<input type="checkbox"/> Have completed and submitted to Segal
Attachment D – Cost Proposal	<input type="checkbox"/> Have completed and submitted to Segal
Attachment E – Performance Guarantees	<input type="checkbox"/> Have completed and submitted to Segal

Proposer Company Name: _____

Printed Name of Authorized Representative

Signature of Authorized Representative

Date



STATE OF WISCONSIN
Department of Employee Trust Funds
 Robert J. Conlin
 SECRETARY

801 W Badger Road
 PO Box 7931
 Madison WI 53707-7931
 1-877-533-5020 (toll free)
 Fax 608-267-4549
 etf.wi.gov

FORM F

Non-Disclosure Agreement with ETF and The Segal Company

The Department of Employee Trust Funds (ETF) and The Segal Company (Segal) acknowledge that they shall receive information from the Proposer named below that the Proposer has designated as confidential information.

ETF and Segal agree to the following four limitations on the use of that confidential information:

1. Segal may not use the confidential information for any work other than for ETF.
2. Segal may not add the confidential information to its own database or other databases used by Segal for comparisons or analyses outside of the work for ETF.
3. Segal and ETF may not publish the confidential information in any report to be made public for ETF or any other employer.
4. Segal and ETF may not sell the confidential information or otherwise provide the confidential information to a third party.

All parties agree that ETF is subject to the provisions of the Wisconsin Public Records Law (Wis. Stat. §19.31 et seq.), which provides generally that all records relating to a public agency's business are open to public inspection, disclosure and copying in the manner provided in the Public Records Law. Accordingly, ETF cannot represent or guarantee that any information submitted by the Proposer will be considered confidential under the Public Records Law. In the event ETF receives a request under the Public Records Law, ETF's sole responsibility will be to notify the Proposer of the request and allow the Proposer to seek protection from disclosure in a court of competent jurisdiction. With the exception of the information designated as confidential information by the Proposer, ETF shall be able to comply with such request without any liability under this NDA.

In the event the designation of confidential information is challenged as a request under the Public Records Law, ETF will notify the Proposer within three (3) days of the State's receipt of such challenge. The Proposer will need to obtain legal counsel or provide other necessary assistance to defend the designation of confidential information and hold ETF and the State of Wisconsin harmless for any costs or damages arising out of ETF's agreeing to withhold the confidential information. If ETF is required to disclose confidential information pursuant to any order or directive of a court or governmental agency of competent jurisdiction, ETF will inform the Proposer of such order or directive prior to disclosure, where legally permitted.


Company Name _____
 Proposer

Authorized Representative _____
 Signature

Authorized Representative _____
 Type or Print

Date _____

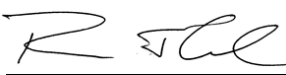
Company Name **The Segal Company**

Authorized Representative 
 Signature

Authorized Representative **Kenneth C. Vieira**
 Type or Print

Date **October 17, 2017**

Company Name **Department of Employee Trust Funds**

Authorized Representative 
 Signature

Authorized Representative **Robert J. Conlin**
 Type or Print

Date **October 17, 2017**

FORM G – Request for Proposal

PROPOSALS MUST BE SEALED AND ADDRESSED TO:

<u>Express delivery:</u> Beth Bucaida RFP ETH0020 Dept. of Employee Trust Funds 801 West Badger Road Madison, WI 53713-2526	<u>USPS Mail delivery:</u> Beth Bucaida RFP ETH0020 Dept. of Employee Trust Funds PO Box 7931 Madison, WI 53707-7931
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Proposal envelopes/boxes must be sealed and plainly marked in lower corner with Request for Proposal **ETH0020**. Late Proposals will be rejected. Proposals MUST be date and time stamped by ETF on or before the date and time that the Proposal is due. Proposals dated and time stamped in another office will be rejected. Receipt of a Proposal by the mail system does not constitute receipt of a Proposal by ETF. Any Proposal which is inadvertently opened as a result of not being properly and clearly marked is subject to rejection. Proposals must be submitted separately, i.e., not included with sample packages or other Proposals. Records will be available for public inspection after issuance of the notice of intent to award or the award of the contract. The terms and conditions specified in the RFP apply to any subsequent award.

