

Centers for Medicaid and CHIP Services (CMCS) Transformed Medicaid Statistical Information System (T-MSIS) Data Dictionary Version: Nov07v2.1 Last Modified: 11/7/2017 End of Sheet

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
1	CIP001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER- RECORD-IP coord segment & CLOPODO2	Required	Value must be equal to a valid value.	CIP00001	4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP001-0001
			RECORD-IP record segment is CIP00002						FUE-HEADER-RECORD-IP-CIP00001	
3	CIPO01 CIPO02	DATA-DICTIONARY-VERSION	Not Applicable A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	NA Required	Must be populated on every record segment. Use the version number specified on the Cover Sheet of the data dictionary	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	CIP001-0002
4	CIP003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP003-0001
5	CIP003	SUBMISSION-TRANSACTION-TYPE	Not Applicable A data element to denote whether the file is in fixed length line format or pipe-delimited format	NA	Must be populated on every record	Not Applicable	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable
°	CIP004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or pipe-delimited format	Required	Value must be equal to a valid value. Use the version number specified on the title page of the data mapping document	REF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format. Not anolicable	8/7/2017		FILE-HEADER-RECORD-IP-CIP00001	CIP004-0001
7	CIPO05	DATA-MAPPING-DOCUMENT-VERSION	· · · · · · · · · · · · · · · · · · ·	Required	Use the version number specified on the title page of the data mapping document Value must be equal to a valid value.		2/25/2013		FILE-HEADER-RECORD-IP-CIP00001	CIP005-0001
8	CIP006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSS submission file should only contain records for one subject area (i.e. Eligible, Third-party Liability, Provider, Managed Care Plan Information, P claims, It claims, Rx claims, or OT claims).	Required	Value must be equal to a valid value.	CLAIM-IP - Inpatient Claim/Encounters File - Claims/encounters with TYPE- CF-SERVICE = 001_038_040_084_086_090_091_092_093_123_132_or 135. [Note: In CLAIMIP, TYPE-OF-SERVICe 086 and 084 refer only to services received on an inpatient bask.]	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP006-0001
						received on an inpatient basis.)				
9	CIP006	FILE-NAME	Not Applicable	Not Applicable	For TYPE-OF-SERVICE = 001, 058, 060, 084, 086, 090, 091, 092, 093, 123, 132, or 135, FILE-NAME	Not Applicable	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable
10	CIP007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP007-0002
11	CIP007	SUBMITTING-STATE	submitted the data. Not Applicable Not Applicable	Not Applicable	Value must be numeric	Not Applicable	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP007-0001
12 13	CIP007 CIP007	SUBMITTING-STATE SUBMITTING-STATE		Not Applicable NA	Must be populated on every record. Value must be the same on all record segments.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	CIP007-0003 CIP007-0004
14 15	CIPO08 CIPO08	DATE-FILE-CREATED DATE-FILE-CREATED	Not Applicable The date on which the file was created. Not Applicable	Required NA	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	CIP008-0001 CIP008-0002
16	CIPO08 CIPO08	DATE-FILE-CREATED DATE-FILE-CREATED	Not Applicable Not Applicable	NA NA	Required on every file header Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	Not Applicable Not Applicable	8/7/2017 10/10/2013	CLAIMIP CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	Not Applicable CIP008-0003
18	CIP009 CIP009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Reginning date of the time period covered by this file. Not Applicable Not Applicable	Required NA	Date format de cigin de la mais dans cance cance de la marce de la mar Esta de la marce de	Not Applicable Not Applicable Not Applicable Not Applicable	2/25/2013 8/7/2017 4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	CIP009-0001 Not Applicable CIP009-0002
20 21	CIP009 CIP009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable Not Applicable Not Applicable	NA NA	Value must be a valid date Value must occur before END-OF-TIME-PERIOD	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP009-0002 Not Applicable
22 23	CIP009 CIP009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Not Applicable	NA NA	Value must be a valid date Value must court before RND-OP-TIME-PERIOD Value must be equal to or less than the date in the DATE-FILE-CREATED Reld. Value must be court on before the current date. Date format is CCYMMBD (National Data Standard).	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	Not Applicable Not Applicable Not Applicable CIP010-0001
24	CIP010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Last date of the reporting period covered by the file to which this Header Record is attached. Not Applicable	Required	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	CIP010-0001 CIP010-0002
26	CIP010	END-OF-TIME-PERIOD	Not Applicable	NA	Vales must be a valid date Vales for the Date in the End of Time Period (Jast 2 bytes of the value) must equal "30" in April, Jane, September, or November, "31" in January, March, May, July, August, October, or December, and "28" or "29" in February.	Not Applicable	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP010-0002 Not Applicable
27	CIP010	END-OF-TIME-PERIOD	Net Applicable	NA	and "28" or "29" in February. Date must be less than current date	Not Applicable	8/7/2017	CLAIMIP	FILF-HEADER-RECORD-IP-CIP00001	Not Applicable
28	CIP010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable	NA	Date must be less than current date Value must be equal or less than DATE-FILE-CREATED. Value must be greater than START-OF-TIME-PERIDD	Not Applicable Not Applicable	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	Not Applicable Not Applicable CIP011-0001
30	CIP010	FILE-STATUS-INDICATOR	Not Applicable A code to indicate whether the records in the file are test or production records.	Required	Value must be greater than stark for inverse and be a valid value.	P Production File T Test File	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP011-0001
31	CIP011 CIP011	FILE-STATUS-INDICATOR FILE-STATUS-INDICATOR	Not Applicable Not Applicable	NA	Must be populated on every record	Not Applicable	8/7/2017 8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	Not Applicable Not Applicable
32	CIP011	HE-STATUS-INDICATOR		NA	Must be populated on every record The dataset name and the value in this field must be consistent (i.e., the production dataset name		4/30/2013		HLE-HEADER-RECORD-IP-CIP00001	CIP012-0001
33		SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required		0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER	4/30/2013		FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	
34 35	CIP012 CIP012	SSN-INDICATOR SSN-INDICATOR	Not Applicable Not Applicable	NA NA	A state's SSN/Non-SSN designation on the eligibility file should match on the claims files. For non-SSN states, the SSN-NDICATOR in the Header record must be set to 0 and the MSIS identification number must be reported in the MSIS/DENTIFICATION-NUMBER field. If the MSIS- DENTIFICATION-NUMBER is not known then this field should be 9-filed, left blank or space-filed.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 FILE-HEADER-RECORD-IP-CIP00001	CIP012-0002 Not Applicable
					DENTIFICATION-NUMBER is not known then this field should be 9-filled, left blank or space-filled.					
36	CIP013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required	Value must be an integer with no commas.	Not Applicable	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP013-0001
37	CIP013	TOT-REC-CNT	total to help assure that the file did not become corrupted during transmission. Not Applicable A free text field for the submitting state to enter whatever information it chooses.	NA	Value must equal the sum of all records excluding the header record. The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable
38	CIP014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP014-0001
39	CIP014	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave	Not Applicable	9/23/2015	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP014-0002
					the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.					
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	,				
40	CIP015	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-ength files and therefore should be ignored in pipe-delimited files. For third-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	Not Applicable	9/23/2015	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP015-0001
					For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.					
41	CIP016	RECORD-ID	An identifier assigned to each record regement. The first 3 characters identify the subject area. The last	Required	Value must be equal to a valid value.	CIP00002	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP016-0001
			An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER- RECORD-IP record segment is CIP00002.							
42	CIP016	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA	Must be populated on every record segment.	Not Applicable	8/7/2017 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP016-0002 CIP017-0001
43	CIPO17	SUBMITTING-STATE	submitted the data.	Requireu	Value must be equal to a value value. Value must be numeric	http://www.tenat.com/geo/reference/and/satetables.nom	8/7/2017			CIP017-0001
44	CIP017 CIP017	SUBMITTING-STATE	Not Applicable	NA NA	Must be populated on every record.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable
40	CIP017 CIP018	SUBMITTING-STATE RECORD-NUMBER	Not Applicable As sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be the same on all record segments. Must be populated on every record	Not Applicable Not Applicable	8/7/2017 10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP017-0004 CIP018-0001
									CLAIM-UEADER-RECORD-IR-CIRCODO?	
48 49	CIP018 CIP018 CIP019	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA NA	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable Not Applicable Not Applicable	4/30/2013 2/25/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP018-0002 CIP018-0003 CIP019-0001
50		ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).		10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	
51 52	CIP019 CIP019	ICN-ORIG ICN-ORIG	Not Applicable Not Applicable	NA NA	Record the value exactly as it appears in the State system. <u>Do not pad</u> . If using the original ICN approach for reporting adjustment claims, this field should always be	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP019-0002 CIP019-0003
					Record the value exactly as it appears in the State system. <u>Do not and</u> if using the original RX approach for reporting adjustment chains, this field should always be identification may be interested and the state of the state of the state of the state identification number should remain constant and the carter for showed on tak any adjustment chains. The interflox is for this carifest chain identification number to be the link that thes the original chain and al adjustment for laims tegether.					
					and all adjustment claims together.					
53	CIP019	ICN-ORIG	Not Applicable	NA	If using the daisy-chain ICN approach for reporting adjustment claims, the initial adjustment record will populate this field with the claim identification number assigned to the original paid foreind number reported in the ICHADI field the pior adjustment claim. The internot is to use the most recently assigned unique identifier from the prior claim to link the chain of adjustment claims.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable
					summe: subsequent agastment should populate the ICN-ORIG field with the claim identification number reported in the ICN-ADJ field of the prior adjustment claim. The intention is to use the most recently assigned unique identifier from the orior claim to link the chain of adjustment relative.					
54	CIP020	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP020-0001
55 56	CIP020 CIP020	ICN-ADJ ICN-ADJ	Not Applicable	NA NA	Record the value exactly as it appears in the State system. <u>Do not pad</u> This field should be blank-filled if the ADJUSTMENT-INDICATOR = 0	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP020-0002 CIP020-0003
57	CIP021	KN-ADJ SUBMITTER-ID	Not Applicable The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Conditional	Value must not be null	Not Applicable	8/7/2017 11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP021-0001
C.0	CIP022	MSIS-IDENTIFICATION-NUM		Required	MSIS Identification Number must be reported	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0001
20	CIP022	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system. Not Applicable	Required		Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0001
29	CIPUZZ	MSIS-IDENTIFICATION-NUM	Not Appricable	NA	For non-SSN States, this field must contain an identification number assigned by the State. The format of the State ID numbers must be supplied to CMS.		2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIPODU02	CIP022-0002
60 61	CIP022 CIP022	MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA NA	For TYPE-OF-CMM = 4 or D or X (lump sum adjusted to Unit. For SSN States, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	Not Applicable Not Applicable	10/10/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0003 CIP022-0004
62	CIP023	CROSSOVER-INDICATOR	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required	Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP023-0001
63	CIP023	CROSSOVER-INDICATOR	Not Applicable	NA	If Crossover Indicator is Yes, there must be Medicare enroliment in the Eligible file for the same time period (by date of service).	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP023-0002
64 65	CIP023 CIP024	CROSSOVER-INDICATOR TYPE-OF-HOSPITAL	Not Applicable This code denotes the type of hospital on the claim (servicing provider).	NA Required	Detail records should be created for all crossover claims. Value must be equal to a valid value.	Not Applicable 00 Not of Hospital	4/30/2013 8/7/2017	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP023-0003 CIP024-0001
						01 Inpatient Hospital 02 Outpatient Hospital				
						03 Critical Access Hospital 04 Swing Bed Hospital 05 Inpatient Psychiatric Hospital				
						Net Agricultation Di Negati Hospital Di Negati Hospital Ocupationi Hospital Switz (Hospital Switz) (Hospital Switz) (Hospital Di Switz) (Hospital Di Children Hospital Bi Other Di Other				
66	CIP025	1115A-DEMONSTRATION-IND	Indicates that the claim or encounter was covered under the authority of an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMIMI) demonstration.	Conditional	Value must be equal to a valid value.	0No 1Yes	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP025-0001
67	CIP026	ADJUSTMENT-IND	Code indicating the type of adjustment record.	Required	Value must be equal to a valid value.	0. Ocisinal Claim / Forounter	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP026-0001
			and a second second.		The second	0 Original Claim / Encounter 1 Vold / Reversal of a prior submission 4 Replacement / Resubmission of a prior submission				
						5 Gross Credit / Gross Credit Adjustment 6 Gross Debit / Debit Credit Adjustment				
						1				

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
68	CIP026	ADJUSTMENT-IND	Not Applicable	NA	ADJUSTMENT-IND values of "0", "1", "4" should be reported when TYPE-OF-CLAIM = "1", "3", "5", "A", "C", "E", "U", "W", "Y".	Not Applicable	B/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP026-0002
					ADJUSTMENT-IND values of "5" or "6" should be reported when TYPE-OF-CLAIM = "4", "D" or "X"					
69	CIP027	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-re	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP027-0001
70	CIP027	ADJUSTMENT-REASON-CODE	Not Applicable	NA	If there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM- PYMT-REM-CODE). If claim record does not represent an adjustment, blank-fill.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP027-0002
71	CIP028	ADMISSION-TYPE	The basic types of admission for inguiterit hogoital stays and a code indicating the priority of this admission.	Required	value must be equal to a valid value.	1. DMRGM2 The patient requires investigate medical interview of the patient of t	8/7/2017	CLAIMIP	CLAM-HEADER-RECORD & GP00002	CP028-0001
72	CIP028	ADMISSION-TYPE	Not Applicable	NA	Value as it is reported in FL 14 - Type of Admission/Visit on the UB04 or on Loop 2300 CL1 of the X12 transaction form.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP028-0002
73	CIP029	DRG-DESCRIPTION	Description of the associated state-specific DRG code: If using standard MS-DRG classification system, leave blank	Conditional	X12 transaction form. Value must originate from the DRGS list or be blank.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP029-0001
74	CID0.29	DRG-DESCRIPTION	Not Applicable	NA	States using the federal code should leave DRG-description blank; otherwise they should use a code	Not Applicable	4/30/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP029-0002
75	CIP027	ADMITTING-DIAGNOSIS-CODE	The ICD-9/10-CM Diagnosis Code provided at the time of admission by the physician.	Required	States shall gue repert code shound have birordes phono ballie, ourerwise mey should use a code that legitimately belongs to their code set. Code full valid ICD 9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.ht	2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP027-0002
				inciguired.	 Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed. 					
76	CIP030	ADMITTING-DIAGNOSIS-CODE	Not Applicable	NA	The diagnosis provided by the physician at the time of admission which describes the patient's condition upon admission to the hospital. Since the 4dmission builting Diagnosis is formalated before all tests and examinations are complete, it may be stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0003
77	CIP030	ADMITTING-DIAGNOSIS-CODE	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. <u>Do not blank-fill. 8-fill or 9-fill</u>	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0004
78	CIP031	ADMITTING-DIAGNOSIS-CODE-FLAG	A flag that identifies the coding system used for the ADMITTING-DIAGNOSIS-CODE.	Required	Value must be equal to a valid value.	1 ICD-9 2 ICD-10	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP031-0001
79	CIP031	ADMITTING-DIAGNOSIS-CODE-FLAG	Not Applicable	NA	The state must use a code that belongs to the code set that they report they are using. Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	Not Applicable	10/10/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP031-0002
80	CIP032	DIAGNOSIS-CODE-1	The primary/principal ICD-9/10-CM diagnosis code as reported on the claim.	Required		http://www.cms.gov/Medicare/Coding/ICD9ProviderDlagnosticCodes/rodes.h	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0001
81	CIP032	DIAGNOSIS-CODE-1	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0002
82	CIP032 CIP032	DIAGNOSIS-CODE-1	Not Applicable Not Applicable	NA	Provide diagnosis coding as submitted on bill. Enter invalid codes exactly as they appear in the State system. <u>Do not blank-fill, 8-fill or 9-fil these</u>	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0003
83	CIP032	DIAGNOSIS-CODE-1 DIAGNOSIS-CODE-1	Not Applicable	NA	Enter invalid codes exactly as they appear in the state system. Us not blanchill, 8-hil or y-hil these tems include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0004
	CH USZ				positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	ree represent.		Contra		
85 86	CIP032 CIP032	DIAGNOSIS-CODE-1 DIAGNOSIS-CODE-1	Not Applicable Not Applicable	NA	The primary/principal diagnosis code goes into DIAGNOSIS-CODE1 All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (1) on PSV files and space-filled on FLF files).	Not Applicable Not Applicable	8/7/2017 9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0006 CIP032-0007
87	CIP033	DIAGNOSIS-CODE-FLAG-1	Flag used to identify if DIAGNOSIS-CODE-1 field is reported with ICD-9 or ICD-10 code.	Required	Value must be equal to a valid value.	1 (CD-9 2 (CD-10	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP033-0001
88	CIP033	DIAGNOSIS-CODE-FLAG-1	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP033-0002
89	CIP033	DIAGNOSIS-CODE-FLAG-1	Not Applicable	NA	with the Medicare requirements. All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP033-0004
90	CIP034	DIAGNOSIS POA-FLAG-1	A code to clearly conditions that are present at the fine the order for inputters distinuon occur, conditions that devoke drugs an odspatiet ensurem. Including emerged cyclearment, observation, or outpatietent surgers, and the submitter of the submitter of the submitter of the submitter of the submitter outpatiet. It is not a succeeding diagnosis, and I of could reasonably have been prevented submitter of the submitter of the submitter of the submitter of the submitter presenter the submitter of the submitter of the submitter of the submitter of the submitter presenter of the submitter of the submitter of the submitter of the submitter of the submitter presenter of the submitter of the submitter presenter in nature.	Conditional	NOTE: The Loss "I' is an longer raid or claims advantised under the version XRIST struct, effective insury J. 2011. The KNR for all lineable and lineable for codes censors (Intern PAC) Reporting the http://www.cmi.gov/Republichers.and-Guidance/Tuislance/Transmittals/downloads/R7360TN.pdf for a listing of exempt diagnose.	P Diagnost was created at the of logatest admission In Diagnost was createred at the of logatest admission II Documentation loadficient to determine I condition was present at the UI Documentation loadficient to determine I condition was present at the UI linkality uddetation. Revolve multice to chickely determine whether the condition was present at the time of logatient admission.	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP034-0001
91	CIP034	DIAGNOSIS-POA-FLAG-1	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP034-0002
92	CIP035	DIAGNOSIS-CODE-2	The second ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9ProviderDlagnosticCodes/codes.h	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP000002	CIP035-0001
93	CIP035	DIAGNOSIS-CODE-2	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0002
94	CIP035	DIAGNOSIS-CODE-2	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9 CM and ICD-10 CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0003
95	CIP035	DIAGNOSIS-CODE-2	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0004
96	CIP035	DIAGNOSIS-CODE-2	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not blank-fill, 8-fill or 9-fill these tems	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0005
97 98	CIP035 CIP036	DIAGNOSIS-CODE-2 DIAGNOSIS-CODE-FLAG-2	Not Applicable Flag used to identify if DIAGNOSIS-CODE-2 field is reported with ICD-9 or ICD-10 code.	NA Conditional	Provide diagnosis coding as submitted on bill. If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	Not Applicable 1 ICD-9 2 ICD-10	8/7/2017 8/7/2017	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0006 CIP036-0001
00	CIP036	DIAGNOSIS-CODE-FLAG-2	Not Applicable	NA	For implementation date edits: Ending Date of Service will be used for IP. This is to be in alignment	2 ICD-10 Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP036-0002
100	CIP036	DIAGNOSIS-CODE-FLAG-2	Not Applicable	NA	with the Medicare requirements.	Not Applicable	8/7/2017 9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP036-0002
101	CIP037	DIAGNOSIS-POA-FLAG-2		Conditional	nothing in between () on PSV files and space-filled on FLF files).	Y Diagnosis was present at time of inpatient admission	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0004
			A code to identify conditions that are present at the time the order for righters definitions occur, conditions that devokes drugs an odspatient ensures. Fixediar emerges of oppartment, absorvations, or adjusterst surgers, absorvations, or adjusterst surgers, and the subject of the subj		NOTE: The code "T" is no longer valar on claims admitted under the version 7020 Ornal, effective ananya, 12011: Her Michael Winstable de Haber Goods: energina Michael Codes Intgr/ Jowas cms.gov/Regulations val6 Gadance: Gadance: Transmittad/downloads/R7560TN.pdf for a limit of energif diagnose:	F Diagnosti was present at time of inpatient admission N Diagnost was or present at time of inpatient admission J Documentation inpatificient to determine if condition was present at the V Dinckal was determined. The online of the online of the online of the online V Dinckal was determined. Provider unable to include y determine whether the condition was present at the time of inpatient admission. BANE Senger from PAA reporting.				
102	CIP037	DIAGNOSIS-POA-FLAG-2	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP037-0002
103	CIPO38	DIAGNOSIS-CODE-3	The third ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Toding/ICD9ProviderDiagnosticCodes/codes.h	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0001
104	CIP038	DIAGNOSIS-CODE-3	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0002
105	CIP038	DIAGNOSIS-CODE-3	Not Applicable	NA		Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0003
106	CIP038	DIAGNOSIS-CODE-3	Not Applicable	NA	blanks are not allowed. All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0004
107	CIP038	DIAGNOSIS-CODE-3	Not Applicable	NA	between ([]) on PSV files and space-tilled on FLF files). Enter invalid codes exactly as they appear in the State system. <u>Do not blank-fill, 8-fill or 9-fil these</u> terms	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0005
108	CIP038 CIP039	DIAGNOSIS-CODE-3 DIAGNOSIS-CODE-FLAG-3	Not Applicable Flag used to identify if DIAGNOSIS-CODE-3 field is reported with ICD-9 or ICD-10 code.	NA	ARTING Provide diagnosis coding as submitted on bill. If the diagnosis code is black-filled, then the corresponding diagnosis code flag should also be	Not Applicable	8/7/2017 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0006 CIP039-0001
					provide anaptices coarse as submitted on thin. If the diagnosis coade is blankfield, then the corresponding diagnosis coade flag should also be blank-filled. Any diagnosis coade that IS NOT blank MUST have a valid diagnosis coade flag.	1 ICD-9 2 ICD-10				
110	CIP039	DIAGNOSIS-CODE-FLAG-3	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP039-0002

