

ASPEN FacType	OSCAR Subtype	Facility Primary Type Category	Facility Sub-Category /M-M	NPI Req.	670	1539	2567	2786/LSC	Skeleton	Deemable?	Swing Beds	Application Forms
011	01	Hospital (HOSP-ACU)	Short Term	N/A	■	■	■	0	N/A	■	■	HWksht
012	04	Hospital (HOSP-PSY)	Psychiatric	N/A	■	■	■	0	N/A	■	N/A	HWksht
013	05	Hospital (HOSP-RHB)	Rehabilitation	N/A	■	■	■	0	N/A	■	■	HWksht
014	11	Hospital (HOSP-CAH)	Critical Access	N/A	■	■	■	0	N/A	■	■	HWksht
015	02	Hospital (HOSP-LT)	Long Term	N/A	■	■	■	0	N/A	■	■	HWksht
016	06	Hospital (HOSP-CHD)	Children's	N/A	■	■	■	0	N/A	■	N/A	HWksht
017	03	Hospital (HOSP-RNC)	RNHCI	N/A	■	■	■	0	N/A	N/A	N/A	HWksht
018	07	Hospital (HOSP-DPP)	Distinct Part Psych	N/A	■	■	■	0	N/A	■	■	HWksht
019	NA	Hospital (HOSP-NP)	Non-participating	N/A	N/A	■	N/A	N/A	■	N/A	■	N/A
01T	20	Hospital (HOSP-TH)	Transplant	N/A	■	■	■	N/A	N/A	N/A	■	HWksht
01U	22	Medicaid-Only Short-term Hospitals (HOSP-MSH)	Medicaid-only	■	■	■	■	0	N/A	■	■	HWksht
01V	23	Medicaid-Only Children's Hospitals (HOSP-MCH)	Medicaid-only	■	■	■	■	0	N/A	■	■	HWksht
01W	24	Medicaid-Only Children's Psychiatric Hospitals (HOSP-MCP)	Medicaid-only	■	■	■	■	0	N/A	■	N/A	HWksht
01X	25	Medicaid-Only Psychiatric Hospitals (HOSP-MPH)	Medicaid-only	■	■	■	■	0	N/A	N/A	N/A	HWksht
01Y	26	Medicaid-Only Rehabilitation Hospitals (HOSP-MRH)	Medicaid-only	■	■	■	■	0	N/A	■	■	HWksht
01Z	27	Medicaid-Only Long-term Hospitals (HOSP-MLH)	Medicaid-only	■	■	■	■	0	N/A	■	■	HWksht
021 (02)	03	Nursing Home (SNF/NF)	SNF/NF - Dual Cert	N/A	■	■	■	0	N/A	N/A	N/A	671 / 672
022 (03)	NA	Nursing Home (S/NF DP)	SNF/NF - Distinct Part	N/A	■	■	■	0	N/A	N/A	N/A	671 / 672
023 (04)	01	Nursing Home (SNF)	SNF Only	N/A	■	■	■	0	N/A	N/A	N/A	671 / 672
024 (10)	02	Nursing Home (NF)	NF Only/Medicaid	■	■	■	■	0	N/A	N/A	N/A	671 / 672
051	01, 05, __	Home Health Agency (HHA-18)	Medicare	N/A	■	■	■	N/A	N/A	■	N/A	1572A
052	01, 05, __	Home Health Agency (HHA-19)	Medicaid-only	■	■	■	■	N/A	N/A	■	N/A	1572A
061	01	Psychiatric Residential Treatment Facilities (PRTF)	Medicaid-only	■	N/A	■	N/A	N/A	N/A	N/A	N/A	PRTF
071	01	Portable X-Ray Suppliers (XRAY)	Medicare	■	■	■	■	N/A	N/A	N/A	N/A	1880
081	01	Outpatient Physical Therapy/Speech Pathology Services (OPT/SP)	Medicare	N/A	■	■	■	N/A	N/A	■	N/A	1856 / 1893E
091	01	End Stage Renal Disease Facilities (ESRD)	Medicare	N/A	■	■	■	0	N/A	N/A	N/A	3427
111	02	Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID)	Medicaid-only	■	■	■	■	0	N/A	N/A	N/A	3070G
121	01	Rural Health Clinics (RHC)	Medicare	N/A	■	■	■	N/A	N/A	■	N/A	29 / 30E
131	N/A	Physical Therapist Indep. Practice (PTIP)	Medicare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	no cert kit
141	01	Comprehensive Outpatient Rehabilitation Facilities (CORF)	Medicare	N/A	■	■	■	N/A	N/A	■	N/A	359
151	01	Ambulatory Surgical Center (ASC)	Medicare	■	■	■	■	0	N/A	■	N/A	377 / 378E
161	01	Hospice (HOSPICE)	Medicare	N/A	■	■	■	0	N/A	■	N/A	417 / 643
171	01	Organ Procurement Organizations (OPO)	OPO	N/A	■	■	■	N/A	N/A	N/A	N/A	576 / 576A? -not in cert
191	N/A	Community Mental Health Centers (CMHC)	Medicare	N/A	N/A	■	N/A	N/A	■	N/A	N/A	N/A
211	01	Federally Qualified Health Center (FQHC)	Federally QHC	N/A	N/A	■	N/A	N/A	■	N/A	N/A	N/A
221	01	Lab - CLIA (COMP)	Compliance	N/A	■	■	■	N/A	N/A	N/A	N/A	116 / 1557
222	01	Lab - CLIA (WAIV)	Waiver	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	116
223	01	Lab - CLIA (ACCR)	Accreditation	N/A	■	■	■	N/A	N/A	N/A	N/A	116 / 1557
224	01	Lab - CLIA (PPM)	PPM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	116
225	N/A	Lab - CLIA (NOCN)	No CLIA Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
O = Optional for Upload												CMS Application Forms Last updated 07/05/2013 / ProviderForms_FacTypes.xls