



National Practitioner Data Bank



NATIONAL PRACTITIONER DATA BANK PUBLIC USE DATA FILE

Selected Variables from National Practitioner Data Bank

Disclosable Reports Received from September 1, 1990 through December 31, 2009.

File Name: NPDB0912.DAT [ASCII text, fixed field lengths] or
NPDB0912.POR [SPSS portable data file]

Two versions of the NPDB Public Use Data File are available for download from <http://www.npdb-hipdb.hrsa.gov>. One is an ASCII text document. USERS OF THE ASCII VERSION OF THE FILE MUST USE THE FORMAT INFORMATION BELOW TO DEFINE THE FILE IN THE SOFTWARE OF THEIR CHOICE; see the CAUTION below. The other file is a SPSS [Statistical Package for the Social Sciences] data file in "portable" format which can be read directly by SPSS regardless of the computer's operating system. Statistical packages other than SPSS may also be able to read SPSS ".por" files. If you can use the SPSS "portable" data file, we strongly recommend that you do so since variable names and labels are already saved in the file and since you do not have to contend with data formats in setting up your data file. Both files contain exactly the same data. The SPSS ".por" file is much easier to begin using, if your software can use it. A time limited, fully functional demo version of SPSS can be downloaded from <http://www.spss.com/>.

Number of Cases: 470,892

Number of Variables: 51

The NPDB Public Use File does *not* include records which are only contained in the Healthcare Integrity and Protection Data Bank (HIPDB). Records which are in both the NPDB and the HIPDB are included in the NPDB Public Use File. No HIPDB Public Use File is available.

CAUTION: Because of the size of this file, we strongly recommend that analysis be performed using statistical software such as SPSS, SAS, etc. The file may be too large to import into most spreadsheet programs, such as EXCEL or QUATTRO PRO. These programs are not designed for statistical analysis. Database programs, such as ACCESS or dBASE, are more likely to be able to handle a file of this size, but are not designed for statistical analysis. Although spreadsheet or database programs may be used to create tables and count records with specific characteristics, the use of these programs with this file is likely to be a slow and cumbersome process. Word processing programs cannot be used to analyze this file.

UNLESS YOU USE STATISTICAL SOFTWARE WHICH RECOGNIZES THE SPSS “.POR” FORMAT, YOU MUST USE THE “.DAT” VERSION OF THE PUBLIC USE FILE AND DEFINE VARIABLES AND VALUES USING THE FORMAT INFORMATION BELOW. Statistical software which recognizes the SPSS “.POR” format can read all the variable and value information automatically and will not require you to define variables and values.

***** NOTES TO PREVIOUS USERS OF THIS FILE:**

Beginning with the June 30, 2009 version of the Public Use File, seven new occupation/field of licensure codes (codes 501, 502, 503, 504, 540, 607 and 759) and their labels have been added for the variable LICNFELD.

Beginning with the June 30, 2009 version of the Public Use File, fifteen new adverse action classification codes (codes 1283, 1297, 1514, 1615, 1637, 1638, 1642, 1643, 1644, 1655, 1656, 1682, 1696, 1735 and 1796) and their labels have been added for the variables AACLASS1, AACLASS2, AACLASS3, AACLASS4, and AACLASS5.

Beginning with the June 30, 2009 version of the Public Use File, nineteen new basis for action codes (codes 17, 18, 23, 24, 25, 35, 36, 37, 50, 70, 79, 84, AH, D4, D5, D6, D7, D8 and E6) and their labels have been added for the variables BASISCD1, BASISCD2, BASISCD3, BASISCD4, and BASISCD5.

Beginning with the June 30, 2009 version of the Public Use File, two adverse action classification codes (codes 1950 and 3950), and one basis for action code (code 10) have been retired.

Beginning with the June 30, 2009 version of the Public Use File, two descriptions of Occupation/Field of Licensure codes (codes 500 and 758) have been changed. The code number and description of code 500 (Medical Technologist) was changed to code 501 (Medical/Clinical Lab Technologist). The description of code 758 (Long-Term Care Administrator) was changed to Long-Term Care/Nursing Home Administrator. Beginning with the June 30, 2009 version of the Public Use File, 3-digit TYPE codes have been added.

Beginning with the September 30, 2007 version of the Public Use File, twenty new adverse action classification codes (codes 1138, 1146*, 1310, 1325, 1335, 1340, 1345, 1346, 1347, 1348, 1349, 1373, 1389, 1399, 1480, 1482, 1485, 1495, 1496, 1634 and 1639) and their labels have been added for the variables AACLASS1, AACLASS2, AACLASS3, AACLASS4, and AACLASS5.

***NOTICE OF CHANGE IN MEANING OF CODE.** Effective with the September 30, 2007 data file, Adverse Action Classification Code 1146 was reassigned to "Voluntary Limitation or Restriction on License". In earlier data files, code 1146 was used for "Reprimand, Censure, Voluntary Surrender of License (Individual) (Legacy Reports Only)." Code 1144 is now used for this category.

BEGINNING WITH FILES DATED DECEMBER 31, 2005 AND LATER, four new field of license codes (codes 148, 165, 175, and 470) have been added for the LICNFELD variable and the description of LICNFELD in this documentation was updated to reflect the additions. Users should be cautious in interpreting results involving the new codes. Although these codes were first available to reporters on October 17, 2005, for this data file any previously filed reports which included a written in "other, specify" response that fit one of the newly available codes was coded to the new code in this file. However, reports which may actually involve a practitioner in a field with newly available code but which were actually reported using an old code could not be recoded to the new code. For example, a Certified Nurse Aide (new code 148) that was previously reported as a Nurse Aide (code 150) was not recoded to 148 since we have no way to tell from the record that the practitioner was actually a certified nurse aide. But if the individual was previously reported with "Certified Nurse Aide" written in the "other, specify" field, then the report was recoded to 148.

>>>>> IMPORTANT NOTICE TO USERS OF FILES DATED MARCH 31, 2004 OR LATER WHO USED EARLIER VERSIONS OF THE NPDB PUBLIC USE FILE <<<<<

The March 31, 2004 and later versions of the Public Use File are substantially different from previous versions in both content and format. New variables have been added concerning malpractice payments. Some old variables have been dropped and old values converted to values for the new variables. Some variables have been renamed. These changes reflect changes to the NPDB's malpractice payment reporting requirements effective January 31, 2004. Specifically, AGEGROUP has been re-named PRACTAGE; ALGNNATR, ALEGATN1 and ALEGATN2 have replaced MALCODE1 and MALCODE2; OUTCOME has been added; TOTALPMT has been added to represent all past and expected future payments for the

reported practitioner for this particular incident. PAYMENT is retained. It represents, as it has in the past, the amount of the reported payment, which in most cases is the total payment. In addition, payment amount groupings have been changed for larger payments for the "PAYMENT" variable. These new groupings also apply to the new "TOTALPMT" variable. PYRRLTNS, which explains the relationship of the reporting entity to the reported practitioner, PTAGE, the age of the allegedly injured patient in 10 year increments, PTGENDER, and PTTYPER, inpatient, outpatient, or both, have been added. Only records reported on or after January 31, 2004 in the new reporting format include values for the new variables except ALGNNATR, ALEGATN1 and ALEGATN2. For older records these three variables have values translated from the previous MALCODE1 and MALCODE2 variables. The EXCLTYPE, EXCLSTAT, and EXCLYEAR variables have been deleted because all legacy format Exclusion records have been converted to new format Adverse Action records. The information previously found in these three variables is now found in the analogous variable in exclusion Adverse Action records. The RECTYPE variable was also changed to accommodate the new malpractice payment report type. Detailed information on the changes, including changes in data columns in the ASCII version of the file, is provided below in the "**Detailed Variable Information**" section.

BEGINNING WITH FILES DATED DECEMBER 31, 2003 AND LATER, this documentation file changed. The code list for the REPTYPE variable was updated.

BEGINNING WITH FILES DATED JUNE 30, 2003 AND LATER, this documentation file changed. The code lists for the following variables were updated: LICNFELD, MALCODE1, AACCLASS1, BASISCD1, and TYPE. New date of first use and date of last use columns also have been added to the description of the values for some variables. The date of first use and date of last use columns indicate the dates that the values were offered as selection criteria for report submission. When no date of first use is provided, the value has always been available. When no date of last use is provided, the value is currently available. The format for the data file was not changed.

BEGINNING WITH FILES DATED SEPTEMBER 30, 2002 AND LATER, the format of the data file changed. The adverse action classification variable name (AACCLASS) was changed to "AACCLASS1" and four additional adverse action classification variables (AACCLASS2, AACCLASS3, AACCLASS4, and AACCLASS5) were included in the file. Therefore each record may have up to five adverse action classification codes.

