







Chapter 1: Keying an Institutional Claim UB-04

ConnectCenter provides the ability to create a UB-04 institutional claim through the Claims menu, Create a Claim option. There are minimum field requirements to create a basic valid claim. This guide lists fields that are commonly required.

Topics covered

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Keying Tips

-  Prior to keying claims, it is recommended that frequently used providers be entered into Provider Management.
-  Because ConnectCenter requires the entry of a lot of payer and provider information that is typically the same between different claims, you will find that **copying** an existing claim becomes an essential short-cut in creating new claims.
 - You should copy only claims that have already been validated, sent to the clearinghouse and accepted by the payer.
 - If you have a patient that has the same services performed at every appointment, copy a claim accepted by the payer and modify the service dates.
-  Any data that resides on multiple tabs need only be updated on one tab.
 - For example, if the Patient Last Name is updated on the Claim Detail tab under the Patient Information section, then the Patient Last Name field on the UB tab will be automatically updated.
-  At any time while creating your claim you can click 'Validate'. Validate will alert you to errors on the claim that would otherwise prevent the claim from being processed.
 - Only claims that are error free can be send to the clearinghouse for processing.
 - It is recommended that you wait to 'Validate' your claim until you have completed all data you expect will be needed; clicking 'Validate' too early in the data entry process will result in false errors stemming from omission of fields that have not yet been entered.
-  ConnectCenter autosaves your claim as you make changes. Claims can be saved as 'work in progress' prior to sending the claim to the clearinghouse.
-  Only claims that have NOT been sent and accepted by the clearinghouse can be deleted.

UB-04 Form


Claim												Live Chat			
UB-04 FORM				CLAIM DETAILS				SERVICE LINE DETAILS							
Destination Payer ID			Destination Payer Name			Payer Responsibility P-Primary ▼			CLEAR		FIND PAYER				
1. Provider Name:				2. Pay-To-Provider Name:				3a. Pat. Ctrl #		3b. Med. Rec #		4. Type Of Bill			
Address Line One: Address Line Two:				Address Line One: Address Line Two:				5. Fed. Tax No.		6. Statement Covers Period From (MM/DD/YYYY) Through (MM/DD/YYYY)		7.			
City: State: Zip:				City: State: Zip:											
Telephone (include Area code):															
8. Patient's Name						9. Patient Address									
a.						Address Line One: Address Line Two:									
b. (Last Name, First Name, Middle Name, Suffix)						City: State: Zip:									
10. Birthdate (MM/DD/YYYY)			11. Sex	12. Admission			16. DHR		17. STAT						
Date (MM/DD/YYYY)				Date (MM/DD/YYYY)			13. HR		14. Type	15. SRC					
Condition Codes												29. ACDT State	30.		
18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.					
31. Occurrence Code		Date (MM/DD/YYYY)		32. Occurrence Code		Date (MM/DD/YYYY)		33. Occurrence Code		Date (MM/DD/YYYY)		34. Occurrence Code		Date (MM/DD/YYYY)	
Code		Date (MM/DD/YYYY)		Code		Date (MM/DD/YYYY)		Code		Date (MM/DD/YYYY)		Code		Date (MM/DD/YYYY)	
35. Occurrence Span						36. Occurrence Span						37.			