REQUEST FOR PROPOSAL

RFP ETH0020 – Medicare Advantage Plans for Medicare-Enrolled Participants in the State of Wisconsin Group Health Insurance and Wisconsin Public Employer Programs

PROPOSER (Name and Address)

Proposals MUST be in this office no later than November 28, 2017 2:00 PM CST	<input type="checkbox"/> Public Opening <input checked="" type="checkbox"/> No Public Opening
Name (Contact for further information) Beth Bucaida	
Phone 608-266-2586	Date October 17, 2017
Quote Price and Delivery FOB Services - Destination – Madison WI	

Description

Request for Proposals (RFP) ETH0020 – Medicare Advantage Plans for Medicare-Enrolled Participants in the State of Wisconsin Group Health Insurance and Wisconsin Public Employer Programs

For the Department of Employee Trust Funds (ETF).

RFP ETH0020 amendments, questions and answers will be posted on the ETF website at <http://etfextranet.it.state.wi.us/> and will not be mailed.

***** Faxed and e-mailed Proposals will not be accepted. *****
***** This page must be signed and included with your Proposal. *****

In signing this document I, an authorized representative of the Proposer named above, certify that the Proposer has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a Proposal; that the Proposal we have submitted for this RFP (listed above) has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that our Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

We will comply with all terms, conditions and specifications required by the State in the RFP (listed above) and all terms of our Proposal.

Name of Authorized Company Representative (Type or Print)	Title	Phone ()	
		e-Mail:	
Signature of Above	Date	Federal Employer Identification No.	Social Security No. (if Sole)



FORM H Vendor Information

Proposer Company Name*		
dba name		
Phone		
Address		
City	State:	Zip Code:

*Legal business name, as it appears on company's W-9.

Name of person to contact for questions concerning your Proposal:

Name and Title		
Phone	Email address	
Address		
City	State:	Zip Code:

Any vendor awarded a contract over \$50,000 must submit affirmative action information to ETF. List the name/title for the person responsible for affirmative action compliance at your company:

Name and Title		
Phone	Email address	
Address		
City	State:	Zip Code:

Contact for ETF orders and billing:

Name and Title		
Phone	Email address	
Address		
City	State:	Zip Code:

Contact for legal notices:

Name and Title		
Phone	Email address	
Address		
City	State:	Zip Code:

CEO / President Name:



Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

FORM I Vendor References

RFP ETH0020 – Medicare Advantage Plans for Medicare-Enrolled Participants in the State of Wisconsin Group Health Insurance and Wisconsin Public Employer Programs

Proposer Company Name:

Provide the appropriate information for four (4) or more companies to whom you have provided products/services with requirements similar to those included in the RFP listed above.

Company Name		
Contact Person Name and Title		
Phone	Email address	
Address		
City	State:	Zip Code:
List of products/services you provided to this company:		

Company Name		
Contact Person Name and Title		
Phone	Email address	
Address		
City	State:	Zip Code:
List of products/services you provided to this company:		

Company Name		
Contact Person Name and Title		
Phone	Email address	
Address		
City	State:	Zip Code:
List of products/services you provided to this company:		

Company Name		
Contact Person Name and Title		
Phone	Email address	
Address		
City	State:	Zip Code:
List of products/services you provided to this company:		

FORM J
NONDISCLOSURE AGREEMENT WITH TRUVEN HEALTH
(FOR RFP ETH0020)

This Nondisclosure Agreement (“**Agreement**”) is made by and between Truven Health Analytics LLC, an IBM Company with offices at 100 Phoenix Drive, Ann Arbor, Michigan, (“**TRUVEN HEALTH**”), _____, with offices at _____ (“**CONTRACTOR**”) and the Department of Employee Trust Funds with offices at 801 West Badger Road, Madison, WI 53707 (“**DEPARTMENT**”).