BEGINNING WITH FILES DATED APRIL 30, 2002 AND LATER, the format of the data file changed. The basis for action variable name (BASISCD) was changed to "BASISCD1" and four additional basis for action variables (BASISCD2, BASISCD3, BASISCD4, and BASISCD5) were included in the file. Therefore each record may have up to five basis for action codes.

BEGINNING WITH FILES DATED DECEMBER 31, 1999 AND LATER, the format of the data file changed. Records of exclusions from participation in Medicare and Medicaid (individuals only, not organizations) were added to the file and variables concerning exclusions were added. Beginning with the file of December 31, 1999, the payment amount variable also was changed. Ranges of payment amounts have been established and all payments within a range are coded to the midpoint of the range. In addition, beginning with the file of December 31, 1999, the variables included for adverse action records were changed. Files dated December 31, 1999, and later also contain revised variables for counts of the number of reports of various types for each practitioner. See the descriptions of the variables below for details concerning the new or changed variables.

BEGINNING WITH FILES DATED SEPTEMBER 30, 1999 AND LATER, the former "PROCYR" (year current version of the record was processed into the npdb) variable was changed to "ORIGYEAR" (year original version of the report was processed into the npdb). This variable does not change if a report is corrected or modified in a later year. The "TYPE" variable also replaced "ENTYTPDB" in the September 30, 1999 and later files. This reflects a change in entity type codes introduced during the summer of 1999. As reporting entities re-register with the NPDB, the type codes shown in this file will increasingly reflect use of the new codes; however since some reports included in this file were reported by entities which no longer exist or are no longer registered, some reports may permanently use the old entity type codes. See the explanation of "type" below.

BEGINNING WITH FILES DATED APRIL 30, 1999 AND LATER, each record contained the variable "FUNDPYMT," which identifies malpractice payments made by State Patient Compensation Funds. In most cases these payments are in addition to payments made for the same practitioner for the same incident by a primary insurer.

Source of Data File:

Division of Practitioner Data Banks
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Health Resources and Services Administration
U.S. Department of Health and Human Services
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Credit:

Please cite the following as the source for this data in any report or publication which makes use of this data: "National Practitioner Data Bank Public Use Data File, [date], U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Practitioner Data Banks." ANY MENTION OF THE SOURCE OF THIS INFORMATION SHOULD REFER TO THE PUBLIC USE DATA FILE. IT IS NOT CORRECT TO CITE THE NATIONAL PRACTITIONER DATA BANK AS THE SOURCE WITHOUT ALSO SPECIFYING THE PUBLIC USE DATA FILE.

Summary:

The National Practitioner Data Bank Public Use Data File contains selected variables from "disclosable" reports concerning malpractice payments and adverse actions (professional society membership, clinical privileges, professional society membership, DEA, and Medicare and Medicaid exclusion actions taken by the Department of Health and Human Services Office of the Inspector General (HHS OIG)) received by the National Practitioner Data Bank concerning physicians, dentists, and other licensed health care professionals. Malpractice payers, state licensing agencies, hospitals, other entities, and professional societies are required to report this data to the National Practitioner Data Bank under the provisions of Title IV of P.L. 99-660, the Health Care Quality Improvement Act of 1986, as amended.

Please note that reports are required for malpractice payments involving all types of licensed health care practitioners. However, reports are only required concerning adverse actions taken against licensed physicians and dentists. Adverse actions taken against other types of licensed practitioners may be voluntarily reported and are included in the data file. However since adverse action reporting concerning practitioners other than physicians and dentists is not comprehensive, we strongly caution that licensure,

clinical privileges, and professional society adverse action reports in this data set for practitioners other than physicians and dentists represent neither the universe of all actions taken nor a random sample of such actions. Medicare and Medicaid exclusions, as reported by the HHS OIG, are included for all types of individual (as opposed to institutional) practitioners.

Information provided to the National Practitioner Data Bank is normally confidential and can be provided only to authorized queriers, such as hospitals, managed care organizations, and State licensing agencies for professional credentialing and licensing and peer review purposes. However under section 426 of the Act (42 USC 11135), as implemented by regulations at 56 CFR 60.11(a)(7), data may be released to "a person or entity who requests information in a form which does not permit the identification of any particular health care entity, physician, dentist, or other health care practitioner." This file is released in accordance with that provision to facilitate research use of National Practitioner Data Bank information by persons interested in medical malpractice, licensing, discipline, and quality assurance issues.

For specific detailed information on the National Practitioner Data Bank and the types of data reported to it, you may review the National Practitioner Data Bank Guidebook. The Guidebook is available on the Internet at <http://www.npdb-hipdb.hrsa.gov/npdbserviceguidebook.html>. Other information concerning the NPDB is available at <http://www.npdb-hipdb.hrsa.gov>.

In accordance with the Law and Regulations, variables which identify or would allow identification of individual entities or practitioners are excluded from the public use file. In order to assure confidentiality to all types of practitioners, the smallest geographic unit identified in each record in this file is a State. However, *if workloads permit*, the Division of Practitioner Data Banks *may* be able to provide data sets for particular types of practitioners identified to smaller geographic units to researchers who demonstrate to the satisfaction of the Branch that there are enough practitioners of the subject type in each geographic unit for which they desire data (and also in any remaining area in a State for which they are not requesting data) to preclude identification of individual practitioners. Normally geographical units will have to contain at least several counties. Researchers who request such data sets are also responsible for identifying geographical units by ZIP code and for paying the costs of providing the special data set.

Please note that Physician and Dentist specialty is *not reported to the NPDB* for malpractice payments and therefore *cannot be provided* even in special data sets. Specialty has been reported for adverse actions only in new format reports (RECTYPE = C; REPTYPE = 302, 402, 502, 602 or 702), which were introduced on November 22, 1999. Because specialty when combined with other available data in the Public Use File would in some cases allow identification of individual practitioners, we will not provide specialty in special adverse action data sets. However, we may be able to supply specialty information in the form of aggregate statistics *for adverse actions only* if workload permits. Researchers who request such aggregate statistics are responsible for paying the costs of preparing the analyses.

The National Practitioner Data Bank Public Use Data File contains one record for each "disclosable" report in the National Practitioner Data Bank as of the date specified at the beginning of this "read.me" file. A disclosable report is a report which an authorized querier to the NPDB would receive if a query were submitted concerning the practitioner named in the report. Only the most recent version of any report is disclosable. Any previous versions which were replaced by correction reports are not disclosable. Similarly, a report which was filed and then voided by its reporter or by the Secretary of HHS through the dispute and Secretarial Review process is not disclosable. Disclosable reports are the best data set for analysis since the set of disclosable reports does not double count reports which have been corrected and excludes erroneously filed reports.

The record format is the same regardless of whether the record is a malpractice payment, an adverse action, or an exclusion report. The specific variables are discussed below. Malpractice payment records contain blanks for adverse action variables; adverse action records contain blanks for malpractice payment variables.

Detailed Variable Information:

Format and Column numbers apply to the ".dat" ASCII version of the data file. The ".por" file is ready to use with SPSS software or other software which can import an SPSS ".por" file and requires no formatting of input data by the user. **HOWEVER, USERS OF THE SPSS FILE SHOULD STILL READ THE INFORMATION BELOW WHICH DESCRIBES VARIABLES AND VALUES.**

Some variables and response categories have been changed over time. Where changes have been made, the variable or value descriptions include "date of first use" and "date of last use." For example, the field of license (LICNFELD) category "Art/Recreation Therapist" was first made available for use by reporting entities on November 22, 1999. Such practitioners previously would have been reported using another field of license category. If no "Date of Last Use" is specified, the category is still in use. Researchers should take the date of first use or last use of a value into account in interpreting analysis results. If no dates are specified, the variable and values area applicable to all records.

SEQNO

Record Number. SEQNO is a unique number assigned to each record. The assigned numbers are not necessarily continuous or sequential. In addition, the SEQNO assigned to any particular record may not be the same in different editions of the Public Use File.

Format: F6 Columns 1 - 6

RECTYPE

Record Type. RECTYPE is the form of Report submitted to the NPDB. Possible values include: Malpractice Payment (old reporting format), Malpractice Payment (new reporting format), Adverse Action (old reporting format), or Adverse Action (new consolidated adverse action "CAAR" format). Note that in this file some variables from type "M" malpractice payment reports and some variables from type "A" adverse action records have been translated into the codes currently used in the new type "P" and type "C" records. This was done to facilitate analysis. These translations are not in the records disclosed in response to queries submitted to the NPDB by to authorized querying entities. Queries receive full copies of reports as submitted.

Format: A1 Column 7

Value	Label
A	Adverse Action Report (format used prior to 11/22/1999 opening of the Healthcare Integrity and Protection Data Bank)
C	Adverse Action Report (new consolidated "CAAR" reporting format first used 11/22/1999)
M	Malpractice Payment (format used prior to 1/31/2004)
P	Malpractice Payment (format first used 1/31/2004)

REPTYPE

Report Type.

