```
       ******************************************
       *                                        *
       *          A T T E N T I O N             *
       *                                        *
       *   THESE POS RECORD SPECIFICATIONS WERE  *
       *   PRODUCED FROM OUR DICTIONARY AT THE   *
       *   SAME TIME AS THE POS DATA FILE THAT   *
       *   YOU REQUESTED. YOU MAY WISH TO CHECK  *
       *   THESE SPECIFICATIONS TO SEE IF ANY    *
       *   CHANGES HAVE OCCURED SINCE YOUR RECEIPT *
       *   OF ANY PRIOR DOCUMENTATION.           *
       *                                        *
       *   FILE CREATION DATE = 04/02/2023       *
       *                                        *
       ******************************************
 DATE: 04/02/2023              POS RECORD LAYOUT
PAGE: 1
             CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

   SHORT DESCRIPTION                                    LEN  START END
TYPE

   Provider Category Subtype Code                        2    1     2
VARCHAR2
     Description: Identifies the subtype of the provider, within the
                  primary category.  Used in reporting to show the
                  breakdown of provider categories, mainly for hospitals
                  and SNFs.
     SAS Name:    PRVDR_CTGRY_SBTYP_CD
     COBOL Name:  PRVDR-CTGRY-SBTYP-CD
     VALUES:      01=CLIA88 Laboratory

   Provider Category Code                                2    3     4
VARCHAR2
     Description: Identifies the type of provider participating in the
                  Medicare/Medicaid program.
     SAS Name:    PRVDR_CTGRY_CD
     COBOL Name:  PRVDR-CTGRY-CD
     VALUES:      22=CLIA Laboratory

   CHOW Count                                            2    5     6
NUMBER
     Description: Number of times this provider has undergone a change of
                  ownership.
     SAS Name:    CHOW_CNT
     COBOL Name:  CHOW-CNT

   CHOW Date                                             8    7     14   DATE
     Description: Effective date of the most recent change of ownership
for
                  this provider.
     SAS Name:    CHOW_DT
     COBOL Name:  CHOW-DT
```

Address: City 28 15 42
VARCHAR2
Description: City in which the provider is physically located.
SAS Name: CITY_NAME
COBOL Name: CITY-NAME

Compliance: Acceptable POC 1 43 43
VARCHAR2
Description: Indicates if a provider is in compliance with program requirements based on an acceptable plan for correction of deficiencies.
SAS Name: ACPTBL_POC_SW
COBOL Name: ACPTBL-POC-SW

Compliance: Status 1 44 44
VARCHAR2
Description: Compliance status of a provider at the time of certification survey.
SAS Name: CMPLNC_STUS_CD
COBOL Name: CMPLNC-STUS-CD
VALUES: A=IN COMPLIANCE
B=NOT IN COMPLIANCE

SSA County Code 3 45 47
VARCHAR2

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END
TYPE

Description: Social Security Administration geographic code indicating
the county where the provider is located.
SAS Name: SSA_CNTY_CD
COBOL Name: SSA-CNTY-CD

Cross Ref Provider Number 10 48 57 CHAR
Description: Cross reference provider number
SAS Name: CROSS_REF_PROVIDER_NUMBER
COBOL Name: CROSS-REF-PROVIDER-NUMBER

Certification Date 8 58 65 DATE
Description: Equal to the exit date of the initial visit of the Health
survey for certifications completed after July 28, 2012.
For certifications prior to that date, the certification
date is equal to the exit date of the initial visit of the Health survey or LSC survey, whichever is later.

SAS Name: CRTFCTN_DT
COBOL Name: CRTFCTN-DT

Eligibility Indicator 1 66 66
VARCHAR2
Description: Indicates if a facility is eligible to participate in the
Medicare and/or Medicaid programs.
SAS Name: ELGBLTY_SW
COBOL Name: ELGBLTY-SW

Facility Name 50 67 116
VARCHAR2
Description: Name of the provider certified to participate in the
Medicare and/or Medicaid programs.
SAS Name: FAC_NAME
COBOL Name: FAC-NAME

Medicare Administrative Contractor (MAC) or 5 117 121
VARCHAR2
Intermediary or Carrier Code
Description: Number assigned to the Medicare Administrative
Contractor, intermediary or carrier servicing this
provider.
SAS Name: INTRMDRY_CARR_CD
COBOL Name: INTRMDRY-CARR-CD
VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)
00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES
00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE

00241=BLUE CROSS (MISSOURI)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
00290=BLUE CROSS (NEW MEXICO)
00308=NATIONAL GOVERNMENT SERVICES
00310=BLUE CROSS (NORTH CAROLINA)
00320=NORIDIAN PART A
00322=NORIDIAN PART A (AK/WA)
00323=NORIDIAN PART A (ID/OR)
00325=NORIDIAN
00332=NATIONAL GOVERNMENT SERVICES
00340=BLUE CROSS (OKLAHOMA)
00350=BLUE CROSS (OREGON)
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362=BLUE CROSS (INDEPENDENCE)
00363=BLUE CROSS (WESTERN PENNSYLVANIA)
00366=HIGHMARK MEDICARE SERVICES
00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES

00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)
00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B
00884=PALMETTO GBA
00889=NORIDIAN GVT SERVICES (SD)
00900=BLUE SHIELD (TEXAS)
00901=TRAILBLAZERS HEALTH ENTERPRISES
00904=TRAILBLAZER
00910=BLUE SHIELD (UTAH)
00930=BLUE SHIELD (WASHINGTON)
00951=WISCONSIN PHYSICIANS SERVICE
00952=WPS - ILLINOIS
00953=WPS - MICHIGAN
00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH)
01111=Noridian (CA)
01112=Noridian (NF)

01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR
02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)
04111=NOVITAS (COLORADO)

04112=NOVITAS (COLORADO)
04201=TRAILBLAZER (NEW MEXICO)
04202=TRAILBLAZER (NEW MEXICO)
04211=NOVITAS (NEW MEXICO)
04212=NOVITAS (NEW MEXICO)
04301=TRAILBLAZER (OKLAHOMA)
04302=TRAILBLAZER (OKLAHOMA)
04311=NOVITAS (OKLAHOMA)
04312=NOVITAS (OKLAHOMA)
04401=TRAILBLAZER (TEXAS)
04402=TRAILBLAZER (TEXAS)
04411=NOVITAS (TEXAS)
04412=NOVITAS (TEXAS)
04901=MUTUAL LEGACY
04911=NOVITAS
05101=WPS (IOWA)
05102=WPS (IOWA)
05130=EQICOR (IDAHO)
05201=WPS (KANSAS)
05202=WPS (KANSAS)
05301=WPS (MISSOURI)
05302=WPS (MISSOURI WEST)
05392=WPS (MISSOURI EAST)
05401=WPS (NEBRASKA)
05402=WPS (NEBRASKA)
05440=EQICOR (TENNESSEE)
05535=EQICOR (NORTH CAROLINA)
05901=WISCONSIN PHYSICIANS SERVICE
06001=NGS (WI)
06004=National Govt Serv HHH
06014=NATIONAL GOVERNMENT ERVICES
06101=NGS (IL)
06102=NGS (IL)
06201=NGS (MN)
06202=NGS (MN)
06301=NGS (WI)
06302=NGS (WI)
07101=Novitas AR
07102=Novitas AR
07201=Novitas LA
07202=Novitas LA
07301=Novitas MS
07302=Novitas MS
08101=WPS IN
08102=WPS IN
08201=WPS MI
08202=WPS MI
09101=FIRST COAST (FLORIDA)
09102=FIRST COAST (FLORIDA)
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
09202=FIRST COAST (PUERTO RICO)
09302=FIRST COAST (VIRGIN ISLANDS)
10071=TRAVELERS (RRB)
10101=CAHABA GBA (AL)

10102=CAHABA GBA (AL)

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
10111=PALMETTO GBA (Part A) (AL)				
10112=PALMETTO GBA (AL)				
10201=CAHABA GBA (GA)				
10202=CAHABA GBA (GA)				
10211=PALMETTO GBA (GA)				
10212=PALMETTO GBA (GA)				
10230=TRAVELERS (CONNECTICUT)				
10240=TRAVELERS (MINNESOTA)				
10250=TRAVELERS (MISSISSIPPI)				
10301=CAHABA GBA (TN)				
10302=CAHABA GBA (TN)				
10311=PALMETTO GBA (TN)				
10312=PALMETTO GBA (TN)				
10490=TRAVELERS (VIRGINIA)				
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT				
11004=PALMETTO HHH C				
11201=PALMETTO GBA (SC)				
11202=PALMETTO GBA (SC)				
11260=GENERAL AMERICAN				
11301=PALMETTO GBA (VA)				
11302=PALMETTO GBA (VA)				
11401=PALMETTO GBA (WV)				
11402=PALMETTO GBA (WV)				
11501=PALMETTO GBA (NC)				
11502=PALMETTO GBA (NC)				
12101=Novitas DE				
12102=Novitas DE				
12201=Novitas DC				
12202=Novitas DC				
12301=Novitas MD				
12302=Novitas MD				
12401=Novitas NJ				
12402=Novitas NJ				
12501=Novitas PA				
12502=Novitas PA				
12901=Novitas Solutions DC, DE, MD, PA				
12902=HIGHMARK				
13101=NATIONAL GOVT SERVICES (CONNECTICUT)				
13102=NATIONAL GOVT SERVICES (CONNECTICUT)				
13201=NATIONAL GOVT SERVICES (NEW YORK)				
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)				
13282=NGS (UN)				
13292=NGS (QN)				
14004=NATIONAL HERITAGE (HHA - A)				

