NEW YORK STATE
DEPARTMENT OF HEALTH

PROVIDER NETWORK DATA SYSTEM

ANCILLARY/SERVICE CENTERS DETAILED RECORD FORMAT

	KEY TO WHO SUBMITS **ALL REC=All Records** **ALL Hosp and Clinics = All Hospitals (Designated Service 011) and Clinics (Designated Service 321 Article 28 Clinic)**				**KEY TO FORMAT** **A = Alpha format only** **N = Numeric format only** **A/N = Alpha Numeric** **(numbers in text format)**
Description/ Field Name	**Format**	**Variable Name**	**Who Submits?**	**Critical?**	**Comment**
Site Name	A/N	sitename	ALL REC	YES	Office or professional building
Room or Suite Number	A/N	roomno	ALL REC	YES	If Not Applicable enter “NA”
Street Address	A./N	staddres	ALL REC	YES	
Town/City	A/N	City	ALL REC	YES	
State	A/N	State	ALL REC	YES	
Borough/County	A/N	county	ALL REC	YES	
Zip Code	A/N	Zip	ALL REC	YES	
Zip Plus Four	A/N	Zipp4	ALL REC	NO	

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Designated Service	A/N	Desser	ALL REC	YES	See attached codes
Number of Providers at Service Center	N	noprov	ALL REC	NO	
National Provider Identifier (NPI)	A/N	NPI	All Records	YES	10 digits only
License Number/Facility Operating Cert.	A/N	LicNo	ALL REC	YES	If Applicable to Service Provider
Permanent Facility Identifier	A/N	Pfi	ALL REC	YES	If Applicable to Service Provider
Medicaid Provider Identification Number	A/N	Mmisno	ALL REC	NO	Provider Identification
Managed Care Plan's Facility ID	A/N	mcpid	ALL REC	NO	Unique Provider Identification
Commercial Provider Indicator	A/N	Commind	ALL REC	YES	
Medicaid Provider Indicator	A/N	Mcaidind	ALL REC	YES	

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Medicare Provider Indicator	A/N	Mcareind	ALL REC	YES	
Child Health Plus Indicator	A/N	Chpind	ALL REC	YES	
Family Health Plus Indicator	A/N	Fhpind	ALL REC	YES	
Medicaid Advantage Indicator	A/N	maind	ALL REC	YES	
Partial CAPS Indicator	A/N	pcapind	ALL REC	YES	
MAP Indicator	A/N	mapind	ALL REC	YES	
PACE Indicator	A/N	paceid	ALL REC	YES	
FHP Buy-In Indicator	A/N	fhp_bi_ind	ALL REC	YES	
Gold Product Indicator	A/N	goldind	ALL REC	YES	
Silver Product Indicator	A/N	slvrind	ALL REC	YES	
Bronze Product Indicator	A/N	brnzind	ALL REC	YES	
PHONE					
Area Code	A/N	Areacode	ALL REC	YES	

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Phone Number	A/N	Phoneno	ALL REC	YES	Do not include hyphen
ADDITIONAL SERVICES					
Service 1	A/N	srvtyp01	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 2	A/N	srvtyp02	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 3	A/N	srvtyp03	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 4	A/N	srvtyp04	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 5	A/N	srvtyp05	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 6	A/N	srvtyp06	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 7	A/N	srvtyp07	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 8	A/N	srvtyp08	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 9	A/N	srvtyp09	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 10	A/N	srvtyp10	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 11	A/N	srvtyp11	All Hosp & Clinics	YES	See Specialty/ Service Code Guide

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Service 12	A/N	Srvtyp12	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 13	A/N	srvtyp13	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 14	A/N	srvtyp14	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 15	A/N	srvtyp15	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 16	A/N	srvtyp16	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 17	A/N	srvtyp17	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 18	A/N	srvtyp18	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 19	A/N	srvtyp19	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 20	A/N	srvtyp20	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 21	A/N	srvtyp21	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 22	A/N	srvtyp22	All Hosp & Clinics	YES	See Specialty/ Service Code Guide

Description/ Field Name	Format	Variable Name	Who Submits?	Critical?	Comment
Service 23	A/N	srvtyp23	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 24	A/N	srvtyp24	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Service 25	A/N	srvtyp25	All Hosp & Clinics	YES	See Specialty/ Service Code Guide
Plan Identifier	A/N	PlanNo			Internally generated Plan ID number
Submission Time	A/N	plan subtime			Created at time of submission