Format: F4 Columns 8 - 11

Value Label

- 101 Insurance Company Malpractice Payment (Individuals) “M” or “P” record type.
- 102 Non-Insurance Company Malpractice Payment (Individuals) “M” or “P” record type.
- 301 State Licensure Action (Individuals, Legacy Format) “A” record type
- 302 State Licensure Action (Individuals, CAAR Format 11/22/1999 and later) “C” record type.
- 401 Clinical Priv./Panel Mmbrshp Action (Individual, Legacy Format) “A” record type.
- 402 Clinical Priv./Panel Mmbrshp Action (Individuals, CAAR Format 11/22/1999 and later) “C” record type.
- 501 Prof. Society Membership Action (Individuals, Legacy Format) “A” record type.
- 502 Prof. Society Membership Action (Individuals, CAAR Format, 11/22/1999 and later) “C” record type.
- 601 Drug Enforcement Admin. Action (Individuals Legacy Format) “A” record type
- 602 Drug Enforcement Admin. Action (Individuals, CAAR Format 11/22/1999 and later) “C” record type.
- 702 HHS OIG Exclusion (Individuals, CAAR Format) “C” record type.) Note: All OIG Exclusions previously reported using the old exclusion reporting format have been converted to the new CAAR format.

ORIGYEAR

Year this record (or, if the record was later corrected or changed, the year the original version of this record) was processed into the National Practitioner Data Bank. This variable is a reasonable substitute for year of Judgment or Settlement, which is an optional field, and frequently was not reported in the first few years of NPDB operation. Reports must be made to the Data Bank within 30 days of a payment, so in most cases this value represents the year the payment was made or the adverse action was taken.

Format: F4 Columns 12 - 15

WORKSTAT

Practitioner's Work State.

>>>>> See note to users at LICNSTAT variable.

Format: A2 Columns 16 - 17

Value	Label
AA	Armed Forces - Americas
AE	Armed Forces - Europe
AK	Alaska
AL	Alabama
AP	Armed Forces - Pacific
AR	Arkansas
AS	American Samoa
AZ	Arizona
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
FM	Federated States of Micronesia
GA	Georgia
GU	Guam
HI	Hawaii
IA	Iowa
ID	Idaho
IL	Illinois
IN	Indiana
KS	Kansas
KY	Kentucky
LA	Louisiana
MA	Massachusetts
MD	Maryland
ME	Maine
MH	Marshall Islands
MI	Michigan
MN	Minnesota
MO	Missouri
MP	Northern Marianas
MS	Mississippi
MT	Montana
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
PW	Palau
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

WORKCTRY

Practitioner's Work Country. (Information for this item is recorded exactly as reported by the reporting entity. Therefore, this field may sometimes include erroneous data - i.e., numerical values, punctuation marks, etc...)

Format: A10 Columns 18 - 27 (literal text field; normally blank for U.S.)

HOMESTAT

Practitioner's Home State.

>>>>> See note to users at LICNSTAT variable.

Format: A2 Columns 28 - 29

Value Label
(Same as WORKSTAT)

HOMECTRY

Practitioner's Home Country. (Information for this item is recorded exactly as reported by the reporting entity. Therefore, this field may sometimes include erroneous data such - i.e., numerical values, punctuation marks, etc...)

Format: A10 Columns 30 - 39 (literal text field; normally blank for U.S.)

LICNSTAT

Practitioner's State of License (First Listed State of License -- practitioners may be licensed in more than one State. Up to 10 States of license may be reported to the NDPB. Only the first State listed in an NPDB report is provided in this file.)

Format: A2 Columns 40 - 41

Value Label
(Same as WORKSTAT)

>>>>> Note to users concerning State variables:

Researchers often want to assign reports to a State for analysis purposes. Licensure Actions might normally be assigned to a State on the basis of the practitioner's License State. Other actions and malpractice payments might best be assigned on the basis of the practitioner's work State. However, work State is not a required variable in reports; reporters must report either work State or home State. They may report both. About 86 percent of records contain work State information. About 34 percent contain home State information. For non-licensure reports a commonly used method of assigning State is to create a State variable which equals work State if a work State value was reported and home State if no work State was reported. In SPSS, the following syntax would accomplish this:

```
STRING State (A2) .
RECODE
  workstat
  (ELSE=Copy) INTO State .
EXECUTE .
DO IF (Workstat = " ") .
RECODE
  homestat
  (ELSE=Copy) INTO State .
END IF .
EXECUTE .
```

Note: In the DO IF (Workstat = " ") statement above, there are two spaces between the quotation marks.

LICNFELD

Practitioner's Field of License. [Note: Reporting is required for malpractice payments made for all practitioners regardless of their field of license; reporting is required for adverse actions (other than exclusions) *only* for practitioners in license fields 10 through 35 (physicians and dentists).

>>>>> WARNING TO USERS: Adverse actions concerning practitioners in license fields other than 10 through 35 (physicians and dentists) are occasionally reported to the NPDB although these reports are not required; these occasional reports *do not* constitute a random sample of licensure, clinical privileges, or professional society actions taken against practitioners in these fields. Statistical analysis of Adverse Action reports for practitioners other than physicians and dentists is not recommended and will to yield extremely misleading results. Exclusion Actions (REPTYPE = 702), however, are reported for practitioners of all license fields and may be analyzed for all types of practitioners.

Malpractice Payments (REPTYPE = 101 and 102) area also reported for practitioners of all license fields and may be analyzed for all types of practitioners.

Format: F3 Columns 42 - 44

Value	Label	Date of First Use	Date of Last Use
10	Physician (MD)		
15	Physician Intern/Resident (MD)		
20	Osteopathic Physician (DO)		
25	Osteopathic Physician Intern/Resident (DO)		
30	Dentist		
35	Dental Resident		
50	Pharmacist		
55	Pharmacy Intern	09/09/2002	
60	Pharmacist, Nuclear		
70	Pharmacy Assistant		
75	Pharmacy Technician	09/09/2002	
100	Registered (Professional) Nurse		
110	Nurse Anesthetist		
120	Nurse Midwife		
130	Nurse Practitioner		
135	Advanced Practice Nurse	03/05/2002	09/09/2002
140	Licensed Practical or Vocational Nurse		
141	Clinical Nurse Specialist	09/09/2002	
148	Certified Nurse Aide/Cert Nursing Asst.	10/17/2005	
150	Nurses Aide		
160	Home Health Aide (Homemaker)		
165	Health Care Aide/Direct Care Worker	10/17/2005	
170	Psychiatric Technician		
175	Certified or Qualified Medication Aide	10/17/2005	
200	Dietician		
210	Nutritionist		
250	EMT, Basic		
260	EMT, Cardiac/Critical Care		
270	EMT, Intermediate		
280	EMT, Paramedic		
300	Social Worker		
350	Podiatrist		
370	Clinical Psychologist		09/09/2002
371	Psychologist	09/09/2002	
372	School Psychologist	09/09/2002	
373	Psychological Asst., Assoc., Examiner	09/09/2002	
400	Audiologist		
402	Art/Recreation Therapist	11/22/1999	
405	Massage Therapist	11/22/1999	

410	Occupational Therapist		
420	Occupational Therapy Assistant		
430	Physical Therapist		
440	Physical Therapy Assistant		
450	Rehabilitation Therapist		
460	Speech/Language Pathologist		
470	Hearing Aid/Hearing Specialist	Instrument	10/17/2005
500	Medical Technologist		06/15/2009
501	Medical or Clinical Technologist	laboratory	06/15/2009
502	Medical or Clinical Technician	Laboratory	06/15/2009
503	Surgical Technologist		06/15/2009
504	Surgical Assistant		06/15/2009
505	Cytotechnologist		11/22/1999
510	Nuclear Medicine Technologist		
520	Radiation Therapy Technologist		
530	Radiologic Technologist		
540	X-Ray Technician or Operator		06/15/2009
600	Acupuncturist		
601	Athletic Trainer		11/22/1999
603	Chiropractor		
606	Dental Assistant		
607	Dental Therapist/Dental Health Aide		06/15/2009
609	Dental Hygienist		
612	Denturist		
615	Homeopath		
618	Medical Assistant		
621	Mental Health Counselor		
624	Midwife, Lay (Non-Nurse)		
627	Naturopath		
630	Ocularist		
633	Optician		
636	Optometrist		
639	Orthotics/Prosthetics Fitter		
642	Phys. Asst., Allopathic		
645	Phys. Asst., Osteopathic		
647	Perfusionist		11/22/1999
648	Podiatric Assistant		
651	Prof. Counselor		
654	Prof. Cnslr., Alcohol		
657	Prof. Cnslr., Family/Marriage		
660	Prof. Cnslr, Substance Abuse		
661	Marriage and Family Therapist		09/09/2002
663	Respiratory Therapist		
666	Resp. Therapy Technician		

699	Other Health Care Practitioner, Not Classified	11/22/1999
752	Adult Care Facility Administrator	11/22/1999
755	Hospital Administrator	11/22/1999
758 *	Long-Term Care or Nursing Home Administrator	06/15/2009
759	Assisted Living Facility Administrator	06/15/2009
800	Researcher, Clinical	11/22/1999
810	Insurance Agent	11/22/1999
812	Insurance Broker	11/22/1999
820	Corporate Officer	11/22/1999
822	Business Manager	11/22/1999
830	Business Owner	11/22/1999
840	Salesperson	11/22/1999
850	Accountant	11/22/1999
853	Bookkeeper	11/22/1999
899	Other non-practitioner occupation, Not Classified	11/22/1999
998	Subject of report not reportable (missing value)	
999	Uncorrectable erroneous code or No code (missing value)	

*** Codes with Major Text Changes – Listed is the value from the previous versions.**

Value	Label	Date of First Use	Date of Last Use
758	Long-Term Care Administrator		06/15/2009

PRACTAGE

Practitioner's Age Group. (Based on the age of the practitioner at the time of the event leading to the report.)