14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)
14311=NGS (NH)
14312=NGS (NH)
14330=GROUP HEALTH INC (NEW YORK)
14401=NATIONAL HERITAGE (RHODE ISLAND)
14402=NATIONAL HERITAGE (RHODE ISLAND)
14411=NGS (RI)
14412=NGS (RI)
14501=NATIONAL HERITAGE (VERMONT)
14502=NATIONAL HERITAGE (VERMONT)

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
14511=NGS (VT) 14512=NGS (VT) 15004=CGS Administrators HHH 15101=CGS (KENTUCKY) 15102=CGS (KENTUCKY) 15201=CGS (OHIO) 15202=CGS (OHIO) 16360=NATIONWIDE (OHIO) 16510=NATIONWIDE (WEST VIRGINIA) 17120=HAWAII MEDICAL SERVICE ASSOCIATION 21200=MASSACHUSETTS/MAINE 31142=NATIONAL HERITAGE INSURANCE CO (MAINE) 31143=NATIONAL HERITAGE INSURANCE CO 31144=NATIONAL HERITAGE INSURANCE CO 50333=TRAVELERS (NEW YORK) 51051=AETNA (PETALUMA) 51070=AETNA (FARMINGTON) 51100=AETNA (CLEARWATER) 51140=AETNA (PEORIA) 51390=AETNA (FORT WASHINGTON) 52280=WISCONSIN PHYSICIANS SERVICE 57400=COOPERATIVA (PUERTO RICO)				
Medicaid Vendor Number	15	122	136	VARCHAR2

Description: Number which may be assigned to a provider by the state Medicaid agency for external control or billing purposes.
SAS Name: MDCD_VNDR_NUM
COBOL Name: MDCD-VNDR-NUM

Original Participation Date 8 137 144 DATE
Description: Date a provider is first approved to provide Medicare and/or Medicaid services.
SAS Name: ORGNL_PRTCPTN_DT
COBOL Name: ORGNL-PRTCPTN-DT

Prior CHOW Date 8 145 152 DATE
Description: Effective date of the previous change of ownership for this provider.
SAS Name: CHOW_PRIOR_DT
COBOL Name: CHOW-PRIOR-DT

Prior Medicare Administrative Contractor (MAC) or Intermediary or Carrier Code 5 153 157 VARCHAR2
Description: Number assigned to the previous Medicare Administrative Contractor, intermediary or carrier servicing this provider.
SAS Name: INTRMDRY_CARR_PRIOR_CD
COBOL Name: INTRMDRY-CARR-PRIOR-CD
VALUES: 00000=DUMMY FOR MEDICAID HHA
00010=BLUE CROSS (ALABAMA)
00011=CAHABA
00020=BLUE CROSS (ARKANSAS)
00040=BLUE CROSS (CALIFORNIA)
00060=BLUE CROSS (CONNECTICUT)
00070=BLUE CROSS (DELAWARE)
00090=BLUE CROSS (FLORIDA)
00101=BLUE CROSS (GEORGIA)
00121=HEALTH CARE SERVICE CORPORATION
00122=HCSC - MICHIGAN
00123=HCSC OF MICHIGAN
00130=NATIONAL GOVERNMENT SERVICES
00131=NATIONAL GOVERNMENT SERVICES
00140=BLUE CROSS (IOWA/SOUTH DAKOTA)
00150=BLUE CROSS (KANSAS)

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

00160=NATIONAL GOVERNMENT SERVICES
00180=NATIONAL GOVERNMENT SERVICES
00181=NATIONAL GOVERNMENT SERVICES

00190=BLUE CROSS (MARYLAND)
00200=BLUE CROSS (MASSACHUSETTS)
00210=BLUE CROSS (MICHIGAN)
00220=BLUE CROSS (MINNESOTA)
00230=BLUE CROSS (MISSISSIPPI)
00231=BLUE CROSS (LOUISIANA)
00233=PINNACLE
00241=BLUE CROSS (MISSOURI)
00260=BLUE CROSS (NEBRASKA)
00270=NATIONAL GOVERNMENT SERVICES
00280=BLUE CROSS (NEW JERSEY)
00290=BLUE CROSS (NEW MEXICO)
00308=NATIONAL GOVERNMENT SERVICES
00310=BLUE CROSS (NORTH CAROLINA)
00320=NORIDIAN PART A
00322=NORIDIAN PART A (AK/WA)
00323=NORIDIAN PART A (ID/OR)
00325=NORIDIAN
00332=NATIONAL GOVERNMENT SERVICES
00340=BLUE CROSS (OKLAHOMA)
00350=BLUE CROSS (OREGON)
00351=BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362=BLUE CROSS (INDEPENDENCE)
00363=BLUE CROSS (WESTERN PENNSYLVANIA)
00366=HIGHMARK MEDICARE SERVICES
00370=BLUE CROSS (RHODE ISLAND)
00380=BLUE CROSS (SOUTH CAROLINA)
00390=BLUE CROSS (TENNESSEE)
00400=BLUE CROSS (TEXAS)
00410=BLUE CROSS (UTAH)
00423=BLUE CROSS (VIRGINIA/WEST VA)
00430=BLUE CROSS (WASHINGTON & ALASKA)
00450=NATIONAL GOVERNMENT SERVICES
00452=NATIONAL GOVERNMENT SERVICES
00453=NATIONAL GOVERNMENT SERVICES
00454=NATIONAL GOVERNMENT SERVICES
00456=NATIONAL GOVERNMENT SERVICES
00468=BLUE CROSS (NORTH CAROLINA FOR PR)
00510=BLUE SHIELD (ALABAMA)
00511=CAHABA
00512=CAHABA
00520=BLUE SHIELD (ARKANSAS)
00528=BLUE SHIELD (ARKANSAS/LOUISIANA)
00542=BLUE SHIELD (CALIFORNIA)
00550=BLUE SHIELD (COLORADO)
00570=BLUE SHIELD (DELAWARE)
00580=BLUE SHIELD (DISTRICT OF COLUMBIA)
00590=BLUE SHIELD (FLORIDA)
00621=BLUE SHIELD (ILLINOIS)
00630=NATIONAL GOVERNMENT SERVICES
00640=BLUE SHIELD (IOWA)
00650=BLUE SHIELD (KANSAS)
00655=BLUE SHIELD (KANSAS/NEBRASKA)
00660=NATIONAL GOVERNMENT SERVICES

00690=BLUE SHIELD (MARYLAND)
00700=BLUE SHIELD (MASSACHUSETTS)
00710=BLUE SHIELD (MICHIGAN)
00720=BLUE SHIELD (MINNESOTA)
00740=BLUE SHIELD (KANSAS CITY)
00770=BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780=BLUE SHIELD (TRI-STATE)

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

00801=BLUE SHIELD (BUFFALO)
00803=NATIONAL GOVERNMENT SERVICES
00805=NATIONAL GOVERNMENT SERVICES
00821=NORIDIAN
00824=NORIDIAN GVT SERVICES (CO)
00826=NORIDIAN GVT SERVICES (IA)
00831=NORIDIAN GVT SERVICES (AK)
00832=NORIDIAN GVT SERVICES (AZ)
00833=NORIDIAN GVT SERVICES (HI)
00834=NORIDIAN GVT SERVICES (NV)
00835=NORIDIAN GVT SERVICES (OR)
00836=NORIDIAN GVT SERVICES (WA)
00860=BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865=BLUE SHIELD (PENNSYLVANIA)
00870=BLUE SHIELD (RHODE ISLAND)
00880=BLUE SHIELD (SOUTH CAROLINA)
00883=PALMETTO GBA PART B
00884=PALMETTO GBA
00889=NORIDIAN GVT SERVICES (SD)
00900=BLUE SHIELD (TEXAS)
00901=TRAILBLAZERS HEALTH ENTERPRISES
00904=TRAILBLAZER
00910=BLUE SHIELD (UTAH)
00930=BLUE SHIELD (WASHINGTON)
00951=WISCONSIN PHYSICIANS SERVICE
00952=WPS - ILLINOIS
00953=WPS - MICHIGAN
00954=WI PHYSICIAN SERVICES - MN
00973=BLUE SHIELD (PUERTO RICO)
00974=BLUE SHIELD (VIRGIN ISLANDS)
01010=AETNA (PEORIA)
01020=AETNA (ALASKA)
01030=AETNA (ARIZONA)
01040=AETNA (GEORGIA)
01101=PALMETTO (CALIFORNIA)
01102=PALMETTO (CALIFORNIA (NORTH)
01111=Noridian (CA)
01112=Noridian (NF)