UB-04 Key Fields

Box	Field / Description																																										
	<p>Payer Information</p> <ul style="list-style-type: none"> Use the Find Payer button to find your payer. The following payers will be available to you: <table border="1"> <thead> <tr> <th>Payer ID</th> <th>Payer Name</th> </tr> </thead> <tbody> <tr> <td>8629</td> <td>Aetna Assure Premier Plus (HMO D-SNP)</td> </tr> <tr> <td>1015</td> <td>Aetna Better Health of California</td> </tr> <tr> <td>8678</td> <td>Aetna Better Health of Florida</td> </tr> <tr> <td>4623</td> <td>Aetna Better Health of Illinois MMAI</td> </tr> <tr> <td>5013</td> <td>Aetna Better Health of Illinois</td> </tr> <tr> <td>1084</td> <td>Aetna Better Health of Kansas</td> </tr> <tr> <td>9626</td> <td>Aetna Better Health of Kentucky</td> </tr> <tr> <td>8621</td> <td>Aetna Better Health of Louisiana</td> </tr> <tr> <td>7554</td> <td>Aetna Better Health of Maryland</td> </tr> <tr> <td>8637</td> <td>Aetna Better Health of Michigan</td> </tr> <tr> <td>8629</td> <td>Aetna Better Health of New Jersey</td> </tr> <tr> <td>7612</td> <td>Aetna Better Health of New York</td> </tr> <tr> <td>7652</td> <td>Aetna Better Health of Ohio</td> </tr> <tr> <td>3617</td> <td>Aetna Better Health of Pennsylvania</td> </tr> <tr> <td>8637</td> <td>Aetna Better Health Premier Plan</td> </tr> <tr> <td>2933</td> <td>Aetna Better Health of Texas</td> </tr> <tr> <td>9686</td> <td>Aetna Better Health of Virginia</td> </tr> <tr> <td>9686</td> <td>Aetna Better Health of Virginia (HMO D-SNP)</td> </tr> <tr> <td>1577</td> <td>Aetna Better Health of West Virginia</td> </tr> <tr> <td>1015</td> <td>Mercy Care Plan</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The Payer Responsibility will be Primary 	Payer ID	Payer Name	8629	Aetna Assure Premier Plus (HMO D-SNP)	1015	Aetna Better Health of California	8678	Aetna Better Health of Florida	4623	Aetna Better Health of Illinois MMAI	5013	Aetna Better Health of Illinois	1084	Aetna Better Health of Kansas	9626	Aetna Better Health of Kentucky	8621	Aetna Better Health of Louisiana	7554	Aetna Better Health of Maryland	8637	Aetna Better Health of Michigan	8629	Aetna Better Health of New Jersey	7612	Aetna Better Health of New York	7652	Aetna Better Health of Ohio	3617	Aetna Better Health of Pennsylvania	8637	Aetna Better Health Premier Plan	2933	Aetna Better Health of Texas	9686	Aetna Better Health of Virginia	9686	Aetna Better Health of Virginia (HMO D-SNP)	1577	Aetna Better Health of West Virginia	1015	Mercy Care Plan
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Box	Field / Description
1	<p>Billing Provider Name and Address (Address, City, State, Zip Code, phone number)</p> <ul style="list-style-type: none"> • Use the green + button to select information from your provider list • NOTE: Zip code must be the full nine-digit Zip Code with no dashes. Use the green + button to select information from your provider list • Do not use dashes for the phone number or an extended zip code. • An extension should be represented by a 'x' and then a number. There should be no spaces between the base telephone number and the extension.
3a	Patient Control Number
4	<p>Type of Bill (Do not key the leading zero on this field)</p> <ul style="list-style-type: none"> • The Type of Bill field is composed of three fields after the leading zero is dropped. • The first two positions are Facility Type Code and Type of Care • The third position is an A • The last position is the Claim Frequency Code <p>Examples of Type of Bill:</p> <ul style="list-style-type: none"> • 61A3 • 11A1
5	Federal Tax Number (9 numeric - no dashes)
6	Statement Covers Period (MM/DD/YYYY)
8b	Patient Name
9	Insured's Address (Address, City, State, Zip Code with no dash)

Box	Field / Description
10	Insured's Date of Birth (MM/DD/YYYY)
11	Sex (M, F)
12	Admission Date (MM/DD/YYYY)
13	Admission HR – The hours field must be keyed on the Claim Detail Tab, Miscellaneous Claim Dates in the Admission Hours field (HHMM)
14	Admission Type – 1 position numeric
15c	SRC
42	Revenue Code – 4 position Alphanumeric
44	HCPCS
45	Service Date (N/A if inpatient) (MM/DD/YYYY)
46	<p>Units of Service (Numeric, decimal point can be used – 3 positions to the right)</p> <p>If your claim requires that the service line is expressed in DAYS, the Unit/Basis measurement can be modified by accessing the Service Line Details, Service Line Information, Service Line Supplemental Information and entering DA in the Unit/Basis Measurement Code field for EACH applicable service line.</p>

Box	Field / Description
47	<p>Total Charges (By Rev. Code) TOTALS: <input type="text" value="\$0.00"/> </p> <p>Once all line items information has been entered, click the refresh button. The system will calculate the total charges based on the amounts entered in all service lines.</p>
50	Payer Identification (Name) Box 50 will be automatically populated after you select a payer
51	Health Plan ID Box 51 will be automatically populated after you select a payer
52	Release of Info Certification (Y, I)
53	Assignment of Benefit Certification (Y, N, W)
56	NPI Box 56 will automatically populate after you provide the provider information in box 1 if the provider is selected from your provider list
58	Insured's Last and First Name
59	Patient's Relation to the Insured (18 if the subscriber is also the patient)
60	Insured's Unique ID
63	Treatment Authorization Code
67	Principal Diagnosis Code/Other diagnosis codes (Enter without the decimal point)

Claim Details

Although the UB04 claim form contains the most critical fields needed on a claim, some fields will be found on the Claim Details tab or the Service Lines Details tab instead.

Note, each field on the UB04 form is also duplicated on either the Claim Detail or Service Line Details. For each field that is duplicated on more than one tab, updating the field on one form will also update that field on other tabs. For example, if the Patient Last Name is updated on the Claim Detail tab under the Patient Information section, the Patient Last Name field on the 1500 tab will be automatically updated.

Payer Address

An example of information that can be found in the claim detail screen but not on the UB-04 form is the payer address and claim filing indicator fields. If these fields are not automatically completed when you select the payer, they can be manually added on the Claim Detail screen. After saving one claim for a given plan, your entries will be stored for automatic re-use with all future claims for that plan.

Please Note: the first time you use a given plan, Claim Filing Indicator will default to CI. It should be changed to MC for Medicaid plans.

Special Case - Other Insurance/COB

If your claim requires the destination payer be a value other than primary, then the 'Other Insurance/COB' data section on the **Claim Details Tab** must be completed.