Format: F2 Columns 45 - 46

- 10 = ages 19 and under
- 20 = ages 20 through 29
- 30 = ages 30 through 39
- 40 = ages 40 through 49
- 50 = ages 50 through 59
- 60 = ages 60 through 69
- 70 = ages 70 through 79
- 80 = ages 80 and over

GRAD

Practitioner's Professional School Graduation Year Group

Format: F4 Columns 47 – 50

- 1900 = 1900 through 1909
- 1910 = 1910 through 1919
- 1920 = 1920 through 1929
- 1930 = 1930 through 1939
- 1940 = 1940 through 1949
- 1950 = 1950 through 1959
- 1960 = 1960 through 1969
- 1970 = 1970 through 1979
- 1980 = 1980 through 1989
- 1990 = 1990 through 1999
- 2000 = 2000 through 2009, etc.

ALGNNATR

Malpractice Allegation Group. This variable was first used in reports on 1/31/2004. For records with a RECTYPE value of "M", the value shown has been translated into the new Malpractice Payment Report codes from the act or omission codes used in old format reports. [This field is blank in Adverse Action records.]

IMPORTANT NOTE: When analyzing physician malpractice payments, ALGNNATR *should not* be used as a substitute for physician specialty. For example, surgery codes may be used to report payments for physicians who are not surgeons, and obstetrics codes may be used to report payments for physicians who are not OB/GYNs, etc. The NPDB does not collect information on practitioner specialty in malpractice payment reports. No information on practitioner specialty is available for analysis.

Format: F3 Columns 51 - 53

Value Label

- 1 Diagnosis Related
- 10 Anesthesia Related
- 20 Surgery Related
- 30 Medication Related
- 40 IV & Blood Products Related
- 50 Obstetrics Related
- 60 Treatment Related
- 70 Monitoring Related
- 80 Equipment/Product Related
- 90 Other Miscellaneous
- 100 Behavioral Health Related

ALEGATN1

First Specific Malpractice Act or Omission Code. (Malpractice Payment reports allow for two "reason" codes for each case. This variable is the first listed code.) This variable was first used in reports on 1/31/2004. For records with a RECTYPE value of "M", the value shown has been translated into the new Malpractice Payment Report codes from the codes used in old format reports. [This field is blank in Adverse Action records.]

Format: F3 Columns 54 – 56

Value Label

100	Failure to Use Aseptic Technique
101	Failure to Diagnose
102	Failure to Delay a Case When Indicated
103	Failure to Identify Fetal Distress
104	Failure to Treat Fetal Distress
105	Failure to Medicate
106	Failure to Monitor
107	Failure to Order Appropriate Medication
108	Failure to Order Appropriate Test
109	Failure to Perform Preoperative Evaluation
110	Failure to Perform Procedure
111	Failure to Perform Resuscitation
112	Failure to Recognize a Complication
113	Failure to Treat
200	Delay in Diagnosis
201	Delay in Performance
202	Delay in Treatment
203	Delay in Treatment of Identified Fetal Distress
300	Administration of Blood or Fluids Problem
301	Agent Use or Selection Error
302	Complementary or Alternative Medication Problem
303	Equipment Utilization Problem
304	Improper Choice of Delivery Method
305	Improper Management
306	Improper Performance
307	Improperly Performed C-Section
308	Improperly Performed Vaginal Delivery
309	Improperly Performed Resuscitation
310	Improperly Performed Test
311	Improper Technique
312	Intubation Problem
313	Laboratory Error
314	Pathology Error
315	Medication Administered via Wrong Route
316	Patient History, Exam, or Workup Problem
317	Problems With Patient Monitoring in Recovery
318	Patient Monitoring Problem
319	Patient Positioning Problem
320	Problem with Appliance, Prostheses, Orthotic, Device, etc.
321	Radiology or Imaging Error

322 Surgical or Other Foreign Body Retained
323 Wrong or Misdiagnosis (e.g. Original Diagnosis is Incorrect)
324 Wrong Dosage Administered
325 Wrong Dosage Dispensed
326 Wrong Dosage Ordered of Correct Medication
327 Wrong Medication Administered
328 Wrong Medication Dispensed
329 Wrong Medication Ordered
330 Wrong Body Part
331 Wrong Blood Type
332 Wrong Equipment
333 Wrong Patient
334 Wrong Procedure or Treatment
400 Contraindicated Procedure
401 Surgical or Procedural Clearance Contraindicated
402 Unnecessary Procedure
403 Unnecessary Test
404 Unnecessary Treatment
500 Communication Problem Between Practitioners
501 Failure to Instruct or Communicate with Patient or Family
502 Failure to Report on Patient Condition
503 Failure to Respond to Patient
504 Failure to Supervise
505 Improper Supervision
600 Failure/Delay in Admission to Hospital or Institution
601 Failure/Delay in Referral or Consultation
602 Premature Discharge from Institution
603 Altered, Misplaced or Prematurely Destroyed Records
700 Abandonment
701 Assault and Battery
702 Breach of Contract or Warranty
703 Breach of Patient Confidentiality
704 Equipment Malfunction
705 Failure to Conform with Regulation, Statute, or Rule
706 Failure to Ensure Patient Safety
707 Failure to Obtain Consent or Lack of Informed Consent
708 Failure to Protect a Third Party (Failure to Warn, etc.)
709 Failure to Test Equipment
710 False Imprisonment
711 Improper Conduct
712 Inadequate Utilization Review
713 Negligent Credentialing
714 Practitioner with Communicable Disease
715 Product Liability
716 Religious Issues
717 Sexual Misconduct
718 Third Party Claimant
719 Vicarious Liability
720 Wrongful Life/Birth
899 Cannot Be Determined from Available Records
999 Allegation – Not Otherwise Classified, Specify

ALEGATN2

Second Specific Malpractice Act or Omission Code (Malpractice Payment reports allow for two "reason" codes for each case. This variable is the second listed code.) This variable was first used in reports on 1/31/2004. For records with a RECTYPE value of "M", the value shown has been translated into the new Malpractice Payment Report codes from the codes used in old format reports. [This field is blank in Adverse Action records and Malpractice Payment records in which a second Allegation code was not supplied.]

Format: F3 Columns 57 – 59

Value Label
(Same as ALEGATN1)

OUTCOME

Severity of Alleged Malpractice Injury. This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

Format: F2 Columns 60 – 61

Value Label

- 1 Emotional Injury Only
- 2 Insignificant Injury
- 3 Minor Temporary Injury
- 4 Major Temporary Injury
- 5 Minor Permanent Injury
- 6 Significant Permanent Injury
- 7 Major Permanent Injury
- 8 Quadriplegic, Brain Damage, Lifelong Care
- 9 Death
- 10 Cannot Be Determined from Available Records

MALYEAR1

Year of Act or Omission 1. (Beginning year of acts or omissions) [Note: Erroneous years (e.g., 3999) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.][This field is blank in Adverse Action records.]

Format: F4 Columns 62 – 65

MALYEAR2

Year of Act or Omission 2. (End year of acts or omissions) [Note: Erroneous years (e.g., 3999) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.] [This field is blank in Adverse Action records and Malpractice Payment records for which a second date was not supplied.]