01120=AETNA (HAWAII)
01182=Noridian (SF)
01192=PALMETTO (CALIFORNIA SOUTH)
01201=PALMETTO (HAWAII)
01202=PALMETTO (HAWAII)
01211=Noridian (AS, GU, HI)
01212=Noridian (AS, GU, HI)
01290=AETNA (NEVADA)
01301=PALMETTO (NEVADA)
01302=PALMETTO (NEVADA)
01311=Noridian (NV)
01312=Noridian (NV)
01360=AETNA (NEW MEXICO)
01370=AETNA (OKLAHOMA)
01380=AETNA (OREGON)
01390=AETNA (WASHINGTON)
01901=PALMETTO GBA
01902=PALMETTO GBA
01911=Noridian (AS, GU, HI, NV)
02050=OCCIDENTAL (CALIFORNIA)
02101=Noridian AK
02102=Noridian AK
02201=Noridian ID
02202=Noridian ID
02301=Noridian OR
02302=Noridian OR

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

02401=Noridian WA
02402=Noridian WA
03001=NORIDIAN ADMIN SERVICES
03101=NORIDAN (ARIZONA)
03102=NORIDAN (ARIZONA)
03201=NORIDAN (MONTANA)
03202=NORIDAN (MONTANA)
03301=NORDIAN (NORTH DAKOTA)
03302=NORDIAN (NORTH DAKOTA)
03401=NORIDIAN (SOUTH DAKOTA)
03402=NORIDIAN (SOUTH DAKOTA)
03501=NORIDIAN (UTAH)
03502=NORIDIAN (UTAH)
03601=NORIDIAN (WYOMING)
03602=NORIDIAN (WYOMING)
04001=TRAILBLAZER
04101=TRAILBLAZER (COLORADO)
04102=TRAILBLAZER (COLORADO)
04111=NOVITAS (COLORADO)

04112=NOVITAS (COLORADO)
04201=TRAILBLAZER (NEW MEXICO)
04202=TRAILBLAZER (NEW MEXICO)
04211=NOVITAS (NEW MEXICO)
04212=NOVITAS (NEW MEXICO)
04301=TRAILBLAZER (OKLAHOMA)
04302=TRAILBLAZER (OKLAHOMA)
04311=NOVITAS (OKLAHOMA)
04312=NOVITAS (OKLAHOMA)
04401=TRAILBLAZER (TEXAS)
04402=TRAILBLAZER (TEXAS)
04411=NOVITAS (TEXAS)
04412=NOVITAS (TEXAS)
04901=MUTUAL LEGACY
04911=NOVITAS
05101=WPS (IOWA)
05102=WPS (IOWA)
05130=EQICOR (IDAHO)
05201=WPS (KANSAS)
05202=WPS (KANSAS)
05301=WPS (MISSOURI)
05302=WPS (MISSOURI WEST)
05392=WPS (MISSOURI EAST)
05401=WPS (NEBRASKA)
05402=WPS (NEBRASKA)
05440=EQICOR (TENNESSEE)
05535=EQICOR (NORTH CAROLINA)
05901=WISCONSIN PHYSICIANS SERVICE
06001=NGS (WI)
06004=National Govt Serv HHH
06014=NATIONAL GOVERNMENT ERVICES
06101=NGS (IL)
06102=NGS (IL)
06201=NGS (MN)
06202=NGS (MN)
06301=NGS (WI)
06302=NGS (WI)
07101=Novitas AR
07102=Novitas AR
07201=Novitas LA
07202=Novitas LA
07301=Novitas MS
07302=Novitas MS
08101=WPS IN
08102=WPS IN

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE

08201=WPS MI
08202=WPS MI
09101=FIRST COAST (FLORIDA)
09102=FIRST COAST (FLORIDA)
09201=FIRST COAST (PUERTO RICO/VIRGIN ISLANDS)
09202=FIRST COAST (PUERTO RICO)
09302=FIRST COAST (VIRGIN ISLANDS)
10071=TRAVELERS (RRB)
10101=CAHABA GBA (AL)
10102=CAHABA GBA (AL)
10111=PALMETTO GBA (Part A) (AL)
10112=PALMETTO GBA (AL)
10201=CAHABA GBA (GA)
10202=CAHABA GBA (GA)
10211=PALMETTO GBA (GA)
10212=PALMETTO GBA (GA)
10230=TRAVELERS (CONNECTICUT)
10240=TRAVELERS (MINNESOTA)
10250=TRAVELERS (MISSISSIPPI)
10301=CAHABA GBA (TN)
10302=CAHABA GBA (TN)
10311=PALMETTO GBA (TN)
10312=PALMETTO GBA (TN)
10490=TRAVELERS (VIRGINIA)
10492=TRAVELERS - VIRGINIA SPECIAL PROJECT
11004=PALMETTO HHH C
11201=PALMETTO GBA (SC)
11202=PALMETTO GBA (SC)
11260=GENERAL AMERICAN
11301=PALMETTO GBA (VA)
11302=PALMETTO GBA (VA)
11401=PALMETTO GBA (WV)
11402=PALMETTO GBA (WV)
11501=PALMETTO GBA (NC)
11502=PALMETTO GBA (NC)
12101=Novitas DE
12102=Novitas DE
12201=Novitas DC
12202=Novitas DC
12301=Novitas MD
12302=Novitas MD
12401=Novitas NJ
12402=Novitas NJ
12501=Novitas PA
12502=Novitas PA
12901=Novitas Solutions DC, DE, MD, PA
12902=HIGHMARK
13101=NATIONAL GOVT SERVICES (CONNECTICUT)
13102=NATIONAL GOVT SERVICES (CONNECTICUT)
13201=NATIONAL GOVT SERVICES (NEW YORK)
13202=NATIONAL GOVT SERVICES (NEW YORK - EMPIRE)
13282=NGS (UN)
13292=NGS (QN)
14004=NATIONAL HERITAGE (HHA - A)

14014=NGS (HHA)
14101=NATIONAL HERITAGE (MAINE)
14102=NATIONAL HERITAGE (MAINE)
14111=NGS (ME)
14112=NGS (ME)
14201=NATIONAL HERITAGE (MASSACHUSETTS)
14202=NATIONAL HERITAGE (MASSACHUSETTS)
14211=NGS (MA)
14212=NGS (MA)
14301=NATIONAL HERITAGE (NEW HAMPSHIRE)

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
14302=NATIONAL HERITAGE (NEW HAMPSHIRE)				
14311=NGS (NH)				
14312=NGS (NH)				
14330=GROUP HEALTH INC (NEW YORK)				
14401=NATIONAL HERITAGE (RHODE ISLAND)				
14402=NATIONAL HERITAGE (RHODE ISLAND)				
14411=NGS (RI)				
14412=NGS (RI)				
14501=NATIONAL HERITAGE (VERMONT)				
14502=NATIONAL HERITAGE (VERMONT)				
14511=NGS (VT)				
14512=NGS (VT)				
15004=CGS Administrators HHH				
15101=CGS (KENTUCKY)				
15102=CGS (KENTUCKY)				
15201=CGS (OHIO)				
15202=CGS (OHIO)				
16360=NATIONWIDE (OHIO)				
16510=NATIONWIDE (WEST VIRGINIA)				
17120=HAWAII MEDICAL SERVICE ASSOCIATION				
21200=MASSACHUSETTS/MAINE				
31142=NATIONAL HERITAGE INSURANCE CO (MAINE)				
31143=NATIONAL HERITAGE INSURANCE CO				
31144=NATIONAL HERITAGE INSURANCE CO				
50333=TRAVELERS (NEW YORK)				
51051=AETNA (PETALUMA)				
51070=AETNA (FARMINGTON)				
51100=AETNA (CLEARWATER)				
51140=AETNA (PEORIA)				
51390=AETNA (FORT WASHINGTON)				
52280=WISCONSIN PHYSICIANS SERVICE				
57400=COOPERATIVA (PUERTO RICO)				
CCN	10	158	167	VARCHAR2

Description: Six or ten position identification number that is assigned to a certified provider. This is the CMS Certification Number.
SAS Name: PRVDR_NUM
COBOL Name: PRVDR-NUM

Region Code 2 168 169 VARCHAR2
Description: Indicates the CMS Regional Office responsible for the certification of the provider.
SAS Name: RGN_CD
COBOL Name: RGN-CD
VALUES: 01=Boston
02=New York
03=Philadelphia
04=Atlanta
05=Chicago
06=Dallas
07=Kansas City
08=Denver
09=San Francisco
10=Seattle

Skeleton Record Indicator 1 170 170 VARCHAR2
Description: Indicates if the record is a skeleton record. Only a limited set of data is available for this provider; no survey data exists. Only provider categories 01,17,19,21and 22 can have skeleton providers.
SAS Name: SKLTN_REC_SW
COBOL Name: SKLTN-REC-SW

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

State Abbreviation 2 171 172 VARCHAR2
Description: Two-character state abbreviation.
SAS Name: STATE_CD
COBOL Name: STATE-CD
VALUES: AK=ALASKA
AL=ALABAMA
AR=ARKANSAS
AS=AMERICAN SAMOA
AZ=ARIZONA
CA=CALIFORNIA
CN=CANADA
CO=COLORADO

CT=CONNECTICUT
DC=DISTRICT OF COLUMBIA
DE=DELAWARE
FL=FLORIDA
FN=INTERNATIONAL
GA=GEORGIA
GU=GUAM
HI=HAWAII
IA=IOWA
ID=IDAHO
IL=ILLINOIS
IN=INDIANA
KS=KANSAS
KY=KENTUCKY
LA=LOUISIANA
MA=MASSACHUSETTS
MD=MARYLAND
ME=MAINE
MI=MICHIGAN
MN=MINNESOTA
MO=MISSOURI
MP=SAIPAN
MS=MISSISSIPPI
MT=MONTANA
MX=MEXICO
NC=NORTH CAROLINA
ND=NORTH DAKOTA
NE=NEBRASKA
NH=NEW HAMPSHIRE
NJ=NEW JERSEY
NM=NEW MEXICO
NV=NEVADA
NY=NEW YORK
OH=OHIO
OK=OKLAHOMA
OR=OREGON
PA=PENNSYLVANIA
PR=PUERTO RICO
RI=RHODE ISLAND
SC=SOUTH CAROLINA
SD=SOUTH DAKOTA
TN=TENNESSEE
TX=TEXAS
UT=UTAH
VA=VIRGINIA
VI=VIRGIN ISLANDS
VT=VERMONT
WA=WASHINGTON
WI=WISCONSIN
WV=WEST VIRGINIA
WY=WYOMING

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
SSA State Code	2	173	174	VARCHAR2

Description: Social Security Administration geographic code indicating the state where the provider is located.