Section	Field/Description
Other Insurance/COB, Payer, Payer Information	<p>Payer Responsibility - Use the drop down to select P for Primary, S for Secondary or T for Tertiary</p> <p>Payer ID - Use the Find Payer button to select a payer or provide a payer id with an ID Type = PI</p>
Other Insurance/COB, Insured/Subscriber	<p>Insured/Subscriber Name and Address Information</p> <p>Patient Relationship to Insured</p> <ul style="list-style-type: none"> • 01 – Spouse • 18 – Self • 19 – Child • 21 - Unknown • ID Type • MI – Member Identification Number
Other Insurance/COB, Other Adjudication Information	<p>Provide the Adjudication Payment Date and the Amount Paid by this payer</p>
Other Insurance/COB, Supplemental Provider Information	<p>Additional IDs for Providers</p> <p>ID Types</p> <ul style="list-style-type: none"> • 0B – State License Number • 1G – Provider UPIN • G2 – Provider Commercial Number • LU – Location Number

NOTE: This is the basic information needed for a claim that requires Coordination of Benefits information. Once the basic information has been provided the 'Validate' functionality will provide guidance on completing additionally required fields.

If your claim has only one additional payer make sure to complete the first occurrence of the 'Other Insurance/COB' section.

Service Line Details

For each service line, all the detailed information described below can be entered. The top of the Service Line Details tab will display summary information about each service line, matching the details entered on the UB-04 Form.

When completing service line details on the lower portion of the Service Line Detail tab, be sure to select which service line your details supplement by clicking the appropriate line at the top of the form. A blue outline should appear highlighting the field you've clicked. In addition, the entire selected row will be highlighted in gray. In the illustration above, see row 8 and procedure code 82435 as an example.

SUMMARY		UB-04 FORM				CLAIM DETAILS		SERVICE LINE DETAILS		SUPPLEMENTAL DOCUMENTATION	
Rev. CD.	Description (Not Used)	HCPCS	M1	M2	M3	M4	Service Date	Service Units	Total Charges	Non-Covered Chgs.	
1. 0250							06/08/2016	1	\$90.00	\$0.00	
2. 0251							06/08/2016	1	\$39.00	\$0.00	
3. 0271							06/08/2016	1	\$65.00	\$0.00	
4. 0272							06/08/2016	2	\$296.00	\$0.00	
5. 0275		C1785					06/08/2016	1	\$17,335.00	\$0.00	
6. 0275		C1898					06/08/2016	2	\$5,750.00	\$0.00	
7. 0300		36415					06/08/2016	1	\$20.00	\$0.00	
8. 0301		82435					06/08/2016	1	\$72.00	\$0.00	
9. 0301		82565					06/08/2016	1	\$125.00	\$0.00	
10. 0301		82947					06/08/2016	1	\$51.00	\$0.00	

Appendix – Common Codes

The following information may be helpful in completing fields that require the entry of a code.

Type of Bill (Box 4)

Code Reference - Type of Facility – 1st Digit

1s Digit – Type of Facility

1 st Digit	Description
1	Hospital
2	Skilled Nursing
3	Home Health Facility
4	Religious Non-medical Health Care Institutions (RNHCI) – Hospital Inpatient
5	Reserved for National Assignment by the NUBC
6	Intermediate Care (not used for Medicare)
7	Clinic (Requires Special Reporting for the Third Digit)
8	Special Facility or ASC Surgery (Requires Special Reporting for the Third Digit)
9	Reserved for National Assignment by the NUBC

Bill Classification – Type of Care – 2nd Digit

Select from the appropriate table: Clinics Only, Special Facilities Only, or Other.

Bill Classification - Clinics Only

2 nd Digit	Description
1	Rural Health Clinic
2	Clinic – Hospital Based or Independent Renal Dialysis Center
3	Freestanding
4	ORF
5	CORF
6	CMHC
7	Federally Qualified Health Center (FQHC) (effective April 1, 2010)
8	Reserved for National Assignment by NUBC
9	Other

Bill Classification - Special Facilities Only

3rd Digit	Description
1	Hospice (Non-hospital based)
2	Hospice (Hospital based)
3	Ambulatory Surgery Center
4	Freestanding Birthing Center
5	Critical Access Hospital
6	Residential Facility (Not used for Medicare)
7	Reserved for National Assignment by NUBC
8	Reserved for National Assignment by NUBC
9	Special Facility - Other (Not used for Medicare)

Bill Classification – Other

Other: Not a Clinic or Special Facility

3rd Digit	Description
1	Inpatient (Including Medicare Part A)
2	Inpatient (Medicare Part B Only) (Includes HHA Visits Under a Part B Plan of Treatment)
3	Outpatient (Includes HHA Visits Under a Part A Plan of Treatment Including DME Under Part A)
4	Laboratory Services Provided to Non-Patients, or Home Health Not Under a Plan of Treatment
5	Intermediate Care Level I
6	Intermediate Care Level II
7	Reserved for National Assignment by NUBC
8	Swing Beds
9	Reserved for National Assignment by NUBC