Format: F4 Columns 66 – 69
May be blank if same as MALYEAR1

PAYMENT

Amount of Reported Payment. This is the amount of the specific payment that led to the filing of this malpractice payment report. Payment amounts are coded into ranges. All payments of \$100 or less are coded as \$50. Payments from \$101 to \$500 are coded as \$300. Payments from \$501 to \$1,000 are coded as \$750. Payments between \$1,001 and \$5,000 are coded as the midpoint of \$1,000 increments, e.g. payments between \$1,001 and \$2,000 are coded as \$1,500; payments between \$2,001 and \$3,000 are coded as \$2,500; etc. Payments between \$5,001 and \$100,000 are coded as the midpoint of \$5,000 increments, e.g., payments between \$30,001 and \$35,000 are coded as \$32,500, etc. Payments between \$100,001 and \$1,000,000 are coded as the midpoint of \$10,000 increments. Payments between \$1,000,001 and \$10,000,000 are coded as the midpoint of \$100,000 increments. Payments between \$10,000,001 and \$20,000,000 are coded as the midpoint of \$1,000,000 increments. Payments between \$20,000,001 and \$50,000,000 are coded as the midpoint of \$5,000,000 increments. Payments between \$50,000,000 and \$100,000,000 are coded as the midpoint of \$10,000,000 increments. Any payment of \$100,000,001 or more is coded as \$105,000,000. The grouping of payment amounts has the effect of slightly lowering the apparent mean and median payment amounts. For example, in the edition of the Public Use File created with data through March 31, 2004 the mean payment amount was \$187,474.87 and the median was \$72,500. The actual mean of the data that served as the basis for that edition of the file was \$189,821.03 and the actual median was \$75,000. When calculated for individual years or States, the means and medians in this file could vary slightly above or below the actual means or medians. We expect that similar relatively small differences exist for all editions of the file. Users needing exact means, medians, or other statistics may contact the Division of Practitioner Data Banks, which will provide the needed statistics if its workload permits. The exact payment amount for individual records will not be provided. [This field is blank in Adverse Action records.]

These amounts have *not* been adjusted for inflation. Users interested in adjusting for inflation may find additional information at <http://www.bls.gov/cpi/home.htm>, the web site maintained by the U.S. Department of Labor's Bureau of Labor Statistics (BLS). The BLS compiles the Consumer Price Indexes. We recommend using the "Consumer Price Index for All Urban Consumers (CPI-U) for the U.S. City Average for All Items, 1982-84=100" for inflation adjustment of malpractice payment amounts. The BLS also publishes CPI numbers specifically for medical care (prescription drugs and medical supplies, physicians' services, eyeglasses and eye care, hospital services, etc.), however, we recommend use of the broader CPI-U since malpractice payment amounts are based on many factors in addition to the cost of medical care.

Format: DOLLAR12 (with embedded \$ signs and commas) Columns 70 – 81

TOTALPMT

Total Payment by this Payer for This Practitioner. In most cases this will equal PAYMENT; however, if the reporting entity has made or will make other payments to this plaintiff for this practitioner in this case, this variable represents the total paid or to be paid. (Payment amounts are coded into ranges. All payments of \$100 or less are coded as \$50. Payments from \$101 to \$500 are coded as \$300. Payments from \$501 to \$1,000 are coded as \$750. Payments between \$1,001 and \$5,000 are coded as the midpoint of \$1,000 increments, e.g. payments between \$1,001 and \$2,000 are coded as \$1,500; payments between \$2,001 and \$3,000 are coded as \$2,500; etc. Payments between \$5,001 and \$100,000 are coded as the midpoint of \$5,000 increments, e.g., payments between \$30,001

and \$35,000 are coded as \$32,500, etc. Payments between \$100,001 and \$1,000,000 are coded as the midpoint of \$10,000 increments. Payments between \$1,000,001 and \$10,000,000 are coded as the midpoint of \$100,000 increments. Payments between \$10,000,001 and \$20,000,000 are coded as the midpoint of \$1,000,000 increments. Payments between \$20,000,001 and \$50,000,000 are coded as the midpoint of \$5,000,000 increments. Payments between \$50,000,000 and \$100,000,000 are coded as the midpoint of \$10,000,000 increments. This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

TOTALPMT values have *not* been adjusted for inflation. See the discussion of adjustment for inflation with the PAYMENT variable.

Format: DOLLAR12 (with embedded \$ signs and commas)
Columns 82 - 93

PAYNUMBR

Single or Multiple Payment. (Malpractice settlements or judgments may be paid in one payment or in multiple payments. This variable specifies which is applicable to this record.) [This field is blank in Adverse Action records.]

Format: A1 Column 94

Value	Label
S	Single Payment
M	Multiple Payments
U	Unknown

NUMBPRSN

Number of Practitioners Included in the Payment (Payments may be made which pertain to the acts or omissions of a number of practitioners. A separate report must be filed for each named practitioner.) [This field is blank in Adverse Action records.]

>>>> Note to users concerning NUMBPRSN:

NUMBPRSN is an indicator of the total number of practitioners involved in a case. The PAYMENT and TOTALPMT fields *should* refer to the amounts paid or to be paid for this specific practitioner regardless of the number of other practitioners involved. Other reports should specify the amounts paid for other practitioners. Dividing PAYMENT or TOTALPMT by NUMBPRSN does not generate a meaningful result.

Format: F3 Columns 95 – 97

PAYTYPE

Payment a Result of Judgment or Settlement.
 [This field is blank in Adverse Action records.]

Format: F1	Column 98
Value	Label
B	Before Settlement (Applicable only to certain reports filed electronically in 1995 or later. See also "U" below. In other reports, it is impossible to distinguish from Data Bank information situations in which a payment is made before a formal settlement from instances in which the reporting entity does not specify whether the payment is a result of a settlement or a judgment. Most such instances are believed to be payments before settlement rather than true "unknowns.")
J	Judgment
O	Other
S	Settlement
U	Unknown or Before Settlement [See note with "B"]

>>>>> Note to users concerning PAYTYPE:
 We recommend that analysis of the PAYTYPE variable be done by considering all values except "J" to be settlements of one type or another.)

PYRLTNS

Relationship of Paying Entity to the Practitioner. [This field is blank in Adverse Action records.]

Format: A1	Column 99
Value	Label
1	Insurance Company (Legacy report, RECTYPE = M, prior to 1/31/2004)
2	Guaranty Fund (Legacy report, RECTYPE = M, prior to 1/31/2004)
3	Self-insured Organization (Legacy report, RECTYPE = M, prior to 1/31/2004)
4	State Medical Malpractice Fund (Legacy report, RECTYPE = M, prior to 1/31/2004)
E	Insurance Company - Excess Insurer (RECTYPE = P, 1/31/20004 and later)
G	Insurance Guaranty Fund (RECTYPE = P, 1/31/20004 and later)
M	State Medical Malpractice Payment Fund - Primary Insurer (RECTYPE = P, 1/31/20004 and later)
O	State Medical Malpractice Payment Fund - Secondary Payer (RECTYPE = P, 1/31/20004 and later)
P	Insurance Company - Primary Insurer (RECTYPE = P, 1/31/20004 and later)
S	Self-Insured Organization (RECTYPE = P, 1/31/20004 and later)

PTAGE

Patient Age in Groups of Years. (Patient Age at the time of the incident which led to the payment. Fractional years are used only for patients less than one year old. Fetuses are coded as -1.) This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type “M” Malpractice Payment records.]

Format: F2 Column 100 – 101

Value Label

- 1 Fetus
- 0 Under 1 year
- 1 Age 1 through 9
- 10 Age 10 through 19
- 20 Age 20 through 29
- 30 Age 30 through 39
- 40 Age 40 through 49
- 50 Age 50 through 59
- 60 Age 60 through 69
- 70 Age 70 through 79
- 80 Age 80 or older

PTGENDER

Gender of Patient. This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type “M” Malpractice Payment records.]

Format: A1 Column 102

Value Label

- F Female
- M Male
- U Unknown

PTTYPE

Patient Type (Inpatient, Outpatient, Both). This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type “M” Malpractice Payment records.]

Format: A1 Column 103

Value Label

- B Both
- I Inpatient
- O Outpatient
- U Unknown

AAYEAR

Year of Adverse Action. [Note: Erroneous years (e.g., 1900) were recorded exactly as they were reported by the reporting entity and must be corrected by the reporting entity. The process to obtain corrections for erroneous years is currently underway.][This field is blank in Malpractice Payment records.]

Format: F4 Columns 104 – 107

AACLASS1

Adverse Action Classification 1. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999. For records with a RECTYPE value of "A", the value shown has been translated into the new Consolidated Adverse Action Report codes from the codes used in old format reports.