New Row #	DE NO	DATA ELEMENT NAME DIAGNOSIS-CODE-FLAG-3	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with	VALID VALUES	LAST UPDATE DATE 9/23/2015	FILENAME	FILE SEGMENT (with RECORD-ID) CLAIM-HEADER-RECORD-IP-CIP00002	CR NO CIP039-0004
	CI1037	Dischools Dot R 17 7	n na Approxime	free dist.	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filed on FLF files).	uno apparano.	9/23/2015	CLAIMAR	CLAIM-HEADER-RECORD-IP-CIP00002	CIP039-0004
12	CIP040	DIAGNOSIS-POA-FLAG-3	A code to identify conditions that are present at the time to order for lynation tail and ison occur. conditions that derives during an ordigation counter, including merginery departments, PGA isofactor is used to identify correctly preventiable conditions that are: (b) high cost or high volume to the (b) the cost of the adaptment of a close to a longulori bit tail cost or high volume to the (b) the cost of the adaptment of a close to a longulori bit tail cost or high volume that a higher through the application of evidence busied platibilities.	Conditional	NOTE: The code "1" in no longer valid on claims submitted under the version 5010 format, effective binary 1, 2011. The POA field will instead be left blaink for codes scenngt from POA reporting, See http://www.cmr.gov/Regulations-and-Guidance/Guidance/Transmittale/downloads/R7560TN.pdf for a listing of exempt diagnoses.	Y Disposits was present at time of inpatient admission N Diagnosits was not present at time of inpatient admission U bocumentation insufficient to determine if condition was present at the time of inpatient admission of the other condition and the state of the other state of the the condition was present at the time of inpatient admission. BLAMK Exempt from POA reporting.	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP040-0001
3	CIPO40	DIAGNOSIS-POA-FLAG-3	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP040-0002
4	CIPO41	DIAGNOSIS-CODE-4	The fourth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.ht	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0001
	CIP041	DIAGNOSIS-CODE-4	Not Applicable	NA	The field can contain any alphanumeric characters, disits or symbols except the "pipe" (1).	Not Annirable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIPODOD2	CIP041-0002
,	CIPOAA	DIAGNOSIS-CODE-4	The Applicable			The Application	2/25/2012			CIP041-0002
.6	CIP041	CARGAD CODE 4	Not Applicable	NA	positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable		CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CI 041 0005
7	CIP041	DIAGNOSIS-CODE-4	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0004
8	CIP041	DIAGNOSIS-CODE-4	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not blank-fill, 8-fill or 9-fill these tems	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0005
9	CIPO41 CIPO42	DIAGNOSIS-CODE-4 DIAGNOSIS-CODE-FLAG-4	Not Applicable Flag used to identify if DIAGNOSIS-CODE-4 field is reported with ICD-9 or ICD-10 code.	NA Conditional	Provide diagnosis coding as submitted on bill. Provide diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	Not Applicable 1 ICD-9 2 ICD-10	8/7/2017 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0006 CIP042-0001
1	CIP042	DIAGNOSIS-CODE-FLAG-4	Not Applicable	NA	For implementation date edits; Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements. All UNLISEC diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (i) on FSY files and space filled on FLF files].	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP042-0002
2	CIP042	DIAGNOSIS-CODE-FLAG-4	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP042-0004
23	CIP043	DIAGNOSIS-POA-FLAG-4	A cold to learning conditions that are present at the first the dark for inputters definitions name, conditions that declarating an coldpatient consult, including emergency department, observation, or outpatient surgers, the second secon	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See	Not Applications Not Applications No Diagonals was not present at these of inputtient admission No Diagonals was not present at these of inputtient admission Not Diagonals was not present at the first of inputtient admission Not Diagonal admission Not Diagonal admission Diagonal admission Diagonadmission Diagonal a	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP043-0001
24	CIPO43	DIAGNOSIS-POA-FLAG-4	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space-filed on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP043-0002
8	CIPO44	DIAGNOSIS-CODE-5	The fifth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.ht	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0001
26	CIP044	DIAGNOSIS-CODE-5	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0002
27	CIP044	DIAGNOSIS-CODE-5	Not Applicable	NA	Include all digits where applicable. KD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0003
18	CIP044	DIAGNOSIS-CODE-5	Not Apolicable	NA	planks are not allowed. All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0004
10	CIP044	DIAGNOSIS-CODE-5	Not Anolicable	NA	between () on PSV files and space-filled on FLF files). Enter invalid codes exactly as they appear in the State system. Do not blank-fill. 8-fill or 9-fill these	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0005
0	CIPOAA	DIAGNOSIS-CODE-S	Not Applicable	NA		Not Applicable	8/7/2017			CIR044-0006
1	CIPO45	DIAGNOSIS-CODE-FLAG-5	Not Applicable Flag used to identify if DIAGNOSIS-CODE-5 field is reported with ICD-9 or ICD-10 code.	Conditional	Provide diagnosis coding as submitted on bill. Provide diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	Not Applicable 1 /CD-9 2 /CD-10	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP045-0001
12	CIP045	DIAGNOSIS-CODE-FLAG-5	Not Applicable			Not Anolizable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP045-0002
3		DIAGNOSIS-CODE-FLAG-5		NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.		8/7/2017 9/23/2015		CLAIM-HEADER-RECORD-IP-CIP00002	CIP045-0002 CIP045-0004
13	CIP045	DIAGNOSIS-CODE-FLAG-5	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable		CLAIMIP		CIP045-0004 CIP046-0001
	CIP046		A code to kindly conditions that are present at the time the order for inputers alreading on conditions that devokes using a nodpatient constant, including emergency department, aborar collection of collection of the second	Londitional	NPTE: The code "T ¹ is no longer value on claims admitted under the version 5020 Fmrut, effective laways, 1 2011. Here fold will listed be also ensure that for code sense that http://www.cmt.gov/http://code.or/ad-Cadatace/Cadat	F Dagooks was present at time of logatient admitudon N Dagooks was present at time of logatient admitudon U documentation injudication determine if condition was present at the U documentation injudication determine if condition was present at the U discussion of the second discussion of the second discussion U discussion of the second discussion of the second discussion. U.A.W. Sweep them PAA reporting.	11/3/2015	LLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	
5	CIP046	DIAGNOSIS-POA-FLAG-5	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP046-0002
5	CIP047	DIAGNOSIS-CODE-6	The sixth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.ht	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP000002	CIP047-0001
7	CIP047	DIAGNOSIS-CODE-6	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0002
8	CIP047	DIAGNOSIS-CODE-6	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0003
9	CIP047	DIAGNOSIS-CODE-6	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0004
0	CIP047	DIAGNOSIS-CODE-6	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not blank-fill. 8-fill or 9-fill these tems	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0005
2	CIP047 CIP048	DIAGNOSIS-CODE-6 DIAGNOSIS-CODE-FLAG-6	Not Applicable Flag used to identify if DIACINOSIS-CODE-6 field is reported with ICD-9 or ICD-10 code.	NA Conditional	Provide diagnosis coding as submitted on bill. If the diagnosis code is black-filled, then the corresponding diagnosis code flag should also be	Not Applicable 1 ICD-9	8/7/2017 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 ICLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0006 CIP048-0001
	CIP048	DIAGNOSIS-CODE-FLAG-6	Not Applicable	CONDICIONAL	blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	2 ICD-10 Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP048-0002
	CIPO48 CIPO48	DIAGNOSIS-CODE-FLAG-6	Not Applicable	[<u></u>	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP048-0002
14	CIPO48			NA	All UNUSED diagnosis code ring fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on RLF files).		9/23/2015		CLAIM-HEADER-RECORD-IP-CIP00002	CIP048-0004
6	CI9049	DAUNUSIS-POR-HAU-6	A flag that tablectors "Process on Admission" for DIAGNOSE CODE 1:12. Characteristic and the second secon	Londitional		N Depision with product sends of the most limit dentification in Depision with product sends of the send of the send of the Decementation (unification to determine) of condition was present at the W Disclard understanding of the send of the send of the W Disclard understand at the time of inpatient admission. BLAKE Exempt from POA reporting.	11/3/2015	LLAIMIP	LAM-HEALEN RELORD-P-LP0002	CP049-0001
46	CIP049	DIAGNOSIS-POA-FLAG-6	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP049-0002
7	CIP050	DIAGNOSIS-CODE-7	The seventh ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10 CM codes withhout a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD?ProviderDiagnosticCodes/rodes.ht	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0001
48	CIP050	DIAGNOSIS-CODE-7	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0002
9	CIP050	DIAGNOSIS-CODE-7	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9 CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0003
60	CIP050	DIAGNOSIS-CODE-7	Not Applicable	NA	blanks are not allowed. All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (1) on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0004
1	CIP050	DIAGNOSIS-CODE-7	Not Applicable	NA	between () on PSV files and space-filled on FLF files). Enter invalid codes exactly as they appear in the State system. <u>Do not blank-fill. 8-fill or 9-fill these</u>	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0005
2	CIP050	DIAGNOSIS-CODE-7	Not Applicable	NA	tems	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0006
3	CIP051	DIAGNOSIS-CODE-FLAG-7	Not Applicable Flag used to identify if DIAGNOSIS-CODE-7 field is reported with ICD-9 or ICD-10 code.	Conditional	Provide diagnosis coding as submitted on bill. If the diagnosis codine is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag. For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment	Not Applicable 1100-9 2100-9 2100-10	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP051-0001
54	CIP051	DIAGNOSIS-CODE-FLAG-7								
54	CIP051	DIAGNOSIS-CODE-FLAG-7	Not Applicable	NA	with the Medicare requirements. All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSY files and space-filed on FLF files].	Not Anglicable	9/32/2015	CI AIMID	CLAIM-UEADER-RECORD-IR-CIRCORD	CIP051-0004

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
56	CIP052	DIAGNOSIS-POA-FLAG-7	All gathat indicates "Present on Admission" for DIAGNOSS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs: conditions that develop during an outpatient encounter, including emergency department, abscrutation, or outpatient surgery. POA indicators is used to learity certain preventable conditions that are: (a) high cost or high volume POA indicators is used to learity certain preventable.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cma.gov.Regulations-and-Guidance/Guidance/Transmittalz/downloads/R7560TN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP052-0001
			PuA Rolizator is used to a centry certain preventiase continuons that are (a) right octor of right volume to obth, (b) result has a subjented to zace to a Digmost Related Group (DRV) that has a higher through the application of evidence-based guidelines. "States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.			the condition was present at the time of inpatient admission. BLANK Exempt from PCA reporting.				
	CIP052	DIAGNOSIS-POA-FLAG-7	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP052-0002
	CIP053	DIAGNOSIS-CODE-8	The eighth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	All UNVSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between []]) on PSY files and space-filled on RE files]. Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 *.	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.ht	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0001
	CIP053	DIAGNOSIS-CODE-8	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0002
	CIP053	DIAGNOSIS-CODE-8	Not Applicable	NA	Include all digits where applicable. IFD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0003
	CIP053	DIAGNOSIS-CODE-8	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0004
	CIP053	DIAGNOSIS-CODE-8	Not Applicable	NA	between () on PSV files and space-filled on FLF files). Enter invalid codes exactly as they appear in the State system. <u>Do not blank-fill.8-fill or 9-fill these</u> <u>Roms</u>	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0005
	CIP053 CIP054	DIAGNOSIS-CODE-8 DIAGNOSIS-CODE-FLAG-8	Not Applicable Flag used to identify if DIAGNOSIS-CODE-8 field is reported with ICD-9 or ICD-10 code.	NA Conditional	Provide diagnosis coding as submitted on bill. If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	Not Applicable 1 ICD-9 2 ICD-10	8/7/2017 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0006 CIP054-0001
		DIAGNOSS-CODE-FLAG-8				2 (1)-10	8/7/2017		CLAIM-HEADER-RECORD-IP-CIP00002	CIP054-0002
	CIP054	DIAGNOSIS-CODE-FLAG-8	Not Applicable	NA	For Implementation date edits. Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP054-0002
	CIPU54	DIAGNOSS-CODE-FLAG-8		NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (i) on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP054-0004
	CIPUSS	DIRGNUSS-PUR-HAG-8	A flag fab tradication "Reserve on Advisoriations" for DARCHORE COSE 1 - 12. A close to location schedure close the time to order for the regulatorial advisation occurs providence that diversity adving any DARCHORE to location schedure close that are proved in the location of the regulatorial advisation providence to location of the location of the location of the location of the value of schedure to location of the location of the location of the location of the location providence the location of the location of the location of the location of the location providence the location of the providence the location of the prospective in nature.	Londitional	NOTE: The code "T" is no longer value on c dama submitted under the version 7020 Fornal, effective https://public.fbd.wile.inited beit black for codes services from One Aproperty, Back http://www.cmu.gov/https://kom.and-Gadance/Gadance/Traininitad/downhoad./RT56OTN.pdf Wr.shaffig.of entire disponse.	Y Dagnosis was present at time of inpatient admission ID Dagnosis was present at this of inpatient admission provide the second admission of the second admission time of inpatient admission V Clinically understand Revolution under the chirally determine whether BANK. Exempt from POA reporting.	11/3/2015	CLAIMIP	CARM-HEADER-RECORD-IN-CIPOCO2	CIP055-0001
	CIP055	DIAGNOSIS-POA-FLAG-8	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP055-0002
	CIP056	DIAGNOSIS-CODE-9	The ninth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	moning in Desirecter ([]) of F94 mes and space med on F24 mes. Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 *.	http://www.cms.gov/Medicare/Coding//CD9Prov/derDlagnosticCodes/codes.h	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0001
	CIP056	DIAGNOSIS-CODE-9	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ()).	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0002
	CIP056	DIAGNOSIS-CODE-9	Not Applicable	NA	include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0003
					Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.					
	CIP056	DIAGNOSIS-CODE-9	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0004
	CIP056	DIAGNOSIS-CODE-9	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not blank-fill. 8-fill or 9-fill these tems	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0005
	CIP056 CIP057	DIAGNOSIS-CODE-9 DIAGNOSIS-CODE-FLAG-9	Not Applicable Flag used to identify if DIAGNOSIS-CODE-9 field is reported with ICD-9 or ICD-10 code.	NA Conditional	Provide diagnosis codie is biank-filied, then the corresponding diagnosis code flag should also be biank-filied. Any diagnosis code that is NOT biank MUST have a valid diagnosis code flag.	Not Applicable 1 ICD-9 2 ICD-10	8/7/2017 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0006 CIP057-0001
	CIPOLA		Not Applicable		blank-tilled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag. For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	2 ICD-10 Not Applicable	0/7/0047		CLAIM-HEADER-RECORD-IP-CIP00002	CIP057-0002
	CIPOF7	DIAGNOSIS-CODE-FLAG-9	Not Applicable		with the Medicare requirements.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP057-0004
	CIPOSP	DIAGNOSS-POA-FLAG-9		Conditional	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (i) on PSV files and space-filed on FLF files).		7/23/2015		CLAIM-HEADER-RECORD-IP-CIP00002	CIP057-0004
			A flag bit indicates "House no Admission" for DARGENSE COCI - 12. A flag bit indicates "House no Admission" for DARGENSE COCI - 12. Admission shart and cocine and the miss of the miss of the mission			BLANK Exempt from POA reporting.				
	CIP058	DIAGNOSIS-POA-FLAG-9	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP058-0002
	CIP059	DIAGNOSIS-CODE-10	The tenth ICD-9/10-CM diagnosis code as reported on the daim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.h	18/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0001
	CIP059	DIAGNOSIS-CODE-10	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0002
	CIP059	DIAGNOSIS-CODE-10	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0003
	CIP059	DIAGNOSIS-CODE-10	Not Applicable	NA	All UNUSE diagnosts. All UNUSE diagnosts. between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0004
	CIP059	DIAGNOSIS-CODE-10	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not blank-fill, 8-fill or 9-fill these tems	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0005
	CIP059 CIP060	DIAGNOSIS-CODE-10 DIAGNOSIS-CODE-FLAG-10	Not Applicable Flag used to identify if DIAGNOSIS-CODE-10 field is reported with ICD-9 or ICD-10 code.	NA Conditional	Provide diagnosis codeing as submitted on bill. If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	Not Applicable 1 ICD-9 2 ICD-10	8/7/2017 8/7/2017	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0006 CIP060-0001
	CIP060	DIAGNOSIS-CODE-FLAG-10	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP060-0002
	CIP060	DIAGNOSIS-CODE-FLAG-10	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space-filed on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP060-0004
	CIPO61	DIAGNOSIS-POA-FLAG-10	A flag bit Indicator "Reserve on Advances of the DMACHER COST - 11. A close to leading comparison that are present at the level to optic for transmission occurs conditions in the develop during an output intermediate condition, the advances of disputences that develop during the develop during the condition of the activity of disputences present and the server of a second present disputence on the develop of the develop present during the second present as a second present disputence of the develop present during the disputence of the disputence of the disputence of the disputence of the disputence present during the disputence of the present during the disputence of the disputen	Conditional	The Inglementation date ratio, toping patient of worker will be used for it? This is to be in alignment with the Workster experimentation. All public the thirts is the second of the third of the All public the toping in the Will be and goed for the third is the public with many the toping in the Will be and goed for all the submitted public the version \$200 format, effective NOTI: The cost "1" is no longer value on claims admitted public the version \$200 format, effective NOTI: Second "1" is no longer value on claims admitted public the version \$200 format, effective Notice the second second second second second second second second second second for a listing of exempt disproces.	F Olganosis was present at time of hostistic admission 10 Dispaciosis was present at the of inputs of dmission to Dispaciosis was negressiant at the dmission of the time of inputs admission V Clinically suddening. Involve make the chically determine whether BANK Exempt from POA reporting.	11/3/2015	CLAIMIP	CLAM-HEADER RECORD IP CP00002	CIP061-0001
	CIP061	DIAGNOSIS-POA-FLAG-10	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP061-0002
	CIPO62	DIAGNOSIS-CODE-11	The eleventh ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid KD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.h	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0001
	CIP062	DIAGNOSIS-CODE-11	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0002
	CIP062	DIAGNOSIS-CODE-11	Not Applicable	NA	include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0003
	CIP062	DIAGNOSIS-CODE-11	Not Applicable	NA	blanks are not allowed.	Not Apolicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0004
	CIP062	DIAGNOSS-CODE-11	Not Applicable	NA	All UNISED diagnosis code Reids should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files). Enter invalid codes exactly as they appear in the State system. <u>Do not blank-fill & fill or 9-fill these</u>	Not Applicable	R/7/2017		CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0004
	CIP062	DIAGNOSIS-CODE-11		NA	tems		8/7/2017	CLAIMIP	CLAIM-UEADER-RECORD-IR-CIRCORD	CIP042-0005
	CIP063	DIAGNOSIS-CODE-FLAG-11	Not Applicable Flag used to identify if DIAGNOSIS-CODE-11 field is reported with ICD-9 or ICD-10 code.	Conditional	Provide diagnosis coding as submitted on bill. If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	Not Applicable 1 ICD-9 2 ICD-10	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP063-0001
	CIP063	DIAGNOSIS-CODE-FLAG-11	Not Applicable	14	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements. All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (1) on PSV files and space-filled on R.F. files).	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-IP-CIP00002	CIP063-0002
			Net Applicable							CIP063-0004

CIP064	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE	FILENAME	FILE SEGMENT (with RECORD-ID)) c
	DIAGNOSIS-POA-FLAG-11		Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective		LAST UPDATE DATE 11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP064-C
		A flag that indicates "these ten Admission" for DAGHESIS COERT 1: 2. A flag that indicates "these ten Admission" for DAGHESIS COERT 1: 2. A flag that indicates that are present to the ten the flag ten present to the ten ten beneficial to the ten ten ten ten ten ten ten ten ten te		NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effectiv January 1, 2011. The POA field will instead cube left blank for codes exempt from POA reporting. See http://www.cme.gov/Regulations-and-Guldance/Guldance/Transmittak/downloads/R7560TN.pdf for a listing of exempt diagnoses.	V Diagnosis was not present at time of inpatient admission Diagnosis was not present at time of inpatient admission Diagnosis was not present at time of inpatient admission were of inpatient admission W Clincally undetermined. Provider unable to clinkally determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.				
		POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume		for a many or exempt diagnoses.	W Clinically undetermined. Provider unable to clinically determine whether				
		payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the anglication of evidence-based guidelines			BLANK Exempt from POA reporting.				
		*States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.							
CIP064	DIAGNOSIS-POA-FLAG-11	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on PLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP064-C
CIP065	DIAGNOSIS-CODE-12	The twelfth ICD-9/10-CM diagnosis code as reported on the claim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 °.	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://www.cms.gov/Medicare/Codes/codes/codes.http://www.cms.gov/Medicare/Codes/codes	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-C
CIP065	DIAGNOSIS-CODE-12	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0
CIP065	DIAGNOSIS-CODE-12	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0
			[Include all digits where applicable. ICD-9 codes are up to 5 positions long, ICD-10 codes are up to 7 positions long. Both ICD-9 CM and ICD-10 CM have a minimum length of 3 positions. Embedded blanks are not allowed.		[····			
CIP065	DIAGNOSIS-CODE-12	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-
CIP065	DIAGNOSIS-CODE-12	Not Applicable	NA	between () on PSV files and space-filled on FLF files). Enter invalid codes exactly as they appear in the State system. Do not blank-fill. 8-fill or 9-fil these	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-
CIP065	DIAGNOSIS-CODE-12	Not Applicable		tens	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-
CIP065	DIAGNOSIS-CODE-FLAG-12	Flag used to identify if DIAGNOSIS-CODE-12 field is reported with ICD-9 or ICD-10 code.	Conditional	Provide diagnosis coding as submitted on bill. If the diagnosis code is blank-tilled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that is NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-9	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-
CIP066	DIAGNOSIS-CODE-FLAG-12	Not Applicable	NA	For implementation date edits, Ending Date of Service will be used for IP. This is to be in alignment with the Medicare requirements.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP066-
CIP066	DIAGNOSIS-CODE-FLAG-12	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP066-
CIP067	DIAGNOSIS-POA-FLAG-12	A flag that indicates "Present on Admission" for DIAGNOSIS CODE 1 - 12.	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective	Y Diagnosis was present at time of inpatient admission	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP067-
		A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department,		NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effectiv January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cme.gov/Regulations-and-Guldance/Guldance/Transmittals/downloads/R7560TN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether				
		observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume		for a listing of exempt diagnoses.	time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether				
		or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented			the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.				
		All grig build octaves "Research on Advanced Text 2000/2000 COVER - 12). And to 3 build octaves "Research on Advanced Text 2000/2000 COVER - 12). And to 3 build octave and the second octave and the second octave and the second octave conditions in used to identify certain prevents bias conditions that are used in the second octave POV in Advanced Text 2000 COVER and the second octave and the second octave preventions or outputs to accordant of advanced and a CoVER and the second octave prevention octave and the second octave advanced and a CoVER and the second octave prevention octave and the second octave advanced and a CoVER and the second octave prevention octave and the prevention of the covER and the second octave prevention of the prevention of the second octave advanced and the second octave prevention of the prevention of the second octave advanced and the second octave prevention of the prevention of the second octave advanced octave prevention of the prevention of the second octave advanced octave prevention of the prevention of the second octave advanced octave prevention of the prevention of the prevent							
		prospective in nature.							
CIP067	DIAGNOSIS-POA-FLAG-12	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP067
CIP068	DIAGNOSIS-RELATED-GROUP	Code representing the Diagnosis Related Group (DRG) that is applicable for the inpatient services being rendered.	Conditional	nothing in between () on PSV files and space-filled on FLF files). Enter the DRG used by the state for FFS claims or the DRG used by the managed care plan for	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP068-
	DIAGNOSIS-RELATED-GROUP			Inter the bid date by the state for PS claims of the bid dated by the managed care plan for managed care encounters. If DRGs are not used, blank-fill.			CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIPO68-
CIP068 CIP068	DIAGNOSIS-RELATED-GROUP DIAGNOSIS-RELATED-GROUP	Not Applicable Not Applicable	NA	If DRGs are not used, blank-fill. This field should only be reported on FFS claims and encounters records in which diagnosis related groups are used to determine paid amounts.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP068- CIP068-
CIP069	DIAGNOSIS-RELATED-GROUP-IND	An indicator identifying the grouping algorithm used to assign Diagnosis Related Group (DRG) values.	Conditional	groups are used to determine paid amounts. Values are generated by combining two types of information:	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-
	and the second second	the program gramming angle that to many residue related strong (DNG) WIDES.		Values are generated by combining two types of information: Position 1-2, State/Group generating DRG: if state specific system, ill with two digit US postal code representation for state.					C= 007
				If any other system fill with "XX"					
				Position 3-4, fill with the number that represents the DRG version used (01-98). For example, "HG15" would represent CMS Grouper version 15. If version is unknown, fill with "99".					
CIP069	DIAGNOSIS-RELATED-GROUP-IND	Not Applicable	NA	If Value is unknown,leave blank, or space-fill. This field is required if DIAGNOSIS-RELATED-GROUP is populated.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP069
CIP069 CIP069	DIAGNOSIS-RELATED-GROUP-IND DIAGNOSIS-RELATED-GROUP-IND	Not Applicable	NA	This field is required if DIAGNOSIS-RELATED-GROUP is populated.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-
CIP009	PROCEDURE-CODE-1	The adjustment of the second s	Conditional	If a non-DRG paying state, report the field as blank. Value must be equal to a valid value.		11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP003
		during the nospital stay referenced by this claim. The principal procedure and related into should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and			http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ codes.html				
		PROCEDURE-COUR-FLAG-1. The principal procedure is performed for deminitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to available the the during during alternative streams.	,		http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/				
		complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record econdary tertiany etc. procedures							
		secondary, tertiary, etc. procedures.							
					http://www.cms.pov/Medicare/Coding/MedHCPCSGenInfo/Index.html? redirect=/medhcpcsgenInfo/				
					http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/				
					http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ PhysicianFeeSched/PFS-Relative-Value-Files.html				
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CIP070	PROCEDURE-CODE-1	Net Applicable	NA	FIRSTENIE CODE FLACT = [0 through F7; take-specific coding systems] valit takes must be	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/ehvsician-fee-schedule/search/search- cifieria.app	2/25/2013	QAMIP	CLAIM HEADER RECORD & CRY0002	CIP070
CIP070	PROCEDURE-CODE-1	Ner Applicable	NA	F PROCURE CODE FL/G.1 = (D through 87, tate-specific coding systems) unlit codes must be programmed formate:	hau/sauces new bodie een bodiesen fen der eine besteren. Hennen der scheider Hennen van kert like kert hau/sauce met scheider bestere bestere bestere bestere bestere hau/sauce met scheider bestere bestere bestere bestere bestere hauf van der scheider bestere bestere bestere bestere bestere bestere hauf van der scheider bestere best	2/25/2013	CLAIMIP	CLAIM YEARER RECORD IP CROCCO2	CIP070
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		Net Applicable The procedure code modifier sured with the "Principal" Procedure Code 1. For example, some states for Applicable	NA NA	recognized formats: If no Principal Procedure (procedure-code-1) was performed, space-fill	http://www.com.com/biological/bio				CIP071
CIP071	PROCEDURE-CODE-MOD-1	The procedure code modifier used with the [Principal] Procedure Code 1. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	N4A N4A N4A	recognized formats: If no Principal Procedure (procedure-code-1) was performed, space-fill	hay Januard, and Michael Mohael. A field of Arrive Parment, House Marcal Restricted (Parkar) Value Hills and Michael Andrea Bay Januard, and Michael Andrea, Michael Andrea Bay Januard, Andrea Michael Andrea Mathematical (PT codes are available for a fee through professional opprint dros, Net Applicable Net Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP071
CIP071 CIP071 CIP071	PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1	The procedure code modifier used with the Philopolial Procedure Code 1. For example, some states are modifiers to indicate assistance in surgery or anothesia services. Next Applicable Next Applicable	NA NA NA NA	recognize formatic. The of Minicolal Procedure (procedure code-1) was performed, space-till Valer must be blank if corresponding procedure code is blank. The state of the state pace-tilled on RT Rinc). Modifiers so not delife the CDP 00 procedure codes for dating/recounter and will never be applicable.	had Januard Ended Michaelt Molecular Ende for Service Parment (Resource and section (Parkers Value III) and III) Reg Januard Ended Michaelt (Parkers Value III) and III) Reg Januard (Parkers Value III) Reg Januard (Parkers Value III) Additional OT codes are available for a fee through professional agenciations. Net Applicable Net Applicable Net Applicable	11/3/2015 8/7/2017 8/7/2017	CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP071- CIP071- CIP071-
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CIP071 CIP071 CIP071	PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1	The procedure code modifier used with the Phrindpal Phozodure Code 1. For example, some states are modifiers to induitate assistance in surgery or anotheria service. Net Applicable Net Applicable Net Applicable Net Applicable	NA NA NA NA Conditional	recognized formatic: To Principal Procedure (procedure code-1) was performed, space-fill Pro Principal Procedure (procedure code) is bank. Always knew bank (ite, submitted ar jobe pair-with nothing in between ()) on PPV files and space-fillion on FIF PML Modifiers due to data for CD-20 procedure codes for claime (mounters) and will never be applicable.	http://www.com.um/biolice/biological Findsofershife/Family/ Http://www.com.um/biological/findsofershife/family/ Http://www.com.um/biological/findsofershife/family/ Http://www.com.um/biological/findsofershife/family/ Addition.uf Of code are available for a fee through professional operations. Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable	11/3/2015 8/7/2017 8/7/2017 9/23/2015	CLAIMIP CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP071- CIP071- CIP071-
CIP071 CIP071 CIP071	PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1	The procedure code modifier used with the Phrindpal Phozodure Code 1. For example, some states are modifiers to induitate assistance in surgery or anotheria service. Net Applicable Net Applicable Net Applicable Net Applicable	NA NA NA NA NA Conditional	recognized formatic: To Principal Procedure (procedure code-1) was performed, space-fill Pro Principal Procedure (procedure code) is bank. Always knew bank (ite, submitted ar jobe pair-with nothing in between ()) on PPV files and space-fillion on FIF PML Modifiers due to data for CD-20 procedure codes for claime (mounters) and will never be applicable.	had Januard, man Moli and Molina To Molina To Molina To Molina To Molina To Molina To Molina Markata San Kata Markata	11/3/2015 8/7/2017 8/7/2017 9/23/2015	CLAIMIP CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP071- CIP071- CIP071-
CIP071 CIP071 CIP071	PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1 PROCEDURE-CODE-MOD-1	The procedure code modifier used with the Phrindpal Phozodure Code 1. For example, some states are modifiers to induitate assistance in surgery or anotheria service. Net Applicable Net Applicable Net Applicable Net Applicable	NA NA NA NA Conditional	recognized formatic: To Principal Procedure (procedure code-1) was performed, space-fill Pro Principal Procedure (procedure code) is bank. Always knew bank (ite, submitted ar jobe pair-with nothing in between ()) on PPV files and space-fillion on FIF PML Modifiers due to data for CD-20 procedure codes for claime (mounters) and will never be applicable.	Tage/space.com.com/bid/com/bid/com/bid/ Tage/space.com.com/bid/com/bid/space/bid/ Tage/space.com.com/com/bid/space/bid/space/bid/space/bid/space/bid/ Tage/space.com.com/com/bid/space/	11/3/2015 8/7/2017 8/7/2017 9/23/2015	CLAIMIP CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP071- CIP071- CIP071-
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CIP071 CIP071 CIP071 CIP072 CIP072 CIP072 CIP072 CIP072 CIP073 CIP073 CIP073 CIP073 CIP073 CIP074 CIP074	PROCESSARE CODE 4400 1	The procedure code modifier used with the (Principal) Procedure Code 1. For example, sume adder we notifier to be locate available is surgery or uneitherial services. Net Applicable Met Applicable Met Applicable Met Applicable Net Applicable	NA NA NA NA Conditional NA Conditional NA Conditional NA NA NA NA NA NA NA NA NA NA NA NA NA	encognited investig is no hindpail forecasting executive code 13 was performed, space HII Vale must be Skinit if corresponding procedure code 16 balk. Newsy have balk if all counted are bage particular to the balk is not denoted to the skinit if corresponding particular code 16 balk. Newsy have balk if all counted are bage particular. For Principal Procedure (procedure code 11 was performed) taxes there (11) on PDV fits and denoted to the skinit is a substantial of the particular procedure code 16 balk. All principal Procedure (procedure code 11 was performed) taxes that the principal Procedure (procedure code 11 was performed) taxes that Date formed is CCMMMOD (Instruct Data Stackard). The corresponding procedure code 11 history of the particular procedure code data must be taken of upper the start of the PANK in the Skinit are upper filled then this procedure code data must be taken of upper taken of the Skinit All Skinit are upper filled then this procedure code data must be taken of upper taken of the Skinit All Skinit are upper filled. The corresponding procedure code 11 history (PANK III) All Skinit are upper filled then the data must be taken of upper filled then the procedure code data must be taken of upper taken of UPPANK III) Date must corresponding to procedure code 24 bitsory (PANK III) All Skinit are upper filled then taken start corresponding to a valid value. Skinit the regard to a valid value. Fitter are many procedures as an proposited after the principal procedures up to fitse additional code procedures, they was be imported in PROCEDIE CODE 3 and PROCEDIE CODE 3. Bernardis participan of the Skinit fitse must be taken of the taken of taken	The Journal of Sector Deformation from the Sector Emanded The Journal Sector	114/2013 117/2013 117/2017 177/20	CLAMIP ELAMP CLAMP CLAMP CLAMP CLAMP CLAMP CLAMP CLAMP CLAMP CLAMP CLAMP CLAMP CLAMP CLAMP CLAMP CLAMP	2144-142428 812010 # 2400002 2044-82428 812010 # 2400002	CIP074 CIP071 CIP071 CIP071 CIP071 CIP072 CIP072 CIP072 CIP072 CIP074 CI
219071 219071 219071 219072 219072 219072 219073 219073 219073 219073 219073 219073 219073 219073 219074 219074	PROCEDURE CODE 1 PROCEDURE CODE 2 PROCEDURE CODE 2	The procedure code modifier used with the (Philodpal) Procedure Code 1. For example, some states were examples to belicite availables in surgery or anesthetial services. Wer Applicide PMR Applicates PMR	MA MA MA MA Canditaout Canditaout Canditaout MA MA MA MA MA MA MA MA MA MA MA MA MA	Interpretendent of the Status II corresponding procedure code: 1) was performed, space HII State must be Status II corresponding procedure code: 1) was performed, space HII State must be Status II corresponding and the State S	The Journal of Sector Deformation from the Sector Emanded The Journal Sector	112/2013 17/2017 17/2017 17/2017 17/2017 17/2017 17/2017 17/2017 17/2017 17/2017 17/2017 10/10/2013 17/2017 10/10/2013 17/2017 10/10/2013 17/2017 10/10/2013 17/2017 10/10/2013 17/2017 17/201	CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP CLARMIP	LIAM-HAUGH HECKID IP CHONOL LIAM-HAUGH HECKID IP CHONOL	C (1907) C (190