1. In connection with the services provided by TRUVEN HEALTH and CONTRACTOR to the DEPARTMENT, DEPARTMENT requests and directs CONTRACTOR to disclose to TRUVEN HEALTH certain Confidential Information (as hereinafter defined). This Agreement describes the rights and responsibilities that apply to such Confidential Information that CONTRACTOR discloses to TRUVEN HEALTH. The parties hereby agree to protect all such Confidential Information as set forth in this Agreement.
 - A) DEPARTMENT has requested pursuant to terms of the State of Wisconsin Health Benefit Program Agreement between CONTRACTOR and DEPARTMENT (the “Contract”), and CONTRACTOR shall provide (pursuant to the Contract) to TRUVEN HEALTH, information, including, but not limited to, Protected Health Information (as such term is defined in law and regulation under “HIPAA”), reasonably necessary for TRUVEN HEALTH to provide services to DEPARTMENT.
 - B) Such data shall be provided hereunder for the provision of services as set forth in Section 1 above (the “Purpose”).
2.
 - A) For purposes hereof, “Confidential Information” shall mean the data outlined in Section 1.A) and 1.B) above, as well as any and all materials and information proprietary to CONTRACTOR or which CONTRACTOR treats as confidential that may be disclosed or made available to TRUVEN HEALTH or that has or may come into possession of TRUVEN HEALTH, including without limitation all information and data relating to or concerning either party’s services, operations, and technology, and any information that is valuable to the other party’s business, including its proprietary interests.
 - B) TRUVEN HEALTH agrees that it shall use the Confidential Information solely for: (i) the Purpose; (ii) as authorized by the CONTRACTOR and DEPARTMENT in writing; or (iii) as required by law.
 - C) TRUVEN HEALTH and CONTRACTOR acknowledge and agree that DEPARTMENT is a Covered Entity under the Health Insurance Portability and Accountability Act of 1996 (and regulations thereunder as amended from time to time) (“HIPAA”) and they have entered into a Business Associate Agreement or certification, as applicable (together “BAA”) with DEPARTMENT as required by HIPAA. The parties acknowledge and agree that HIPAA and TRUVEN HEALTH’s and CONTRACTOR’s BAA with DEPARTMENT govern the use and/or disclosure of Confidential Information that may be obtained or created through the provision of the services under this Agreement. Each party will only use and disclose Confidential Information for purposes permitted by the BAA governing such Confidential Information or as otherwise required by HIPAA or other applicable law. Each party will use reasonable and appropriate procedures and safeguards to prevent any misuse of Confidential Information. Each party represents and warrants to the other party that DEPARTMENT has granted such party the authority to disclose such Confidential Information and has not imposed any restrictions on such authority that are inconsistent with the terms of this Agreement.