Format: F4 Columns 108 - 111

Value	Label	Date of First Use	Date of Last Use
1110	Revocation of License (Individual)	11/22/1999	
1125	Probation of License (Individual)	11/22/1999	
1135	Suspension of License (Individual)	11/22/1999	
1138	Summary/Emergency Limitn/Restrictn on Lic (NPDB Only)(Ind)	08/13/2007	
1139	Summary/Emergency Suspension of Licn. (Phys. & Dent. Only)	11/22/1999	
1140	Reprimand or Censure of License (Individual)	11/22/1999	
1144	Reprimand, Censure, Voluntary Surrender of License (Individual)(Legacy Reports Only)		
1145	Voluntary Surrender of License (Individual)	11/22/1999	
1146*	Voluntary Limitation/Restriction on License (Individual)	08/13/2007	
1147	Limitation or Restriction on License/ Practice (Individual)	11/22/1999	
1148	Denial of License (Renewal Only) (Individual)	11/22/1999	
1172	Administrative Fine/Monetary Penalty (Licensure) (Individual)	11/22/1999	09/09/2002
1173 *	Publicly Available Fine/Monetary Penalty (Licensure) (Individual)	09/09/2002	
1199	Other Licensure Action	11/22/1999	
1280	Licensure Restored or Reinstated (Complete)(Individual)	11/22/1999	
1282	License Restored or Reinstated (Conditional)(Individual)	11/22/1999	
1283 *	License Restored or Reinstated (Partial)(Individual)	06/15/2009	
1285	License Restoration or Reinstatement Denied (Individual)	11/22/1999	

1295	Reduction of Previous Licensure Action (Individual)	11/22/1999	
1296	Extension of Previous Licensure Action (Individual)	11/22/1999	
1297	Modification of Previous Licensure Action (Individual)	06/15/2009	
1500	Debarment from Federal Programs (Individual)	11/22/1999	
1505	Exclusion from Federal Health Care Program (Individual)	11/22/1999	
1507	Exclusion from a State Health Care Program (Individual)	11/22/1999	
1508	Excl. from Medicare, Medicaid & all Other Fed. Prgms. (Individual)	11/22/1999	
1509	Exclusion from Medicare & State Health Care Prgms (Individual.)	11/22/1999	
1514	Modification of Previous Action (Exclusion) (Individual)	06/15/2009	
1515	Reinstatement (Exclusion) (Individual)	11/22/1999	
1516	Reinstatement Denied (Exclusion) (Individual)	11/22/1999	
1610	Revocation of Clinical Privileges/Panel Membership (Individual)	11/22/1999	
1615	Termination of Panel Membership or Employment (Professional Review Action) (Individual)	06/15/2009	
1630	Suspension of Clinical Privileges/Panel Membership (Individual)	11/22/1999	
1632	Summary/Emergency Suspension of Clin Priv/PM (Individuals)	11/22/1999	
1634	Vol Lim,Restr/Rdct Clin Priv/Pan Mmb Invstgn	08/13/2007	
1635	Vol Surrender of Clin. Priv/Panel Memb. Under Investig (Individual)	11/22/1999	
1636	Voluntary Acceptance of Restrictions on Privileges	11/22/1999	03/05/2001
1637	Involuntary Resignation	06/15/2009	
1638	Voluntary Leave of Absence, While Under, or to Avoid, Investigation (Individual)	06/15/2009	
1639	Smry/Emrgncy Limitn/Rstrctn/Reduction Clin Priv (Individ)	08/13/2007	
1640	Reduction of Clinical Privileges/Panel Membership (Individual)	11/22/1999	
1642	Limitation or Restriction on Certain Procedure(s) or Practice Area(s)	06/15/2009	
1643	Limitation or Restriction: Mandatory Concurring Consultation Prior to Procedures	06/15/2009	
1644	Limitation or Restriction: Mandatory Proctoring or Monitoring During Procedures	06/15/2009	
1645	Other Restriction of Clinical Priv/Panel Membership (Individual)	11/22/1999	

1650	Denial of Clinical Privileges (Individual)	11/22/1999	
1655	Withdrawal of Renewal Application While Under Investigation	06/15/2009	
1656	Practitioner Allowed Privileges to Expire While Under Investigation	06/15/2009	
1680	Clin. Priv. /Panel Memb Restored/Reinstated (Complete) (Individual)	11/22/1999	
1681	Clin Priv/Panel Memb Restored/Reinstated (Conditional) (Individual)	11/22/1999	
1682	Clinical Privileges/Panel Memb Restored or Reinstated (Partial) (Individual)	06/15/2009	
1689	Clinical Privileges/Panel Mmbrshp Reinstatement Denied (Individual)	11/22/1999	
1690	Reduction of Previous Actn (Clin Priv/Panel Mmbrshp) (Individual)	11/22/1999	
1695	Extension of Previous Actn (Clin Priv/Panel Mmbrshp) (Individual)	11/22/1999	
1696	Modification of Previous Action	06/15/2009	
1699	Reversal of Prev Clin Priv/PM Action, Appeal or Review (Individual)	11/22/1999	09/09/2002
1710	Revocation of Professional Society Membership (Individual)	11/22/1999	
1730	Suspension of Professional Society Membership (Individual)	11/22/1999	
1735	Disciplinary Probation Affecting Membership Rights or Privileges	06/15/2009	
1745	Other Restriction/Limitation on Prof. Soc. Membership (Individual)	11/22/1999	
1750	Denial of Professional Society Membership (Subsequent) (Individual)	11/22/1999	
1780	Professional Society Membership Reinstated (Complete) (Individual)	11/22/1999	
1781	Professional Society Mmbrshp Reinstated (Conditional) (Individual)	11/22/1999	
1789	Professional Society Membership Reinstatement Denied (Individual)	11/22/1999	
1790	Reduction of Previous Action (Prof Soc Membership) (Individual)	11/22/1999	
1795	Extension of Previous Action (Prof Society Membership) (Individual)	11/22/1999	
1796	Modification of Previous Action (Prof Society) (Individual)	06/15/2009	
1799	Reversal of Previous Prof Soc Action, Appeal or Review (Individual)	11/22/1999	09/09/2002

*** Codes with Major Text Changes – Listed is the value from the previous versions.**

Value	Label	Date of First Use	Date of Last Use
1146	Reprimand, Censure, Voluntary Surrender of License (Individual)(Legacy Reports Only) <i>[This is now code 1144]</i>		08/13/2007
1173	Admin. Fine/Monetary Pnlty & Another Actn (Licensure) (Individual)		01/08/2002
1283	License Restored or Reinstated (Legacy Report)(Individual)	11/22/1999	

AACLASS2

Adverse Action Classification 2. [This field is blank in Malpractice Payment records.]
This variable was first used in reports on 11/22/1999.

Format: F4 Columns 112 – 115

Value Label
(SAME AS AACLASS1)

AACLASS3

Adverse Action Classification 3. [This field is blank in Malpractice Payment records.]
This variable was first used in reports on 11/22/1999. rts.

Format: F4 Columns 116 – 119

Value Label
(SAME AS AACLASS1)

AACLASS4

Adverse Action Classification 4. [This field is blank in Malpractice Payment records.]
This variable was first used in reports on 11/22/1999.

Format: F4 Columns 120 – 123

Value Label
(SAME AS AACLASS1)

AACLASS5

Adverse Action Classification 5. [This field is blank in Malpractice Payment records.]
This variable was first used in reports on 11/22/1999.

Format: F4 Columns 124 – 127

Value Label
(SAME AS AACLASS1)

BASISCD1

Basis for Action1. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999. For records with a RECTYPE value of "A" (old format Adverse Action Reports), the value shown has been translated into the new Consolidated Adverse Action Report BASISCD1 codes from the codes used in old format reports.

Format: F2 Columns 128 - 129

Value	Label	Date of First Use	Date of Last Use
0	Basis Code Not Required		
01	Alcohol and/or Other Substance Abuse	11/22/1999	09/09/2002
03	Narcotics Violation	11/22/1999	09/09/2002
05	Fraud (Unspecified)	11/22/1999	
06	Insurance Fraud (Medicare and Other Federal Gov. Program)	11/22/1999	09/09/2002
07	Insurance Fraud (Medicaid or Other State Gov. Program)	11/22/1999	09/09/2002
08	Insurance Fraud (Non-Government or Private Insurance)	11/22/1999	09/09/2002
09	Fraud in Obtaining License or Credentials	11/22/1999	09/09/2002
10	Unprofessional Conduct	11/22/1999	06/15/2009
11	Incompetence	11/22/1999	
12	Malpractice	11/22/1999	
13	Negligence	11/22/1999	
14	Patient Abuse	11/22/1999	
15	Patient Neglect	11/22/1999	
16	Misappropriation of Patient Property or Other Property	11/22/1999	
17	Inadequate or Improper Infection Control Practices	06/15/2009	
18	Deferred Adjudication	06/15/2009	
19	Criminal Conviction	11/22/1999	
20	Mental Disorder	11/22/1999	09/09/2002
22	Advertising or Marketing Services or Products That Are Discriminatory, Misleading, False, or Deceptive	11/22/1999	09/09/2002
23	Failure to Cooperate With Board Investigation	06/15/2009	
24	Practicing With an Expired License	06/15/2009	
25	Practicing Without a License	06/15/2009	
29	Practicing Beyond Scope of Practice	11/22/1999	
30	Allowing Unlicensed Person to Practice	11/22/1999	09/09/2002
31	Noncompliance with Health and Safety Requirements	11/22/1999	
32	Lack of Appropriately Qualified Professionals	11/22/1999	
34	Financial Insolvency	11/22/1999	
35	Drug Screening Violation	06/15/2009	