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO CIP074-0009
242	CIP074			NA	If the corresponding procedure code flag is not 8 filled, that has or space-filled, then this procedure code must not be 8- filled, blank or space-filled		[, ===:	CLAIMIP		
243 244	CIP074 CIP074	PROCEDURE-CODE-2 PROCEDURE-CODE-2	Not Applicable Not Applicable	NA NA	Value must be different from the preceding procedure code values. Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated, i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0010 CIP074-0011
					not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.					
245	CIP075	PROCEDURE-CODE-MOD-2	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA	If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, leave blank or space-fill	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0001
246	CIP075	PROCEDURE-CODE-MOD-2	Not Applicable	NA	Value must be left blank or space-filled if corresponding procedure code is blank or space-filled.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0002
247	CIP075	PROCEDURE-CODE-MOD-2	Not Applicable	NA	Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. I.e. if PROCEDURE-CODE-MOD-2 is populated. but PROCEDURE-CODE-MOD-	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0003
					element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE- MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.					
248	CIP075	PROCEDURE-CODE-MOD-2	Not Applicable	NA	Always leave blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be apolicable.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0004
249	CIP075	PROCEDURE-CODE-MOD-2	Not Applicable	NA	Not Applicable	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0005
250	CIP076	PROCEDURE-CODE-FLAG-2	A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Conditional	Value must be equal to a valid value.	01 CPT 4 02 (CD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 (CD-10-CM PCS (Will be implemented on 10/1/2014)	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP076-0001
						06 HCPCs (Both National and Regional HCPCs) 07 (CD:10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems				
251	CIP076	PROCEDURE-CODE-FLAG-2 PROCEDURE-CODE-FLAG-2	Not Applicable Not Applicable	NA	If no second procedure was performed, leave blank or space-till.	Not Applicable Not Applicable	8/7/2017 10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP076-0002 CIP076-0003
	Cir 070		ты транция.	r i	To be accessed pathodies was percenting in the same of paper in Do not use multiple instances of PROCEDURE-CODE-FLACI the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAC2 is populated, but PROCEDURE-CODE- FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAC3 in station on be valued.	in a substance	10/10/2015	CEDUITIN		CI 0/0 0005
253	CIP077	PROCEDURE-CODE-DATE-2	The date on which the procedure 2 - 6 was performed.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0001
254 255	CIP077 CIP077	PROCEDURE-CODE-DATE-2 PROCEDURE-CODE-DATE-2	Not Applicable Not Applicable	NA NA	Value must be a valid date If the corresponding procedure code is left blank or space-filled, then this procedure code date must be blank or space-filled.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0002 CIP077-0003
256	CIP077	PROCEDURE-CODE-DATE-2	Not Applicable	NA	must be blank or space-filled. Date must occur before the ENDING-DATE-OF-SERVICE	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0004
257 258	CIP077 CIP078	PROCEDURE-CODE-DATE-2 PROCEDURE-CODE-3	Not Applicable A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed	NA Conditional		Not Applicable http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/	10/10/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0005 CIP078-0001
			The property and the CET and CET to use the type that the biddentify the proceeding experiments where the big processing of the cetter of the type of the cetter of the big processing of the big processing of the cetter of the		Date mass document of a liter the beamwindow reverse where. Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be left blank or space-filled (e.g., if daim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be blank or space-filled.)	codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/				
			for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments.		neds Procedure-code-v tillogin Procedure-code-s would all be blank of space-lined.)	ICD10.html				
			Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.			http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html? redirect=/medhcpcsgeninfo/				
						http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ PhysicianFeeSched/PFS-Relative-Value-Files.html				
						http://www.cms.gov/apps/physician-fee-schedule/search/search-				
						criteria.aspx Additional CPT codes are available for a fee through professional				
						organizations.				
259	CIP078	PROCEDURE-CODE-3 PROCEDURE-CODE-3	Not Applicable Not Applicable	NA	Value must be equal to a valid value.	Not Applicable Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0002 CIP078-0003
280	CIP076	PROCEDURE-CODE-3	нос жратсавле		Value must be equal to a valid value. If PROCDURE-CODE-FLAG-3 = (10 through 87, state-specific coding systems) valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:	Not Appricable	10/10/2013	CEAPIP		CIP078-0003
261	CIP078	PROCEDURE-CODE-3	Not Applicable	NA	a ICD-9/10-CM (corresponding PROCED) IRE-CODE-51AG = 02/07): Paritions 1-2 must be numeric	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0004
262	CIP078	PROCEDURE-CODE-3	Not Applicable	NA	and of you can be considered and the control of	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0005
263	CIP078	PROCEDURE-CODE-3	Not Applicable	NA	"X1244" or "WW234"). If no PROCEDURE-CODE-3 was performed, leave blank or space-fill Note: An eight character is provided for future expansion of this field.		8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0006
264	CIP078 CIP078	PROCEDURE-CODE-3 PROCEDURE-CODE-3 PROCEDURE-CODE-3	Not Applicable Not Applicable Not Applicable	NA	Note: An eighth character is provided for future expansion of this field. If the corresponding procedure code flag is left blank or space-filled, then this procedure code should be blank or space-filled.	Not Applicable Not Applicable Not Applicable	10/10/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0006 CIP078-0007 CIP078-0008
246	CIP078	PROCEDURE-CODE-3	Not Applicable	NA	should be blank or space-filled. If the corresponding procedure code flag is not 8-filled, left blank or space-filled, then this	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0009
267	CIP078	PROCEDURE-CODE-3	Not Applicable	NA	If the corresponding procedure code flag is not 8+filled, left blank or space-filled, then this procedure code must not be 8-filled, blank or space-filled. Value must be different from the preceding procedure code values.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0010
268	CIP078	PROCEDURE-CODE-3	Not Applicable	NA	Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. If PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must alion not be valued.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0011
269	CIP079	PROCEDURE-CODE-MOD-3	A series of procedure code modifiers used with the corresponding Procedure Codes. For example	NA	then PROCEDURE-CODE-4 must also not be valued.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0001
			A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	[Value must be left blank or snare-filled if corresponding procedure code is blank or snace-filled					
270	CIP079	PROCEDURE-CODE-MOD-3	Not Applicable	NA	Value must be left blank or space-filled if corresponding procedure code is blank or space-filled. Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated, (i.e. IF PROCEDURE-CODE-MOD 2 is populated, but PROCEDURE-CODE- MOD-3 is blank-filled, then PROCEDURE-CODE-MOD 4 must also not be valued.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0002
271	CIP079	PROCEDURE-CODE-MOD-3	Not Applicable	NA	If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, leave blank or space-fill	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0003
272	CIP079	PROCEDURE-CODE-MOD-3	Not Applicable	NA	Always leave blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files). Modifiers do not exist for KD-9/10 procedure codes for	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0004
273	CIP079	PROCEDURE-CODE-MOD-3	Not Analizable	NA	claims/encounters and will never be applicable.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0005
274	CIP080	PROCEDURE-CODE-FLAG-3	A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Conditional	Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP080-0001
						06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems				
275	C10080	PROCEDURE-CODE-ELAG-2	Not Applicable	NA	F on third procedure way performed, Janua blank or reason All		8/7/2017		CLASM-UCADER-RECORD-IR-CROOOD2	CIP080-0002
276	CIPOBO	PROCEDURE-CODE-FLAG-3 PROCEDURE-CODE-FLAG-3	Not Applicable Not Applicable	NA	If no third procedure was performed, leave blank or space-fill. Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. I.e. IF PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-	Not Applicable Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP080-0003
					element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE- FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.					
277	CIP081	PROCEDURE-CODE-DATE-3	The date on which the procedure 2 - 6 was performed	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0001
278 279	CIP081 CIP081	PROCEDURE-CODE-DATE-3 PROCEDURE-CODE-DATE-3	Not Applicable Not Applicable	NA	Value must be a valid date If the corresponding procedure code is left blank or space-filled, then this procedure code date	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0002 CIP081-0003
280	CIP081	PROCEDURE-CODE-DATE-3	Not Applicable	NA	The conceptioning in declare close in an oning of space mice, then this proceeding close unce- must be blank or space-filled. Date must occur before the ENDING-DATE-OF-SERVICE.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0004
280 281 282	CIPO81 CIPO81 CIPO81	PROCEDURE-CODE-DATE-3 PROCEDURE-CODE-DATE-3 PROCEDURE-CODE-DATE-3	Not Applicable Not Applicable	NA	Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	Not Applicable Not Applicable	10/10/2013 10/10/2013 10/10/2013		CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0005 CIP081-0005 CIP081-0006
283	CIP081	PROCEDURE-CODE-DATE-3 PROCEDURE-CODE-DATE-3	Not Applicable	NA	This date must occur on or before the DATE-OF-DEATH in the Eligible file. Do not use multiple instances of PROCEDURE-CODE-DATE the preceding PROCEDURE-CODE-DATE element is not populated. (i.e. If PROCEDURE-CODE-DATE-2 is populated, but PROCEDURE-CODE-DATE- DATE-3 is blank-filed, then PROCEDURE-CODE-DATE-4 must also not be valued.	Not Applicable Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0005
					DATE-3 is blank-filled, then PROCEDURE-CODE-DATE-4 must also not be valued.					
284	CIP082	PROCEDURE-CODE-4	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOLE-CODE-MOLE-CODE-MOLE-1, and	Conditional	Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filed, left blank or space-filed (e.g., if claim contains two additional procedures, they would be reported in PROCUNE CODE-2 and PROCUNER-CODE-3. Remaining	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ codes.html	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0001
			recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to		procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be left blank or space-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ ICD10.html				
			for alignostic or exploratory purposes, it is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record			http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?				
			secondary, tertlary, etc. procedures.			redirect=/medhcpcsgeninfo/				
						http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ PhysicianFeeSched/PFS-Relative-Value-Files.html				
						http://www.cms.gov/apps/physician-fee-schedule/search/search- criteria.aspx				
						Additional CPT codes are available for a fee through professional organizations.				
285	CIP082	PROCEDURE-CODE-4	Not Applicable	NA	Value must be equal to a valid value	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0002
286	CIP082 CIP082	PROCEDURE-CODE-4 PROCEDURE-CODE-4	Not Applicable Not Applicable	NA	Value must be equal to a valid value. If PROEDURE COGE+AGC+1 = [10 through 87, state-specific coding systems] valid codes must be supplied by the State. For national coding systems, code should conform to the nationally	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0002 CIP082-0003
287	CIP082	PROCEDURE-CODE-4	Not Applicable	NA		Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0004
287	CIP082	PROCEDURE-CODE-4 PROCEDURE-CODE-4	Not Applicable		o BCD-9/10-CM (corresponding PROCEDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank. Value can include both National and Local (Regional) codes, For National codes (positions 1-8 must be numeric (e.g. positions 2-9 must be numeric; for Local (Regional) codes, positions 2-9 must be alphanumeric (e.g.	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0004
0	CIPU62	n nocebone-cout-4		r -	X1234 01 WW234 J.	nos addunanas	10/10/2013		CONTRACTOR RECORD TO THE POULOZ	CIP062-0005
289 290	CIP082 CIP082	PROCEDURE-CODE-4 PROCEDURE-CODE-4	Not Applicable	NA	If no PROCEDURE-CODE-4 was performed, leave blank or space-fill Note- An eighth character is provided for future expansion of this field	Not Applicable Not Applicable	8/7/2017 10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0006 CIP082-0007
291	CIP082	PROCEDURE-CODE-4	Not Applicable Not Applicable	NA	Note: An eighth character is provided for future expansion of this field. If PROCEDURE-CODE-2 AND PROCEDURE-CODE-3 is left blank or space-filled, then PROCEDURE- CODE-4 must be left blabk or space-filled.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0008
292	CIP082	PROCEDURE-CODE-4	Not Applicable	NA	Do not use multiple instance of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE's to populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0009
293	CIP082	PROCEDURE-CODE-4	Not Applicable		If the corresponding procedure code flag is left blank or space-filled then this procedure code	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0010
	CIPU62	- NoCEDURE-COUE-4	no obtaurant	r	If the corresponding procedure code flag is left blank or space-filled then this procedure code should be blank or space-filled.	nos opposible	A, 1/2017	CLAIPHIP'	CONTRACTOR NELORDIFIC PODUCZ	CIP082-0010

