

ASPEN FacType (OSCAR Category)**	OSCAR Subtype	Facility Primary Type Category	Facility Sub-Category /M-M	NPI Req.	670	1539	2567	2786A/LSC	Skeleton	Deemable	Swing Beds	Application Forms	ACTS CMS Forms*
011	01	Hospital (HOSP-ACU)	Short Term	N/A	■	■	■	0	N/A	■	O	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
012	04	Hospital (HOSP-PSY)	Psychiatric	N/A	■	■	■	0	N/A	■	N/A	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
013	05	Hospital (HOSP-RHB)	Rehabilitation	N/A	■	■	■	0	N/A	■	O	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
014	11	Hospital (HOSP-CAH)	Critical Access	N/A	■	■	■	0	N/A	■	O	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
015	02	Hospital (HOSP-LT)	Long Term	N/A	■	■	■	0	N/A	■	O	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
016	06	Hospital (HOSP-CHD)	Children's	N/A	■	■	■	0	N/A	■	N/A	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
017	03	Hospital (HOSP-RNC)	RNHCI	N/A	■	■	■	0	N/A	N/A	N/A	Hosp Worksheet	ACTS 1541-A Optional
018	07	Hospital (HOSP-DPP)	Distinct Part Psych	N/A	■	■	■	0	N/A	■	O	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
019	NA	Hospital (HOSP-NP)	Non-participating	N/A	N/A	■	N/A	N/A	■	N/A	O	N/A	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
01T	20	Hospital (HOSP-TH)	Transplant	N/A	■	■	■	N/A	N/A	N/A	N/A	None	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
01U	22	Medicaid-Only Short-term Hospitals (HOSP-MSH)	Medicaid-only	■	■	■	■	0	N/A	■	O	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
01V	23	Medicaid-Only Children's Hospitals (HOSP-MCH)	Medicaid-only	■	■	■	■	0	N/A	■	O	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
01W	24	Medicaid-Only Children's Psychiatric Hospitals (HOSP-MCP)	Medicaid-only	■	■	■	■	0	N/A	■	N/A	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
01X	25	Medicaid-Only Psychiatric Hospitals (HOSP-MPH)	Medicaid-only	■	■	■	■	0	N/A	N/A	N/A	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
01Y	26	Medicaid-Only Rehabilitation Hospitals (HOSP-MRH)	Medicaid-only	■	■	■	■	0	N/A	■	■	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
01Z	27	Medicaid-Only Long-term Hospitals (HOSP-MLH)	Medicaid-only	■	■	■	■	0	N/A	■	■	Hosp Worksheet	ACTS Deemed 2802 Optional; ACTS 1541-A Optional
021 (02)	03	Nursing Home (SNF/NF)	SNF/NF - Dual Cert	N/A	■	■	■	0	N/A	N/A	N/A	671 / 672	NA
022 (03)	NA	Nursing Home (S/NF DP)	SNF/NF - Distinct Part	N/A	■	■	■	0	N/A	N/A	N/A	671 / 672	NA
023 (04)	01	Nursing Home (SNF)	SNF Only	N/A	■	■	■	0	N/A	N/A	N/A	671 / 672	NA
024 (10)	02	Nursing Home (NF)	NF Only/Medicaid	■	■	■	■	0	N/A	N/A	N/A	671 / 672	NA
051	01, 05, __	Home Health Agency (HHA-18)	Medicare	N/A	■	■	■	N/A	N/A	■	N/A	1572A	ACTS Deemed 2802 Optional
052	01, 05, __	Home Health Agency (HHA-19)	Medicaid-only	■	■	■	■	N/A	N/A	■	N/A	1572A	ACTS Deemed 2802 Optional
061	01	Psychiatric Residential Treatment Facilities (PRTF)	Medicaid-only	■	■	■	■	0	N/A	N/A	N/A	PRTF	NA
071	01	Portable X-Ray Suppliers (XRAY)	Medicare	■	■	■	■	N/A	N/A	N/A	N/A	1880	NA
081	01	Outpatient Physical Therapy/Speech Pathology Services (OPT/SP)	Medicare	N/A	■	■	■	N/A	N/A	■	N/A	1856 / 1893E	ACTS Deemed 2802 Optional
091	01	End Stage Renal Disease Facilities (ESRD)	Medicare	N/A	■	■	■	0	N/A	N/A	N/A	3427	NA
111	02	Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID)	Medicaid-only	■	■	■	■	0	N/A	N/A	N/A	3070G	NA
121	01	Rural Health Clinics (RHC)	Medicare	N/A	■	■	■	N/A	N/A	■	N/A	29 / 30E	ACTS Deemed 2802 Optional
131	NA	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	NA
141	01	Comprehensive Outpatient Rehabilitation Facilities (CORF)	Medicare	N/A	■	■	■	N/A	N/A	■	N/A	359	ACTS Deemed 2802 Optional
151	01	Ambulatory Surgical Center (ASC)	Medicare	■	■	■	■	0	N/A	■	N/A	377 / 378E	ACTS Deemed 2802 Optional
161	01	Hospice (HOSPICE)	Medicare	N/A	■	■	■	0	N/A	■	N/A	417 / 643	ACTS Deemed 2802 Optional
171	01	Organ Procurement Organizations (OPO)	OPO	N/A	■	■	■	N/A	N/A	N/A	N/A	None	NA
191	NA	Community Mental Health Centers (CMHC)	Medicare	■	■	■	■	N/A	N/A	N/A	N/A	Additional Information Tab/No Form	NA
211	01	Federally Qualified Health Center (FQHC)	Federally QHC	■	N/A	■	N/A	N/A	■	N/A	N/A	N/A	NA
221	01	Lab - CLIA (COMP)	Compliance	N/A	■	■	■	N/A	N/A	N/A	N/A	116 / 1557	ACTS Deemed 2802 Optional When Certificate at Time of Alleged Event is Accredited
222	01	Lab - CLIA (WAIV)	Waiver	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	116	ACTS Deemed 2802 Optional When Certificate at Time of Alleged Event is Accredited
223	01	Lab - CLIA (ACCR)	Accreditation	N/A	■	■	■	N/A	N/A	N/A	N/A	116 / 1557	ACTS Deemed 2802 Optional When Certificate at Time of Alleged Event is Accredited
224	01	Lab - CLIA (PPM)	PPM	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	116	ACTS Deemed 2802 Optional When Certificate at Time of Alleged Event is Accredited
225	NA	Lab - CLIA (NOCN)	No CLIA Number	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	ACTS Deemed 2802 Optional When Certificate at Time of Alleged Event is Accredited
O = Optional for Upload. **OSCAR/CASPER Category Code indicate in () if different than first 2 positions of ASPEN Fac Type code												CMS Application Forms Last updated 07/05/2016 / ProviderForms_FacTypes.xls	* ACTS also prints the CMS 562 Complaint form for intakes prior to 9/2014