Frequency of the Bill – 4th Digit

4 th Digit	Description
0	Nonpayment / Zero Claim
1	Admit through Discharge Claim
2	Interim – First Claim
3	Interim – Continuing Claim (Not valid for Medicare PPS Claims)
4	Interim – Last Claim (Not valid for Medicare Inpatient Hospital PPS Claims)
5	Late Charges Only Claim
6	Reserved for National Assignment by NUBC
7	Replacement of Prior Claim
8	Void / Cancel of a Prior Claim
9	Final Claim for a Home Health PPS Episode

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Sex Codes (Box 11)

Code	Definition
M	Male
F	Female
U	Unknown

Admission Codes (Box 14)

Code	Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Trauma
6 – 8	Reserved for National Assignment
9	Information Not Available

Source of Admission Codes (Box 15)

All Sources, except newborns

Code	Definition
1	Nonhealthcare Facility Point of Origin
2	Clinic or Physician's Office
3	Reserved for assignment by the NUBC
4	Transfer from a Hospital (Different Facility)
5	Transfer from a Skilled Nursing Facility or Intermediate Care Facility or Assisted Living Facility
6	Transfer from Another Health Care Facility
7	Reserved for assignment by the NUBC
8	Court/Law Enforcement
9	Information Not Available
A	Reserved for assignment by the NUBC
B	Reserved for assignment by the NUBC
C	Reserved for assignment by the NUBC
D	Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
E	Transfer from Ambulatory Surgery Center

F	Transfer from Hospice Facility
G – Z	Reserved for National Assignment

Source Codes Admission Codes for Newborns

Code	Definition
1 – 4	Discontinued
5	Born Inside this Hospital
6	Born Outside this Hospital
7 – 9	Reserved for National Assignment

Patient Discharge Status Codes (Box 17)

Code	Definition
01	Discharged to Home or Self-Care (Routine Discharge)
02	Discharged / Transferred to a Short-Term General Hospital for Inpatient Care
03	Discharged / Transferred to a SNF with Medicare Certification in Anticipation of Skilled Care
04	Discharged / Transferred to a Facility That Provides Custodial or Supportive Care
05	Discharged / Transferred to a Designated Cancer Center or Children's Hospital
06	Discharged / Transferred to Home Under Care of Organized Home Health Service Organization in Anticipation of Covered Skilled Care
07	Left Against Medical Advice or Discontinued Care
08	Reserved for Assignment by the NUBC
09	Admitted as an Inpatient to This Hospital
10 – 19	Reserved for Assignment by the NUBC
20	Expired
21	Discharged / Transferred to Court / Law Enforcement

Keying a Claim

22 - 29	Reserved for Assignment by the NUBC
30	Still a Patient
31-39	Reserved for Assignment by the NUBC
40	Expired at Home
41	Expired in a Medical Facility such as a Hospital, SNF, ICF or Free- Standing Hospice
42	Expired, Place Unknown
43	Discharged / Transferred to a Federal Health Care Facility
44 – 49	Reserved for Assignment by the NUBC
50	Discharged to Hospice, Home
51	Discharged to Hospice, Medical Facility (Certified) Providing Hospice Level of Care
52 – 60	Reserved for Assignment by the NUBC
61	Discharged / Transferred Within This Institution to a Hospital-Based Medicare Approved Swing Bed
62	Discharged / Transferred to an Inpatient Rehabilitation Facility (IRF) Including Rehabilitation Distinct Part Units of a Hospital

63	Discharged / Transferred to a Medicare Certified Long Term Care Hospital (LTCH)
64	Discharged / Transferred to a Nursing Facility Certified Under Medicaid but Not Certified Under Medicare
65	Discharged / Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital
66	Discharges / Transfers to a Critical Access Hospital
67 – 69	Reserved for Assignment by the NUBC
70	Discharged / Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in this Code List
71 – 80	Reserved for Assignment by the NUBC
81	Discharge to Home or Self-Care with a Planned Acute Care hospital Inpatient Readmission
82	Discharged / Transferred to a Short-Term General Hospital for Inpatient Care with a Planned Acute Care hospital Inpatient Readmission
83	Discharged /Transferred to a Skilled Nursing Facility with Medicare Certification with a Planned Acute Care hospital Inpatient Readmission
84	Discharged /Transferred to a Facility that Provides Custodial of Supportive Care with a Planned Acute Care hospital Inpatient Readmission

85	Discharged /Transferred to a Designated Cancer Center or Children's Hospital with a Planned Acute Care hospital Inpatient Readmission
86	Discharged /Transferred to Home Under Care of Organized Home Health Service Organization with a Planned Acute Care hospital Inpatient Readmission
87	Discharged /Transferred to Court / Law Enforcement with a Planned Acute Care hospital Inpatient Readmission
88	Discharged /Transferred to a Federal Health Care Facility with a Planned Acute Care hospital Inpatient Readmission
89	Discharged /Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care hospital Inpatient Readmission
90	Discharged /Transferred to an Inpatient Rehabilitation Facility Including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care hospital Inpatient Readmission
91	Discharged /Transferred to a Medicare Certified Long-term Care Hospital with a Planned Acute Care hospital Inpatient Readmission
92	Discharged /Transferred to a Nursing Facility Certified under Medicaid but not Certified under Medicare with a Planned Acute Care hospital Inpatient Readmission
93	Discharged /Transferred to a Psychiatric Hospital or Psychiatric Distinct Part unit of a Hospital with a Planned Acute Care hospital Inpatient Readmission