1/2 1	T.MC/C	Data	Dictionary

Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	PILENAME	FILE SEGMENT (with RECORD-ID)	CR
	CIP082	PROCEDURE-CODE-4	Not Applicable	NA	If the corresponding procedure code flag is not blank or space-filled, then this procedure code should not be 8- filled, blank or space-filled.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-001
	CIP082	PROCEDURE-CODE-4 PROCEDURE-CODE-MOD-4	Not Applicable	NA	Value must be different from the preceding procedure code values. Value must be different from the preceding procedure code values. Value must be left blank or space-filled, if corresponding procedure code is blank or space-filled.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-001
	CIPU83	PROCEDURE-CODE-MOD-4	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA	Vaue must be left blank or space-filled, if corresponding procedure code is blank or space-filled.	Not Applicable	11/3/2015	LLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIPO83-000
	CIP083	PROCEDURE-CODE-MOD-4	Not Applicable	NA	If the corresponding procedure code flag is not left blank or space-filled, then this procedure code	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-000
	CIP083	PROCEDURE-CODE-MOD-4	Not Applicable	NA	must not be blank or space-filled. Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-000
	Cii 005	NOCLOUR CODE MOD 4	nor approach.	m	element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE- MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.	The Applicable	0,7/2027	CLORI-III		C# 000 000
	CIP083	PROCEDURE-CODE-MOD-4	Not Applicable	NA	If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, leave blank or space-fill	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-000
	CIP083	PROCEDURE-CODE-MOD-4	Not Applicable	NA	Always leave blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space-filed on FLF files). Modifiers do not exist for KD-9/10 procedure codes for datims/mcounters and will never be applicable.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-000
					claims/encounters and will never be applicable.					
	CIPO83 CIPO84	PROCEDURE-CODE-MOD-4 PROCEDURE-CODE-FLAG-4	Not Applicable A series of flags that identifies the coding system used for the associated procedure codes [PROCDURE-CODE-2 through PROCDURE-CODE-6]	NA Conditional	Not Applicable Value must be equal to a valid value.	Not Applicable 01 CPT 4	9/23/2015 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-000 CIP084-000
			(PROCDURE-CODE-2 through PROCDURE-CODE-6)			NOC Application 01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014)				
						06 HLPCS (BORN National and Regional HCPCS) 07 (ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems				
	CIP084	PROCEDURE-CODE-FLAG-4	Not Applicable	NA	If no fourth procedure was performed, leave blank or space-fill.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP084-000
	CIP084	PROCEDURE-CODE-FLAG-4	Not Applicable	NA	Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. [i.e. If PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE- FLAG-3 is blank-flied. then PROCEDURE-CODE-FLAG-4 must also not be valued.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP084-000
	CIP085	PROCEDURE-CODE-DATE-4	The date on which the procedure 2 - 6 was performed	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-000
	CIP085	PROCEDURE-CODE-DATE-4	Not Applicable	NA	Value must be a valid date	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-000
	CIP085	PROCEDURE-CODE-DATE-4	Not Applicable	NA	Value must be a valid date If the corresponding procedure code is left blank or space-filled, then this procedure code date must be blank or space-filled.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-000
	CIP085	PROCEDURE-CODE-DATE-4 PROCEDURE-CODE-DATE-4	Not Applicable Not Applicable	NA	Date must occur before the ENDING-DATE-OF-SERVICE. Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-000
	CIPO85 CIPO85	PROCEDURE-CODE-DATE-4	Not Applicable	NA	This date must occur on or before the DATE-OF-DEATH in the Eligible file.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-00 CIP085-00
	CIP086	PROCEDURE-CODE-5	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stav referenced by this claim. The principal procedure and related info should be	Conditional	Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be left blank or space-filled (e.g., if claim contains two additional	. http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ codes.html	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-00
			name the booking large referenced by this claim. The principal procedure and related the Schudd be recorded in PROCEMENCE: Net PROCEMENCES MONO-PROCEMENCE AND PROCEDURE-CODE FLAGS. The principal procedure is performed for definitive treatment rather that for disposition exploratory purposes. It is closely related on either the principal disposition to complications that since during other treatments. USER CODE + GLOSE - Bleff Hand Blagsadia or to record principal or the principal procedure to be there the principal disposition to complications that since during other treatments. USER CODE + GLOSE + GL		procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be left blank or space-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ /CD10.html				
			for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments.		• • •					
			Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.			http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Index.html? redirect=/medhcpcsgenInfo/				
						http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ PhysicianFeeSched/PFS-Relative-Value-Files.html				
						http://www.cms.gov/apps/physician-fee-schedule/search/search- criteria.aspx				
						Additional CPT codes are available for a fee through professional				
						organizations.				
	CIPO86	PROCEDURE-CODE-5	Not Applicable	NA	Value must be equal to a valid value	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-00
	CIP086	PROCEDURE-CODE-5	Not Applicable Not Applicable	NA	Value must be equal to a valid value. If PROCDURE-CODE-FLAG-1 = (10 through 87, state-specific coding systems) valid codes must be simplied but the State For antional coding systems, code should conform to the nationally	Not Applicable Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-00
					supplied by the State. For national coding systems, code should conform to the nationally recognized formats:					
	CIP086	PROCEDURE-CODE-5	Not Applicable	NA	a ICD-9/10-CM (corresponding PROCEDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-00
	CIP086	PROCEDURE-CODE-5	Not Applicable	NA	Value can include both National and Local (Regional) codes. For National codes (position 1="A"-"V")) Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-00
					positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., "X1234" or "WW234").					
	CIP086 CIP086	PROCEDURE-CODE-5 PROCEDURE-CODE-5	Not Applicable	NA	If no PROCEDURE-CODE-5 was performed, leave blank or space-fill Note: An eighth character is provided for future expansion of this field	Not Applicable	8/7/2017 10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-00
	CIP086	PROCEDURE-CODE-5	Not Applicable	NA	Note: An eighth character is provided for future expansion of this field. Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated, i.e. if PROCEDURE-CODE 3 is populated, jut PROCEDURE-CODE-3 is blank-filled,	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-00
	CIPO86	PROCEDURE-CODE-5	Not Applicable	NA	If the corresponding procedure code flag is left blank or space-filled, then this procedure code should be blank or space-filled.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-00
	CIP086	PROCEDURE-CODE-5	Not Applicable	NA	If the corresponding procedure code flag is not 8-filled, left blank or space-filled, then this procedure code must not be 8-filled, blank or space-filled	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-00
	CIP086	PROCEDURE-CODE-5	Not Applicable	NA	procedure code must not be 8- filed, blank or space-filed. Value must be different from the preceding procedure code values.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-00
	CIPO87	PROCEDURE-CODE-MOD-5	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA	Value must be left blank, or space-filled if corresponding procedure code is blank or space-filled.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-00
		PROCEDURE-CODE-MOD-5	Not Applicable		Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD			CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	
	CIP087	PROCEDURE-CODE-MOD-5	Not Applicable	NA	Do not use multiple instances of PROCEDURE-CODE-MOD If the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE- MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-000
					MUD-3 is blank-filled, then PRUCEDURE-CODE-MUD-4 must also not be valued.					
	CIP087	PROCEDURE-CODE-MOD-5	Not Applicable	NA	If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed,	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-000
	CIP087	PROCEDURE-CODE-MOD-5	Not Applicable	NA	leave blank or space-Hill Always leave blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and aspace-filled on RF files). Modifiers do not exist for KD-9/10 procedure codes for	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-000
					space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.					
	CIP087	PROCEDURE-CODE-MOD-5	Not Applicable	NA	Not Applicable	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-00
	CIP088	PROCEDURE-CODE-FLAG-5	A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Conditional	Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP088-00
						102 (CD-9 CM 06 (HCPCS (Both National and Regional HCPCS) 07 (CD-10-CM PCS (Will be implemented on 10/1/2014) 10 (72-0H-0 C-strust)				
						10-67 Outer Systems				
	CIP088 CIP088	PROCEDURE-CODE-FLAG-5 PROCEDURE-CODE-FLAG-5	Not Applicable Not Applicable	NA	If no fifth procedure was performed, leave blank or space-fill. Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG	Not Applicable Not Applicable	8/7/2017 4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP088-00 CIP088-00
					Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE- FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.					
	CIP089 CIP089	PROCEDURE-CODE-DATE-5 PROCEDURE-CODE-DATE-5	The date on which the procedure 2 - 6 was performed. Not Applicable	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	11/3/2015 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-00 CIP089-00
	CIP089 CIP089	PROCEDURE-CODE-DATE-5 PROCEDURE-CODE-DATE-5	Not Applicable	NA	Value must be a valid date if the corresponding procedure code is 8-filled, left blank or space-filled, then this procedure code date must be 8-filled, blank or space-filled.	Not Applicable Not Applicable	8/7/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-00
_	CIP089	PROCEDURE-CODE-DATE-5	Not Applicable	NA	Date must occur before the ENDING-DATE-OF-SERVICE.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-00
_	CIP089 CIP089	PROCEDURE-CODE-DATE-5 PROCEDURE-CODE-DATE-5	Not Applicable	NA	Date must occur on or after the BEGINNING-DATE-OF-SERVICE. This date must occur on or before the DATE-OF-DEATH in the Elipible file.	Not Applicable Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-00 CIP089-00
_	CIP090	PROCEDURE-CODE-6	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the benefit is the referenced by this claim.	Conditional	Enter as many procedures as are reported after the principal procedure up to five additional codes.	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ order bird	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-00
			Not Applicative A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related into should be recorded in PROCEDIFFCODE 1, PROCEDIFFCODE APOLE MODE MOD 1, PROCEDIFFC CODE APIT 1, and PROCEDIFFCODE F1AG-1. The principal procedure is performed for definitive transmit rather than for chagnosite regularized procedures. It is closely related to either the principal clagnosis or to		Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining Heids should be #Hited, left blank or space-filled (e.g., if claim contains two additional procedures, they would be reported in PROCURE-CODE-2 and PROCURE-CODE-3. Heids PROCDURE-CODE-4 through PROCDURE-CCODE-6 would all be left blank or space-filled.)	COLUMN				
			or diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments.	1	www.reweetweetwore unough encourage to be would all be left blank or space-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ ICD10.html				
			complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertlary, etc. procedures.	1		http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html? redirect=/medhcpcsgenInfo/				
				1		http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/				1
				1		PhysicianFeeSched/PFS-Relative-Value-Files.html				
		1				http://www.cms.gov/apps/physician-fee-schedule/search/search- criteria.aspx				
				1		Additional CPT codes are available for a fee through professional				
						organizations.				
						1	1			
									1	CIP090-00
	CIP090	PROCEDURE-CODE-6	Net Applicable	NA	Value must be equal to a valid value.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	
	CIP090 CIP090	PROCEDURE-CODE-6 PROCEDURE-CODE-6	Yor Applicable Not Applicable	NA NA	Value must be equal to a valid value. # PROCIDER CODE FLAG 1 = 10 through 87, state-specific coding system() valid codes must be mustled but bed Set for a value 10 coding output or other backd conform to the a value offi-	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-00
	CIP090 CIP090	PROCEDURE-CODE-6		NA NA	supplied by the state. For national coding systems, code should conform to the nationally recognized formats:				CLAIM-HEADER-RECORD-IP-CIP00002	
	CIP090 CIP090 CIP090		Ner Applichke Ner Applichke Ner Applichke	NA NA NA	supplied by the state. For national coding systems, code should conform to the nationality recognized formats:	Not Anglicobla	10/10/2013 10/10/2013 8/7/2017	CLAIMIP CLAIMIP CLAIMIP		CIP090-00 CIP090-00
	CIP090 CIP090 CIP090 CIP090	PROCEDURE-CODE-6		NA NA NA	supplied by the state. For national cooling systems, code should confirm to the nationality recognized formation of the state of the numeric, patients 3.4 must be numeric or blank, positions 5.8 must be blank.	Not Applicable			CLAIM-HEADER-RECORD-IP-CIP00002	
	CIP090 CIP090 CIP090 CIP090	PROCEDURE-CODE-6 PROCEDURE-CODE-6	Not Applicable	NA NA NA	sägjistis öhji the satte. Hori handua coding systems, code moual content no the handwary adjugistis of prime satte. Hori handwar coding systems, code moual content no the handwary adjugistis of prime satte satte paratitises 34 must be handwary coditions 54 must be blank. Ubite can include the Matikana ad ad coditis. Billiopolari loade, est Natikana kode (paration 1-1 ⁴ , ⁴ VT) positions 3-3 must be numeric; for Local (Regional) codes, positions 2-3 must be alphanumeric (e.g., VILSP or VIVIS24).	Not Applicable	8/7/2017	CLAIMIP	LAIM-HEADER-RECORD-IP-CIP00002 LIAIM-HEADER-RECORD-IP-CIP00002 LIAIM-HEADER-RECORD-IP-CIP00002	
	CIP090 CIP090	PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6	Nor Applicable Nor Applicable Nor Applicable	NA NA NA	Wagenes for the state of instruction cooling systems, cools indicate conterns to the instructionary (1997-1992) More States (1997-1994)	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 10/10/2013 8/7/2017	CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-00 CIP090-00
	CIP090 CIP090 CIP090 CIP090 CIP090 CIP090 CIP090	PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6	Net Applicable Net Applicable	NA NA NA NA NA	Wagenes for the state of instruction cooling systems, cools indicate conterns to the instructionary (1997-1992) More States (1997-1994)	Not Applicable Vet Ap	8/7/2017 10/10/2013	CLAIMIP	LAIM-HEADER-RECORD-IP-CIP00002 LIAIM-HEADER-RECORD-IP-CIP00002 LIAIM-HEADER-RECORD-IP-CIP00002	CIP090-00 CIP090-00
	CIP090 CIP090	PROCEDURE-CODE-6 PROCED	Net Applicable Net Applicable Net Applicable Net Applicable	NA NA NA NA NA NA	Wagenes for the state of instruction cooling systems, cools indicate conterns to the instructionary (1997-1992) More States (1997-1994)	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 10/10/2013 8/7/2017 10/10/2013	CLAIMIP CLAIMIP CLAIMIP	LAM + HEADER RECORD # CP00002 LAM + HEADER RECORD # CP00002	CIP090-00 CIP090-00
	CIP090 CIP090	PROCEDURE-CODE-6 PROCED	Net Applicable Net Applicable Net Applicable Net Applicable	NA NA NA NA NA	The provide of the state of the	Not Applicable Vet Ap	8/7/2017 10/10/2013 8/7/2017 10/10/2013	CLAIMIP CLAIMIP CLAIMIP	LIAM-HEADER-RECORD-IP-CIP00002 LIAM-HEADER-RECORD-IP-CIP00002 LIAM-HEADER-RECORD-IP-CIP00002 LIAM-HEADER-RECORD-IP-CIP00002 LIAM-HEADER-RECORD-IP-CIP00002	
	CIP090 CIP090 CIP090 CIP090 CIP090	PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6	Na Applicable Na Applicable Na Applicable Na Applicable Na Applicable Na Applicable	NA NA NA NA NA NA	Augure of proteins. The Audoration could proteins. Code charact according to the Audoratury DEP/10/20 Kernerson and PMCDUE CODE CODE (14/14/2017) Filosofta 21 must be numeric solitors 34 must be numeric of balance, knotlons 54 must be balance. "Audor can include beat handlowed and code (Filosofta 21 must be numeric and can include beat handlowed and code (Filosofta 24 must be alphanement be a protein and the numeric be to according to according to a solitors 34 must be numeric to the according to according to a Name Autor and the substantian of the control and the substantian of the protein according to according to a solitor and any solitor according to a solitor according to instantian of PMCDDIBE CODE (Filosofta 14 must be alphanement be and producted code of PMCDDIBE CODE (Filosofta 14 must be and producted code of the proceeding PMCDDIBE CODE element be and producted code of PMCDDIBE CODE (Filosofta 14 must be and producted code of PMCDDIBE CODE (Filosofta 14 must be and producted code of the proceeding PMCDDIBE CODE element be and producted code of the proceeding the proceeding the proceeding code code and producted be and producted code code the proceeding the producted balance according to according	Net Applicable Vet Applicable Net Applicable Net Applicable Net Applicable Net Applicable	8/7/2017 10/10/2013 8/7/2017 10/10/2013 10/10/2013 8/7/2017	CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP	CLAN-HEARS RECORD IP (20002) CLAN-HEARS RECORD IP (20002) CLAN-HEARS RECORD IP (20002) 20.44 HEARS RECORD IP (20002) 20.44 HEARS RECORD IP (20002) CLAN-HEARS RECORD IP (20002) CLAN-HEARS RECORD IP (20002)	CIP090-00 CIP090-00 CIP090-00 CIP090-00 CIP090-00
	CIP090 CIP090 CIP090 CIP090 CIP090	PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6 PROCEDURE-CODE-6	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable	NA NA NA NA NA NA	The provide of the state of the	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable	8/7/2017 10/10/2013 8/7/2017 10/10/2013 10/10/2013	CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP	LAM + HEADER RECORD # CP00002 LAM + HEADER RECORD # CP00002	CIP090-00 CIP090-00 CIP090-00 CIP090-00 CIP090-00 CIP090-00

ow# DE N	O DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
CIP091	PROCEDURE-CODE-MOD-6	Not Applicable	NA	Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. If PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE- MOD-3 is bian-filed, then PROCEDURE-CODE-MOD-4 must also not be valued.	Not Applicable	B/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0002
CIP091	PROCEDURE-CODE-MOD-6	Not Applicable	NA	f If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, leave blank or space-fill	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0003
CIP091	PROCEDURE-CODE-MOD-6	Not Applicable	NA	rave coains or space-init Always leave blank (i.e., submitted as "pipe pipe" with nothing in between [[]] on PSV files and space-filled on FLF files]. Modifiers do not exist for KD-9/10 procedure codes for claims/encounters and will never be applicable.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0004
CIP091 CIP092	PROCEDURE-CODE-MOD-6 PROCEDURE-CODE-FLAG-6	Not Applicable A series of flags that identifies the coding system used for the associated procedure codes [PROCDURE-CODE-2 through PROCDURE-CODE-6]	NA Conditional	Not Applicable Value must be equal to a valid value.	Not Applicable 01 CPT 4	9/23/2015 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0005 CIP092-0001
		(PROCDURE-CODE-2 through PROCDURE-CODE-6)			TWO Application DI CPT 4 D2 (CD-YC M) CD-YC (Both National and Regional HCPCS) D7 (CD-IO-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems				
CIP092 CIP092	PROCEDURE-CODE-FLAG-6 PROCEDURE-CODE-FLAG-6	Not Applicable Not Applicable	NA NA	# no dath procedure was performed, levee blank or space-till. Do not use multiple instances of PROCEDURE-CODE-FLAG II the preceding PROCEDURE-CODE-FLAG element is not populated. [i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE- FLAG-3 is blank-tilled, then PROCEDURE-CODE-FLAG-4 must also not be valued.		8/7/2017 4/30/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0002 CIP092-0003
CIP092 CIP093	PROCEDURE-CODE-FLAG-6 PROCEDURE-CODE-DATE-6	Not Applicable The date on which the procedure 2 - 6 was performed. Not Applicable	NA Conditional	Value must be blank or space-filled if there are no MEDICAID-COV-INPATIENT-DAYS. Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0004 CIP093-0001
CIP093	PROCEDURE-CODE-DATE-6 PROCEDURE-CODE-DATE-6 PROCEDURE-CODE-DATE-6 PROCEDURE-CODE-DATE-6	Not Applicable Not Applicable	NA	Value must be a valid date If the corresponding procedure code is blank or space-filled, then this procedure code date must be blank or space-filled.	Not Applicable Not Applicable	11/3/2015 2/25/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0001 CIP093-0002
CIP093	PROCEDURE-CODE-DATE-6	Not Applicable		In the corresponding procedure code is balancer space-inten, then this procedure code date must be blank or space-filled. Date must occur before the ENDING-DATE-OF-SERVICE.	Not Applicable	10/10/2013	CDAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0003
CIP093 CIP093	PROCEDURE-CODE-DATE-6 PROCEDURE-CODE-DATE-6 PROCEDURE-CODE-DATE-6	Not Applicable Not Applicable	NA	Date must occur on or after the BEGINNING-DATE-OF-SERVICE. This date must occur on or before the DATE-OF-DEATH in the Eligible file.	Not Applicable Not Applicable	10/10/2013 10/10/2013 4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0004 CIP093-0005 CIP093-0006
CIP093 CIP094	ADMISSION-DATE	Not Applicable The date on which the recipient was admitted to a hospital.	NA Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0001
CIP094 CIP094	ADMISSION-DATE ADMISSION-DATE ADMISSION-DATE	Not Applicable Not Applicable	NA NA	Value must be a valid date ADMISSION-DATE should occur on or before the ADJUDICATION-DATE	Not Applicable Not Applicable	4/30/2013 4/30/2013 4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIPOU002 CLAIM-HEADER-RECORD-IP-CIPO0002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0002 CIP094-0003 CIP094-0004
CIP094 CIP094	ADMISSION-DATE	Not Applicable	NA NA	ADMISSION-DATE should occur on or before the ADJUDICATION-DATE ADMISSION-DATE should occur on or before the DISCHARGE-DATE ADMISSION-DATE should occur on or after the DATE-OF-BIRTH listed in Eligible Record. ADMISSION-DATE should occur on or before the DATE-OF-DEATH listed in Eligible Record.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0004 CIP094-0005 CIP094-0006
CIP094 CIP095	ADMISSION-DATE ADMISSION-HOUR	Not Applicable The time of admission to a hospital.	NA Conditional		Not Applicable See Appendix A for listing of valid values.	4/30/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP095-0001
CIP096 CIP096	DISCHARGE-DATE DISCHARGE-DATE DISCHARGE-DATE	The date on which the recipient was discharged from a hospital. Not Applicable Not Applicable	Conditional NA	Date format is CCYMMIDD (National Data Standard). Value must be a valid date 11 a complete valid date of discharge is not available or is unknown, leave blank or space-fill	Not Applicable Not Applicable Not Applicable	8/7/2017 4/30/2013 8/7/2017	CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0001 CIP096-0002 CIP096-0003
CIP096			NA		Not Applicable		CLAIMIP		
CIPO96 CIPO96	DISCHARGE-DATE DISCHARGE-DATE DISCHARGE-DATE	Not Applicable Not Applicable	NA NA	This date must occur on or after the ADMISSION-DATE. This date must occur on or before the ADJUDICATION-DATE. This date must occur on or after the DATE-OF-BRTH in the Eligible Record.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0004 CIP096-0005
CIP096 CIP096	DISCHARGE-DATE DISCHARGE-DATE	Not Applicable	NA NA	This date must occur on or after the DATE-OF-BIRTH in the Eligible Record. This date must occur on or before the DATE-OF-DEATH in the Eligible record	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0007 CIP096-0008
CIP097 CIP098	DISCHARGE-HOUR ADJUDICATION-DATE	The time of discharge from a hospital. The date on which the payment status of the claim was finally adjudicated by the state.	Conditional Required	Value must be a valid hour in military time format (00 to 23). Date format is CCYYMMDD (National Data Standard).	See Appendix A for listing of valid values. Not Applicable	8/7/2017 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP097-0001 CIP098-0001
CIP098 CIP098	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable Not Applicable	NA	Value must be a valid date For Adjustment Records (ADJUSTMENT-INDICATOR <> 0), use date of final adjudication when	Not Applicable Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0002 CIP098-0003
CIPO98	ADJUDICATION-DATE	Not Applicable	NA	For Encounter Records (EVPE-OF-CLAIM-3, C, W); use date the encounter was processed by the	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0004
CIP098	ADJUDICATION-DATE	Not Apolicable	NA	state. If a complete wallel date is not available or is unknown leave blank or soarse/fill	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0005
CIP098	ADJUDICATION-DATE	Not Applicable	NA	ADJUDICATION-DATE should occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0006
CIP098 CIP098	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable Not Applicable	NA	ADJUDICATION-DATE should occur on or after the ADMISSION-DATE This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0007 CIP098-0008
CIP098	ADJUDICATION-DATE	Not Applicable	NA	CHIP unborn child. A Medicald or CHIP eligible individual should not have had a claim adjudicated before their five-yea program. program.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0009
CIP099	MEDICAID-PAID-DATE	The date Medicald paid on this claim or adjustment.	Required	program. Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP099-0001
CIP099 CIP100	MEDICAID-PAID-DATE TYPE-OF-CLAIM	Not Applicable A code indicating what kind of payment is covered in this claim.	NA Required	Value must be a valid date Value must be equal to a valid value.	Not Applicable See Appendix A for listing of valid values.	4/30/2013 4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP099-0002 CIP100-0001
CIP100 CIP100	TYPE-OF-CLAIM TYPE-OF-CLAIM	Not Applicable Not Applicable	NA	States should only submit CHIP claims for CHIP eligibles States should not submit any Medical claims records for individuals who were not eligible for Medicalia according to the basis of eligibility.	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0002 CIP100-0003
CIP100	TYPE-OF-CLAIM	Not Applicable	NA	Medicaid according to the basis of eligibility. States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0004
CIP100	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the perticipation benefits code.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0005
CIP100	TYPE-OF-CLAIM	Not Applicable	NA	Recording according to the rearrange being code. States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0006
CIP101	TYPE-OF-BILL	A data element corresponding with UB-04 form locator FL4 that classifies the claim as to the type of facility (2nd digit), type of care (3rd digit) and the billing record's sequence in the episode of care (4th digit). (Note that the 1st digit is always zero.)	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP101-0001
CIP102	CLAIM-STATUS	The health care claim status codes convey the status of an entire claim.	Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP102-0001
CIP102	CLAIM-STATUS	Not Applicable	NA	All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable
CIP103	CLAIM-STATUS-CATEGORY	The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS	Required	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-catego	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP103-0001
CIP103	CLAIM-STATUS-CATEGORY	Not Applicable	NA	All denied should must have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable
CIP103	CLAIM-STATUS-CATEGORY	Not Applicable	NA	AII claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable
CIP104	SOURCE-LOCATION	The field denotes the claims payment system from which the claim was extracted	Required	Vialue mout be equal to a valid value.	20. AM85 20. AM85 20. AM85 20. New AM5.1 CMP Payment System 20. New AM5.1 CMP Payment System 20. New AM5.1 CMP Payment System 20. AM81.2 New AM81.2	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP104-0001
CIP105	CHECK-NUM	The check or EFT number.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" []].	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP105-0001
CIP105 CIP106	CHECK-NUM CHECK-EFF-DATE	Not Applicable Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is	NA Conditional	If there is a valid check date there should also be a valid check number. Date format is CCYIYMMDD (National Data Standard).	Not Applicable Not Applicable	4/30/2013 11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP105-0002 CIP106-0001
CIP106	CHECK-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable
CIP106 CIP106	CHECK-EFF-DATE CHECK-EFF-DATE CHECK-EFF-DATE	Not Applicable	NA NA	Value must be a valid date. Could be the same as Remittance Date.	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP106-0002 CIP106-0003 CIP106-0004
CIP106 CIP107	CHECK-EFF-DATE ALLOWED-CHARGE-SRC	Not Applicable Not Applicable These codes indicate how each allowed charge was determined. Not Applicable	NA Conditional	If there is a valid check number, there should also be a valid check date.	Not Applicable	4/30/2013 11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP106-0004 CIP107-0001
CIP107	ALLOWED-CHARGE-SRC	Not Applicable	NA	Value must be equal to a valid value. Claims records for an eligible individual should not indicate Medicare as the source to indicate how an allowed charge was determined on the claim, if the eligible individual is not a dual eligible.	See Appendix A for listing of valid values. Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP107-0002
CIP108	CLAIM-PYMT-REM-CODE-1	Remittance Advice Remark Codes are used to convey information about remittance processing or to	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.w	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP108-0001
		Remittance Advice Iterative Todes are used to come plormational social mentioner processing of to provide a supplementary and an experimentary development of the advice advice the come of the advice advice the term of the advice advice the come of the advice advice the come of the advice advice advice the advice advice advice advice the advice advic							
CIP109	CLAIM-PYMT-REM-CODE-2	Intellinear delice itemet fodora ano cato ta como y ferroratora ducat remittance provocation of the procession as appendente in a calculation in a calculation altradia de catorida e Reson Code. Las hitemittance Advice Remark Code leterittes as specific mecage as above in the Remittance Advice Remark Code Last. It is a caso and we had the above and care and external code cata. It is a caso and a catorida and a specific mecage as above an external code set whose use is as manufated by the Administratice Simplification providence of teach human Portability and Accountably Act of 1996 (PL LSA-154, commonly referred to as NPAA).	Conditional	Value must be equal to a valid value.	Use the Bemittance Advice Bemark Codes at the following link: http://even.or	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP109-0001
CIP110	CLAIM-PYMT-REM-CODE-3	Territoria Aduce Renuel, Code ar used to come y information about retributary processing or to some the second se	Conditional	Value must be equal to a valid value.	Use the Benittance Advice Bernark Codes at the following link: http://www.v	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP110-0001