36	Violation of Federal or State Tax Code	06/15/2009
37	Failure to Pay Child Support/Delinquent Child Support	06/15/2009
39	License Action by Fed., State, or Local Licensing Authority	11/22/1999
40	Exclusion/Suspension from Fed or State HC Program	11/22/1999
41	Entities Owned/Controlled by Sanctioned Individual	11/22/1999
42	Individuals Controlling Sanctioned Entities	11/22/1999
43	Employing/Contracting With Individual Excluded From Fed/St HC Prgm	11/22/1999
44	Default on Health Education Loan or Scholarship Obligations	11/22/1999
45 *	Failure to Maintain Records or Provide Medical, Financial or Other Required Information	11/22/1999
46	Failure to Grant Immediate Access	11/22/1999
47	Failure to Take Corrective Action	11/22/1999
48	Failure to Obtain Surety Bond	11/22/1999
49	Failure to Comply w/ Composition of Enrollment Requirements	11/22/1999
50	Failure to Maintain Adequate or Accurate Records	06/15/2009
51	Failure to Perform Contractual Obligations	11/22/1999
52	Incompetence, Malpractice, Negligence (Legacy Format Repts.)	11/12/1999
53	Failure to Provide Med Resnble or Nec. Items/Services	11/22/1999
54	Furnishing Unnecessary or Substandard Items/Services	11/22/1999
55	Improper or Abusive Billing Practices	11/22/1999
56	Submitting False Claims	11/22/1999
57	Fraud, Kickbacks and Other Prohibited Activities	11/22/1999
58	Imposition of Civil Money Penalty or Assessment	11/22/1999
59	Peer Review Organization Recommendation	11/22/1999
60	Felony Conviction Related to Health Care Fraud	11/22/1999
61	Felony Conviction Re: Controlled Substance Violation	11/22/1999
62	Program-Related Conviction	11/22/1999
63	Conviction Re: Patient Abuse or Neglect	11/22/1999
64	Conviction Re: Fraud	11/22/1999
65	Conviction Re: Obstruction of an Investigation	11/22/1999
66	Conviction Re: Controlled Substances	11/22/1999
69	Criminal Conviction, Not Classified	11/22/1999

70	Violation of By-Laws, Protocols or Guidelines	06/15/2009	
71	Conflict of Interest	11/22/1999	
74	Violation of Federal or State Antitrust Statute	11/22/1999	09/09/2002
75	Violation of Drug-Free Workplace Act	11/22/1999	09/09/2002
76	Viol. of Immig. & Nationality Act Employment Provisions	11/22/1999	09/09/2002
77	Viol. of ADA or Applicable Federal and State Laws	11/22/1999	09/09/2002
78	Viol. of Civil Rights Act or Applicable Fed and State Laws	11/22/1999	09/09/2002
79	Violations of Code of Ethics	06/15/2009	
80	Physical Impairment	11/22/1999	09/09/2002
81	Misrepresentation of Credentials	04/30/2001	
82	Debarment from Federal or State Program	04/30/2001	
83	Hospital Privileges Restricted, Suspended, or Revoked	04/30/2001	09/09/2002
84	Violation of State Health Code	06/15/2009	
91	Noncompl. W. Priv. Accred. Standards	11/22/1999	
92 *	Noncompl.W. Private Accreditation Standards That Pose a Substantial Risk to the Safety of Patient Care or Quality of Health Care Services	11/22/1999	
99	Other (Not Classified)	11/22/1999	
A1	Failure to Meet the Initial Requirements of a License	09/09/2002	
A2	Failure to Comply with Continuing Education or Competency Rqmts	09/09/2002	
A3	Failure to Meet Licensing Board Reporting Requirements	09/09/2002	
A4	Practicing Without a Valid License	09/09/2002	
A5	Violation of or Failure to Comply with Licensing Board Order	09/09/2002	
A6	Violation of Federal or State Statutes, Regulations or Rules	09/09/2002	
A7	Surrendered License to Practice	09/09/2002	
A8 *	Clinical Priv. Restricted, Suspended or Revoked by Another Hospital or Health Care Facility	09/09/2002	
A9	Failure to Meet or Comply w/ Contractual Obligations or Particular Requirements	09/09/2002	
AA	Failure to Comply with Corrective Action Plan	09/09/2002	
AB	Practicing Beyond the Scope of Privileges	09/09/2002	
AC	Failure to Maintain Equipment/Missing or Inadequate Equipment	09/09/2002	
AD	Surrendered Clinical Privileges	09/09/2002	
AH	Failure to Comply with Terms of Probation or other Previously Imposed Requirements	06/15/2009	

B1	Nolo Contendre Plea	09/09/2002
C1	Failure to Obtain Informed Consent	09/09/2002
C2	Failure to Comply with Patient Consultation Requirements	09/09/2002
C3	Breach of Confidentiality	09/09/2002
D1	Sexual Misconduct	09/09/2002
D2	Non-Sexual Dual Relationship or Boundary Violation	09/09/2002
D3	Exploiting a Patient for Financial Gain	09/09/2002
D4	Abusive Conduct Toward Staff	06/15/2009
D5	Disruptive Conduct	06/15/2009
D6	Conduct Evidencing Moral Unfitness	06/15/2009
D7	Conduct Evidencing Ethical Unfitness	06/15/2009
D8	Other Unprofessional Conduct, Specify	06/15/2009
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)	09/09/2002
E2	Providing or Ordering Unnecessary Tests or Services	09/09/2002
E3	Filing False Reports or Falsifying Records	09/09/2002
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials	09/09/2002
E5	Misleading, False or Deceptive Advertising or Marketing	09/09/2002
E6	Failure to Disclose	06/15/2009
F1	Immediate Threat to Health or Safety	09/09/2002
F2	Unable to Practice safely by Reason of Alcohol or Other Substance Abuse	09/09/2002
F3	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder	09/09/2002
F4	Unable to Practice Safely by Reason of Physical Illness or Impairment	09/09/2002
F5	Unable to Practice Safely	09/09/2002
F6	Substandard or Inadequate Care	09/09/2002
F7	Substandard or Inadequate Skill Level	09/09/2002
F8	Failure to Consult or Delay in Seeking Consultation w Supervisor/Proctor	09/09/2002
F9	Patient Abandonment	09/09/2002
FA	Inappropriate Refusal to Treat	09/09/2002
FB	Excessive Malpractice Cases/Extensive Malpractice History	09/09/2002
FC	Negligent Credentialing	09/09/2002
G1	Improper or Inadequate Supervision or Delegation	09/09/2002
G2	Allowing or Aiding Unlicensed Practice	09/09/2002
H1	Narcotics Violation or Other Violation of Drug Statutes	09/09/2002
H2	Unauthorized Prescribing of Medication	09/09/2002
H3	Unauthorized Dispensing of Medication	09/09/2002

H4	Unauthorized Administration of Medication	09/09/2002
H5	Error in Prescribing, Dispensing or Administering Medication	09/09/2002
H6	Diversion of Controlled Substance	09/09/2002

*** The table below lists codes with Major Text Changes – the value from previous versions is shown.**

Value	Label	Date of First Use	Date of Last Use
45	Failure to Maintain/Provide Records		11/21/1999
92	Noncompliance with Private Accreditation Standards Posing Risk to Patient Safety		11/21/1999
A8	Clinical Privileges Restricted, Suspended or Revoked by Another Health Care Facility		09/08/2002
52	Incompetence, Malpractice, Negligence (Legacy Format Reports)	11/22/1999	

BASISCD2

Basis for Action2. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999.

Format: F2 Columns 130 - 131

Value Label
(SAME AS BASISCD1)

BASISCD3

Basis for Action3. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999.

Format: F2 Columns 132 - 133

Value Label
(SAME AS BASISCD1)

BASISCD4

Basis for Action4. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999.

Format: F2 Columns 134 - 135

Value Label
(SAME AS BASISCD1)

BASISCD5

Basis for Action5. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 9/2/2002; between 11/22/1999 and 9/2/2002 only four basis codes were allowed.

Format: F2 Columns 136 - 137

Value Label
(SAME AS BASISCD1)

AALENTYP

Adverse Action Length Type. [This field is blank in Malpractice Payment records.]

Format: A1 Column 138

Value Label

I Indefinite Penalty Length
P Permanent Penalty
S Specified Penalty Length

AALENGTH

For specified penalty lengths, Length of Adverse Action Penalty, in Years and Fractions of Years (i.e., 2.25 is 2 years 3 months). [This field is blank in Malpractice Payment, Old Format Exclusion, and Adverse Action Records which do not have a specified penalty length.]