94	Discharged /Transferred to a Critical Access Hospital with a Planned Acute Care hospital Inpatient Readmission
95	Discharged /Transferred to Another Type of Healthcare Institution Not Defined Elsewhere in this Code List with a Planned Acute Care hospital Inpatient Readmission

Patients Relationship to the Insured Codes (Box 59)

Code	Definition
01	Spouse
18	Self
19	Child
20	Employee
21	Unknown
39	Organ Donor
40	Cadaver Donor
53	Life Partner
G8	Other Relationship

Common Taxonomy Codes (Box 81A-D)

Code	Description
100000000X	BH & SOCSERV PROVIDERS
101YA0400X	BH & SOCIAL SERVICE, COUNSELOR, ADDICTION (SUBSTAN
101YM0800X	BH & SOCIAL SERVICE, COUNSELOR, MH
101YP1600X	BH & SOCIAL SERVICE, COUNSELOR, PASTORAL
101YP2500X	BH & SOCIAL SERVICE, COUNSELOR, PROFESSIONAL
101YS0200X	BH & SOCIAL SERVICE, COUNSELOR, SCHOOL
101Y00000X	BH & SOCIAL SERVICE, COUNSELOR
103GC0700X	BH & SOCIAL SERVICE, NEUROPSYCHOLOGIST, CLINICAL
103G00000X	BH & SOCIAL SERVICE, NEUROPSYCHOLOGIST
103TA0400X	BH & SOCIAL SERVICE, PSYCHOLOGIST, ADDICTION (SUBS
103TA0700X	BH & SOCIAL SERVICE, PSYCHOLOGIST, ADULT DEVELOPME
103TB0200X	BH & SOCIAL SERVICE, PSYCHOLOGIST, BEHAVIORAL
103TC0700X	BH & SOCIAL SERVICE, PSYCHOLOGIST, CLINICAL
103TC1900X	BH & SOCIAL SERVICE, PSYCHOLOGIST, COUNSELING

103TC2200X	BH & SOCIAL SERVICE, PSYCHOLOGIST, CHILD, YOUTH &
103TE1000X	BH & SOCIAL SERVICE, PSYCHOLOGIST, EDUCATIONAL
103TE1100X	BH & SOCIAL SERVICE, PSYCHOLOGIST, EXERCISE & SPOR
103TF0000X	BH & SOCIAL SERVICE, PSYCHOLOGIST, FAMILY
103TF0200X	BH & SOCIAL SERVICE, PSYCHOLOGIST, FORENSIC
103TH0100X	BH & SOCIAL SERVICE, PSYCHOLOGIST, HEALTH
103TM1700X	BH & SOCIAL SERVICE, PSYCHOLOGIST, MEN & MASCULINI
103TM1800X	BH & SOCIAL SERVICE, PSYCHOLOGIST, MENTAL RETARDAT
103TP0814X	BH & SOCIAL SERVICE, PSYCHOLOGIST, PSYCHOANALYSIS
103TP2700X	BH & SOCIAL SERVICE, PSYCHOLOGIST, PSYCHOTHERAPY
103TP2701X	BH & SOCIAL SERVICE, PSYCHOLOGIST, PSYCHOTHERAPY,
103TR0400X	BH & SOCIAL SERVICE, PSYCHOLOGIST, REHABILITATION
103TS0200X	BH & SOCIAL SERVICE, PSYCHOLOGIST, SCHOOL
103TW0100X	BH & SOCIAL SERVICE, PSYCHOLOGIST, WOMEN
103T00000X	BH & SOCIAL SERVICE, PSYCHOLOGIST

1041C0700X	BH & SOCIAL SERVICE, SOCIAL WORKER, CLINICAL
1041S0200X	BH & SOCIAL SERVICE, SOCIAL WORKER, SCHOOL
104100000X	BH & SOCIAL SERVICE, SOCIAL WORKER
106H00000X	BH & SOCIAL SERVICE, MARRIAGE & FAMILY THERAPIST
160000000X	NURSING SERVICE
163WA0400X	NURSING SERVICE, RN, ADDICTION (SUBSTANCE USE DISO
163WA2000X	NURSING SERVICE, RN, ADMINISTRATOR
163WC0200X	NURSING SERVICE, RN, CRITICAL CARE MEDICINE
163WC0400X	NURSING SERVICE, RN, CASE MANAGEMENT
163WC1400X	NURSING SERVICE, RN, COLLEGE HEALTH
163WC1500X	NURSING SERVICE, RN, COMMUNITY HEALTH
163WC1600X	NURSING SERVICE, RN, CONTINUING EDUCATION/STAFF DE
163WC2100X	NURSING SERVICE, RN, CONTINENCE CARE
163WC3500X	NURSING SERVICE, RN, CARDIAC REHABILITATION
163WD0400X	NURSING SERVICE, RN, DIABETES EDUCATOR