V2.1	T-MSIS	Data	Dictionary	
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CI	DE NO	DATA ELEMENT NAME	DEFINITION Remittance Advice Remark Codes are used to convex information about remittance processing or to	NECESSITY	CODING REQUIREMENT Value must be equal to a valid value.	VALID VALUES	LAST UPDATE DATE 10/10/2013	FILENAME	FILE SEGMENT (with RECORD-ID)	CIP111-0
		CODEN	Institute Adults: Remark Code are used to convey information about retilitance processing or to provide a supportent exploration for an advance and an advance and the support of a support provide a supportent of advance and an advance advance advance advance advance termstance. Advance Remark Code List, It is a code set used by the health care industry to convey north- and advance advance advance advance advance advance advance advance advance advance advance advance advance advance advance advance advance advance a coderad code set theore use is as mutated by the Advance target assignations or the stabil numare. Portability and Accountably Act of 1996 (PL 105-191, commonly referred to as 1997).	- marcollidi		THE CONTROL OF A DECK				Ca-111-0
	IP112 IP112	TOT-BILLED-AMT TOT-BILLED-AMT	The total amount billed for this claim at the claim header level as submitted by the provider. Not Applicable	Conditional NA	This data element must include a valid dollar amount. The total amount should be the sum of each of the billed amounts submitted at the claim detail level	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP112-0 CIP112-0
	IP112 IP112	TOT-BILLED-AMT TOT-BILLED-AMT	Not Applicable Not Applicable	NA	# TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000". # TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the provider billed the managed care plan.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP112-0 CIP112-0
CI	IP113	TOT-ALLOWED-AMT	The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Conditional	the provider billed the managed care plan. This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP113-0
CI	IP113	TOT-ALLOWED-AMT	Not Applicable	NA	The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP113-0
CI	IP114	TOT-MEDICAID-PAID-AMT	The total amount paid by Medicald/CHIP or the managed care plan on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicald or the managed care plan at the detail level for the claim.	Required	If TYPE-OF-CLAIM = 1.A. U (fee-for-service claim) this field should be populated with the amount that the Medicaid agency paid to the provider.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP114-
CII	IP114	TOT-MEDICAID-PAID-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP114
CI	IP115	TOT-COPAY-AMT	The total amount paid by Medicald/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP115
CI	IP116	TOT-MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicald/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible. Not Applicable	Conditional	This data element must include a valid dollar amount.	Not Applicable Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP116
C.			nos opprisators		If the Medicare deductible summart can be identified separately from Medicare colsusance supportents, code transmit in hith field. If the Medicare consumance and descellate payments cannot be separated, ill this field with the combined payment amount, code MEDICARE-COMB- DED-ND with a "1", and code space in TOT-MEDICARE-CONS-AMT.		0772027	CLOUP III		C# 110
CII	IP116 IP117	TOT-MEDICARE-DEDUCTIBLE-AMT TOT-MEDICARE-COINS-AMT	Not Applicable The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare coinsurance.	NA Conditional	The total Medicare deductible amount must be less than or equal the total billed amount. This data element must include a valid dollar amount.	Not Applicable Not Applicable	10/10/2013 11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP116 CIP117
CII	IP117	TOT-MEDICARE-COINS-AMT	Not Applicable	NA	Value must be less than TOT-BILLED-AMT.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP117
CI	IP117	TOT-MEDICARE-COINS-AMT	Not Applicable	NA	If the Medicare colsurance amount can be identified separately from Medicare deductible amount, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, code space in this field, code MEDICARE-CONB/42E0-HAR with a '1', and till the combined payment amount in TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP117
CII	IP118	TOT-TPL-AMT	Third Party Liability (TRL) refers to the legal obligation of third parties, Le., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP118
CI	IP118	TOT-TPL-AMT	Not Applicable	NA	The value of TOT-TPL-AMT should be less than (TOT-BILLED-AMT - (TOT-MEDICARE-COINS-AMT + TOT-MEDICARE-DEDUCTIBLE-AMT).	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP118
CI	IP119 IP121	TOT-OTHER-INSURANCE-AMT OTHER-INSURANCE-IND	The amount paid by insurance other than Medicare or Medicald on this claim. The field denotes whether the insured party is covered under an other insurance plan other than	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP119
CI	IP121 IP122	OTHER-INSURANCE-IND	Medicare or Medicald.	Conditional	Value must be equal to a valid value. Value must be equal to a valid value.	0 No 1 Yes 001 Third Party Resource is Casualty/Tort	8/7/2017		CLAIM-HEADER-RECORD-IP-CIP00002	CIP123
-	IP123	SERVICE-TRACKING-TYPE	This data senserii indicates that the calmin is for a transformy for whom other think gardy resource development and confection arthritism are inprograms, when the liability is not another health namance plan for which the eligible is a beneficiary and acception for which the eligible is a beneficiary and the eligible is a beneficiary tools to enhance another beckers endow.	Conditional		Dai Third Party Resource is Caualup/Yort 2021 Third Party Resource is Listant 003 Third Party Resource is List (Ther) 005 Third Party Resource is List (Cher) 005 Third Party Resource is Other for Automatic 007 Third Party Resource is Other Ministratice 007 Third Party Resource is Other	8/7/2017	CLABMID	CLAIM-HEADER-RECORD-IP-CP00002	CIP123
	17123	SERVILE' INALAING'I ITE	A code to categorite anvite trading claims. A "soncter trading claim" is used to report time sum payments that cannot be influende to a single enders. (Note: Use an exoautier record to report an end provided under a cipitated payment arrangement).	CONDICIONAL	vanne minou de equal to a valine valide.	20 Not 3 Service Tracking Claim 20 Deug Reitat 20 Deug Reitat 20 Deug Payment 20 Lump Sum Payment 24 Carl Settlement 24 Carl Settlement 26 Other	6/7/2017	CLAIMIP		CIP123
CII	IP123	SERVICE-TRACKING-TYPE	Not Applicable	NA	This field is required if TYPE-OF-CLAIM equals a service tracking claim (Valid values for service tracking claims include 4, D, X)	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Ap
	IP124 IP124	SERVICE-TRACKING-PAYMENT-AMT SERVICE-TRACKING-PAYMENT-AMT	Not Applicable On service tracking claims, the lump sum amount paid to the provider.	NA Conditional	Required on service tracking records, TYPE-OF-CLAIM equals 4, D, X) This data element must include a valid dollar amount.	Not Applicable Not Applicable	8/7/2017 11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP124 CIP124
	IP124 IP124	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for FPDIT. For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide	Not Applicable	2/25/2013 4/30/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP12
	IP124	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	For service tracking payments, ensure that the TOT-MEDICAD-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only. If there is a service tracking type, then there must also be a service tracking payment amount.	Not Applicable Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP12
	IP124	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	If SERVICE-TRACKING-TYPE ↔ "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE↔	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP124
CI	IP125	RXED-PAYMENT-IND	The backnow faddress that they intermented anotate backnow to the data to be the data parenter. The dargements are made by the data to insome one products for presents of english corregards. We applied are write, for example, ones tables have Privary Care Care Management (PCM) applied are write. For example, ones tables have Privary Care Care Management (PCM) applied are the top of the data to insome the data of the da	Conditional	docordinations	G Hold Flyand Payment	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-OP00002	CIP125
	IP126	RUNDING-CODE	A code to indicate the source of non-federal share funds.	Required	Value must be equal to a valid value.	A Molecular Apenny De Ordr Apenny C. Metral Lineariti, Service Agenny C. Costal Jun Palmy Pankes Agenny P. Costal C. Costal Jun Palmy Pankes Agenny P. Costal V. Honoldris J. Other	10/10/2013	CLAIMIP	CLAM-HEADER-RECORD-IP-CIP00002	CIP120
CI	IP127	FUNDING-SOURCE-NONFEDERAL- SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required	Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEEDERAL-SHARE. States are to report the partient which represents the largest proportion as the FUNDING-SOURCE-NONFEEDERAL-SHARE.	05 Donations 06 State appropriations to the CHIP agency	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP127
						0 Amount not combined with coinsurance amount	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP128
CI	IP128	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Conditional	Value must be equal to a valid value.	Amount combined with coinsurance amount				
CII	IP128	MEDICARE-COMB-DED-IND	deductible was combined with their coinsurance amount because the amounts could not be separated. Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.	1 Arnount combined with coinsurance amount Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	
CII		MEDICARE-COMB-DED-IND PROGRAM-TYPE	deductifies was combined with their coinsurance amount because the amounts could not be expanded. Not Applicable Ende Indicable gateLil Mediculd program under which the service was provided. Refer to Appendix E for information on ventorus program types.	NA Required	claims records for an eighte Individual Hould net Individual Modecare paid any combined deductible senses to the claim. If the eighte Individual Is not a dual eighte. Value must be equal to a valid value.	1 Amount combined with coinsurance amount Not Applicable See Appendix A for listing of valid values.	10/10/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	
CII	IP128	MEDICARE-COMB-DED-IND PROGRAM-TYPE PROGRAM-TYPE	Beductifies was contineed with their coinsurance amount because the amounts could not be apparented. Net Applicable Each Information on the unincur program under which the service was provided. Refer to Appendix E the Information on the unincur program types.	NA Required NA	Claims records for an eligible individual should not indicate Modicare paid any combined deductible attornation for the claim. The eligible individual in rat a daul eligible. Table for 1915 () wahre must correspond to the values for 1915() wahret in the Wahrer Type.	I Amount combined with colourance amount Not Applicable See Appendix A for listing of valid values. Not Applicable Not Applicable	10/10/2013 10/10/2013		CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP12
CI CI CI	IP128	MEDICARE-COMB-DED-IND PROGRAM-TYPE	deductive uses contributed with their colnexance amount because the amounts could not be approximate. Were Applicable Could Individual granded Notification program under which the service was provided. Refer to Appendix E for Information on the unices program types. Were Applicable Net Applicable	NA Required NA	Ealms records for an eligible included all should not indicate Medicare paid any combined deducteBio accord on the calue, if the eligible individual is not a dual eligible. Water must be require to a valid value. Water for HSI 3 can be must correspond to the values for 1915(d) values in the Water Type. Indicate HSI 1000 and the must correspond to the values for 1915(d) values in the Water Type.	1 Amount combined with colonarance amount Net Applicable See Appendix A for listing of valid values. Net Applicable Net Applicable	10/10/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP12 CIP12 CIP12
CI CI CI	IP128 IP129 IP129 IP129 IP129	MEDICARE-COMB-DED-IND PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE	deductive use contributed with their colnexance amount because the amounts could not be apparedice. Wet Applicable Social Industry and a service and applicable service was provided. Einler to Appendix E for Information on the unices program types. Wet Applicable Net Applicable Net Applicable	NA Required NA NA NA Conditional	Claim records for an eligible holdwide theuld not indicate Medicare and any combined deductible another of the claim. If the eligible individual is not a dual eligible. Wate must be equal to a valid value.	I Amount combined with colourance amount Not Applicable See Appendix A for listing of valid values. Not Applicable Not Applicable	10/10/2013 10/10/2013 4/30/2013		CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP129 CIP129 CIP129
	IP128 IP129 IP129 IP129 IP129 IP129 IP130	MEDICARE COMB DED-IND PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PLANED NUMBER	deductive use contributed with their colnearance amount because the amounts could not be apparedic. Net Applicable Code belocities and applicable the service was provided. Refer to Appendix E Marginable Net Applicable Net Applicable	NA Required NA NA NA Conditional	Calms records for an eligible individual in our indicate Medicare paid any combined deductable and the equal to a valid value. Callen must be equal to a valid value. Dealer for 1935 [1] valuer must correspond to the values for 1935(2) valuer in the Valuer Type. PROCAMA: MYR-CHID(1) valuer Type. The ORGAN MYR-CHID(1) valuer Type. Type: Type	I Annuel for holder with colsurance amount Net Applicable See Approxis A function of valid values. Net Applicable Net Applicab	10/10/2013 10/10/2013 4/30/2013 4/30/2013 11/3/2015 8/7/2017	CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP	CLAIN-HEADER-RECORD-9-CP00002 CLAIN-HEADER-RECORD-9-CP00002 CLAIN-HEADER-RECORD-9-CP00002 CLAIN-HEADER-RECORD-9-CP00002 CLAIN-HEADER-RECORD-9-CP00002 CLAIN-HEADER-RECORD-9-CP00002	CIP129 CIP129 CIP129 CIP129 CIP129 CIP130
	IP128 IP129 IP129 IP129 IP129 IP130 IP130 IP130	NEDICARE COMB DED IND PROCESSAN TYPE PROCESSAN TYPE	deductive was contineed with their coinsurance amount because the amounts could not be apparedic. Not Applicable Code indicating special Medical program under which the service was provided. Refer to Appendix E was applicable Not Appl	NA Reguired NA NA NA Conditional NA NA	Calms records for an eligible included all bould not indicate Medicare paid any combined deducteBio accord on the calus, if the eligible individual is not a dual eligible. Wate must be require to a valid value. The first of the state must correspond to the values for 1915(c) values in the Water Type. TARXAMENT MYPC-community introduces (1) first (1) ANSI ELIGIBLE FILE) STATE PARA-OPTION- THE must -01 the must them parked. THE first act -01 the must them parked as the states for 1915(c) values in the Water Type. THE CALUS (1) values them parked to the states for 1915(c) values in the Water Type. THE CALUS (1) values them parked to the states for 1915(c) values in the Water Type. THE CALUS (1) values the parked to the states for the state of the state	I Amount combined with colourance amount Viet Applicable See Appendix A for listing of valid values. Not Applicable	10/10/2013 10/10/2013 4/30/2013 4/30/2013 11/3/2015	CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP	CLAM-HEARER-RECORD-IP-CPC0002 CLAM-HEARER-RECORD-IP-CPC0002 CLAM-HEARER-RECORD-IP-CPC0002 CLAM-HEARER-RECORD-IP-CPC0002 CLAM-HEARER-RECORD-IP-CPC0002	CIP123 CIP123 CIP123 CIP123 CIP130 CIP130 CIP130
	IP128 IP129 IP129 IP129 IP129 IP129 IP130	MEDICARE COMB DED-IND PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PROGRAM-TYPE PLANED NUMBER	deductive was contined with their coinsurance amount because the amounts could not be apparedic. See Applicable Code painting special Medical program under which the service was provided. Refer to Appendix E Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable	Londitional Required NA NA NA Conditional NA NA NA NA NA	Ealms records for an eligible individual though not indicate Medicare paid any combined deductable control on the calling. The eligible individual is not a data eligible. Water must be equal to a salid value. The must be equal to a salid value of the values for 1932() values in the Walker Type. INDEXEMPTED and the eligible individual is not a data eligible. INDEXEMPTED and the eligible individual is not a data eligible. INDEXEMPTED and the eligible individual is not a data eligible. INDEXEMPTED and the eligible individual is not a data eligible individual indidual individual individual indidual ind	I Amount combined with colourance amount Viet Applicable See Appendix A for listing of valid values. Not Applicable	10/10/2013 10/10/2013 4/30/2013 4/30/2013 11/3/2015 8/7/2017 8/7/2017	CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP	CLAM-HEADER-RECORD-9-CP00002 CLAM-HEADER-RECORD-9-CP00002 CLAM-HEADER-RECORD-9-CP00002 CLAM-HEADER-RECORD-9-CP00002 CLAM-HEADER-RECORD-9-CP00002 LLAM-HEADER-RECORD-9-CP00002 LLAM-HEADER-RECORD-9-CP00002	CIP125 CIP125 CIP125 CIP125 CIP125 CIP130 CIP130 CIP130
	IP128 IP129 IP129 IP129 IP129 IP130 IP130 IP130	NEDICARE COMB OLD IND PROGRAM TYPE PROGRAM TYPE PROGRAM TYPE PROGRAM TYPE PROGRAM TYPE PLANED NUMBER PLANED NUMBER PLANED NUMBER PLANED NUMBER	Beductifies was continient with their colnexance amount because the amounts could not be apparedic. Not Applicable Coole because the interact program under which the service was provided. Refer to Appendix E Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	Londitional Required NA NA NA NA Conditional NA NA NA NA NA	Calms records for an eligible individual in cal a data eligible. Calms records for an eligible individual is not a data eligible. Calms must be equal to a valid value. Calms must be equal to a valid value. Calms for the equation is valid value. Calms for the equation is an eligible individual in the values for 1913/C values in the Valuer Type. EMPOCAMAN YMPC-Community first Choice 1113 them IT-MSR ELIGIBLE FILLIS STATE-PALA OPTICA- Type ends. EMPOCAMAN YMPC-Community first Choice 1113 them IT-MSR ELIGIBLE FILLIS STATE-PALA OPTICA- FINDCAMAN YMPC-Community first Choice 1113 them IT-MSR ELIGIBLE FILLIS STATE-PALA OPTICA- FINDCAMAN YMPC-Community first Choice 1113 them IT-MSR ELIGIBLE FILLIS STATE-PALA OPTICA- FINDCAMAN YMPC-Community first Choice Characters, digits or symbole encept the "spice" (1). Des Fillis Calmanness. "Choice Calmacters, digits or symbole encept the "spice" (1). Des Fillis Calmanness." Choice Calmacters, digits or symbole encept the "spice" (1). The Marka Calmanness." Choice Calmacters, digits or symbole encept the "spice" (1). The Marka Calmanness." Choice Calmacters, digits or symbole encept the "spice" (1). The Marka Calmanness." Choice Calmacters, digits or symbole encept the "spice" (1). The Marka Calmanness." Choice Calmacters, digits or symbole encept the "spice" (1). The Marka Calmanness." Choice Calmacters, digits or symbole encept the "spice" (1). The Marka Calmanness." Characters, digits or symbole encept the "spice" (1). The Marka Calmanness." Characters, digits or symbole encept the "spice" (1).	I Amount on holmsherd with colonarance amount Nex Applicable See Appendix A full finiting of valid values. Nex Applicable Nex	10/10/2013 10/10/2013 4/30/2013 4/30/2013 11/3/2015 8/7/2017 8/7/2017 8/7/2017	CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP CLAIMIP	LAM-HEADER-REDORD-P-CP00002 ZAM-HEADER-REDORD-P-CP00002 ZAM-HEADER-REDORD-P-CP00002 ZAM-HEADER-REDORD-P-CP00002 ZAM-HEADER-REDORD-P-CP00002 ZAM-HEADER-REDORD-P-CP00002 ZAM-HEADER-REDORD-P-CP00002	CP125 CP125 CP125 CP125 CP130 CP130 CP130 CP131 CP131
CI CI CI CI CI CI CI CI CI CI CI CI CI	IP128 IP129 IP129 IP129 IP129 IP130 IP130 IP130 IP130	NEDICARE COME DED IND REGISANT TYPE REGISANT TYPE REGISANT TYPE REGISANT TYPE RAN DE NUMBER RAN DE NUMBER RAN DE NUMBER RAN DE NUMBER RAN DE NUMBER	deductive use contributed with their colnexance amount because the amounts could not be apparedice. Nex Applicable Code Evolutionity agreedle Montecord program under which the service was provided. Refer to Appendix E Nex Applicable Nex Applicable	Londitional NA Required NA NA NA NA NA NA NA NA NA NA NA NA	Claims records for an eligible includual though not indicate Medicare paid any combined deductible accord on the claim, effect eligible individual is not a dual eligible. Water must be equal to a valid state. The duals for the state of the states for 1915(c) values in the Walter Type. THEOREM TYPE Community (indicate) that information (ILL) STATE PARA OPTION TYPE THEOREM 101 (IDL HOREM TO AND THE STATE AND THE STATE PARA OPTION TYPE INTO THE field can contain any adjustmentic durations. digits or yunbide needs the "gibe" (ILL) the field can contain any adjustmentic durations. digits or yunbide needs the "gibe" (ILL) the field can contain any adjustmentic durations. digits or yunbide needs the "gibe" (ILL) the field can contain any adjustmentic durations, digits or yunbide needs the "gibe" (ILL) the field can contain any adjustmentic durations, digits or yunbide needs the "gibe" (ILL) the field can contain any adjustmentic durations, digits or yunbide needs the "gibe" (ILL) the field can contain any adjustmentic durations, digits or yunbide needs the "gibe" (ILL) the field can contain any adjustmentic durations, digits or yunbide needs the "gibe" (ILL) the field can contain any adjustmentic durations, digits or yunbide needs the "gibe" (ILL) to state in contain any adjustmentic durations, digits or yunbide needs the "gibe" (ILL) to state in contain any adjustmentic duration duration of a 1012/1014.	I Around robbied with colorurance around Net Applicable See Approxia Ar Uniting of valid values. Net Applicable	10/10/2013 10/10/2013 4/30/2013 4/30/2013 11/3/2015 8/7/2017 8/7/2017 11/3/2015	CAIMIP CAIMIP CAIMIP CAIMIP CAIMIP CAIMIP CAIMIP CAIMIP CAIMIP	LAM-HEADER HECKIE 9- CP0002 LAM-HEADER HECKIE 9- CP0002	CIP125 CIP125 CIP125 CIP125 CIP130 CIP130 CIP130 CIP131 CIP131
CI CI CI CI CI CI CI CI CI CI CI CI CI	IP128 IP129 IP129 IP129 IP130 IP130 IP130 IP130 IP131	MEDICASE COME DED IND REGISIAN TIVE REGISIAN TIVE REGISIAN TIVE REGISIAN TIVE REGISIAN TIVE REGISIAN TIVE RAN DA NUMBER RAN DA NUMBER RAN DA NUMBER RAN DA NUMBER NATIONAL HEALTH CORE NITIVED NATIONAL HEALTH CORE NITIVED	Beductive was contineed with their coinsurance amount because the amounts could not be apparedic. Not Applicable Coole including special Modical program under which the service was provided. Enfort to Appendix E Not Applicable Not Applicable	Londitional NA Required NA NA NA Conditional NA	Caline records for an eligible individual in out a data eligible. Wate must be equal to a valid value. Wate must be equal to a valid value. Wate must be equal to a valid value. PROSENT PVFS - 11200 must be expected on the values for 1912() values in the Water Type. PROSENT PVFS - 11200 () values to the values for 1912() values in the Water Type. PROSENT PVFS - 11200 () values to the values for 1912() values in the Water Type. PROSENT PVFS - 11200 () values to the values for 1912() values in the Water Type. PROSENT PVFS - 11200 () values to the values for 1913 () values for the value of PVFS - 1910 () values to the values of the value of the values of the value of the values of the valu	I Around robbied with colorurance around Net Applicable See Approxia Ar Uniting of valid values. Net Applicable	10/10/2013 10/10/2013 4/30/2013 4/30/2013 11/3/2015 8/7/2017 8/7/2017 8/7/2017 8/7/2017	CAIMIP CAIMIP CAIMIP CAIMIP CAIMIP CAIMIP CAIMIP CAIMIP CAIMIP	CAM HEADER HECKID IP CIPODOD CLAM HEADER HECKID IP CIPODOD CLAM HEADER HECKID IP CIPODOD LAM HEADER HECKID IP CIPODOD LIAM HEADER HECKID IP CIPODOD	CP128 CP129 CP129 CP129 CP129 CP130 CP130 CP130 CP131 CP131 CP131