SAS Name: SSA_STATE_CD

COBOL Name: SSA-STATE-CD

VALUES:
01=ALABAMA
02=ALASKA
03=ARIZONA
04=ARKANSAS
05=CALIFORNIA
06=COLORADO
07=CONNECTICUT
08=DELAWARE
09=DISTRICT OF COLUMBIA
10=FLORIDA
11=GEORGIA
12=HAWAII
13=IDAHO
14=ILLINOIS
15=INDIANA
16=IOWA
17=KANSAS
18=KENTUCKY
19=LOUISIANA
20=MAINE
21=MARYLAND
22=MASSACHUSETTS
23=MICHIGAN
24=MINNESOTA
25=MISSISSIPPI
26=MISSOURI
27=MONTANA
28=NEBRASKA
29=NEVADA
30=NEW HAMPSHIRE
31=NEW JERSEY
32=NEW MEXICO
33=NEW YORK
34=NORTH CAROLINA
35=NORTH DAKOTA
36=OHIO
37=OKLAHOMA
38=OREGON
39=PENNSYLVANIA
40=PUERTO RICO

41=RHODE ISLAND
42=SOUTH CAROLINA
43=SOUTH DAKOTA
44=TENNESSEE
45=TEXAS
46=UTAH
47=VERMONT
48=VIRGIN ISLANDS
49=VIRGINIA
50=WASHINGTON
51=WEST VIRGINIA
52=WISCONSIN
53=WYOMING
54=AFRICA
56=CANADA
57=WEST INDIES
58=EUROPE
59=MEXICO
60=OCEANIA

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE

61=PHILIPPINES
62=SOUTH AMERICA
63=UNITED STATES POSSESSIONS
64=AMERICAN SAMOA
65=GUAM
66=SAIPAN
99=INTERNATIONAL

State Region Code	3	175	177	VARCHAR2

Description: Identifies the region within a state where the provider is located.
SAS Name: STATE_RGN_CD
COBOL Name: STATE-RGN-CD
VALUES: AK/001=ALASKA
AK/LAB=LABORATORIES
AK/NPH=NON-PARTICIPATING HOSPITAL
AL/001=ALABAMA
AL/LAB=LABORATORIES
AL/NPH=NON-PARTICIPATING HOSPITAL
AR/001=ARKANSAS
AR/LAB=LABORATORIES
AR/NPH=NON-PARTICIPATING HOSPITAL
AS/001=AMERICAN SAMOA
AS/LAB=LABORATORY
AS/NPH=NON-PARTICIPATING HOSPITAL

AZ/AZ=PHOENIX
AZ/LAB=ARIZONA LAB
AZ/NPH=NON-PARTICIPATING HOSPITAL
AZ/TUC=TUCSON
CA/001=CALIFORNIA
CA/BAK=BAKERSFIELD
CA/BER=SAN BERNARDINO
CA/EB=East Bay
CA/FR=FRESNO
CA/L1=L.A. WEST
CA/L2=L.A. NORTH
CA/L3=L.A. CENTRAL
CA/L4=L.A. EAST
CA/L5=SAN GABRIEL
CA/LA1=LA Region 1
CA/LA2=LA Region 2
CA/LA3=LA Region 3
CA/LA4=LA Acute/Ancillary
CA/LA5=LA HHA/Hospice
CA/LA6=LA ICF/DD/CLinics
CA/LAB=LABORATORIES
CA/M1=LAB. SOUTH
CA/M2=LAB. NORTH
CA/NPH=NON-PARTICIPATING HOSPITAL
CA/ORG=ORANGE
CA/RIV=RIVERSIDE
CA/S1=SACRAMENTO
CA/S3=CHICO
CA/SD=SAN DIEGO
CA/SF=SAN FRANCISCO
CA/SJ=SAN JOSE
CA/SR=SANTA ROSA
CA/STK=STOCKTON
CA/VEN=VENTURA
CN/001=CANADA
CN/LAB=LABORATORY
CN/NPH=NON-PARTICIPATING HOSPITAL
CO/001=COLORADO
CO/LAB=LABORATORIES

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE

CO/NPH=NON-PARTICIPATING HOSPITAL
CT/001=CONNECTICUT
CT/LAB=LABORATORIES
CT/NPH=NON-PARTICIPATING HOSPITAL
DC/001=DISTRICT OF COLUMBIA
DC/LAB=LABORATORIES

DC/NPH=NON-PARTICIPATING HOSPITAL
DE/001=DELAWARE
DE/LAB=LABORATORIES
DE/NPH=NON-PARTICIPATING HOSPITAL
FL/001=FLORIDA
FL/FTM=FT. MYERS
FL/GAI=GAINESVILLE
FL/JAX=JACKSONVILLE
FL/LAB=LABORATORIES
FL/LAN=LANTANA
FL/LAU=LAUDERHILL
FL/MIA=MIAMI
FL/NPH=NON-PARTICIPATING HOSPITAL
FL/ORL=ORLANDO
FL/PEN=PENSACOLA
FL/STP=ST. PETERSBURG
FL/TAL=TALLAHASSEE
FL/TAM=TAMPA
FM/001=FEDERATED STATES OF MICRO
FM/NPH=NON-PARTICIPATING HOSPITAL
FN/001=INTERNATIONAL
FN/LAB=LABORATORIES
FN/NPH=NON-PARTICIPATING HOSPITAL
GA/001=GEORGIA
GA/GAA=GEORGIA ALL
GA/GAC=GEORGIA CENTRAL
GA/GAE=GEORGIA EASTERN
GA/GAN=GEORGIA NORTH
GA/GAS=GEORGIA SOUTH
GA/GAW=GEORGIA WESTERN
GA/LAB=LABORATORIES
GA/NPH=NON-PARTICIPATING HOSPITAL
GU/001=GUAM
GU/LAB=LABORATORIES
GU/NPH=NON-PARTICIPATING HOSPITAL
HI/001=HAWAII
HI/LAB=LABORATORIES
HI/NPH=NON-PARTICIPATING HOSPITAL
IA/001=IOWA
IA/LAB=LABORATORIES
IA/NPH=NON-PARTICIPATING HOSPITAL
ID/001=IDAHO
ID/LAB=LABORATORIES
ID/NPH=NON-PARTICIPATING HOSPITAL
IL/001=ILLINOIS
IL/LAB=LABORATORIES
IL/NPH=NON-PARTICIPATING HOSPITAL
IN/001=INDIANA
IN/LAB=LABORATORIES
IN/NPH=NON-PARTICIPATING HOSPITAL
KS/001=KANSAS
KS/KCK=KANSAS CITY
KS/KDH=KDHE
KS/LAB=LABORATORIES

KS/LAW=LAWRENCE
KS/NC=NORTH CENTRAL KANSAS
KS/NE=NORTH EAST KANSAS
KS/NPH=NON-PARTICIPATING HOSPITAL

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE

KS/NW=NORTH WEST KANSAS
KS/SC=SOUTH CENTRAL KANSAS
KS/SE=SOUTH EAST KANSAS
KS/SW=SOUTH WEST KANSAS
KS/WST=WEST
KY/2C1=HOPKINSVILLE
KY/2C2=LOUISVILLE
KY/2C3=LONDON
KY/2C4=LEXINGTON
KY/LAB=LABORATORIES
KY/NPH=NON-PARTICIPATING HOSPITAL
LA/001=LOUISIANA
LA/LA1=NEW ORLEANS
LA/LA2=MANDEVILLE
LA/LA3=LAFAYETTE
LA/LA4=MONROE
LA/LA5=SHREVEPORT
LA/LA6=ALEXANDRIA
LA/LAB=LABORATORIES
LA/LB1=CLIA NEW ORLEANS
LA/LB5=CLIA SHREVEPORT
LA/LB6=CLIA ALEXANDRIA
LA/NPH=NON-PARTICIPATING HOSPITAL
MA/001=MASSACHUSETTS
MA/LAB=LABORATORIES
MA/NPH=NON-PARTICIPATING HOSPITAL
MD/001=MARYLAND
MD/LAB=LABORATORIES
MD/NPH=NON-PARTICIPATING HOSPITAL
ME/001=MAINE
ME/LAB=LABORATORIES
ME/NPH=NON-PARTICIPATING HOSPITAL
MH/001=MARSHALL ISLANDS
MH/NPH=NON-PARTICIPATING HOSPITAL
MI/001=MICHIGAN
MI/LAB=LABORATORIES
MI/NPH=NON-PARTICIPATING HOSPITAL
MN/001=MINNESOTA
MN/LAB=LABORATORIES
MN/NPH=NON-PARTICIPATING HOSPITAL
MO/001=MISSOURI