163WD1100X	NURSING SERVICE, RN, DIALYSIS, PERITONEAL
163WE0003X	NURSING SERVICE, RN, EMERGENCY
163WE0900X	NURSING SERVICE, RN, ENTEROSTOMAL THERAPY
163WF0300X	NURSING SERVICE, RN, FLIGHT
163WG0000X	NURSING SERVICE, RN, GENERAL PRACTICE
163WG0100X	NURSING SERVICE, RN, GASTROENTEROLOGY
163WG0600X	NURSING SERVICE, RN, GERONTOLOGY
163WH0200X	NURSING SERVICE, RN, HOME HEALTH
163WH0500X	NURSING SERVICE, RN, HEMODIALYSIS
163WH1000X	NURSING SERVICE, RN, HOSPICE
163WI0500X	NURSING SERVICE, RN, INFUSION THERAPY
163WI0600X	NURSING SERVICE, RN, INFECTION CONTROL
163WL0100X	NURSING SERVICE, RN, LACTATION CONSULTANT
163WM0102X	NURSING SERVICE, RN, MATERNAL NEWBORN
163WM0705X	NURSING SERVICE, RN, MEDICAL-SURGICAL

163WM1400X	NURSING SERVICE, RN, NURSE MASSAGE THERAPIST (NMT)
163WN0002X	NURSING SERVICE, RN, NEONATAL INTENSIVE CARE
163WN0003X	NURSING SERVICE, RN, NEONATAL, LOW-RISK
163WN0300X	NURSING SERVICE, RN, NEPHROLOGY
163WN0800X	NURSING SERVICE, RN, NEUROSCIENCE
163WN1003X	NURSING SERVICE, RN, NUTRITION SUPPORT
163WP0000X	NURSING SERVICE, RN, PAIN MANAGEMENT
163WP0200X	NURSING SERVICE, RN, PEDIATRICS
163WP0218X	NURSING SERVICE, RN, PEDIATRIC ONCOLOGY
163WP0807X	NURSING SERVICE, RN, PSYCH/MH, CHILD & ADOLESCENT
163WP0808X	NURSING SERVICE, RN, PSYCH/MH
163WP0809X	NURSING SERVICE, RN, PSYCH/MH, ADULT
163WP1700X	NURSING SERVICE, RN, PERINATAL
163WP2201X	NURSING SERVICE, RN, AMB CARE
163WR0400X	NURSING SERVICE, RN, REHABILITATION

163WR1000X	NURSING SERVICE, RN, REPRODUCTIVE ENDOCRINOLOGY/IN
163WS0121X	NURSING SERVICE, RN, PLASTIC SURGERY
163WS0200X	NURSING SERVICE, RN, SCHOOL
163WU0100X	NURSING SERVICE, RN, UROLOGY
163WW0000X	NURSING SERVICE, RN, WOUND CARE
163WW0101X	NURSING SERVICE, RN, WOMEN'S HC, AMB
163WX0002X	NURSING SERVICE, RN, OBSTETRIC, HIGH-RISK
163WX0003X	NURSING SERVICE, RN, OBSTETRIC, INPATIENT
163WX0106X	NURSING SERVICE, RN, OCCUPATIONAL HEALTH
163WX0200X	NURSING SERVICE, RN, ONCOLOGY
163WX0601X	NURSING SERVICE, RN, OTORHINOLARYNGOLOGY & HEAD-NE
163WX0800X	NURSING SERVICE, RN, ORTHOPEDIC
163WX1100X	NURSING SERVICE, RN, OPHTHALMIC
163WX1500X	NURSING SERVICE, RN, OSTOMY CARE
163W00000X	NURSING SERVICE, RN

164W00000X	NURSING SERVICE, LICENSED PRACTICAL NURSE
164X00000X	NURSING SERVICE, LICENSED VOCATIONAL NURSE
167G00000X	NURSING SERVICE, LICENSED PSYCHIATRIC TECHNICIAN
190000000X	GROUP
193200000X	GROUP, MULTI-SPECIALTY
193400000X	GROUP, SINGLE SPECIALTY
207LA0401X	PHYSICIAN, ANESTHESIOLOGY, ADDICTION MEDICINE
207LC0200X	PHYSICIAN, ANESTHESIOLOGY, CRITICAL CARE MEDICINE
207PE0004X	PHYSICIAN, EMERGENCY MEDICINE, EMERGENCY MEDICAL S
207PP0204X	PHYSICIAN, EMERGENCY MEDICINE, PEDIATRIC EMERGENCY
207P00000X	PHYSICIAN, EMERGENCY MEDICINE
207QA0401X	PHYSICIAN, FAMILY PRACTICE, ADDICTION MEDICINE
207RA0401X	PHYSICIAN, INTERNAL MEDICINE, ADDICTION MEDICINE
2080P0006X	PHYSICIAN, PEDIATRICS, DEVELOPMENTAL BEHAVIORAL
2084A0401X	PHYSICIAN, PSYCH & NEUR, ADDICTION MEDICINE