w Row #	DE NO	DATA ELEMENT NAME	DEFINITION This code indicates the type of Medicare Relimbursement.	NECESSITY	CODING REQUIREMENT Value must be equal to a valid value.	VALID VALUES 01 IPPS - Acute Inpatient PPS	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CIP133-00
	CIP133	MEDICARE-REIM-TYPE	This code indicates the type of Medicare Reinburgement.	Conditional	Value must be equal to a wild value.	DL 1995 - Auch Lepident PSP Exploration PSP State PSP	10/10/2013	(LAIMIP	CAIM-HEADER-RECORD-IP-CIP00002	CIP133-00
	CIP133	MEDICARE-REIM-TYPE	Not Applicable	NA	If this is a crossover Medicare claim (CROSSOVER-IND= 1), the claim must have a MEDICARE-REIM- NEW	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP133-00
	CIP133	NON-COV-DAYS	The number of days of inpatient care not covered by the payer for this sequence as qualified by the	Conditional	It als is a dosover medicate claim (cROSOVER/IND= 1), the claim must have a metric-werker/reim- TPE. Must contain number of non-covered days.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP133-00
	CIP135	NON-COV-CHARGES	service. The charges for installent care, which are not reimbursable by the primary paver. The pon-covered	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP135-00
	CIP136	MEDICAID-COV-INPATIENT-DAYS	charges do not refer to charges not covered for any other service. The number of inpatient days covered by Medicaid on this claim. For states that combine delivery/birth services on a single claim, include covered days for both the mother and the neonate in this field.	Conditional	Must contain number of covered days.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-00
			derivery/birth services on a single claim, include covered days for both the mother and the reonate in this field.							
	CIP136	MEDICAID-COV-INPATIENT-DAYS	Not Applicable	NA	This field is applicable when a CLAIMIP record includes at least one accommodation REVENUE-COD • (values 100-219).	E Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0
	CIP136 CIP136	MEDICAID-COV-INPATIENT-DAYS	Not Applicable Not Applicable	NA	This total must not be greater than double the duration between the DISCHARGE-DATE and the ADMISSION-DATE, plus one day. This field is required if the Type of Service is 001, 058, 060, 84, 086, 090, 091, 092, 093, 123, 132.	Not Applicable	4/30/2013 8/7/2017		CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0
	CIP136	CLAIM-LINE-COUNT	The total number of lines on the claim	Required	Must be populated on every record	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP130-C
	CIP137	CLAIM-LINE-COUNT	Not Applicable	NA	If the number of claim lines is above the state-approved limit, the record will be split and the SPLIT- CLAIM-IND will equal 1.	- Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP137-0
	CIP137 CIP138	CLAIM-LINE-COUNT FORCED-CLAIM-IND	Not Applicable This code indicates if the claim was processed by forcing it through a manual override process.	NA Conditional	The claim line count should equal the sum of the claim lines for this record. Value must be equal to a valid value.	Not Applicable 0 No 1 Yes	4/30/2013 11/3/2015	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP137-0 CIP138-0
	CIP139	HEALTH-CARE-ACQUIRED-CONDITION		Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP139-0
	CIP140	OCCURRENCE-CODE-01	A code to describe specific event(s) relating to this billing period covered by the daim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Gulidance/Gulidance/Transmittals/down	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP140-0
	CIP140 CIP140	OCCURRENCE-CODE-01 OCCURRENCE-CODE-01	Not Applicable Not Applicable	NA NA	Required if reported on the claim. All UNUSED occurrence code fields: should be left blank (i.e., submitted as "pipe pipe" with nothing In between () on PSV files and space-filed on RLF files).	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP140-0 CIP140-0
	CIP141	OCCURRENCE-CODE-02	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	In between ([]) on PSV files and space-filled on FLF files). Value must be equal to a valid value.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/down	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP141-0
	CIP141	OCCURRENCE-CODE-02	These fields can be used for either occurrences or occurrence spans. Not Applicable	NA	Required if reported on the claim	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIPOD002	CIP141-
	CIP141	OCCURRENCE-CODE-02	Not Applicable	NA	Nequired in reported on the claim. All UNUSED occurrence code Helds should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on PLF files).	Not Applicable 3 Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP141-
	CIP142	OCCURRENCE-CODE-03	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Reputations-and-Guidance/Guidance/Transmittals/down	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP1424
	CIP142 CIP142	OCCURRENCE-CODE-03 OCCURRENCE-CODE-03	Not Applicable Not Applicable	NA	Required if reported on the claim. All UNISED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing is between U.ion Bibl (illes and carsonallided on B E files).	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP142-
	CIP143	OCCURRENCE-CODE-04	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLS 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	No resolution of the second model and a new state way to an an appendix of the second model of the second	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/down	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP143+
	CIP143	OCCURRENCE-CODE-04	These fields can be used for either occurrences or occurrence spans. Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP143-
	CIP143 CIP144	OCCURRENCE-CODE-04 OCCURRENCE-CODE-05	Not Applicable A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	NA Conditional	INCLUSION DOCUMENTER CONTROL CONTROL OF A DOCUMENT OF A DOCUMENTA DOCUMENT A DOCUMENTA DOC	g Not Applicable http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/down	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP143+
		OCCURRENCE-CODE-05	These fields can be used for either occurrences or occurrence spans.					CLAIMIP	CLAIM-HEADER-RECORD-IP-CIPODD02	
	CIP144 CIP144	OCCURRENCE-CODE-05	Not Applicable Not Applicable	NA NA	Required if reported on the claim. All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (II) on PSV files and space-filled on FLF files).	Not Applicable 3 Not Applicable	2/25/2013 9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP144-C
	CIP145	OCCURRENCE-CODE-06	A code to describe specific event(s) relating to this billing period covered by the dalm. (These are FLS 31, 32, 33, 34, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/down	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP145-0
	CIP145 CIP145	OCCURRENCE-CODE-06 OCCURRENCE-CODE-06	Not Applicable Not Applicable	NA	Required if reported on the claim.	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP145-C
	CIP146	OCCURRENCE-CODE-07	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	All UNERED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filed on RLF files). Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/down	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP146-0
	CIP146 CIP146	OCCURRENCE-CODE-07 OCCURRENCE-CODE-07	Not Applicable Not Applicable	NA	Required if reported on the claim. All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing	Not Applicable	2/25/2013 9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP146-0
	CIP140 CIP147	OCCURRENCE-CODE-08	A code to describe specific event(s) relating to this billing period covered by the daim. (These are FLs [31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	an Overset occurrence code netros sindial de reir bank (u.e., submitted as pipe pipe with nonning in between (()) on PSV files and space-filled on REF files). Value must be equal to a valid value.	bttp://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/down	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP1401
	CIP147	OCCURRENCE-CODE-08	These fields can be used for either occurrences or occurrence spans. Not Applicable	NA	Remuted if reported on the cisim	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP147-0
	CIP147 CIP147	OCCURRENCE-CODE-08	Not Applicable	NA	request in reported on the damin. All UNUSED occurrence code fields, should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP147-
	CIP148	OCCURRENCE-CODE-09	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/down	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP148+
	CIP148 CIP148	OCCURRENCE-CODE-09 OCCURRENCE-CODE-09	Not Applicable Not Applicable	NA	Required if reported on the claim. All UNITED occurrence code fields, should be left black (i.e., submitted or "cine pipe" with optimize	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP148-
	CIP149	OCCURRENCE-CODE-10	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing In between () on PSV files and space-filled on FLF files). Value must be equal to a valid value.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/down	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP149-
	CIP149	OCCURRENCE-CODE-10	These fields can be used for either occurrences or occurrence spans.	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP149-
	CIP149	OCCURRENCE-CODE-10	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	g Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP1494
	CIP150 CIP150	OCCURRENCE-CODE-EFF-DATE-01 OCCURRENCE-CODE-EFF-DATE-01	The start date of the corresponding occurrence code or occurrence span codes. Not Applicable	Conditional NA	Date format is CCYYMMDD (National Data Standard). Value must be numeric.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-
	CIP150 CIP150 CIP150	OCCURRENCE-CODE-EFF-DATE-01 OCCURRENCE-CODE-EFF-DATE-01 OCCURRENCE-CODE-EFF-DATE-01	Not Applicable Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable Not Applicable	8/7/2017 2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP150- CIP150- CIP150-
	CIP150 CIP150	OCCURRENCE-CODE-EFF-DATE-01 OCCURRENCE-CODE-EFF-DATE-01	Not Applicable Not Applicable	NA NA	Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (Le., submitted as "pipe pipe with nothing in between () on PSV files and space-filed on FLF files).	Not Applicable * Not Applicable	2/25/2013 9/23/2015	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP150- CIP150-
	CIP151 CIP151	OCCURRENCE-CODE-EFF-DATE-02	The start date of the corresponding occurrence code or occurrence span codes. Not Applicable	Conditional NA	Date format is CCYYMMDD (National Data Standard). Value must be numeric. Value must be availed date	Not Applicable Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP151- Not App
	CIP151 CIP151 CIP151	OCCURRENCE-CODE-EFF-DATE-02 OCCURRENCE-CODE-EFF-DATE-02 OCCURRENCE-CODE-EFF-DATE-02	Not Applicable	NA NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	8/7/2017 2/25/2013 2/25/2013	CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP151- CIP151- CIP151-
	CIP151 CIP151 CIP151	OCCURRENCE-CODE-EFF-DATE-02 OCCURRENCE-CODE-EFF-DATE-02 OCCURRENCE-CODE-EFF-DATE-02	Not Applicable Not Applicable	NA NA	Value must correspond to the OLCURENCE-CUDE Value Value must be less than or equal to the corresponding OCCURENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between (1) on PSV files and space-filed on PET files).	Not Applicable * Not Applicable	2/25/2013 2/25/2013 9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP151- CIP151- CIP151-
	CIP152	OCCURRENCE-CODE-EFF-DATE-03	The start date of the corresponding occurrence code or occurrence span codes.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-
	CIP152 CIP152 CIP152	OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03	Not Applicable	NA NA	Value must be numeric. Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 2/25/2013	CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	Not App CIP152- CIP152-
	CIP152 CIP152 CIP152	OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03		NA NA	Incluines when one corresponding ULCURRENCE-CODE real is populated Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-FND-DATE field	Not Applicable Not Applicable Not Applicable	2/25/2013 2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP152- CIP152-
	CIP152 CIP152			NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED Courrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between (1)) on PSV files and space-filed on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP000002	CIP152-
			The start date of the corresponding occurrence code or occurrence span codes.	Conditional	Date format is CCYYMMDD (National Data Standard). Value must be numeric.	Not Applicable Not Applicable	2/25/2013 8/7/2017 8/7/2017	CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP153- Not App
	CIP153 CIP153		Not Application	A14						CIP153
	CIP153 CIP153 CIP153	OCCURRENCE-CODE-EFF-DATE-04 OCCURRENCE-CODE-EFF-DATE-04 OCCURRENCE-CODE-EFF-DATE-04	Not Applicable	NA NA	informer the average of the second seco	Not Applicable Not Applicable Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP1534
	CIP153 CIP153	OCCURRENCE-CODE-EFF-DATE-04	Not Applicable	NA NA NA NA		Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable				CIP153-C CIP153-C CIP153-C CIP153-C

ow#	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT Value must be a valid date.	VALID VALUES	LAST UPDATE DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
-	CIP154 CIP154	OCCURRENCE-CODE-EFF-DATE-05 OCCURRENCE-CODE-EFF-DATE-05	Not Applicable Not Applicable	NA NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0003 CIP154-0004
0	CIP154 CIP154	OCCURRENCE-CODE-EFF-DATE-05 OCCURRENCE-CODE-EFF-DATE-05	Not Applicable Not Applicable	NA NA	value must correspont to the OLCUMENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUXED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0005 CIP154-0006
	CIP155	OCCURRENCE-CODE-EFF-DATE-06	The start date of the corresponding occurrence code or occurrence span codes.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0001
0	CIP155 CIP155	OCCURRENCE-CODE-EFF-DATE-06 OCCURRENCE-CODE-EFF-DATE-06	Not Applicable	NA NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable CIP155-0002
1	CIP155 CIP155	OCCURRENCE-CODE-EFF-DATE-06 OCCURRENCE-CODE-EFF-DATE-06	Not Applicable Not Applicable	NA NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0003 CIP155-0004
	CIP155 CIP155	OCCURRENCE-CODE-EFF-DATE-06 OCCURRENCE-CODE-EFF-DATE-06	Not Applicable Not Applicable	NA NA	Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left bilank (i.e., submitted as "pipe pipe with nothing in between ([]) on PSV files and space-filed on FEF files).	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0005 CIP155-0006
	CIP156 CIP156	OCCURRENCE-CODE-EFF-DATE-07 OCCURRENCE-CODE-EFF-DATE-07	The start date of the corresponding occurrence code or occurrence span codes.	Conditional	Date format is CCYYMMDD (National Data Standard). Value must be numeric.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0001 Not Applicable
	CIP156 CIP156	OCCURRENCE-CODE-EFF-DATE-07 OCCURRENCE-CODE-EFF-DATE-07	Not Applicable Not Applicable	NA NA	Value must be availed date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0002 CIP156-0003
	CIP156 CIP156	OCCURRENCE-CODE-EFF-DATE-07 OCCURRENCE-CODE-EFF-DATE-07	Not Applicable Not Applicable	NA NA	Automatic and the consequences and the consequences and the population Value must consequent to the COLORENCE-CODE Value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe pipe pipe pipe pipe pipe pipe	Not Applicable Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0004 CIP156-0005
1	CIP156	OCCURRENCE-CODE-EFF-DATE-07	Not Applicable	NA	with nothing in between (11) on PSV files and space-filed on FLP files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0006
	CIP157 CIP157	OCCURRENCE-CODE-EFF-DATE-08 OCCURRENCE-CODE-EFF-DATE-08	The start date of the corresponding occurrence code or occurrence span codes. Not Applicable	Conditional NA	Date format is CCYYMMDD (National Data Standard). Value must be numeric.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0001 Not Applicabl
	CIP157 CIP157	OCCURRENCE-CODE-EFF-DATE-08 OCCURRENCE-CODE-EFF-DATE-08	Not Applicable Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0002 CIP157-0003
0	CIP157 CIP157	OCCURRENCE-CODE-EFF-DATE-08 OCCURRENCE-CODE-EFF-DATE-08	Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0004 CIP157-0005
0	CIP157	OCCURRENCE-CODE-EFF-DATE-08	Not Applicable	NA	All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0006
	CIP158 CIP158	OCCURRENCE-CODE-EFF-DATE-09 OCCURRENCE-CODE-EFF-DATE-09 OCCURRENCE-CODE-EFF-DATE-09	The start date of the corresponding occurrence code or occurrence span codes. Not Applicable	Conditional NA	Date format is CCYYMMDD (National Data Standard). Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-000 Not Applical CIP158-000
	CIP158	OCCURRENCE-CODE-EFF-DATE-09	Not Applicable Not Applicable	NA NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0003
0	CIP158 CIP158	OCCURRENCE-CODE-EFF-DATE-09 OCCURRENCE-CODE-EFF-DATE-09	Not Applicable Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between (1) in on FSV files and space-filed on FLF files).	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0004 CIP158-0005
0	CIP158	OCCURRENCE-CODE-EFF-DATE-09 OCCURRENCE-CODE-EFF-DATE-10	Not Applicable The start date of the corresponding occurrence code or occurrence span codes.	NA	All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between () on PSV files and space-filed on FLF files). Date format is CCYYMMDD (National Data Standard).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-000
0	CIP159 CIP159	OCCURRENCE-CODE-EFF-DATE-10	Not Applicable	Conditional NA	Value must be numeric.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applical
0	CIP159 CIP159 CIP159	OCCURRENCE-CODE-EFF-DATE-10 OCCURRENCE-CODE-EFF-DATE-10	Not Applicable	NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-000 CIP159-000 CIP159-000
0	CIP159 CIP159 CIP159	OCCURRENCE-CODE-EFF-DATE-10 OCCURRENCE-CODE-EFF-DATE-10 OCCURRENCE-CODE-EFF-DATE-10	Not Applicable	NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between (1) on PSV files and space-filed on FLP files).	Not Applicable Not Applicable	2/25/2013 2/25/2013 9/23/2015	CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-000 CIP159-000 CIP159-000
	CIP159 CIP160	OCCURRENCE-CODE-EFF-DATE-10 OCCURRENCE-CODE-END-DATE-01	Not Applicable The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between () on PSV files and space-filed on FLF files). Date format is CCYYMMDD (National Data Standard).	"Not Applicable Not Applicable	9/23/2015 2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-000 CIP160-000
	CIP160	OCCURRENCE-CODE-END-DATE-01 OCCURRENCE-CODE-END-DATE-01		NA	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable	2/25/2013 2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-000
	CIP160 CIP160	OCCURRENCE-CODE-END-DATE-01 OCCURRENCE-CODE-END-DATE-01	Not Applicable	NA	Value must be a valid date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-00 CIP160-00
	CIP160	OCCURRENCE-CODE-END-DATE-01	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 ICLAIM-HEADER-RECORD-IP-CIP00002	CIP160-00
	CIP160 CIP160	OCCURRENCE-CODE-END-DATE-01 OCCURRENCE-CODE-END-DATE-01	Not Applicable Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-00
-	CIP161	OCCURRENCE-CODE-END-DATE-02	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-00
	CIP161	OCCURRENCE-CODE-END-DATE-02 OCCURRENCE-CODE-END-DATE-02	Not Applicable	NA	Value must be a valid date # the occurrence date room is a single day, then populate the OCCURRENCE-CONSERSIONTE and	Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-00
	CIP161	OCCURRENCE-CODE-END-DATE-02		NA	value must be a valid date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-00
	CIP161 CIP161	OCCURRENCE-CODE-END-DATE-02 OCCURRENCE-CODE-END-DATE-02	Not Applicable	NA	Value must correspond to the OCCURRENCE-CODE value Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013 2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-00 CIP161-00
[CIP162	OCCURRENCE-CODE-END-DATE-03	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is COVMMIDD (National Data Standard)	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-00
	CIP162	OCCURRENCE-CODE-END-DATE-03		NA	Value must be a valid date	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-00
	CIP162	OCCURRENCE-CODE-END-DATE-03	Not Applicable	NA	If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-00
	CIP162 CIP162	OCCURRENCE-CODE-END-DATE-03 OCCURRENCE-CODE-END-DATE-03 OCCURRENCE-CODE-END-DATE-03	Not Applicable Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-00 CIP162-00
-	CIP162			NA	Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-00
4	CIP163	OCCURRENCE-CODE-END-DATE-04	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMIDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-00
0	CIP163 CIP163	OCCURRENCE-CODE-END-DATE-04 OCCURRENCE-CODE-END-DATE-04	Not Applicable Not Applicable	NA NA	Value must be a valid date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-00 CIP163-00
	CIP163	OCCURRENCE-CODE-END-DATE-04	Not Applicable	NA	OCCURRENCE-CODE: ND-DATE fields with the same date Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-00
0	CIP163 CIP163	OCCURRENCE-CODE-END-DATE-04 OCCURRENCE-CODE-END-DATE-04	Not Applicable Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-00 CIP163-00
	CIP164	OCCURRENCE-CODE-END-DATE-05	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-00
6	CIP164	OCCURRENCE-CODE-END-DATE-05	Not Applicable	NA	Value must be a valid date	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-00
8	CIP164	OCCURRENCE-CODE-END-DATE-05	Not Applicable	NA	value mass be a value date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-00
	CIP164 CIP164	OCCURRENCE-CODE-END-DATE-05 OCCURRENCE-CODE-END-DATE-05 OCCURRENCE-CODE-END-DATE-05	Not Applicable	NA NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-00 CIP164-00
	CIP164		Not Applicable	NA	Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-00
1	CIP165	OCCURRENCE-CODE-END-DATE-06 OCCURRENCE-CODE-END-DATE-06	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-00
4	CIP165 CIP165	OCCURRENCE-CODE-END-DATE-06 OCCURRENCE-CODE-END-DATE-06	Not Applicable Not Applicable	NA NA	Value must be a valid date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-00 CIP165-00
	CIP165	OCCURRENCE-CODE-END-DATE-06	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-00
1	CIP165 CIP165	OCCURRENCE-CODE-END-DATE-06 OCCURRENCE-CODE-END-DATE-06	Not Applicable Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-00 CIP165-00
	CIP166	OCCURRENCE-CODE-END-DATE-07	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMIDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-00
4	CIP166	OCCURRENCE-CODE-END-DATE-07	Not Applicable	NA	Value must be a valid date	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-00
	CIP166	OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07	Not Applicable	NA	If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0
	CIP166 CIP166	OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07	Not Applicable Not Applicable	NA	Acquired when the corresponding COLORRENCE-CODE relia is populated Value must correspond to the COLURENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013 2/25/2013	CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 ICLAIM-HEADER-RECORD-IP-CIP00002	CIP166-00 CIP166-00
	CIP165	OCCURRENCE-CODE-END-DATE-08	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Value must be greater than or equal to the corresponding OCCONTENCE-CODE EPPONE resu	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0
	CIP167			conditional			2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0
0	CIP167	OCCURRENCE-CODE-END-DATE-08 OCCURRENCE-CODE-END-DATE-08	Not Applicable	NA	value must be a value date if the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0
	CIP167 CIP167	OCCURRENCE-CODE-END-DATE-08 OCCURRENCE-CODE-END-DATE-08	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0 CIP167-0
	CIP167	OCCURRENCE-CODE-END-DATE-08	Not Applicable	NA	Value must correspond to the OCCONENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0
	CIP168	OCCURRENCE-CODE-END-DATE-09	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0
	CIP168 CIP168	OCCURRENCE-CODE-END-DATE-09 OCCURRENCE-CODE-END-DATE-09	Not Applicable	NA	Value must be a valid date if the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0 CIP168-0
	CIP168	OCCURRENCE-CODE-END-DATE-09		NA	If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0
	CIP168 CIP168 CIP168	OCCURRENCE-CODE-END-DATE-09 OCCURRENCE-CODE-END-DATE-09 OCCURRENCE-CODE-END-DATE-09		NA	Required when the correspond to the OCCORRENCE-CODE relation is populated Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013 2/25/2013	CLAIMIP CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 ICLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0 CIP168-0 CIP168-0
	CIP169	OCCURRENCE-CODE-END-DATE-10	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYMMDD (National Data Standard).	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0
_	CIP169	OCCURRENCE-CODE-END-DATE-10		NA		Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0
	CIP169 CIP169	OCCURRENCE-CODE-END-DATE-10	Not Applicable	NA	If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-00
	CIP169 CIP169	OCCURRENCE-CODE-END-DATE-10 OCCURRENCE-CODE-END-DATE-10	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-00 CIP169-00
1	CIP169	OCCURRENCE-CODE-END-DATE-10 OCCURRENCE-CODE-END-DATE-10	Not Applicable	NA	Value must correspond to the OCCUNRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-00
	CIP170 CIP171	BIRTH-WEIGHT-GRAMS PATIENT-CONTROL-NUM	The weight of a newborn at time of birth in grams (applicable to newborns only). A content's weight of a newborn arritmed by the provider speece during claim submission, which identifies	Conditional	Required for a claim involving child birth The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 ICLAIM-HEADER-RECORD-IP-CIP00002	CIP170-00
	un 1/1	CALEN-CONTROLINOM	The weight of a newborn at time of birth in grants tappicable to newborns only. A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of service within the provider's system to facilitate retrieval of Individual financial and clinical records and posting of payment	CONDITIONAL	inclusion concommunication and approximation characters, upper or sympols except the "pipe" []].	no approxim	11/3/2015		LOND TRADER RECORD IF CP00002	CP1/1-00

w Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR N
6	CIP172	ELIGIBLE-LAST-NAME	The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility first in the MSI-DISTINGCATION-NUM will be used to associate a claim record with the	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([].	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP172-0001
,	CIP172	ELIGIBLE-LAST-NAME	appropriate eligibility data.) Not Applicable	NA	When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	e Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP172-0002
	CIP173	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP173-0001
	CIP173	ELIGIBLE-FIRST-NAME	Not Applicable	NA	When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP173-0002
	CIP174	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided. (The patients name should be	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (1).	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP174-0001
			captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSF-IDENTRICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)							
	CIP174	ELIGIBLE-MIDDLE-INIT	Not Applicable	NA	Leave blank if not available. When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP000002	CIP174-0002
	CIP175	DATE-OF-BIRTH	Date of birth of the individual to whom the services were provided.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-000
	CIP175 CIP175	DATE-OF-BIRTH	Not Applicable Not Applicable	NA	Value must be a valid date The numeric form for days and months from 1 to 9 must have a zero as the first digit.	Not Applicable Not Applicable	4/30/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-000 CIP175-000
	CIP175	DATE-OF-BIRTH	Not Applicable This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	NA	A patient's age should not be greater than 112 years.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-000
	CIP176	HEALTH-HOME-PROV-IND	Health Home care model. Health home providers provide service for patients with chronic llinesses.	Conditional	value must de equal to a value value.	1Yes	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-000
	CIP176	HEALTH-HOME-PROV-IND	Not Applicable	NA	If a state has not yet begun collecting this information, HEALTH-HOME-PROV-IND, this field should be defaulted to the value "8."	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-00
	CIP176 CIP176	HEALTH-HOME-PROV-IND HEALTH-HOME-PROV-IND	Not Applicable Not Applicable	NA	If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate yes. States should not submit claim records for an eligible individual that indicate the claim was	Not Applicable Not Applicable	10/10/2013 4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-000 CIP176-000
	CIP176	HEALTH-HOME-PROV-IND			States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group centolled in a health home model if the eligible individual is not enrolled in the health home program.	1			CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-00
			Not Applicable	NA	States that do not specify an eligible individual's health home provider number, if applicable, shoul not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.	d Not Applicable	4/30/2013			
	CIP177	WAIVER-TYPE	Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Conditional	Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-00
	CIP177 CIP177	WAIVER-TYPE WAIVER-TYPE	Not Applicable Not Applicable	NA NA	Value must correspond to associated WAIVER-ID An ineligible individual should not have a category for federal reimbursement for Medicaid or CHIF [CMS-64-CATEGOR+FOR-FEDERAL-REIMBURSEMENT <> 01,02]	Not Applicable Not Applicable	2/25/2013 10/10/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-00 CIP177-00
	CIP178	WAIVER-ID	Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be	Conditional	Not Applicable	Valid values are supplied by the state.	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applic
			the approved, full federal walker ID number assigned during the state submixion and CMS approval process. The categories of demonstration and walker programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3); and 1915(b)(4) managed care walkers; 1915(c), hone and community based services walkers; combined 1915(b) and 1915(c) managed home and community based services walkers and 1115 demonstration.							
	CIP178	WAIVER-ID	Not Applicable	NA	Report the full federal walver identifier.	Not Applicable Not Applicable	11/9/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-00
	CIP178 CIP178	WAIVER-ID WAIVER-ID	Not Applicable Not Applicable	NA NA	If the goods & services rendered do not fall under a waiver, leave this field blank. If there's a waiver type, there should be a corresponding waiver id.	Not Applicable Not Applicable	11/9/2015 4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-000 CIP178-000
	CIP179	BILLING-PROV-NUM	A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	Required	If value is invalid, record it exactly as it appears in the state system.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-00
	CIP179	BILLING-PROV-NUM	Not Applicable	NA	For encounter records (TYPE-OF-CLAIM = 3, C, VJ), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-00
	CIP179 CIP179	BILLING-PROV-NUM BILLING-PROV-NUM	Not Applicable Not Applicable	NA NA	Billing Provider must not be an individual or group on inpatient hospital claims. The value reported in BILLING-PROV-NUM should match a value in the PROV-IDENTIFIER field in	Not Applicable Not Applicable	8/7/2017 4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-00 CIP179-00
	CIP179	BILLING-PROV-NUM	Not Applicable	NA	which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider file. The value reported in BILLING-PROV-NUM should match a value reported in the SUBMITTING-	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-00
	CIP179	BILLING-PROV-NUM BILLING-PROV-NPI-NLIM	Not Applicable	NA	STATE-PROV-ID on the provider file. Not Applicable	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-00
	CIP179 CIP180	BILLING-PROV-NPI-NUM	The National Provider ID (NPI) of the billing entity responsible for billing a patient for healthcare services.	Required	NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.oms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-00
			The National Provider to Very or the Uning Entry responsable for During a patient for instantial e pervices. The billing provider can also be servicing, referring, or prescribing provider. Can be admitting provider except for Long Term Care.							
	CIP180 CIP180	BILLING-PROV-NPI-NUM BILLING-PROV-NPI-NUM	Not Applicable Not Applicable	NA NA	Valid characters include only numbers (0-9) For encounter records (TYPE-OF-CLAIM = 3, C, W), the BILLING-PROV-NPI-NUM field should be populated with the NPI of the provider or entity billing (or reporting) to the managed care plan.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-00 CIP180-00
					For financial remarkation (a), e., espendinalities transactions or encounsents of providely made procedurates that do not from financial transaction and provide the second secon	•				
	CIP180	BILLING-PROV-NPI-NUM	Not Applicable	NA				CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	
	CIP180 CIP181	BILLING-PROV-NPI-NUM			Billing Provider must be enrolled	Not Applicable	4/30/2013			CIP180-00
		BILLING-PROV-TAXONOMY	Not Applicable For CLAIMIP and CLAIMLT files, the taxonomy code for the institution billing for the beneficiary.	NA Conditional	Billing Provider must be enrolled Billing Provider must not be an individual or group on inpatient hospital claims. Value must be equal to a valid value.	Not Applicable Not Applicable http://www.wpc-edi.com/reference/	4/30/2013 4/30/2013 11/3/2015	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-00
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Row #	DE NO	DATA ELEMENT NAME REFERRING-PROV-TYPE	DEFINITION	NECESSITY	CODING REQUIREMENT Value must be equal to a valid value.	VALID VALUES See Amendix A under PROV-CLASS/FICATION-CODE #3 for a listing of valid	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR /
	CIP192	REFERRING-PROV-TYPE	A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP192-000
	CIP193	REFERRING-PROV-SPECIALTY	This code indicates the area of specialty of the referring provider.	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP193-000
	CIP194	DRG-OUTLIER-AMT	The additional payment on a claim that is associated with either a cost outlier or length of stay outlier.	Conditional	This data element must include a valid dollar amount.	values. Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP194-000
			The additional payment on a claim that is associated with either a cost outlier or length of stay outlier. Outlier payments compensate hospitals paid on a thread amount per Medicare "diagnosis related group" discharge with extra dollars for patient stays that substantially exceed the typical requirements for patient stays in the same DRG category.							
	CIP194	DRG-OUTLIER-AMT	Not Applicable	NA	If there is an outlier-code then there must be an outlier amount.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP194-000
	CIP195	DRG-REL-WEIGHT	The relative weight for the DRG on the claim. Each year CMS assigns a relative weight to each DRG. These weights indicate the relative costs for treating patients during the prior year. The national	Conditional	State specific	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP195-000
			The evaluation with the DRG on the claim. Each year CMS assigns a relative weight to each DRG. These weights indicate the relative costs for treating patients during the prior year. The radional average charge for each DRG is compared to the overall average. This radio by published annually in the federal Register for each DRG. A DRG with a weight of 2.000 means that charges were historically brack the average, a DRG with a weight of 0.5000 was had the average.							
	CIP196	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-00
	CIP196 CIP196	MEDICARE-HIC-NUM MEDICARE-HIC-NUM	Not Applicable Not Applicable	NA NA	If this is a crossover Medicare claim, the Bene must have a MEDICARE+HIC-Num. States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-00 CIP196-00
	CIP196	MEDICARE-HIC-NUM	Not Applicable	NA	Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-00
	CIP197	OUTLIER-CODE	This code indicates the Type of Outlier Code or DRG Source.	Conditional	eligible individual is not a dual eligible. Value must be equal to a valid value.	01 Day Outlier	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP197-00
						10 Day Outlier 20 Cost Outlier 20 Composite of cost outliers				
						08 CMS Developed DRG Using Patient Status Code 09 Not Group able				
	CIP197 CIP198	OUTLIER-CODE OUTLIER-DAYS	Not Applicable This field specifies the number of days paid as outliers under Prospective Payment System (PPS) and the days over the threshold for the DRG	NA Conditional	If there is an outlier-amount, then there is an outlier-code. Must be numeric	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP197-00 CIP198-00
	CIP198	OUTLIER-DAYS	the days over the threshold for the DRG Not Applicable	NA	Used in conjunction with OUTLIER-CODE field. The field identifies two mutually exclusive conditions.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP198-00
					Used in conjunction with OUTLER-CODE field. The field identifies two mutually exclusive conditions. The first, for PFS providers (codes 0, 1, and 2), classifies stays of exceptional cost or length (outlers). The second, for non-PFS providers (codes 6, 7, 8, and 9), denotes the source for developing the DRG.					
	CIP198	OUTLIER-DAYS	Not Applicable A code indicating the Patients status as of the ENDING-DATE-OF-SERVICE. Values used are from UB-04	NA	If the unit of the outlier is days, then the outlier-days should not be missing.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP198-00
	CIP199	PATIENT-STATUS	A code indicating the Patients status as of the ENDING-DATE-OF-SERVICE. Values used are from UB-04 This is also referred to as DISCHARGE-STATUS.	Required	Value must be equal to a valid value.		4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP199-00
	CIP199	PATIENT-STATUS	Not Applicable	NA	If the date of death is valued, then the patient status should indicate that the patient has expired.	To order the current edition of the UB-04 Data Specifications Manual go to: Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP199-00
_	CIP199	PATIENT-STATUS	Not Applicable	NA	Obtain the Patient Discharge Status valid value set which is published in the UB-04 Data	To order the current edition of the UB-04 Data Specifications Manual go to:		CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP199-00
					Specifications Manual.					
					To order the current edition of the UB-04 Data Specifications Manual go to: http://www.nubc.org/subscriber/index.dhtml					
					American Hospital Association 155 Noth Wackier Drive, Suite 400 Chicago, II. 6066 Phone: 312-422-3000 Fan: 312-422-3000 Fan: 312-422-3000					
					Chicago, IL 60606 Phone: 312-422-3000 Evx: 312-422-4500					
					11. JI 41 400					
	C10204	018	A base index for existing a manage's back consists to their balance. The back managing of (73.6) is a	Cathorn	0 ke	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP201-00
	CIP201	Devi	A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	optional	5 anht: Mile mass (bg) / (helph(m))2 tinperia/VSCutomary units: 84 mass (b) * 7.30 / helph(ln)2 84 mass (b) * 7.488 / helph(ln)2 84 mass (b) * 7.489 / helph(ln)2 84 mass (b) * 7.489 / helph(ln)2	носяррисане	11/3/2013	CLAIMIP	CLAIM-READER-RECORD-IP-CP00002	CIP201-00
					BMI = mass (b) * 703/ (height(in))2 BMI = mass (b) * 4.88/ (height(ft))2					
					BMI = mass (st) - yeau/ (neight(in))2					
	CIP201	BMI	Not Applicable	NA	Code is including status of the responsibility to: (a) Produce three-status) in the Source-to-Target-Mapping Matrix Addendum B whenever the data elements a mathgation plan in the Source-to-Target-Mapping Matrix Addendum B whenever the Mawnever B astate-deformings that it can populate norm more of these fields and whithes todo so. Mawneys B astate-deformings that it can populate norm or more of these fields and whithes todo so. Mawneys B astate-deformings that it can populate norm and editorial ministration of the documentation mapertations.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP201-00
					Addate elements cannot be populated all of the time. However if a state determines that it can populate one or more of these fields and wishes to do so,					
					they are encouraged to do so and will not incur any Addendum B mitigation plan documentation expectations.					
	CIP202	REMITTANCE-NUM	The Remittance Advice Number is a sequential number that identifies the current Remittance Advice	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP202-00
			The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first fite (S) positions are a built addar VYDDD format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.							
	CIP202	REMITTANCE-NUM	Not Applicable	NA	Value must not be null	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP202-00
	CIP202 CIP203	REMITTANCE-NUM SPLIT-CLAIM-IND	Not Applicable An indicator that denotes that claims in excess of a pre-determined number of claim lines (threshold determined by the individual state) will be split during processing	NA Conditional	If there is a remittance date, then there must also be a remittance number. Value must be equal to a valid value.	Not Applicable O No 1 Yes	4/30/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP202-00 CIP203-00
	CIP203	SPLIT-CLAIM-IND	aeterminea by the individual state) will be split during processing Not Applicable	NA	If the claim has been split, the Transaction Handling Code indicator will indicate a Split Payment and Remittance (1000 BPR01 = U).	1 Yes Not Applicable	10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP203-00
	CIP204	BORDER-STATE-IND	This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state	Conditional	Remittance (1000 BH01 = 0). Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP204-00
			provider.)							
	CIP206	BENEFICIARY-COINSURANCE-AMOUN	The amount of money the beneficiary paid towards coinsurance.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP206-00
	CIP206	BENEFICIARY-COINSURANCE-AMOUN	Not Applicable	NA	if no coinsurance is applicable enter 0.00	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP206-00
	CIP206	BENEFICIARY-COINSURANCE-AMOUN	Not Applicable	NA	If it is unknown whether coinsurance was paid, 9 fill, leave blank or space-fill	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP206-00
	CIP207	BENEFICIARY-COINSURANCE-DATE- PAID	The date the beneficiary paid the coinsurance amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP207-00
	CIP207	BENEFICIARY-COINSURANCE-DATE- PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP207-00
	CIP207	BENEFICIARY-COINSURANCE-DATE- PAID	Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP207-00
	CIP208	BENEFICIARY-COPAYMENT-AMOUNT	The amount of money the beneficiary paid towards a copayment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP208-00
	CIP208	BENEFICIARY-COPAYMENT-AMOUNT		NA	If no copayment is applicable enter 0.00	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP208-00
-	CIP209		The date the beneficiary paid the copayment amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP209-00
	CIP209	BENEFICIARY-COPAYMENT-DATE-PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP209-0
	CIP209	BENEFICIARY-COPAYMENT-DATE-PAID		NA	If no coinsurance is applicable,leave blank or space-fill	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP209-00
	CIP210 CIP210	BENEFICIARY-DEDUCTIBLE-AMOUNT BENEFICIARY-DEDUCTIBLE-AMOUNT	The amount of money the beneficiary paid towards an annual deductible.	Conditional	This data element must include a valid dollar amount. If no deductible is applicable enter 0.00	Not Applicable Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP210-00
		BENEFICIARY-DEDUCTIBLE-AMOUNT	Not Applicable Not Applicable The date the beneficiary paid the deductible amount.	NA Conditional	If no deductible is applicable enter 0.00 If it is unknown whether a deductible was paid, 9 fill, leave blank or space-fill Date format is CCYMMDD (National Data Standard).	Not Applicable Not Applicable	2/25/2013 8/7/2017 11/3/2015		CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP210-0 CIP210-0
	CIP211 CIP211	BENEFICIARY-DEDUCTIBLE-DATE-PAID BENEFICIARY-DEDUCTIBLE-DATE-PAID		controchal MA	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable	4/30/2013		CLAIM-HEADER-RECORD-IP-CIP00002	CIP211-0 CIP211-0
	CIP211 CIP211	BENEFICIARY-DEDUCTIBLE-DATE-PAID BENEFICIARY-DEDUCTIBLE-DATE-PAID		[Not Applicable	4/30/2013 8/7/2017		CLAIM-HEADER-RECORD-IP-CIP00002	CIP211-0 CIP211-0
	CIP211 CIP212	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Not Applicable An indicator to identify a claim that the state refused pay in its entirety.	NA	If no coinsurance is applicable, leave blank or space-fill Value must be equal to a valid value.	Not Applicable O Denied: The payment of claim in its entirety was denied by the state.	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP211-00
	CIP212	LIAIM-DENIED-INDICATOR	per manator to romany a claim that the state refused pay in its entirety.	conditional	wake must be equal to a Valid Valide.	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.	11/3/2015	CLAIMIP	CDAIM-INCADER-RECORD-IP-CIPODUUZ	LP212-00
	CIP212	CLAIM-DENIED-INDICATOR	Not Applicable	NA	It is expected that states will submit all denied claims to CMS.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP212-00
	CIP212	CLAIM-DENIED-INDICATOR	Not Applicable	NA	All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP212-00
	CIP212	CLAIM-DENIED-INDICATOR	Not Applicable	NA	All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Appli
	CIP213	COPAY-WAIVED-IND	An indicator signifying that the copay was waived by the provider.	Optional	Value must be equal to a valid value.	0 Not Walved: The provider did not waive the beneficiary's copayment 1 Walved: The provider waived the beneficiary's copayment	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP213-00
	CIP214	HEALTH-HOME-ENTITY-NAME	A free-form text field to indicate the health home program that authorized payment for the service on	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ()).	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP214-00
			A free-form text field to indicate the health home program that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the text. A "Health Home Entrify" can be a degrated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses behavioral health professional). Because an identification numbering scheme has not been				L			
			lorganization), a health team which links to a designated provider, or a health team (physicians, nurses behavioral health professionals). Because an identification numbering schema has not been established, the entities' names are being used instead.							
				1						
										1
	CIP214	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record. If spalleship	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP214-00
	CIP214 CIP216		Not Applicable The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the calam or daim line item.	NA Optional	States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable. This data element must include a valid dollar amount.	Not Applicable Not Applicable	4/30/2013 11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP214-00 CIP216-00

V2.1	T-MSIS	Data	Dictionary	
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w Row #	DE NO CIP217	DATA ELEMENT NAME THIRD-PARTY-COINSURANCE-DATE-	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT Value must be a valid date	VALID VALUES Not Applicable	LAST UPDATE DATE 4/30/2013		FILE SEGMENT (with RECORD-ID) CLAIM-HEADER-RECORD-IP-CIP00002	CR NO CIP217-0002
	CIP218	PAID THIRD-PARTY-COPAYMENT-AMOUNT-	The amount the third party paid the copayment amount.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP218-0001
	CIP218	PAID THIRD-PARTY-COPAYMENT-AMOUNT-	Not Applicable	NA	f the field is not applicable, leave blank or space-fill	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP218-0002
	CIP219	PAID THIRD-PARTY-COPAYMENT-DATE- PAID	The date the third party paid the copayment amount.	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP219-0001
	CIP219	THIRD-PARTY-COPAYMENT-DATE- PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP219-0002
	CIP220	MEDICAID-AMOUNT-PAID-DSH	The amount included in the TOT-MEDICAID-PAID-AMT that is attributable to a Disproportionate Share Hospital (DSH) payment, when the state makes DSH payments by dalm.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP220-0001
	CIP221	HEALTH-HOME-PROVIDER-NPI	The National Provider ID (NPI) of the health home provider.	Conditional	The value must be a valid NPI	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplificatio	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP221-0001
	CIP221 CIP222	HEALTH-HOME-PROVIDER-NPI MEDICARE-BENEFICIARY-IDENTIFIER	Net Applicable The Individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Meetifier (MBI) for purposes of provider billing, applicable. OKS Indiraces with non-systemet exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	NA	Valid characters include only numbers (0-9) The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable Not Applicable	4/30/2013 11/3/2015	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP221-0002 CIP222-0001
	CIP222	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	f individual is NOT enrolled in Medicare, leave blank or space-fill	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP222-0002
	CIP222	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space-filed on RF. files) until such time as the Medicare Beneficiary Identifier is implemented (not speet deta by benen architeched).	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP222-0003
	CIP223	OPERATING-PROV-TAXONOMY	The Provider Taxonomy of the provider who performed an operation on the patient.	Conditional	(no target date has been established). Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP223-0001
		OPERATING-PROV-TAXONOMY							CLAIM-HEADER-RECORD-IP-CIP00002	
	CIP223	OPERATING-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP223-0002
	CIP223 CIP224	OPERATING-PROV-TAXONOMY UNDER-DIRECTION-OF-PROV-NPI	Not Applicable The National Provider ID (NPI) of the provider who directed the care of a patient that another provider	NA	Left-fill unused bytes with spaces. Not Applicable	Not Applicable https://www.cms.gov/Regulations-and-Guidance/Administrative-Simolificatio	2/25/2013 8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP223-0003 Not Applicable
	CIP224	UNDER-DIRECTION-OF-PROV-NPI	administered.	NA	Valid characters include only numbers (0-9)	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP224-0002
	CIP224	UNDER-DIRECTION-OF-PROV-NPI	Not Applicable	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]]) on PSV files and space-filled on REF files). This data element is a duplicate of the "UNDER-SUPERVISION-OF- PROV-NPI" field and as such do not need to be populated.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP224-0003
	CIP225	UNDER-DIRECTION-OF-PROV- TAXONOMY	The Provider Taxonomy of the provider who directed the care of a patient that another provider	NA	PROV-NPI' field and as such do not need to be populated. Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0001
	CIP225	TAXONOMY UNDER-DIRECTION-OF-PROV- TAXONOMY	administered. Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0002
	CIP225	UNDER-DIRECTION-OF-PROV- TAXONOMY	Not Applicable	NA	Left-fill unused bytes with spaces	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0003
	CIP225	UNDER-DIRECTION-OF-PROV- TAXONOMY	Not Applicable The National Provider ID (NP) of the provider who supervised another provider.	NA	Reld should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on R.F. files). This data element is a duplicate of the "UNDER-SUPERVISION-OF- PROV-TAXONOMY" field and as such do not need to be populated.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0004
	CIP226 CIP226	UNDER-SUPERVISION-OF-PROV-NPI		NA	Not Applicable Valid characters include only numbers (0-9)	https://www.cms.gov/Reputations-and-Guidance/Administrative-Simplificatio Not Applicable	4/30/2013		CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable CIP226-0002
	CIP226 CIP227		Not Applicable The Provider Taxonomy of the provider who supervised another provider.	NA	Valid characters include only numbers (U-Y) Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013 11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP226-0002
	CIP227	UNDER-SUPERVISION-OF-PROV- TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP227-0002
	CIP227	UNDER-SUPERVISION-OF-PROV- TAXONOMY	Not Applicable	NA	Left-HII unused bytes with spaces	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP227-0003
	CIP228 CIP228	MEDICARE-PAID-AMT MEDICARE-PAID-AMT	The amount paid by Medicare on this claim or adjustment. Not Applicable	Conditional NA	This data element must include a valid dollar amount. If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.	Not Applicable Not Applicable	11/3/2015 2/25/2013	CLAIMIP CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002 CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0001 CIP228-0002
	CIP228	MEDICARE-PAID-AMT	Not Applicable	NA	MEDICARE-PADD-AMT should reflect the actual amount paid by Medicare. For claims where Medicare payment is only available at the header level, report the entire payment amount the T-MSIS record corresponding to the line line with the highest charge. Zero fill Medicare Amount Plaid on all other T-MSIS records created from the original claim.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0003
	CIP228	MEDICARE-PAID-AMT	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, If the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0004
	CIP229	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP229-0001
	CIP229	STATE-NOTATION	Not Applicable	NA	For also definited Higs states can populate the STATE-NOTATION Read with "n/b," "n,b," or leave the feed bala (Le., usefunded as "pipe pipe" with nothing in between (())) when not using the field with not of algorized model and the states of the STATE-NOTATION field when not using the field with the state of algorized model and algorized the STATE-NOTATION field when not using the field with word algorized model which is also the state of the states of the states of the field dee notation writing-	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP229-0002
	CIP230	FILLER	Not Applicable	NA	For pipe-definited flies, FILLER that is shown at the end of each record Jayout is applicable only to fleed-length flies and therefore should be ignored in pipe-definited flies. The form of the flies of the flies of the flies of the should be space-filled in fleed-length flies.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP230-0001
	CIP231	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER- RECORD-Precord segment is CHOP0002	Required	Value must be equal to a valid value.	CIP00003	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP231-0001
	CIP231	RECORD-ID		NA	Must be populated on every record segment.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP231-0002
	CIP232	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0001
	CIP232 CIP232 CIP232	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable Not Applicable	NA	Must be populated on every record. Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable Not Applicable	2/25/2013 8/7/2017 8/7/2017	CLAIMIP CLAIMIP CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0002 CIP232-0003 CIP232-0004
	CIP233	SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER	Not Applicable A sequential number accigned by the submitter to identify each record segment row in the submission file. The BECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file. Not A policable	Required	Must be populated on every record	Not Applicable Not Applicable	10/10/2013		CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0004 CIP233-0001 CIP233-0002
	CIP233 CIP233 CIP234	RECORD-NUMBER RECORD-NUMBER MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual	NA Required	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. MSIS Identification Number must be reported	Not Applicable Not Applicable Not Applicable	4/30/2013 4/30/2013 8/7/2017	CLAIMIP CLAIMIP CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP233-0002 CIP233-0003 CIP234-0001
	CIP234 CIP234	MSIS-IDENTIFICATION-NUM	A state-assigned unque identification number used to identify a Medicald/LHIP enroited individual and any claims submitted to the system. Not Applicable	NA		Not Applicable	8/7/2017		CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0001
	CIP234	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	for non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS For TYPE-OF-CLAIM = 4 or 0 [lump sum adjustments], this field must begin with an '&'.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0003
	CIP234	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0004
		ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that dentifies an original claim.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([]).	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP235-0001
	CIP235 CIP235	ICN-ORIG ICN-ORIG	Net Applicable Net Applicable	NA	Record the value exactly as it appears in the State system. <u>Do not and</u> I using the original VS approach for exporting adjustment actions, this field should always be separated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim claim claim claim together.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP235-0002 CIP235-0003
	CIP235	ICN-ORIG	Not Applicable	NA	I using the dairy-thain ICN approach for reporting adjustment claims, the initial adjustment record taim. Subsequent adjustment should populate the ICNORG field with the claim identification maker reported in the ICNARD field of the prior adjustment claim. The interfion is to use the most recently assigned unique identifier from the prior adjustment claim. The interfion is to use the most recently assigned unique identifier from the prior adjustment claim. The interfion is to use the most recently assigned unique identifier from the prior adjustment claims.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable
	CIP236	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP236-0001
7	CIP236 CIP236	ICN-ADJ ICN-ADJ	Not Applicable Not Applicable	NA NA	Record the value exactly as it appears in the State system. <u>Do not pad</u> . This field should be blank-filled if the ADJUSTMENT-INDICATOR = 0	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP236-0002 CIP236-0003
,	CIP237 CIP238	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim. A unique number to identify the transaction line number that identifies the line number on the adjustment IOA.	Required	This lites and/ou be challenties in the Audo Shares Preduct No. On P. Org. Record the value exactly as it appears in the State system. <u>Do not pad</u> . This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that its being adjusted. Record the value exactly as it appears in the state system. Do not pad.	Not Applicable	2/25/2013 8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP237-0001 CIP238-0001
	CIP238	LINE-NUM-ADJ	A unique number to identify the transaction line number that identifies the line number on the adjustment KDN. Not Applicable	NA		Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicabl
2	CIP238 CIP239	LINE-NUM-ADJ	Not Applicative	Conditional	This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number. Value must be equal to a valid value.	0 Original Claim / Encounter	8/7/2017 8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP239-0001
3	CIP239	UNE-ADJUSTMENT-IND	Not Applicable	NA	If there is a line adjustment number, then there must be a line-adjustment indicator.	1 Vold / Reversal of a prior submission 4 Replacement / Resubmission of a prior submission 5 Gross Credit / Gross Credit Adjustment 6 Gross Debit / Debit Credit Adjustment Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP239-0002