MO/01=REGION01
MO/02=REGION02
MO/03=REGION 03
MO/04=REGION 04
MO/05=REGION 05
MO/06=REGION 06
MO/07=REGION 07
MO/1NH=REGION 1 NH
MO/2NH=REGION 2 NH
MO/3NH=REGION 3 NH
MO/4NH=REGION 4 NH
MO/5NH=REGION 5 NH
MO/6NH=REGION 6 NH
MO/7NH=REGION 7 NH
MO/LAB=LABORATORIES
MO/MO=STATEWIDE
MO/NPH=NON-PARTICIPATING HOSPITAL
MP/001=NORTHERN MARIANA ISLANDS
MP/LAB=LABORATORIES
MP/NPH=NON-PARTICIPATING HOSPITAL
MS/001=MISSISSIPPI
MS/LAB=LABORATORIES
MS/NPH=NON-PARTICIPATING HOSPITAL

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

MT/001=MONTANA
MT/LAB=LABORATORIES
MT/NPH=NON-PARTICIPATING HOSPITAL
MX/001=MEXICO
MX/LAB=LABORATORY
MX/NPH=NON-PARTICIPATING HOSPITAL
NC/001=NORTH CAROLINA
NC/LAB=LABORATORIES
NC/NCC=NORTH CAROLINA CENTRAL
NC/NCE=NORTH CAROLINA EAST
NC/NCN=NORTH CAROLINA NORTH
NC/NCS=NORTH CAROLINA SOUTH
NC/NCW=NORTH CAROLINA WEST
NC/NPH=NON-PARTICIPATING HOSPITAL
ND/001=NORTH DAKOTA
ND/LAB=LABORATORIES
ND/NPH=NON-PARTICIPATING HOSPITAL
NE/001=NEBRASKA
NE/1=NORTH CENTRAL
NE/2=CENTRAL
NE/3=NORTHEAST
NE/4=SOUTHEAST

NE/5=WESTERN
NE/LAB=LABORATORIES
NE/NPH=NON-PARTICIPATING HOSPITAL
NH/001=NEW HAMPSHIRE
NH/LAB=LABORATORIES
NH/NPH=NON-PARTICIPATING HOSPITAL
NJ/001=NEW JERSEY
NJ/LAB=LABORATORIES
NJ/NPH=NON-PARTICIPATING HOSPITAL
NM/001=NEW MEXICO
NM/LAB=LABORATORIES
NM/NPH=NON-PARTICIPATING HOSPITAL
NV/001=NEVADA
NV/CC=CARSON CITY
NV/LAB=LABORATORIES
NV/LV=LAS VEGAS
NV/NPH=NON-PARTICIPATING HOSPITAL
NY/001=BUFFALO
NY/002=ROCHESTER
NY/003=SYRACUSE
NY/004=ALBANY
NY/005=NEW ROCHELLE
NY/006=NEW YORK CITY
NY/007=SUFFOLK/NASSAU COUNTY
NY/LAB=LABORATORIES
NY/NPH=NON-PARTICIPATING HOSPITAL
OH/001=OHIO
OH/LAB=LABORATORIES
OH/NPH=NON-PARTICIPATING HOSPITAL
OK/001=OKLAHOMA
OK/LAB=LABORATORIES
OK/NPH=NON-PARTICIPATING HOSPITAL
OR/001=OFFICE #1
OR/002=OFFICE #2
OR/003=OFFICE #3
OR/LAB=LABORATORIES
OR/NPH=NON-PARTICIPATING HOSPITAL
PA/001=PENNSYLVANIA
PA/LAB=LABORATORIES
PA/NPH=NON-PARTICIPATING HOSPITAL
PR/001=PUERTO RICO
PR/LAB=LABORATORIES

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
PR/NPH=NON-PARTICIPATING HOSPITAL				
PW/001=PALAU				
PW/NPH=NON-PARTICIPATING HOSPITAL				

RI/001=RHODE ISLAND
RI/LAB=LABORATORIES
RI/NPH=NON-PARTICIPATING HOSPITAL
SC/001=SOUTH CAROLINA
SC/LAB=LABORATORIES
SC/NPH=NON-PARTICIPATING HOSPITAL
SD/001=SOUTH DAKOTA
SD/LAB=LABORATORIES
SD/NPH=NON-PARTICIPATING HOSPITAL
TN/001=TENNESSEE
TN/LAB=LABORATORIES
TN/NPH=NON-PARTICIPATING HOSPITAL
TN/TNC=TENNESSEE COOKEVILLE
TN/TNE=TENNESSEE EASTERN
TN/TNM=TENNESSEE MIDDLE
TN/TNW=TENNESSEE WESTERN
TX/001=TEXAS
TX/L01=AMARILLO-LTC
TX/L02=ABILENE-LTC
TX/L03=ARLINGTON-LTC
TX/L04=TYLER-LTC
TX/L05=TEMPLE-LTC
TX/L06=HOUSTON-LTC
TX/L07=Austin-LTC
TX/L08=San Antonio-LTC
TX/L11=Corpus Christi-LTC
TX/LAB=LABORATORIES
TX/NPH=NON-PARTICIPATING HOSPITAL
TX/TX1=NLTC REG 1, 7, 9, 10
TX/TX2=NLTC REG 2, 3
TX/TX4=NLTC REG 6
TX/TX5=NLTC REG 4, 5
TX/TX6=NLTC Statewide-Certified Only
TX/TX8=NLTC REG 8, 11
UT/001=UTAH
UT/LAB=LABORATORIES
UT/NPH=NON-PARTICIPATING HOSPITAL
VA/001=VIRGINIA
VA/LAB=LABORATORIES
VA/NPH=NON-PARTICIPATING HOSPITAL
VI/001=VIRGIN ISLANDS
VI/LAB=LABORATORIES
VI/NPH=NON-PARTICIPATING HOSPITAL
VT/001=VERMONT
VT/LAB=LABORATORIES
VT/NPH=NON-PARTICIPATING HOSPITAL
WA/001=ALL OTHERS (NON-LTC FAC)
WA/D1=SPOKANE & YAKIMA AREAS
WA/D1A=District 1, Unit A
WA/D1B=District 1, Unit B
WA/D1C=District 1, Unit C
WA/D1D=District 1, Unit D
WA/D1E=District 1, Unit E
WA/D1F=District 1, Unit F

WA/D2=SPOKANE & SE
WA/D2A=District 2, Unit A
WA/D2B=District 2, Unit B
WA/D2C=District 2, Unit C
WA/D2D=District 2, Unit D
WA/D2E=District 2, Unit E
WA/D2F=District 2, Unit F

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE

WA/D2G=District 2, Unit G
WA/D2H=District 2, Unit H
WA/D2I=District 2, Unit I
WA/D2J=District 2, Unit J
WA/D2L=District 2, Unit L
WA/D3=NW WASHINGTON
WA/D3A=District 3, Unit A
WA/D3B=District 3, Unit B
WA/D3C=District 3, Unit C
WA/D3D=District 3, Unit D
WA/D3E=District 3, Unit E
WA/D3F=District 3, Unit F
WA/D3G=District 3, Unit G
WA/D3H=District 3, Unit H
WA/D4A=GREATER SEATTLE AREA
WA/D4B=S KING COUNTY
WA/D5A=PIERCE CTY & PENINSULA
WA/D5B=PIERCE CTY & GRAYS HARBOR
WA/D6=OLYMPIA AREA
WA/LAB=LABORATORIES
WA/NPH=NON-PARTICIPATING HOSPITAL
WI/001=WISCONSIN
WI/LAB=LABORATORIES
WI/NPH=NON-PARTICIPATING HOSPITAL
WV/001=WEST VIRGINIA
WV/LAB=LABORATORIES
WV/NPH=NON-PARTICIPATING HOSPITAL
WY/001=WYOMING
WY/LAB=LABORATORIES
WY/NPH=NON-PARTICIPATING HOSPITAL

Address: Street	50	178	227	VARCHAR2

Description: Street address where the provider is located.
SAS Name: ST_ADR
COBOL Name: ST-ADR

Telephone Number 10 228 237
VARCHAR2
Description: Telephone number of the provider.
SAS Name: PHNE_NUM
COBOL Name: PHNE-NUM

Termination Code 2 238 239
VARCHAR2
Description: Indicates the current termination status for the provider.
SAS Name: PGM_TRMNTN_CD
COBOL Name: PGM-TRMNTN-CD
VALUES: 00=ACTIVE PROVIDER
01=VOLUNTARY-MERGER, CLOSURE
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
07=OTHER-PROVIDER STATUS CHANGE
08=NONPAYMENT OF FEES - CLIA Only
09=REV/UNSUCCESSFUL PARTICIPATION IN PT - CLIA Only
10=REV/OTHER REASON - CLIA Only
11=INCOMPLETE CLIA APPLICATION INFORMATION - CLIA Only
12=NO LONGER PERFORMING TESTS - CLIA Only
13=MULTIPLE TO SINGLE SITE CERTIFICATE - CLIA Only
14=SHARED LABORATORY - CLIA Only
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE - CLIA Only
16=DUPLICATE CLIA NUMBER - CLIA Only
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED - CLIA Only