2084F0202X	PHYSICIAN, PSYCH & NEUR, FORENSIC PSYCHIATRY
2084N0600X	PHYSICIAN, PSYCH & NEUR, CLINICAL NEUROPHYSIOLOGY
2084P0005X	PHYSICIAN, PSYCH & NEUR, NEURODEVELOPMENTAL DISABI
2084P0800X	PHYSICIAN, PSYCH & NEUR, PSYCHIATRY
2084P0802X	PHYSICIAN, PSYCH & NEUR, ADDICTION PSYCHIATRY
2084P0804X	PHYSICIAN, PSYCH & NEUR, CHILD & ADOLESCENT PSYCHI
2084P0805X	PHYSICIAN, PSYCH & NEUR, GERIATRIC PSYCHIATRY
220000000X	RESP, REHAB, & REST SERVICE PROVIDERS
221700000X	RESP, REHAB, & REST SERVICE, ART THERAPIST
225A00000X	RESP, REHAB, & REST SERVICE, MUSIC THERAPIST
225400000X	RESP, REHAB, & REST SERVICE, REHABILITATION PRACTI
225600000X	RESP, REHAB, & REST SERVICE, DANCE THERAPIST
225800000X	RESP, REHAB, & REST SERVICE, RECREATION THERAPIST
226300000X	RESP, REHAB, & REST SERVICE, KINESIOTHERAPIST
250000000X	AGENCIES

251B00000X	AGENCIES, CASE MANAGEMENT
251C00000X	AGENCIES, DAY TRAINING, DEVELOPMENTALLY DISABLED S
251E00000X	AGENCIES, HOME HEALTH
251F00000X	AGENCIES, HOME INFUSION
251G00000X	AGENCIES, HOSPICE CARE, COMMUNITY BASED
251J00000X	AGENCIES, NURSING CARE
251K00000X	AGENCIES, PUBLIC HEALTH OR WELFARE
260000000X	AMB HC FACILITIES
261QA1903X	AMB HC FACILITIES, CLINIC/CENTER, AMB SURGICAL
261QC0050X	AMB HC FACILITIES, CLINIC/CENTER, CRITICAL ACCESS
261QC1500X	AMB HC FACILITIES, CLINIC/CENTER, COMMUNITY HEALTH
261QC1800X	AMB HC FACILITIES, CLINIC/CENTER, CORPORATE HEALTH
261QD1600X	AMB HC FACILITIES, CLINIC/CENTER, DEVELOPMENTAL DI
261QE0002X	AMB HC FACILITIES, CLINIC/CENTER, EMERGENCY CARE
261QF0400X	AMB HC FACILITIES, CLINIC/CENTER, FEDERALLY QUALIF

261QH0100X	AMB HC FACILITIES, CLINIC/CENTER, HEALTH
261QM0801X	AMB HC FACILITIES, CLINIC/CENTER, MH (INCLUDING CO
261QM0850X	AMB HC FACILITIES, CLINIC/CENTER, ADULT MH
261QM0855X	AMB HC FACILITIES, CLINIC/CENTER, ADOLESCENT AND C
261QM1300X	AMB HC FACILITIES, CLINIC/CENTER, MULTI-SPECIALTY
261QM2800X	AMB HC FACILITIES, CLINIC/CENTER, METHADONE CLINIC
261QP0904X	AMB HC FACILITIES, CLINIC/CENTER, PUBLIC HEALTH, F
261QP0905X	AMB HC FACILITIES, CLINIC/CENTER, PUBLIC HEALTH, S
261QR0400X	AMB HC FACILITIES, CLINIC/CENTER, REHABILITATION
261QR0401X	AMB HC FACILITIES, CLINIC/CENTER, REHABILITATION,
261QR0405X	AMB HC FACILITIES, CLINIC/CENTER, REHABILITATION,
261QR1300X	AMB HC FACILITIES, CLINIC/CENTER, RURAL HEALTH
261Q00000X	AMB HC FACILITIES, CLINIC/CENTER
270000000X	HOSPITAL UNITS
273R00000X	HOSPITAL UNITS, PSYCHIATRIC UNIT

273Y00000X	HOSPITAL UNITS, REHABILITATION UNIT
276400000X	HOSPITAL UNITS, REHABILITATION, SUBSTANCE USE DISO
280000000X	HOSPITALS
282NC0060X	HOSPITALS, GENERAL ACUTE CARE HOSPITAL, CRITICAL A
282NC2000X	HOSPITALS, GENERAL ACUTE CARE HOSPITAL, CHILDREN
282NR1301X	HOSPITALS, GENERAL ACUTE CARE HOSPITAL, RURAL
282NW0100X	HOSPITALS, GENERAL ACUTE CARE HOSPITAL, WOMEN
282N00000X	HOSPITALS, GENERAL ACUTE CARE HOSPITAL
283Q00000X	HOSPITALS, PSYCHIATRIC HOSPITAL
283XC2000X	HOSPITALS, REHABILITATION HOSPITAL, CHILDREN
283X00000X	HOSPITALS, REHABILITATION HOSPITAL
284300000X	HOSPITALS, SPECIAL HOSPITAL
290000000X	LABORATORIES
291U00000X	LABORATORIES, CLINICAL MEDICAL LABORATORY
293D00000X	LABORATORIES, PHYSIOLOGICAL LABORATORY

