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# **NUCC**

# **Provider Characteristics Codes**

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VERSION 3

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**Introduction** The Provider Characteristics Code Set is for use with health care provider information for enrollment and credentialing transactions and their corresponding responses. It is intended to provide codified responses to questions presented to a health care provider applying to or registering with an entity and to report the outcome of such application or registration. It may also be used for responses to inquiries regarding provider participation or registration in a program or plan.

This is not intended to be a comprehensive list of services rendered by a health care provider.

This code set was formulated so that the absence of information is a meaningful statement and should describe the most common situation. (i.e. "2S" = x-rays are provided at this location. No data transmitted means x-rays are not provided, "2S" transmitted means x-rays are provided.) New statements should follow this guideline and should be screened so that conflicting information is not introduced (do not add "provider is participating" AND "provider is not participating". Select the least common statement to add to the list).

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- 11 Provider receives public funding
  - 12 This is a multi-specialty group
  - 13 This is a primary care provider
  - 14 Provider has ownership or financial interest in another medical establishment
  - 15 Professional liability coverage has been restricted/terminated/or modified
  - 16 This is the provider's primary insurance coverage
  - 17 This is the provider's excess insurance coverage
  - 18 Excess insurance coverage exists for this provider
  - 19 Provider is self-insured
  - 1A Provider's self-insurance is funded
  - 1B Provider's self-insurance is not funded
  - 1C Provider has had adverse action on state license, certificate, or registration
  - 1D Provider has had adverse action on DEA or other applicable narcotic registration
  - 1E Provider has had adverse action on hospital or other health care facility staff membership for privileges
  - 1F Provider has had adverse action on professional organization membership
  - 1G Provider has had adverse action on Medicare, Medicaid or other government health programs
  - 1H Provider has had adverse action on any prepaid health plan or managed care participation
  - 1I Provider has had adverse action with respect to educational or training institution or program
  - 1J Provider has had adverse action by professional society or association
  - 1K Provider is under health plan administrative sanction
  - 1L Provider accepts Workers' Compensation
  - 1M Provider accepts Medicare assignment
  - 1N Provider accepts Medicaid assignment
  - 1O Provider participates in Medicare and accepts assignment
  - 1P Provider participates in Medicaid and accepts assignment
  - 1Q Provider is not accepting new patients for obstetric care
  - 1R This location is handicapped accessible
  - 1S This location is less than 1 block from public transportation
  - 1T This location is less than 5 blocks from public transportation
  - 1U This location is less than 1 mile from public transportation
  - 1V This location is 1 or more miles from public transportation
  - 1W This location has a full time assistant available
  - 1X This location has a part time assistant available
  - 1Y This location has Telecommunication Device for the Deaf (TDD) equipment
  - 1Z This location is medically fragile equipped
  - 20 This location employs para-professional staff/employees
  - 21 This location maintains para-professional credentialing, licensure & malpractice information
  - 22 This location admits and cares for patients on its own hospital service
  - 23 The scheduling time for urgent care at this location is more than 24 hours
  - 24 The scheduling time for symptomatic care at this location is more than 72 hours
  - 25 The scheduling time for routine visits at this location is more than 7 days
  - 26 The scheduling time for preventive routine care at this location is more than 30 days
  - 27 The waiting time at this location is more than 30 minutes from time of scheduled appointment
  - 28 Allergy skin testing is provided at this location
  - 29 Asthma treatment is provided at this location
  - 2A EKG services are provided at this location
  - 2B Flexible sigmoidoscopy is provided at this location
  - 2C IV hydration/treatment is provided at this location
  - 2D Laceration repair is provided at this location
  - 2E Laboratory services/testing is provided at this location
  - 2F Massage therapy is provided at this location
  - 2G Minor fracture work is provided at this location

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<b>2H</b>	Minor surgery is provided at this location
<b>2I</b>	Occupational therapy is provided at this location
<b>2J</b>	Gynecology services are provided at this location
<b>2K</b>	Obstetric services are provided at this location
<b>2L</b>	Osteopathic manipulation is provided at this location
<b>2M</b>	Physical therapy is provided at this location
<b>2N</b>	Pulmonary function studies are provided at this location
<b>2O</b>	Speech pathology is provided at this location
<b>2P</b>	Hearing tests are provided at this location
<b>2Q</b>	Visual screenings are provided at this location
<b>2R</b>	Mammography services are provided at this location
<b>2S</b>	X-rays are provided at this location
<b>2T</b>	This hospital has a Medicare Prospective Payment System (PPS) exempt rehabilitation unit
<b>2U</b>	This hospital has a Medicare Prospective Payment System (PPS) exempt psychiatric unit
<b>10</b>	Provider has a medical condition that impairs or limits him/her to practice
<b>55</b>	Accepted
<b>56</b>	Unspecified Error
<b>57</b>	Failed Field Edits
<b>58</b>	Minimum Fields Missing
<b>59</b>	Exact Duplicate
<b>5A</b>	Rejected by NPI Enumerator
<b>5B</b>	Invalid Taxonomy Code
<b>5C</b>	Taxonomy Code Mismatch
<b>5D</b>	SSN Validation Error
<b>5E</b>	Mailing Address Error
<b>5F</b>	Location Address Error
<b>5G</b>	NPI not on File
<b>5H</b>	Invalid Deactivation Reason Code
<b>5I</b>	Pended by GateKeeper
<b>5J</b>	Pended by L/S/T
<b>5K</b>	Duplicate record
<b>5L</b>	Schema validation failed
<b>5M</b>	Individual Verification – Found
<b>5N</b>	Individual Verification - Not Found
<b>5O</b>	Individual Verification - Close Match
<b>5P</b>	Individual Verification – Insufficient Data
<b>5Q</b>	Organization Verification – Found
<b>5R</b>	Organization Verification - Not Found
<b>5S</b>	Organization Verification – Close Match
<b>5T</b>	Organization Verification - Insufficient Data
<b>5U</b>	Individual Data Dissemination - Fulfilled
<b>5V</b>	Individual Data Dissemination - Not Fulfilled
<b>5W</b>	Organization Data Dissemination - Fulfilled
<b>5X</b>	Organization Data Dissemination - Not Fulfilled
<b>5Y</b>	Unspecified Response
<b>2V</b>	Assistive aid information not collected from the provider
<b>6A</b>	This provider is a free-standing laboratory
<b>5Z</b>	This location is a retail health center
<b>6B</b>	This provider is a free-standing imaging center
<b>6C</b>	This is a mobile provider that travels to the location of a patient and does not have a specific service address
<b>6D</b>	This location is an urgent care center
<b>6E</b>	This provider offers telehealth services