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END
TYPE

20=NOTIFICATION BANKRUPTCY - CLIA Only
33=ACCREDITATION NOT CONFIRMED - CLIA Only
80=AWAITING STATE APPROVAL
99=OIG ACTION - DO NOT ACTIVATE - CLIA Only

Termination or Expiration Date 8 240 247 DATE
Description: Date the provider was terminated. For CLIA providers, date the laboratory's certificate was terminated or the expiration date of the current CLIA certificate.
SAS Name: TRMNTN_EXPRTN_DT
COBOL Name: TRMNTN-EXPRTN-DT

Type of Action Code 1 248 248
VARCHAR2

Description: Identifies the reason for the certification. Type of action from the official survey record, CMS 1539 form.
SAS Name: CRTFCTN_ACTN_TYPE_CD
COBOL Name: CRTFCTN-ACTN-TYPE-CD
VALUES: 1=INITIAL
2=RECERTIFICATION
3=TERMINATION
4=CHANGE OF OWNERSHIP
5=VALIDATION
8=FULL SURVEY AFTER COMPLAINT

Ownership Type Code 2 249 250
VARCHAR2
Description: Indicates the ownership type of the provider.
SAS Name: GNRL_CNTL_TYPE_CD
COBOL Name: GNRL-CNTL-TYPE-CD
VALUES: 01=RELIGIOUS AFFILIATION
02=PRIVATE
03=OTHER
04=PROPRIETARY
05=GOVERNMENT - CITY
06=GOVERNMENT - COUNTY
07=GOVERNMENT - STATE
08=GOVERNMENT - FEDERAL
09=GOVERNMENT - OTHER
10=UNKNOWN

Address: ZIP Code 5 251 255
VARCHAR2
Description: Five-digit ZIP code for a provider's physical address.
SAS Name: ZIP_CD
COBOL Name: ZIP-CD

FIPS State Code 2 256 257
VARCHAR2
Description: FIPS State Code
SAS Name: FIPS_STATE_CD
COBOL Name: FIPS-STATE-CD
VALUES: 01=ALABAMA
02=ALASKA
04=ARIZONA
05=ARKANSAS
06=CALIFORNIA
08=COLORADO
09=CONNECTICUT
10=DELAWARE
11=DISTRICT OF COLUMBIA
12=FLORIDA
13=GEORGIA
15=HAWAII
16=IDAHO
17=ILLINOIS
18=INDIANA
19=IOWA

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE
20=KANSAS 21=KENTUCKY 22=LOUISIANA 23=MAINE 24=MARYLAND 25=MASSACHUSETTS 26=MICHIGAN 27=MINNESOTA 28=MISSISSIPPI 29=MISSOURI 30=MONTANA 31=NEBRASKA 32=NEVADA 33=NEW HAMPSHIRE 34=NEW JERSEY 35=NEW MEXICO 36=NEW YORK 37=NORTH CAROLINA 38=NORTH DAKOTA 39=OHIO 40=OKLAHOMA 41=OREGON 42=PENNSYLVANIA 43=PUERTO RICO 44=RHODE ISLAND 45=SOUTH CAROLINA 46=SOUTH DAKOTA 47=TENNESSEE 48=TEXAS 49=UTAH 50=VERMONT 51=VIRGINIA 53=WASHINGTON 54=WEST VIRGINIA 55=WISCONSIN 56=WYOMING 60=AMERICAN SAMOA 66=GUAM 69=SAIPAN/MARIANA IS. 78=VIRGIN ISLANDS				
FIPS County Code	3	258	260	VARCHAR2

Description: FIPS County Code
SAS Name: FIPS_CNTY_CD

COBOL Name: FIPS-CNTY-CD

CBSA Urban Rural Indicator 1 261 261 VARCHAR2
Description: CBSA (Core Based Statistical Area) indicates whether the
county is defined as Urban or Rural.
SAS Name: CBSA_URBN_RRL_IND
COBOL Name: CBSA-URBN-RRL-IND

CBSA Code 5 262 266 VARCHAR2
Description: CBSA (Core Based Statistical Area) geographic entities
defined by the U.S. Office of Management and Budget (OMB)
on June 6, 2003 for use by Federal statistical agencies
in collecting, tabulating, and publishing Federal
statistics. CBSA collectively refers to MSA.
SAS Name: CBSA_CD
COBOL Name: CBSA-CD

Address: Street 2nd Line 50 267 316 VARCHAR2
Description: Second line of a laboratory's street address.
SAS Name: ADDTNL_ST_ADR

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

COBOL Name: ADDTNL-ST-ADR

Affiliated Provider Number 1 10 317 326 CHAR
Description: Affiliated provider number 1
SAS Name: AFFILIATED_PROVIDER_NUMBER_1
COBOL Name: AFFILIATED-PROVIDER-NUMBER-1

Affiliated Provider Number 2 10 327 336 CHAR
Description: Affiliated provider number 2
SAS Name: AFFILIATED_PROVIDER_NUMBER_2
COBOL Name: AFFILIATED-PROVIDER-NUMBER-2

Affiliated Provider Number 3 10 337 346 CHAR
Description: Affiliated provider number 3
SAS Name: AFFILIATED_PROVIDER_NUMBER_3
COBOL Name: AFFILIATED-PROVIDER-NUMBER-3

Affiliated Provider Number 4 10 347 356 CHAR
Description: Affiliated provider number 4
SAS Name: AFFILIATED_PROVIDER_NUMBER_4

COBOL Name: AFFILIATED-PROVIDER-NUMBER-4

Affiliated Provider Number 5 10 357 366 CHAR
Description: Affiliated provider number 5
SAS Name: AFFILIATED_PROVIDER_NUMBER_5
COBOL Name: AFFILIATED-PROVIDER-NUMBER-5

Affiliated Provider Number 6 10 367 376 CHAR
Description: Affiliated provider number 6
SAS Name: AFFILIATED_PROVIDER_NUMBER_6
COBOL Name: AFFILIATED-PROVIDER-NUMBER-6

Affiliated Provider Number 7 10 377 386 CHAR
Description: Affiliated provider number 7
SAS Name: AFFILIATED_PROVIDER_NUMBER_7
COBOL Name: AFFILIATED-PROVIDER-NUMBER-7

Affiliated Provider Number 8 10 387 396 CHAR
Description: Affiliated provider number 8
SAS Name: AFFILIATED_PROVIDER_NUMBER_8
COBOL Name: AFFILIATED-PROVIDER-NUMBER-8

AO A2LA Accredited Code 1 397 397
VARCHAR2
Description: Indicates if the lab reported that it is accredited by the American Association for Laboratory Accreditation. This information is from the lab's CMS-116.
SAS Name: A2LA_ACRDTD_CD
COBOL Name: A2LA-ACRDTD-CD
VALUES: X=ACCREDITED

AO A2LA Accredited Y Match Date 8 398 405 DATE
Description: Date the American Association for Laboratory Accreditation confirmed the lab is accredited. When the lab is accredited by multiple accrediting organizations, the earliest Y match date initiates billing of the certificate of accreditation fees.
SAS Name: A2LA_ACRDTD_Y_MATCH_DT
COBOL Name: A2LA-ACRDTD-Y-MATCH-DT

AO A2LA Accredited Y Match Indicator 1 406 406
VARCHAR2
Description: Indicates if the lab is confirmed as accredited by the American Association for Laboratory Accreditation.
SAS Name: A2LA_ACRDTD_Y_MATCH_SW
COBOL Name: A2LA-ACRDTD-Y-MATCH-SW

SHORT DESCRIPTION LEN START END TYPE

AO AABB Accredited Code 1 407 407 VARCHAR2
Description: Indicates if the lab reported that it is accredited by the American Association of Blood Banks. This information is from the lab's CMS-116.
SAS Name: AABB_ACRDTD_CD
COBOL Name: AABB-ACRDTD-CD
VALUES: X=ACCREDITED

AO AABB Accredited Y Match Date 8 408 415 DATE
Description: Date the American Association of Blood Banks confirmed the lab is accredited. When the lab is accredited by multiple accrediting organizations, the earliest Y match date initiates billing of the certificate of accreditation fees.
SAS Name: AABB_ACRDTD_Y_MATCH_DT
COBOL Name: AABB-ACRDTD-Y-MATCH-DT

AO AABB Accredited Y Match Indicator 1 416 416 VARCHAR2
Description: Indicates if the lab is confirmed as accredited by the American Association of Blood Banks.
SAS Name: AABB_ACRDTD_Y_MATCH_SW
COBOL Name: AABB-ACRDTD-Y-MATCH-SW

AO AOA Accredited Code 1 417 417 VARCHAR2
Description: Indicates if the lab reported that it is accredited by the American Osteopathic Association. This information is from the lab's CMS-116.
SAS Name: AOA_ACRDTD_CD
COBOL Name: AOA-ACRDTD-CD
VALUES: X=ACCREDITED