310000000X	NURS & CUST CARE FACILITIES
3104A0625X	NURS & CUST CARE FACILITIES, ASSISTED LIVING FACIL
3104A0630X	NURS & CUST CARE FACILITIES, ASSISTED LIVING FACIL
310400000X	NURS & CUST CARE FACILITIES, ASSISTED LIVING FACIL
310500000X	NURS & CUST CARE FACILITIES, INTERMEDIATE CARE FAC
311ZA0620X	NURS & CUST CARE FACILITIES, CUSTODIAL CARE FACILI
311Z00000X	NURS & CUST CARE FACILITIES, CUSTODIAL CARE FACILI
311500000X	NURS & CUST CARE FACILITIES, ALZHEIMER CENTER (DEM
313M00000X	NURS & CUST CARE FACILITIES, NURSING FACILITY/INTE
3140N1450X	NURS & CUST CARE FACILITIES, SKILLED NURSING FACIL
314000000X	NURS & CUST CARE FACILITIES, SKILLED NURSING FACIL
315D00000X	NURS & CUST CARE FACILITIES, HOSPICE, INPATIENT
315P00000X	NURS & CUST CARE FACILITIES, INTERMEDIATE CARE FAC
320000000X	RTC FACILITIES
320800000X	RTC FACILITIES, COMMUNITY BASED RTC FACILITY, MENT

320900000X	RTC FACILITIES, COMMUNITY BASED RESIDENTIAL TREATM
322D00000X	RTC FACILITIES, RTC FACILITY, EMOTIONALLY DISTURBE
323P00000X	RTC FACILITIES, PSYCHIATRIC RTC FACILITY
3245S0500X	RTC FACILITIES, SA REHABILITATION FACILITY, SA TRE
324500000X	RTC FACILITIES, SA REHABILITATION FACILITY
326000000X	RTC FACILITIES, RTC FACILITY, MENTAL RETARDATION A
330000000X	SUPPLIERS
340000000X	TRANSPORTATION SERVICES
3416A0800X	TRANSPORTATION SERVICES, AMBULANCE, AIR TRANSPORT
3416L0300X	TRANSPORTATION SERVICES, AMBULANCE, LAND TRANSPORT
3416S0300X	TRANSPORTATION SERVICES, AMBULANCE, WATER TRANSPOR
341600000X	TRANSPORTATION SERVICES, AMBULANCE
343800000X	TRANSPORTATION SERVICES, SECURED MEDICAL TRANSPORT
343900000X	TRANSPORTATION SERVICES, NON-EMERGENCY MEDICAL TRA
344600000X	TRANSPORTATION SERVICES, TAXI

347B00000X	TRANSPORTATION SERVICES, BUS
347C00000X	TRANSPORTATION SERVICES, PRIVATE VEHICLE
347D00000X	TRANSPORTATION SERVICES, TRAIN
347E00000X	TRANSPORTATION SERVICES, TRANSPORTATION BROKER
360000000X	PA & APN PROVIDERS
363AM0700X	PA & APN PROVIDERS, PA, MEDICAL
363A00000X	PA & APN PROVIDERS, PA
363LA2100X	PA & APN PROVIDERS, APN, ACUTE CARE
363LC1500X	PA & APN PROVIDERS, APN, COMMUNITY HEALTH
363LP0808X	PA & APN PROVIDERS, APN, PSYCH/MH
363L00000X	PA & APN PROVIDERS, APN
364SA2200X	PA & APN PROVIDERS, CLIN NURSE SPEC, ADULT HEALTH
364SC1501X	PA & APN PROVIDERS, CLIN NURSE SPEC, COMMUNITY HEA
364SP0807X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, CHI
364SP0808X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH

364SP0809X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, ADU
364SP0810X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, CHI
364SP0811X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, CHR
364SP0812X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, COM
364SP0813X	PA & APN PROVIDERS, CLIN NURSE SPEC, PSYCH/MH, GER
364SR0400X	PA & APN PROVIDERS, CLIN NURSE SPEC, REHABILITATIO
364S00000X	PA & APN PROVIDERS, CLIN NURSE SPEC
367500000X	PA & APN PROVIDERS, NURSE ANESTHETIST, CERTIFIED R
380000000X	RESPITE CARE FACILITY
385HR2050X	RESPITE CARE FACILITY, RESPITE CARE, RESPITE CARE
385HR2055X	RESPITE CARE FACILITY, RESPITE CARE, RESPITE CARE,
385HR2060X	RESPITE CARE FACILITY, RESPITE CARE, RESPITE CARE,
385HR2065X	RESPITE CARE FACILITY, RESPITE CARE, RESPITE CARE,
385H00000X	RESPITE CARE FACILITY, RESPITE CARE