- D) TRUVEN HEALTH hereby acknowledges that the Confidential Information is valuable and proprietary information of CONTRACTOR and agrees to hold such Confidential Information in the strictest confidence and not to disclose same or release it to any other person or entity except to the DEPARTMENT after de-identified or aggregated as permitted in the Contract with the DEPARTMENT or as permitted by this Agreement or as otherwise required by law. TRUVEN HEALTH will only disclose Confidential Information to its agents, representatives, officers, directors, employees or vendors with a need to know the same for the Purpose. With respect to Confidential Information related to participants covered under DEPARTMENT's fully-insured or self-insured State of Wisconsin group health benefit program:
- before such Confidential Information is provided in whole or part by TRUVEN HEALTH to DEPARTMENT, TRUVEN HEALTH shall ensure that the Confidential Information is (a) de-identified in accordance with HIPAA and related regulation, or (b) aggregated such that provision shall not disclose to DEPARTMENT, or provide an inference, either directly or indirectly, that any participant is the source of the information.
- E) TRUVEN HEALTH hereby acknowledges that it does not acquire any intellectual property rights or ownership rights to any Confidential Information under this Agreement. TRUVEN HEALTH and DEPARTMENT may not (i) sell the Confidential Information, (ii) publish the Confidential Information in any report to be made public for DEPARTMENT or any other employer, and (iii) provide the Confidential Information to a third party except as provided herein. Notwithstanding the foregoing, Truven Health is permitted to publish necessary information in its MarketScan related publications and ETF is permitted to publish necessary information in quarterly reports in a manner that is consistent with protecting the Confidential Information.
3. To the extent consistent with HIPAA, this Agreement shall not restrict disclosure or use of Confidential Information that: (i) was, at the time of disclosure hereunder to TRUVEN HEALTH, otherwise known to TRUVEN HEALTH without restrictions as to use or disclosure; (ii) was in the public domain at the time of disclosure hereunder to TRUVEN HEALTH, or thereafter enters into the public domain through no breach of this Agreement by TRUVEN HEALTH (provided that such entry into the public domain shall not relieve TRUVEN HEALTH of any obligations hereunder with respect to such Confidential Information prior to such entry into the public domain); or (iii) is independently developed by TRUVEN HEALTH without use of any of the Confidential Information.
 4. In the event that TRUVEN HEALTH becomes legally compelled (by deposition, interrogatory, request for documents, order, subpoena, civil investigative demand or similar process issued by a court of competent jurisdiction or by a government body) to disclose any of the Confidential Information, prompt written notice of any such requirement shall be provided to CONTRACTOR to the extent legally permissible so that CONTRACTOR may seek a protective order or other appropriate remedy and/or waive compliance with the terms of this Agreement. TRUVEN HEALTH shall reasonably cooperate with CONTRACTOR in CONTRACTOR's efforts to obtain a protective order. In the event that such protective order or other remedy is not obtained, and irrespective of whether or not compliance with the provisions hereof is waived, then TRUVEN HEALTH's compliance with such legal compulsion shall not be a breach hereof, provided that TRUVEN HEALTH discloses only that portion of the Confidential Information which TRUVEN HEALTH is advised in writing by its counsel is legally required to be disclosed and reasonable efforts have been made to obtain assurance that confidential treatment will be afforded such Confidential Information.
 5. TRUVEN HEALTH agrees that CONTRACTOR shall be entitled to seek equitable relief, including, without limitation, injunctive relief and specific performance, in the event of any breach of the provisions of this Agreement by TRUVEN HEALTH, in addition to all other remedies available at law or in equity.