Format: F8.2 Columns 139 - 146

AAEFYEAR

Effective Year of Adverse Action [Note: Erroneous years (e.g., 1900) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.][This field is blank in Malpractice Payment records.]

Format: F4 Columns 147 - 150

AASIGYR

Year of Adverse Action Report Signature. [Note: Erroneous years (e.g., 1900) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.] [This field is blank in Malpractice Payment records.]

Format: F4 Columns 151 - 154

TYPE

Type of Reporting Entity.

Format: F3 Columns 155 - 157

Value Label

12	Pharmacist Board
16	Malpractice Insurance Company
17 *	State Insurance Guarantee Fund/Excess Judgment Payer, etc. (State Government)
20	Allopathic Board
21	Other Malpractice Payer
22	Osteopathic Board
24	Composite Board
25	Licensing Board - Other Practitioners
26	Dentistry Board
28	Other Licensing Agency
29	Entity Licensing Agency
32	Community Health Center
36	Group Medical Practice
40	Allop. Prof. Society
43	Osteo. Prof. Society
44	Hospital
45	Home Health Agency/Organization
46	Dental Prof. Society
48	Managed Care Organization (MCO, PPO, HMO)
49	Other Prof. Society
51	Mental Health Center / CMHC
53	Nursing Facility / Skilled Nursing Facility
58	Other Govt. Program Paying for Health Care Services
60	Self-Insured Employer Health Plan
66	Other Health Care Service Provider
67	Other Health Plan
86	U.S. Drug Enforcement Agency
95	HHS OIG
98	Correctional Institution
100	General/Acute Hospital
101	Children's Hospital
102	Psychiatric Hospital
103	Rehabilitation Hospital
104	Long Term Care Hospital
105	Specialty Hospital
106	Critical Access Hospital
109	Other Hospital
120	Ambulatory Surgical Center
121	Ambulatory Clinic/Center
122	Health Center – All or Federally Qualified or Community
123	Student Health Services
125	Group Medical Practice
130	Mental Health Center/CMHC

135	End Stage Renal Disease Facility
140	Nursing Facility/Skilled Nursing Facility
143	Assisted Living Facility
145	Hospice/Hospice Care Provider
150	Residential Treatment Facility/Program
160	Home Health Agency/Organization
169	Other Health Care Service Provider
200	Employer Health Care Purchasing Coalition or Group
210	Managed Care Organization (MCO)
211	Preferred Provider Organization (PPO)
212	Health Maintenance Organization (HMO)
213	Point of Service Plan (POS)
220	Independent Practice Association (IPA)
221	Physician-Hospital Organization (PHO)
222	Third-Party administrator (TPA)
223	Vision Services Plan
224	Dental Services Plan
225	Managed Behavioral Health Care Organization (MBHO)
230	Indemnity Health Insurance Company
231	Health Insurance Company
232	Special Investigative Unit (SIU)
240	Self-Insured Employer Health Plan
241	Managed Services Organization (MSO)
242	Delegated Credentialing Service Provider
259	Other Health Plan
300	Health Care Practitioner Licensing Board or Authority
320	Health Care Facility Licensing Board or Authority
330	Insurance Commission
349	Other Licensing Board or Authority
350	Survey and Certification Agency Certifying Medicare/Medicaid Program Participation
400	Professional Society – Allopathic
401	Professional Society – Dental
402	Professional Society – Osteopathic
409	Professional Society – Other Health Care Practitioner
500	Malpractice Insurance Company
510	State Insurance Guaranty/Guarantee Fund or Insolvent Insurer Fund
511	State Government Patient Compensation, Excess Judgment, or Stabilization Fund
515	Self-Insured Entity (not eligible to register in any other category)
519	Other Malpractice Payer
710	Peer Review Organization Not Under Contract with CMS
800	Private Accreditation Organization

*** The table below shows a code with a major text change – the text shown was previously used.**

Value	Label
17	State Fund

The following eight variables are not contained in Data Bank reports but instead are calculated at the time the public use file is created. The values of the "NPxxxRPT" variables will be the same in all reports for a given practitioner (i.e., all records with the same PRACTNUM value). The FUNDPYMT variable will have a value shown only for malpractice payment records.

PRACTNUM

Practitioner Number. (This number is assigned solely to each individual practitioner listed in this edition of the NPDB Public Use Data File. Its use allows researchers to link reports concerning the same practitioner. For example, if the fictional Dr. James Kildare had been reported for a malpractice payment, a clinical privileges action, and a state licensure action, the records for all three reports would list the same PRACTNUM in this file. PRACTNUM values are assigned during the creation of this file and are unique to this file. PRACTNUM is not used by the National Practitioner Data Bank in any way. It is neither linked to nor derived from any practitioner identification numbers used by the National Practitioner Data Bank. Note also that although all records of a given practitioner will have the same PRACTNUM in this edition of the Public Use Data File, that same practitioner may have a different PRACTNUM in other editions of the Public Use Data Files prepared on different dates.)

Format: F8 Columns 158 - 165

NPMALRPT

Subject's Number of NPDB Malpractice Payment Reports. CAUTION: This variable counts the number of malpractice payments for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of payment reports in your selected subset. For example, if practitioner number 1545 has three malpractice payment reports, two for Kansas payments and one for a Missouri payment, a researcher who selected only Missouri malpractice payments for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three malpractice payment reports, not one.

Format: F4 Columns 166 - 169

NPLICRPT

Subject's Number of NPDB Licensure Reports. CAUTION: This variable counts the number of licensure actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of licensure action reports in your selected subset. For example, if practitioner number 1545 has three licensure action reports, two for Kansas licensure actions and one for a Missouri licensure action, a researcher who selected only Missouri licensure actions for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three licensure action reports, not one.

Format: F4 Columns 170 - 173

NPCLPRPT

Subject's Number of NPDB Clinical Privileges or Panel Member Reports. CAUTION: This variable counts the number of clinical privileges or panel membership actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of clinical privileges or panel membership action reports in your selected subset. For example, if practitioner number 1545 has three clinical privileges or panel membership action reports, two for Kansas actions and one for a Missouri action, a researcher who selected only Missouri clinical privileges or panel membership actions for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three clinical privileges or panel membership action reports, not one.

Format: F4 Columns 174 - 177

NPPSMRPT

Subject's Number of NPDB Professional Society Membership Reports. CAUTION: This variable counts the number of professional society membership action reports for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of professional society membership action reports in your selected subset. For example, if practitioner number 1545 has three professional society membership reports, two for Kansas actions and one for a Missouri action, a researcher who selected only Missouri professional society membership actions for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three professional society membership action reports, not one.

Format: F4 Columns 178 - 181

NPDEARPT

Subject's Number of NPDB DEA Reports. CAUTION: This variable counts the number of DEA actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of DEA action reports in your selected subset. For example, if practitioner number 1545 has three DEA action reports, two for DEA actions while the practitioner was practicing in Kansas and one for while the practitioner was practicing in Missouri, a researcher who selected only Missouri reports for analysis would have only one DEA action record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three DEA action reports, not one.

Format: F4 Columns 182 - 185

NPEXCRPT

Subject's Number of NPDB Exclusion Reports. CAUTION: This variable counts the number of exclusion actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of exclusion action reports in your selected subset. For example, if practitioner number 1545 has three exclusion action reports, two for exclusion actions while the practitioner was practicing in Kansas and one for while the practitioner was practicing in Missouri, a researcher who selected only Missouri reports for analysis would have only one exclusion action record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three exclusion action reports, not one.

Format: F4 Columns 186 - 189

FUNDPYMT

Malpractice Payment Made by a State Patient Compensation Fund, Excess Judgment Fund, or Other Similar State Funds. (Nine States -- Florida, Indiana, Kansas, Louisiana, Nebraska, New Mexico, Pennsylvania, South Carolina, and Wisconsin -- have or had State funds which make malpractice payments in addition to the payment made by a practitioner's primary malpractice insurance carrier if the total amount of the settlement or judgment is more than a maximum amount set in State law for payments by a primary insurance carrier. If such payments are made, there are in most cases two reports to the NPDB, one from the primary malpractice insurance carrier and one from the State fund, for a single malpractice incident. [In some instances, however, a State fund may be the only payer.] Note that payments made by these funds have the effect of increasing the number of reports and decreasing the mean and median payment amounts in the affected States. Some of these funds have made payments for practitioners not practicing in the State of the fund at the time of the malpractice incident and some routinely make some payments for practitioners who are not covered by any primary carrier. New York has a malpractice carrier of last resort which sometimes is a practitioner's only carrier and sometimes provides only excess coverage. Payments by this New York carrier are NOT identified as state fund payments.) [This field is blank except for Malpractice Payment records.]

Format: F1 Column 190

Value	Label
0	Malpractice Payment Made by an Insurance Company or Self-Insured Entity
1	Malpractice Payment Made by a State Fund