AO AOA Accredited Y Match Date 8 418 425 DATE
Description: Date the American Osteopathic Association confirmed the lab is accredited. When the lab is accredited by multiple accrediting organizations, the earliest Y match date initiates billing of the certificate of accreditation fees.
SAS Name: AOA_ACRDTD_Y_MATCH_DT
COBOL Name: AOA-ACRDTD-Y-MATCH-DT

AO AOA Accredited Y Match Indicator 1 426 426 VARCHAR2
Description: Indicates if the lab is confirmed as accredited by the American Osteopathic Association.
SAS Name: AOA_ACRDTD_Y_MATCH_SW

COBOL Name: AOA-ACRDTD-Y-MATCH-SW

AO ASHI Accredited Code 1 427 427 VARCHAR2
Description: Indicates if the lab reported that it is accredited by the American Society for Histocompatibility and Immunogenetics. This information is from the lab's CMS-116.
SAS Name: ASHI_ACRDTD_CD
COBOL Name: ASHI-ACRDTD-CD
VALUES: X=ACCREDITED

AO ASHI Accredited Y Match Date 8 428 435 DATE
Description: Date the American Society for Histocompatibility and Immunogenetics confirmed the lab is accredited. When the lab is accredited by multiple accrediting organizations, the earliest Y match date initiates billing of the certificate of accreditation fees.
SAS Name: ASHI_ACRDTD_Y_MATCH_DT
COBOL Name: ASHI-ACRDTD-Y-MATCH-DT

SHORT DESCRIPTION LEN START END TYPE

AO ASHI Accredited Y Match Indicator 1 436 436 VARCHAR2
Description: Indicates if the lab is confirmed as accredited by the American Society for Histocompatibility and Immunogenetics.
SAS Name: ASHI_ACRDTD_Y_MATCH_SW
COBOL Name: ASHI-ACRDTD-Y-MATCH-SW

AO CAP Accredited Code 1 437 437 VARCHAR2
Description: Indicates if the lab reported that it is accredited by the College of American Pathologists. This information is from the lab's CMS-116.
SAS Name: CAP_ACRDTD_CD
COBOL Name: CAP-ACRDTD-CD
VALUES: X=ACCREDITED

AO CAP Accredited Y Match Date 8 438 445 DATE
Description: Date the College of American Pathologists confirmed the lab is accredited. When the lab is accredited by multiple accrediting organizations, the earliest Y match

date initiates billing of the certificate of accreditation fees.
SAS Name: CAP_ACRDTD_Y_MATCH_DT
COBOL Name: CAP-ACRDTD-Y-MATCH-DT

AO CAP Accredited Y Match Indicator 1 446 446 VARCHAR2
Description: Indicates if the lab is confirmed as accredited by the College of American Pathologists.
SAS Name: CAP_ACRDTD_Y_MATCH_SW
COBOL Name: CAP-ACRDTD-Y-MATCH-SW

AO COLA Accredited Code 1 447 447 VARCHAR2
Description: Indicates if the lab reported that it is accredited by the Commission on Office Laboratory Accreditation. This information is from the lab's CMS-116.
SAS Name: COLA_ACRDTD_CD
COBOL Name: COLA-ACRDTD-CD
VALUES: X=ACCREDITED

AO COLA Accredited Y Match Date 8 448 455 DATE
Description: Date the Commission on Office Laboratory Accreditation confirmed the lab is accredited. When the lab is accredited by multiple accrediting organizations, the earliest Y match date initiates billing of the certificate of accreditation fees.
SAS Name: COLA_ACRDTD_Y_MATCH_DT
COBOL Name: COLA-ACRDTD-Y-MATCH-DT

AO COLA Accredited Y Match Indicator 1 456 456 VARCHAR2
Description: Indicates if the lab is confirmed as accredited by the Commission on Office Laboratory Accreditation.
SAS Name: COLA_ACRDTD_Y_MATCH_SW
COBOL Name: COLA-ACRDTD-Y-MATCH-SW

AO JC Accredited Code 1 457 457 VARCHAR2
Description: Indicates if the lab reported that it is accredited by the Joint Commission. This information is from the lab's CMS-116.
SAS Name: JCAHO_ACRDTD_CD
COBOL Name: JCAHO-ACRDTD-CD
VALUES: X=ACCREDITED

AO JC Accredited Y Match Date 8 458 465 DATE
Description: Date the Joint Commission confirmed the lab is

SHORT DESCRIPTION LEN START END TYPE

accredited. When the lab is accredited by multiple accrediting organizations, the earliest Y match date initiates billing of the certificate of accreditation fees.
SAS Name: JCAHO_ACRDTD_Y_MATCH_DT
COBOL Name: JCAHO-ACRDTD-Y-MATCH-DT

AO JC Accredited Y Match Indicator 1 466 466 VARCHAR2
Description: Indicates if the lab is confirmed as accredited by the Joint Commission.
SAS Name: JCAHO_ACRDTD_Y_MATCH_SW
COBOL Name: JCAHO-ACRDTD-Y-MATCH-SW

Application Received SA Date 8 467 474 DATE
Description: Date the CMS-116 application was entered in the online system and a CLIA number was issued.
SAS Name: APLCTN_RCVD_DT
COBOL Name: APLCTN-RCVD-DT

Application Type Code 1 475 475 VARCHAR2
Description: Type of CLIA certificate applied for by a laboratory.
SAS Name: APLCTN_TYPE_CD
COBOL Name: APLCTN-TYPE-CD
VALUES: 1=COMPLIANCE
2=WAIVER
3=ACCREDITATION
4=PPM

Category-specific Facility Type Code 2 476 477 VARCHAR2
Description: Indicates the category-specific facility type code, for certain provider categories only.
SAS Name: GNRL_FAC_TYPE_CD
COBOL Name: GNRL-FAC-TYPE-CD
VALUES: 01=Ambulance
02=Ambulatory Surgery Center
03=Ancillary Test Site
04=Assisted Living Facility
05=Blood Banks
06=Community Clinic
07=Comprehensive Outpatient Rehab
08=End Stage Renal Disease Dialysis
09=Federally Qualified Health Center
10=Health Fair
11=Health Maintenance Organization
12=Home Health Agency

13=Hospice
14=Hospital
15=Independent
16=Industrial
17=Insurance
18=Intermediate Care Facility/Individuals with Intellectual Disabilities
19=Mobile Lab
20=Pharmacy
21=Physician Office
22=Other Practitioner
23=Prison
24=Public Health Laboratory
25=Rural Health Clinic
26=School/Student Health Service
27=Skilled Nursing/Nursing Facility
28=Tissue Bank/Repositories
29=Other

SHORT DESCRIPTION	LEN	START	END	TYPE
CLIA Certificate Effective Date	8	478	485	DATE

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

Description: Start date of the certificate.
SAS Name: CRTFCT_EFCTV_DT
COBOL Name: CRTFCT-EFCTV-DT

SHORT DESCRIPTION	LEN	START	END	TYPE
CLIA Certificate Mailed Date	8	486	493	DATE

Description: Date the certificate was generated for mailing.
SAS Name: CRTFCT_MAIL_DT
COBOL Name: CRTFCT-MAIL-DT

SHORT DESCRIPTION	LEN	START	END	TYPE
CLIA Certificate Type Code	1	494	494	VARCHAR2

Description: Type of certificate issued to the laboratory, based on the application type code.
SAS Name: CRTFCT_TYPE_CD
COBOL Name: CRTFCT-TYPE-CD
VALUES: 1=COMP
2=WAIVER
3=ACCRED
4=PPM
9=REG

SHORT DESCRIPTION	LEN	START	END	TYPE
Current CLIA Lab Clsfctn CD	2	495	496	CHAR

Description: Current Lab Classification
SAS Name: CURRENT_CLIA_LAB_CLSFCTN_CD
COBOL Name: CURRENT-CLIA-LAB-CLSFCTN-CD

VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Lab Classification CD 1 2 497 498 CHAR
Description: Laboratory Classification 1
SAS Name: CLIA_LAB_CLASSIFICATION_CD_1
COBOL Name: CLIA-LAB-CLASSIFICATION-CD-1
VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Lab Classification CD 10 2 499 500 CHAR
Description: Laboratory Classification 10
SAS Name: CLIA_LAB_CLASSIFICATION_CD_10
COBOL Name: CLIA-LAB-CLASSIFICATION-CD-10
VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Lab Classification CD 2 2 501 502 CHAR
Description: Laboratory Classification 2
SAS Name: CLIA_LAB_CLASSIFICATION_CD_2
COBOL Name: CLIA-LAB-CLASSIFICATION-CD-2
VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Lab Classification CD 3 2 503 504 CHAR
Description: Laboratory Classification 3
SAS Name: CLIA_LAB_CLASSIFICATION_CD_3
COBOL Name: CLIA-LAB-CLASSIFICATION-CD-3
VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Lab Classification CD 4 2 505 506 CHAR
Description: Laboratory Classification 4
SAS Name: CLIA_LAB_CLASSIFICATION_CD_4
COBOL Name: CLIA-LAB-CLASSIFICATION-CD-4

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE

VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Lab Classification CD 5 2 507 508 CHAR