6. All parties agree that DEPARTMENT is subject to the provisions of the Wisconsin Public Records Law (Wis. Stat. § 19.31 et seq.) which provides generally that all records relating to a public agency's business are open to public inspection, disclosure and copying in the manner provided in the Public Records Law. Accordingly, DEPARTMENT cannot represent or guarantee that any information submitted by CONTRACTOR will be considered confidential under the Public Records Law. In the event DEPARTMENT receives a request under the Public Records Law, DEPARTMENT's sole responsibility will be to notify CONTRACTOR of the request to allow CONTRACTOR to seek protection from disclosure in a court of competent jurisdiction. With the exception of the information designated as Confidential Information by CONTRACTOR, DEPARTMENT shall be able to comply with such request without any liability under this Agreement. In the event the designation of Confidential Information is challenged, CONTRACTOR will be informed by DEPARTMENT within three (3) days of DEPARTMENT'S or the State of Wisconsin's receipt of such challenge that it will need to obtain legal counsel or provide other necessary assistance to defend the designation of Confidential Information and hold the DEPARTMENT and the State of Wisconsin harmless for any costs or damages arising out of DEPARTMENT's agreeing to withhold the Confidential Information. If DEPARTMENT is required to disclose Confidential Information pursuant to any order or directive of a court or government agency of competent jurisdiction, DEPARTMENT will inform CONTRACTOR of such order or directive prior to disclosure, where legally permitted.
7. This Agreement may be modified or waived only by a separate writing signed by all of the parties hereto.
8. This Agreement shall be binding upon, and shall inure to the benefit of, all parties and their permitted assigns and/or successors in interest and will be governed by and construed in accordance with the laws in the State of Wisconsin, exclusive of its rules governing choice of law and conflict of laws. Neither this Agreement nor the rights or obligations hereunder may be assigned without prior written approval of the other party.
9. This Agreement may be terminated by either party by giving thirty (30) days advance written notice to the other parties. The requirement to treat all Confidential Information as confidential shall survive the termination of this Agreement and shall remain in full force and effect so long as any such information remains commercially valuable, confidential, proprietary and/or trade secret, but in no event less than a period of three (3) years from the date of termination. With respect to Protected Health Information, for as long as TRUVEN HEALTH retains such information.
10. If any portion of this Agreement is determined to be or becomes unenforceable or illegal, such portion shall be deemed eliminated and the remainder of this Agreement shall remain in effect in accordance with its terms and modified by such deletion.
11. If TRUVEN HEALTH grants CONTRACTOR the right to access the TRUVEN HEALTH online tool allowing for the electronic presentment of certain Confidential Information (the "System") that TRUVEN HEALTH makes available to provide up-to-date information on the program participation and related information the following conditions apply. The System, and any documentation with respect to the System, shall be treated as Confidential Information as defined in this Agreement and subject to the same confidentiality restrictions contained herein. Any content, tools, or other materials appearing on the System are the intellectual property of TRUVEN HEALTH and/or its licensors and may not be copied, reproduced, licensed, or sold by CONTRACTOR. Further, access to the System shall not be construed as conferring any license of TRUVEN HEALTH's or its licensors intellectual property rights. CONTRACTOR agrees not to modify, alter, or deface any trademarks, service marks, or other intellectual property of TRUVEN HEALTH made available through the System. CONTRACTOR further agrees not to adapt, translate, modify, decompile, disassemble, or reverse engineer the System tool or any software or programs used in connection with the System. TRUVEN HEALTH will assign a User ID and password to each CONTRACTOR user (a "User"). Users may not disclose or otherwise make User IDs or passwords available to any third party. If a User ceases

to be a User for any reason, including a change in roles within CONTRACTOR's organization or termination of employment, or the User otherwise discloses his or her intent to resign, CONTRACTOR shall notify TRUVEN HEALTH within two (2) business days so that TRUVEN HEALTH can disable the applicable User ID and password. CONTRACTOR is responsible for any and all breaches of security relating to the use of a User's User ID and password until TRUVEN HEALTH has disabled that User ID and password. CONTRACTOR also agrees to comply with TRUVEN HEALTH's security measures which TRUVEN HEALTH will notify CONTRACTOR of in writing with respect to its access and use of the System. If there is a breach or suspected breach of a User ID or password, CONTRACTOR and/or the User must notify TRUVEN HEALTH immediately by telephone and promptly follow up with notice in writing. CONTRACTOR shall maintain reasonable and appropriate security procedures to prevent unauthorized access to Confidential Information in its office(s) or system(s). Further, such procedures shall comply with data security standards that may be imposed by the Privacy and Security Rules of HIPAA, as well as all other applicable laws and regulations. TRUVEN HEALTH reserves the right to terminate CONTRACTOR's access at any time to the System. Access to the System will automatically terminate on the date CONTRACTOR's business relationship with the DEPARTMENT ends. Upon termination of System access, CONTRACTOR will cease all use of the System.

- At the conclusion of the services, the parties shall either relinquish to the other, or destroy (with such destruction to be certified upon request) or de-identify (with certification of de-identification and absence of a crosswalk to re-identify) all Confidential Information. Notwithstanding the foregoing, and subject to a party's obligations of confidentiality and their BAA with the DEPARTMENT, a party may retain one copy of documents containing Confidential Information for archival purposes and to defend its work product.

[CONTRACTOR] _____

Truven Health Analytics LLC

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Department of Employee Trust Funds

Signature: _____

Name: _____

Title: _____

Date: _____