Description: Laboratory Classification 5
SAS Name: CLIA_LAB_CLASSIFICATION_CD_5
COBOL Name: CLIA-LAB-CLASSIFICATION-CD-5
VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Lab Classification CD 6 2 509 510 CHAR
Description: Laboratory Classification 6
SAS Name: CLIA_LAB_CLASSIFICATION_CD_6
COBOL Name: CLIA-LAB-CLASSIFICATION-CD-6
VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Lab Classification CD 7 2 511 512 CHAR
Description: Laboratory Classification 7
SAS Name: CLIA_LAB_CLASSIFICATION_CD_7
COBOL Name: CLIA-LAB-CLASSIFICATION-CD-7
VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Lab Classification CD 8 2 513 514 CHAR
Description: Laboratory Classification 8
SAS Name: CLIA_LAB_CLASSIFICATION_CD_8
COBOL Name: CLIA-LAB-CLASSIFICATION-CD-8
VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Lab Classification CD 9 2 515 516 CHAR
Description: Laboratory Classification 9
SAS Name: CLIA_LAB_CLASSIFICATION_CD_9
COBOL Name: CLIA-LAB-CLASSIFICATION-CD-9
VALUES: 00=CLIA LABORATORY
05=CLIA EXEMPT LABORATORY
10=CLIA VA LABORATORY

CLIA Medicare Number 12 517 528
VARCHAR2
Description: Contains medicare numbers from prior to CLIA88.
Optional
field.
SAS Name: CLIA_MDCR_NUM
COBOL Name: CLIA-MDCR-NUM

CLIA Termination Code 2 529 530
VARCHAR2
Description: Identifies a laboratory's active or terminated status.
If terminated, identifies the reason.
SAS Name: CLIA_TRMNTN_CD
COBOL Name: CLIA-TRMNTN-CD
VALUES: 00=ACTIVE PROVIDER

01=VOLUNTARY-MERGER, CLOSURE
02=VOLUNTARY-DISSATISFACTION WITH REIMBURSEMENT
03=VOLUNTARY-RISK OF INVOLUNTARY TERMINATION
04=VOLUNTARY-OTHER REASON FOR WITHDRAWAL
05=INVOLUNTARY-FAILURE TO MEET HEALTH/SAFETY REQ
06=INVOLUNTARY-FAILURE TO MEET AGREEMENT
07=OTHER-PROVIDER STATUS CHANGE
08=NONPAYMENT OF FEES

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE

09=REV/UNSUCCESSFUL PARTICIPATION IN PT
10=REV/OTHER REASON
11=INCOMPLETE CLIA APPLICATION INFORMATION
12=NO LONGER PERFORMING TESTS
13=MULTIPLE TO SINGLE SITE CERTIFICATE
14=SHARED LABORATORY
15=FAILURE TO RENEW WAIVER PPM CERTIFICATE
16=DUPLICATE CLIA NUMBER
17=MAIL RETURNED NO FORWARD ADDRESS CERT ENDED
20=NOTIFICATION BANKRUPTCY
33=ACCREDITATION NOT CONFIRMED
80=AWAITING STATE APPROVAL
99=OIG ACTION - DO NOT ACTIVATE

CMS-116 Accreditation Schedule Code	1	531	531	VARCHAR2

Description: Indicates the lab's accreditation schedule code calculated by the CLIA system, based on the information in the most recent CMS-116 application form. Applies only to labs with a certificate of accreditation.
SAS Name: ACRDTN_SCHDL_CD
COBOL Name: ACRDTN-SCHDL-CD
VALUES: A=SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)
B=SPEC COUNT > 3 (2,001 T0 10,000 TOT. VOL.)
C=SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)
D=SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)
E=SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
F=SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
G=SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
H=SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
I=SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL)
J=SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
V=TOTAL VOLUME: 1 TO 2,000

CMS-116 Accredited Annual Test Volume	13	532	544	NUMBER

Description: Sum for all specialties as reported on the most recent

CMS-116 application form. Applies only to labs with a certificate of accreditation.
SAS Name: FORM_116_ACRDTD_TEST_VOL_CNT
COBOL Name: FORM-116-ACRDTD-TEST-VOL-CNT

CMS-116 Annual Test Volume 13 545 557
NUMBER
Description: Sum for all specialties as reported on the most recent CMS-116 application form. Applies only to labs with a certificate of compliance.
SAS Name: FORM_116_TEST_VOL_CNT
COBOL Name: FORM-116-TEST-VOL-CNT

Director Affiliated Lab Count 3 558 560
NUMBER
Description: Number of laboratories with which the lab's director is affiliated.
SAS Name: DRCTLY_AFLTD_LAB_CNT
COBOL Name: DRCTLY-AFLTD-LAB-CNT

Fax Phone Number 10 561 570
VARCHAR2
Description: 10-digit fax phone number of the primary contact or the operator of the provider.
SAS Name: FAX_PHNE_NUM
COBOL Name: FAX-PHNE-NUM

Fiscal Year End Date (MMDD) 4 571 574
VARCHAR2
Description: End date, consisting of the month and day, of the provider's fiscal year.
SAS Name: FY_END_MO_DAY_CD
COBOL Name: FY-END-MO-DAY-CD

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END
TYPE

Multiple Site Certificate Indicator 1 575 575
VARCHAR2
Description: Indicates if a lab has applied for a single site CLIA certificate to cover multiple testing locations.
SAS Name: MLT_SITE_EXCPTN_SW
COBOL Name: MLT-SITE-EXCPTN-SW

Multiple Site Exception: Hospital Campus Indicator 1 576 576
VARCHAR2
Description: Indicates if the single site CLIA certificate is for a hospital with several labs on a single hospital campus

and under common direction.
SAS Name: HOSP_LAB_EXCPTN_SW
COBOL Name: HOSP-LAB-EXCPTN-SW

Multiple Site Exception: Public Health Indicator 1 577 577 VARCHAR2
Description: Indicates if the single site CLIA certificate is for multiple sites with non-profit, federal, state or local government status and engaged in limited public health testing.
SAS Name: NON_PRFT_EXCPTN_SW
COBOL Name: NON-PRFT-EXCPTN-SW

Multiple Site Exception: Temporary Testing Site Indicator 1 578 578 VARCHAR2
Description: Indicates if the single site CLIA certificate is for a lab with multiple temporary testing sites.
SAS Name: LAB_TEMP_TSTG_SITE_SW
COBOL Name: LAB-TEMP-TSTG-SITE-SW

Multiple Site Lab Count 4 579 582 NUMBER
Description: Total number of lab sites for which a lab has applied for a single certificate for multiple sites.
SAS Name: LAB_SITE_CNT
COBOL Name: LAB-SITE-CNT

PPM Test Volume Count 13 583 595 NUMBER
Description: Estimated total annual Provider Performed Microscopy tests performed by the lab.
SAS Name: PPMP_TEST_VOL_CNT
COBOL Name: PPMP-TEST-VOL-CNT

Provider Name 2nd Line 50 596 645 VARCHAR2
Description: Second line of a laboratory name.
SAS Name: ADDTNL_FAC_NAME
COBOL Name: ADDTNL-FAC-NAME

Related Provider Number 10 646 655 CHAR
Description: Related provider number
SAS Name: RELATED_PROVIDER_NUMBER
COBOL Name: RELATED-PROVIDER-NUMBER

Shared Lab Indicator 1 656 656 VARCHAR2
Description: Applies to physician office labs when two or more physicians collectively pool resources to fund a lab's operation.
SAS Name: SHR_LAB_SW
COBOL Name: SHR-LAB-SW

Shared Lab Xref Number 10 657 666 CHAR
Description: Shared lab xref number
SAS Name: SHARED_LAB_XREF_NUMBER
COBOL Name: SHARED-LAB-XREF-NUMBER

Survey Compliance Certificate Schedule Code 1 667 667
VARCHAR2

CLIA Laboratory, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END
TYPE

Description: Certificate Compliance schedule code based on the information gathered at survey.
SAS Name: FORM_1557_CRTFCT_SCHDL_CD
COBOL Name: FORM-1557-CRTFCT-SCHDL-CD
VALUES: A=SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)
B=SPEC COUNT > 3 (2,001 T0 10,000 TOT. VOL.)
C=SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)
D=SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)
E=SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
F=SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
G=SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
H=SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
I=SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL)
J=SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
V=TOTAL VOLUME: 1 TO 2,000

Survey Compliance Schedule Code 1 668 668
VARCHAR2
Description: Compliance schedule code based on the information gathered at survey.
SAS Name: FORM_1557_CMPLNC_SCHDL_CD
COBOL Name: FORM-1557-CMPLNC-SCHDL-CD
VALUES: A=SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)
B=SPEC COUNT > 3 (2,001 T0 10,000 TOT. VOL.)
C=SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)
D=SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)
E=SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
F=SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
G=SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
H=SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
I=SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL)
J=SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
V=TOTAL VOLUME: 1 TO 2,000

Survey Test Volume Count 13 669 681
NUMBER
Description: Sum of tests performed annually in a laboratory, as

verified at the time of the state survey.
SAS Name: FORM_1557_TEST_VOL_CNT
COBOL Name: FORM-1557-TEST-VOL-CNT

Waived Test Volume Count 13 682 694 NUMBER
Description: Estimated total annual waived tests performed by the lab.
SAS Name: WVD_TEST_VOL_CNT
COBOL Name: WVD-TEST-VOL-CNT