							LASTUPDATE			
ew Row #	DE NO	DATA ELEMENT NAME	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT	VALID VALUES Not Applicable	LAST UPDATE DATE 8/7/2017	FILENAME CLAIMIP	FILE SEGMENT (with RECORD-ID) CLAIM-LINE-RECORD-IP-CIP00003	CR NO CIP239-0004
					Value must be equal to a valid value.					
					ADJUSTMENT-IND values of "0", "1", "4" should be reported when TYPE-OF-CLAIM = "1", "3", "5", "A", "C", "E", "U", "W", "Y".					
c	CIP239	LINE-ADJUSTMENT-IND			ADJUSTMENT-IND values of "5" or "6" should be reported when TYPE-OF-CLAIM = "4", "D" or "X"					
05 0	CIP240	LINE-ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a service line was paid differently than it was billed	Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-re	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP240-0001
06 C	CIP240	LINE-ADJUSTMENT-REASON-CODE	Not Applicable	NA	If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM- PYMT-REM-CODE)	Not Applicable	2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP240-0002
D7 C	CIP241	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Conditional	Value must not be null	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP241-0001
08 0	CIP242	CLAIM-LINE-STATUS	The claim line status codes identify the status of a specific detail claim line rather than the entire claim	. Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP242-0001
09 0	CIP243	BEGINNING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0001
			claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this							
			payment began.							
11 0	CIP243 CIP243	BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	Value must be a valid date The beginning date of service must occur before or be the same as the end of time period	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMIP CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0002 CIP243-0003
13 0	CIP243 CIP243	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA	Date must occur before or be the same as Ending Date of Service Date must occur before or be the same as adjudication date.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMIP CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0004 CIP243-0005
14 0	CIP243 CIP243	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA			4/30/2013 10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0006 CIP243-0007
					Date must occur on or before Date of Death. The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as a unborn CHIP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHIP child.		1 · ·			
16 K	CIP243	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA		Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0008
17 6	CIP243	REGINNING-DATE-OF-SERVICE	Not Applicable	NA	A Medicaid claim record for an eligible individual should not have a Beginning Date of Service after the eligible individual's Nedicaid enrollment has ended. A CHIP claim record for an individual eligible for Separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0009
18 0	CIP244	ENDING-DATE-OF-SERVICE		Required	Service after the eligible individual CHIP enrolment has ended. Date format is CCYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0001
	Cil 244	CADING DATE OF SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care stending over two or more days, the date on which the service covered by this claim ended. For the service over two or more enders, the date on which the service covered by this claim ended. For the service over two or more service over the service covered by this claim ended. For the service over two or more service over two over the service over two or more service over two or more ender the service over two or more service the service over two or more service over the service over two or more services and the services and the service over two or more services and the	incidua co	Date formation of the internation processing and the second state of t	пос правале	113,1013	CLOU-III		C# 144 0001
			capitation premium payments, the date on which the period of coverage related to this payment ends/ended.							
19 0	CIP244	ENDING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA	Value must be a valid date ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	Not Applicable Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0002
	CIP244	ENDING-DATE-OF-SERVICE					10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0003
2 0	CIP244 CIP244	ENDING-DATE-OF-SERVICE ENDING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE. Date must occur on or before the Date of Death.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0004 CIP244-0005
4 0	CIP244 CIP244	ENDING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH Date must occur before or be the same as End of Time Period.	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0006 CIP244-0007
25 0	CIP245	REVENUE-CODE	Not Appricable A code which identifies a specific accommodation, andilary service or billing calculation (as defined by UB-04 Billing Manual).	Required	Only valid codes as defined by the "National Uniform Billing Committee" should be used.	Revenue code is a data set that health care providers or insurers usually pay for to use. These values will change annually.	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0001
26 0	CIP245 CIP245	REVENUE-CODE REVENUE-CODE	Not Applicable Not Applicable	NA	Enter all UB-04 Revenue Codes listed on the claim Value must be a valid code	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0002 CIP245-0003
18 C	CIP245 CIP248	REVENUE-CODE IMMUNIZATION-TYPE	Not Applicable This field identifies the type of immunization provided in order to track additional detail not currently.	NA Conditional	If value invalid, record it exactly as it appears in the state system Value must be equal to a valid value.	Not Applicable See Appendix A for listing of valid values.	2/25/2013 11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0004 CIP248-0001
0 0	CIP249	P-LT-OUANTITY-OF-SERVICE-ACTUAL	contained in CPT codes. On facility claim entries, this field is to capture the actual service quantity by revenue code category,	Required	Must be numeric	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP249-0001
~ [Cil 247	I CI QUARTITOI SERVICE ACTOR	e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HCPC codes are required for services, the units are equal to the number of times the procedure/service	5	PROF. M. INTERIO	ны праваль	0,7,2027	CLORITIN		C# 147 0001
31 0	CIP249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	being reported was performed. Not Applicable		This field is only applicable when the service being billed can be quantified in discrete units, e.g., a	Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP249-0002
					number of visits or the number of units of a prescription/refill that were filled					CIP249-0002
2 0	CIP249		Not Applicable	NA	For use with CLAIMIP and CLAIMLT claims. Must be numeric	Not Applicable	4/30/2013		CLAIM-LINE-RECORD-IP-CIP00003	
13 C	CIP250	IP-LT-QUANTITY-OF-SERVICE- ALLOWED	On facility claim entries, this field is to capture maximum allowable quantity by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	Conditional	Must be numeric	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP250-0001
34 0	CIP250	IP-LT-QUANTITY-OF-SERVICE- ALLOWED	Not Applicable	NA	This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled	Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP250-0002
35 0	CIP250	IP-LT-QUANTITY-OF-SERVICE- ALLOWED	Not Applicable	NA	For use with CLAIMIP and CLAIMLT claims.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP250-0003
86 C	CIP251	REVENUE-CHARGE	The total charge for the related UB-04 Revenue Code (REVENUE-CODE). Total charges include both covered and non-covered charges (as defined by UB-04 Billing Manual)	Required	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0001
	CIP251 CIP251	REVENUE-CHARGE REVENUE-CHARGE	Not Applicable Not Applicable	NA	Enter charge for each UB-04 Revenue Code listed on the claim The total amount should be the sum of each of the charged amounts submitted at the claim detail	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0002 CIP251-0003
	CIP251	REVENUE-CHARGE	Not Applicable	NA	level If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0004
40	CIP251	REVENUE-CHARGE	Not Applicable	NA	amount paid by the plan to the provider. The sum of claim line charges (REVENUE-CHARGE) should be less than or equal to the TOT-BILLED-	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0005
	CIP251	REVENUE-CHARGE	Not Applicable	NA	AMT Value must be left blank or space-filled if the revenue code is blank or space-filled.	Not Applicable	8/7/2017	CLAIMIR	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0006
2 0	CIP251 CIP252	REVENUE-CHARGE	Not Applicable	NA	This data element must include a valid dollar amount.	Not Applicable Not Applicable	8/7/2017 11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0007 CIP252-0001
° (CIP232	ALCOWEDPAINT	The maximum amount displayed at the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	conditional	This data element must include a valid donar amount.	Proc Approable	11/3/2015	CDAIMIP	CDAIM-DIVERED ND-IP-CIPOD003	CIP252-0001
4 0	CIP253	TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs to pay all or part of the expenditures for medical activity on furniched under a state plane.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP253-0001
			or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan This is the total amount denoted at the claim detail level paid by the third party.							
15 0	CIP254	MEDICAID-PAID-AMT	The total amount paid by Medicaid or the managed care plan on this claim or adjustment at the claim	Required	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP254-0001
16 0	CIP254	MEDICAID-PAID-AMT	Not Applicable	NA	For claims where Medicaid payment is only available at the header level, report the entire payment	Not Applicable	2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP254-0002
					For claims where Medicald payment is only available at the header (seed, report the entire payment amount on the MSI's record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Pald on all other MSI's records created from the original claim.					
17 0	CIP254	MEDICAID-PAID-AMT	Not Applicable	NA	For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicald-Amount-Paild field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicald- Amount Pail as 50	Not Applicable	2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP254-0003
					amounts in the Medicaid-Amount-Paid field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid- Amount-Paid or 40.					
18 K	CIP255	MEDICAID-FFS-EQUIVALENT-AMT	The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amount that would have	Conditional	Amount-Paid as \$0 This data element must include a valid dollar amount.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP255-0001
9	CIP255	MEDICAID-FFS-EQUIVALENT-AMT	The MEDICAID FFS-EQUIVALENT-AMT field should be populated with the amount that would have been paid had the services been provided on a FFS basis. Not Apolloable	NA	Required when TYPE-OF-CLAIM = 3, C, or W	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP255-0002
0 0	CIP256	BILLING-UNIT	Unit of billing that is used for billing services by the facility.	Conditional	Value must be equal to a valid value.	01 Per Day 02 Per Hour	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP256-0001
						DI Per Day DI Per Day DI Per Joar DI Per Case DI Per Viscol DI Per Viscol DI Per Viscol DI Di Per Viscol Di Per Viscol Di Per Di Per Viscol Di Per Viscol				
						06 Per Month 07 Other Arrangements				
i1 (CIP257 CIP257	TYPE-OF-SERVICE TYPE-OF-SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee. Not Applicable	Required	Value must be equal to a valid value. All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMLT file.	See Appendix A for listing of valid values. Not Applicable	10/10/2013 8/7/2017	CLAIMIP CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0001 CIP257-0002
3 0	CIP257	TYPE-OF-SERVICE	Not Applicable	NA	Experience has demonstrated there can be instances when more than one service area category	Not Applicable	2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0003
					could be applicable for a provided service. The following hierarchy rules apply to these instances: o The specific service categories of sterilizations and other pregnancy-related procedures take incredence over provider categories, such as institut hospital or outstatient bospital					
					Experience has demonstrated there can be induced when more thmo on emergical and category called be applicable for a powheld enders. The following therearch ynde applicable to these instances of the specific larvice categories of identifications and other pregnancy-related proceders take precedence over provider categories, which is inpatient hospital or outpatient hospital. I o Services of a physician employed by a clinic are reported under clinic services. If the clinic is the balling entity, X-ray processed by the fails in the course of transmitter, however, are reported uniting entity. X-ray processes by the fails in the course of transmitter, however, are reported					
					uning range a vertices. o Services of a regardless units attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.	2				
					a second se					
4 0	CIP257	TYPE-OF-SERVICE	Not Applicable	NA	See Appendix D for information on the various types of service.	Not Applicable	2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0004
I	CIP257 CIP257	TYPE-OF-SERVICE	Not Applicable	NA	see Appendix D for information on the various types of service. Inpatient Claim/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 001, 058, 060, 084,	Not Applicable	9/23/2013		CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0004
		THE GODERVILE	no approxime	[]	086, 090, 091, 092, 093, 123, 132, or 135. Note: In CLAIMIP, TYPE-OF-SERVICE 086 and 084 refer only to services received on an inpatient	The opposite	// 40/2013		LENGT LINE RECORD IF CERCOUS	CIP257-0005
		TYPE-OF-SERVICE			basis.)					CIP257-0006
	CIP257	TYPE-OF-SERVICE SERVICING-PROV-NUM	Not Applicable A unique number to identify the provider who treated the recipient.	NA Required	Males cannot receive midwife services or other pregnancy-related procedures. If value is invalid, record it exactly as it appears in the state system.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0006 CIP260-0001
	CIP260					Not Applicable	2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0002
7 0	CIP260 CIP260	SERVICING-PROV-NUM	Not Applicable	NA	to automatic provider and other provider operating as a group, the sector to the term					
7 C 8 C			Not Applicable Not Applicable	NA NA	For inditutional providers and other providers operating as a group. The SERVICING-PROV-NUM should be for the individual who rendered the service. If "Servicing" provider and the "Billing" provider are the same then use the same number in both	Not Applicable	2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0003
57 C 58 C 59 C	CIP260 CIP260	SERVICING-PROV-NUM	Not Applicable	NA NA	If "Servicing" provider and the "Billing" provider are the same then use the same number in both fields.			CLAIMIP		
7 0 8 0 9 0	CIP260	SERVICING-PROV-NUM		NA NA		Not Applicable	2/25/2013 2/25/2013	CLAIMIP CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0003 CIP260-0004

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
861	CIP260	SERVICING-PROV-NUM	Not Applicable	NA	The value reported in SERVICING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider file.	Not Applicable	LAST UPDATE DATE 2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0005
62	CIP260	SERVICING-PROV-NUM	Not Applicable	NA	which HNUP-IDENTIFIEST INFECTION OF THE SAME RECORD IN THE PROVIDER THE. The value reported in SERVICING-PROV-NUM should match a value reported in the SUBMITTING- STATE-PROV-ID on the provider file.	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0007
63	CIP260	SERVICING-PROV-NUM	Not Applicable	NA	STATE-PROV-ID on the provider file. Not Applicable Valid characters include only numbers (0-9)	Not Applicable Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0008
64	CIP261	SERVICING-PROV-NPI-NUM	Not Applicable The NF of the health care protectional who delivers or completes a particular medical service or non- largical procedure. The SIMPLOCH PROVMPHILUM is required when rendering provider is different Les, a claim that hindues both facility and professional components). Examples are Medicaid diric bits or critical access hospital claims.	Conditional	Valid characters include only numbers (0-9)	Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP000003	CIP261-0001
65	CIP261	SERVICING-PROV-NPI-NUM	Not Applicable	NA	NPI must be valid. If provider does not have an NPI; leave the field blank.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplificatio	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP261-0002
56 57	CIP262 CIP262	SERVICING-PROV-TAXONOMY SERVICING-PROV-TAXONOMY	The taxonomy code for the institution billing/caring for the beneficiary. Not Applicable	NA	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/ Not Applicable	11/3/2015 2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP262-0001 CIP262-0002
8	CIP263	SERVICING-PROV-TYPE	A code describing the type of provider (i.e. doctor or facility) responsible for treating a patient.	Conditional	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion. Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP263-0001
~	CH 200		This represents the attending by by both the state of the		vande, muus de capan (o a vande vande.	values.	1101013	CONTIN		Ci 105 0001
59	CIP264	SERVICING-PROV-SPECIALTY	This code indicates the area of specialty for the servicing provider.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP264-0001
70	CIP265	OPERATING-PROV-NPI-NUM	The National Provider ID (NPI) of the provider who performed the surgical procedures on the beneficiary	Conditional	Valid characters include only numbers (0-9)	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP265-0001
71	CIP265	OPERATING-PROV-NPI-NUM	Not Applicable	NA	NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplificatio	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP265-0002
72	CIP266	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party recours development and confection activities are progress, when the liability is not another health narrance plan for which the eligible is a beneficiary	Conditional	Value must be equal to a valid value.	001 Third Party Resource is Cosmally/Tort 002 Third Party Resource is fistant 003 Third Party Resource is listin (TEFRA) 003 Third Party Resource is lise (Torter) 005 Third Party Resource is Vorker's Compensation 005 Third Party Resource is Vorker's Compensation 005 Third Party Resource is Cother 007 Third Party Resource is Other	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP266-0001
73	CIP267	PROV-FACILITY-TYPE	The type of facility for the servicing provider using the HIPAA provider taxonomy codes.	Required	A value is required for CLAIMIP records	See Appendix A for listing of valid values. See Appendix N for Crosswalk of Provider Taxonomy Codes to Provider Facility Type Categories.	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP267-0001
								CLAIMIP		
4	CIP268	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicald and CHP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories.	Required	Value must be equal to a valid value.	See Appendix H for listing of valid values.	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP268-0001
75	CIP269	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT	This code indicates if the claim was matched with Title XXX or Title XXX.	Required	Value must be equal to a valid value.	01 Federal funding under Title XIX	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP269-0001
						DI Federal Tunding under Title XX. D2 Federal Tunding under Title X0 03 Federal Tunding under ACA 04 Federal Tunding under other legislation				
76	CIP269	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT	Not Applicable	NA	If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.	Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP269-0002
	CIP269	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT XX-MIRESCRES-CATEGORY-OF-SERVICE	Not Applicable	NA	reimbursed with federal funding under Title XIX.	Not Applicable	4/30/2013		CLAIM-LINE-RECORD-IP-CIP00003	CIP269-0003
78	CIP270	XIX-MBESCBES-CATEGORY-OF-SERVICI	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation.	Conditional	Value must be equal to a valid value.	See Appendix I for listing of valid values.	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP270-0001
79	CIP270	XX-MBESCBES-CATEGORY-OF-SERVICE	Not Applicable	NA	Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".	Not Applicable	4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP270-0002
80	CIP271		A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Conditional	Value must be equal to a valid value.	See Appendix J for listing of valid values.	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP271-0001
2	CIP272 CIP273	OTHER-INSURANCE-AMT STATE-NOTATION	The amount paid by insurance other than Medicare or Medicaid on this claim. A free text field for the submitting state to enter whatever information it chooses	Conditional Optional	This data element must include a valid dollar amount. The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable Not Applicable	11/3/2015 8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP272-0001 CIP273-0001
3	CIP273	STATE-NOTATION	Not Applicable	NA	Excape-delimited files, states can populate the STATE-NOTATION field with "n/a," "n_a." or leave the field black (i.e., submitted a "pipe pipe" with nothing in between ([])) when not using the field to record specific nomenets. Far fixed length files, states should space-fill the STATE-NOTATION field when not using the field to	Not Applicable	9/23/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP000003	CIP273-0002
84	CIP274	FILLER	Net Applicable	NA	record specific comments, and right and the field with spaces when the field does contain writings, For gipe-delimited files, FILEE that is shown at the end of each record layout is applicable only to file-origin the same thready a bottom of the end of each record layout is applicable only to file-origin the same thready and the end of each record layout should be space-filed in file-origin these.	Not Applicable	9/23/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP274-0001
5	CIP275	SEQUENCE-NUMBER	To enable states to sequentially number files, when related, follow on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject reak).	Required	Reld is required on all 'C', 'U', and 'R' SUBMISSION-TRANSACTION-TYPE record files.	Not Applicable	8/7/2017	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP275-0001
86	CIP275 CIP278	SEQUENCE-NUMBER NDC-QUANTITY	Not Applicable This field is to capture the actual quantity of the National Drug Code being prescribed on this in-	NA	Must be numeric and > 0 Must be numeric	Not Applicable Not Applicable	10/10/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001 CLAIM-LINE-RECORD-IP-CIP00003	CIP275-0002 CIP278-0001
57	CIP278	NDC-QUANTITY	This head is to capture the actual quantity of the National Urug Lobe being prescribed on this in- patient claim. Not Applicable	Conditional		Not Applicable	10/10/2013		CLAIM-LINE-RECORD-IP-CIP00003	CIP278-0001 CIP278-0002
	CIP278	NDC-QUANTITY		Conditional	This field is only applicable when the NDC code being billed can be quantified in discrete units, e.g., the number of units of a prescription/retill that were filled. Not Anolicable	Not Applicable	10/10/2013		CLAIM-LINE-RECORD-IP-CIP00003	CIP278-0002 CIP279-0001
	CIP2/7	HURDINATE	For Inpatient hospital facility claims, the accommodation rate is captured here. This data element is expected to capture data from the HIPAA 8371 claim loop 2400 SV206 or U8-04 FL 44 (only if the value represents an accommodation rate).	Conditional	Not Applicable	носярисание	11/3/2015	CDAMIF	CDAIM-LINE-RECORD-IP-CIPODOUS	CP2/7-0001
0	CIP284	NATIONAL-DRUG-CODE	A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Conditional	Position 10-12 must be Alpha Numeric or blank	Not Applicable	11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0001
2	CIP284 CIP284	NATIONAL-DRUG-CODE NATIONAL-DRUG-CODE	Not Applicable Not Applicable	NA	Position 1-5 must be Numeric Position 6-9 must be Alpha Numeric	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0002 CIP284-0003
3	CIP284	NATIONAL-DRUG-CODE	Not Applicable	NA	Descent of since de experient instance. Ding code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., [5, 4, 2] or [5, 4] as defined in the National Drug Code Directory). If the Drug Code is less than 11 characters in length, the value must be left justified and padded	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0004
25	CIP284	NATIONAL-DRUG-CODE	Not Applicable	NA	Who prove the control manufactor in reagan, the water mark to the patient and product white spaces If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy them AIROFE controls repetition on the interval for field	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0006
*	CIP284	NATIONAL-DRUG-CODE	Not Applicable	NA		Not Applicable	10/10/2013		CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0008
77	CIP285	NDC-UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Conditional		Er International Unit ML Milliller Gill Gram Viel National Viel Mahl	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP000003	CIP285-0001
8	CIP285	NDC-UNIT-OF-MEASURE	Not Applicable	NA	UN Unit Enter the unit of measure for each corresponding quantity value.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP000003	CIP285-0002
9 0	CIP286 CIP286	ADJUDICATION-DATE ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state. Not Applicable	Required NA	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0001 CIP286-0002
1	CIP286	ADJUDICATION-DATE	Not Applicable	NA	For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0003
2	CIP286	ADJUDICATION-DATE	Not Applicable	NA	For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0004
	CIP286 CIP286	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable Not Applicable	NA NA	If a complete, valid date is not available or is unknown, 9-fil ADJUDICATION-DATE should occur on or before END-OF-TIME-PERIOD included in the T-MSIS	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0005 CIP286-0006
	CIP286	ADJUDICATION-DATE	Not Applicable	NA	HEADER RECORD ADJUDICATION-DATE should occur on or after the ADMISSION-DATE This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0007
7	CIP286 CIP286	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable	NA	This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHP unborn child. A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	Not Applicable	10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0008 CIP286-0009
18	CIP287	SELF-DIRECTION-TYPE	This data element is not applicable to this file type.	Conditional	program. Value must be equal to a valid value.	000 Not Applicable	8/7/2017	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP287-0001
19	CIP288	PRF-AUTHORIZATION-NUM		Condition	The field can contain any alphanumeric characters, disits or symbols except the "pipe" (1).	000 Not Applicable 001 Hilling Authority 002 Budget Authority 003 Hilling and Budget Authority Not Applicable	11/3/2015	CLAIMIP	CLAIM-I INF-RECORD-IP-CIPODD3	CIP288-0001
10	CIP288 CIP289	PRE-AUTHORIZATION-NUM	A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number). A code to uniouely identify the execrachic location where the provider's services were performed.	Conditional Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (). If a particular license is applicable to all locations, create an identifier that signifies "All Locations"	Not Applicable	8/7/2017		CLAIM-LINE-RECORD-IP-CIP00003 CLAIM-HEADER-RECORD-IP-CIP00002	CIP288-0001 CIP289-0001
			A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject area.							
11	CIP289	PROV-LOCATION-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	Not Applicable	8/7/2017	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP289-0002

Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR N
	CLT001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER- RECORD-IP record segment is CIPO0002	Required	Value must be equal to a valid value.	CLT00001	4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT001-000
	CLT001	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT001-000
	CLT002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required	Use the version number specified on the Cover Sheet of the data dictionary	Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT002-000
	CLT003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT003-000
	CLT003 CLT004	SUBMISSION-TRANSACTION-TYPE FILE-ENCODING-SPECIFICATION	Not Applicable A data element to denote whether the file is in fixed length line format or pipe-delimited format.	NA Required	Must be populated on every record Value must be equal to a valid value.	Not Applicable FLF - The file follows a fixed length format.	8/7/2017 4/30/2013	CLAIMLT CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001 FILE-HEADER-RECORD-LT-CLT00001	Not Applicat CLT004-000
	CLT005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required	Use the version number specified on the title page of the data mapping document.	PSV - The file follows a pipe-delimited format. Not Applicable	2/25/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT005-000
	CLT006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission	Required	Value must be equal to a valid value.	CLAIM-LT - Long Term Care Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE 009, 044, 045, 046, 047, 048, 059, or 133 (all mental	4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT006-000
			file should only contain records for one subject area (Le., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).			[TYPE-OF-SERVICE 009, 044, 045, 046, 047, 048, 059, or 133 (all mental hospital, and NF services). [Note: individual services billed by a long-term care facility belong in this file regardless of service type.]				
	CLT006	FILE-NAME	Not Applicable	NA	For TYPE-OF-SERVICE = 009, 044, 045, 046, 047, 048, 059, or 133, FILE-NAME must be CLAIM-LT	Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applica
	CLT007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT007-00
	CLT007 CLT007	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001 FILE-HEADER-RECORD-LT-CLT00001	CLT007-00 CLT007-00
	CLT007	SUBMITTING-STATE DATE-FILE-CREATED	Not Applicable The date on which the file was created.	NA	Value must be the same on all record segments. Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001 FILE-HEADER-RECORD-LT-CLT00001	CLT007-00 CLT008-00
	CLT008	DATE-FILE-CREATED DATE-FILE-CREATED	Not Applicable	NA	Value must be a valid date Regulared on every file header	Not Applicable Not Applicable	4/30/2013 B/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001 FILE-HEADER-RECORD-LT-CLT00001	
	CLT008	DATE-FILE-CREATED START-OF-TIME-PERIOD	Not Applicable	NA	Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field. Date format is CCYYMMDD (National Data Standard).	Not Applicable	10/10/2013 2/25/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001 FILE-HEADER-RECORD-LT-CLT00001	Not Applic CLT008-00 CLT009-00
	CLT009 CLT009 CLT009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Beginning date of the time period covered by this file. Not Applicable Not Applicable	NA	Must be populated on every record	Not Applicable	8/7/2013 8/7/2017 8/7/2017		FILE-HEADER-RECORD-LT-CL100001 FILE-HEADER-RECORD-LT-CL100001 FILE-HEADER-RECORD-LT-CL100001	Not Applic CLT009-00
	CLT009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable	NA NA	Value must be a valid date Value must occur before END-OF-TIME-PERIOD	Not Applicable Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CL100001 FILE-HEADER-RECORD-LT-CL100001 FILE-HEADER-RECORD-LT-CL100001	Not Applic
	CLT009 CLT009	START-OF-TIME-PERIOD	Not Applicable Not Applicable	NA NA	Value must be equal to or less than the date in the DATE-FILE-CREATED field. Value must occur on or before the current date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMLT CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applic Not Applic
	CLT010 CLT010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached. Not Applicable	Required NA	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMLT CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001 FILE-HEADER-RECORD-LT-CLT00001	CLT010-00 CLT010-00
	CLT010	END-OF-TIME-PERIOD	Not Applicable	NA	Value for the Date in the End of Time Period (last 2 bytes of the value) must equal "30" in April, lane, September, or November; "31" in January, March, May, July, August, October, or December, and "38" or "29" in February.	Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applica
	CLT010	END-OF-TIME-PERIOD	Not Applicable	NA	Date must be less than current date	Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applica
	CLT010 CLT010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Not Applicable	NA	Value must be equal or less than DATE-FILE-CREATED. Value must be greater than START-OF-TIME-PERIOD	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001 FILE-HEADER-RECORD-LT-CLT00001	Not Applica Not Applica
	CLT011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required	Value must be granted than and the or more related	P Production File T Test File	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT011-00
_	CLT011 CLT011	FILE-STATUS-INDICATOR FILE-STATUS-INDICATOR	Not Applicable	NA	Must be populated on every record. The dataset name and the value in this field must be consistent (i.e. the production dataset name.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001 FILE-HEADER-RECORD-LT-CLT00001	Not Applic Not Applic
	CL1011 CL1012	SSN-INDICATOR	NOT Applicable Indicates whether the state uses the elisible person's social security number (SSN) instead of an MSIS	Required	The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = T Value must be could to a valid value.	Not Applicable O State does not use SSN as MSIS-IDENTIFICATION-NUMBER	8/7/2017		FILE-HEADER-RECORD-LT-CLT00001	CLT012-00
	CLT012	SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SN) instead of an MSIS identification number as the unique, unchanging eligible person identifier. Not Applicable			ID State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER Not Apolicable	8/7/2017		FILE-HEADER-RECORD-LT-CLT00001 FILE-HEADER-RECORD-LT-CLT00001	CLT012-00
	CLT012	SSN-INDICATOR SSN-INDICATOR	Not Applicable Not Applicable	NA NA	A state's SSN/Non-SSN designation on the eligibility file should match on the claims files. For non-SSN state, the SSN-NDICATOR in the Header record must be set to 0 and the MSS identification number must be reported in the MSIS-DISONTIFICIATOR/NUMBER filed. If the MSIS- DENTIFICATION-NUMBER is not known then this field should be 9-filled, left blank or space-filled.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMLE	FILE-HEADER-RECORD-LT-CLT00001 FILE-HEADER-RECORD-LT-CLT00001	CLT012-00 Not Applic
					DENTIFICATION-NUMBER is not known then this field should be 9-filled, left blank or space-filled.					
	CLT013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required	Value must be an integer with no commas.	Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT013-00
	CLT013	TOT-REC-CNT	Not Applicable	NA	Value must equal the sum of all records excluding the header record.	Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applic
	CLT014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT014-00
	CLT014	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ([]) when not using the field	Not Applicable	9/23/2015	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT014-00
					the field blank (Le., submitted as "pipe pipe" with nothing in between ()) when not using the fiel to record specific comments.	a				
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage					
					record specific commenta, and right para the new war spaces when the new does contain versage	-				
	CLT015	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to francianyth files and therefore should be imported in pipe-delimited files.	Not Applicable	9/23/2015	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT015-00
					For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filed in fixed-length files.	1				
					*					
	CLT016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last	Required	Value must be equal to a valid value.	CLT00002	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT016-00
			Not internate assigned to each record segment. The first Scharacters identify the subject area. The fact S bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER- RECORD-IP record segment is CIP00002							
	CLT016 CLT017	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT016-00 CLT017-00
	CLT017	SUBMITTING-STATE	submitted the data. Not Applicable	NA	Must be populated on every record.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT017-00
	CLT017 CLT017	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT017-00 CLT017-00
	CLT018	RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file: The RECORD-NUMERE, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT018-00
		RECORD-NUMBER	within the submission file. Not Applicable		Must be numeric		4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT018-00
	CLT018 CLT018 CLT019	RECORD-NUMBER RECORD-NUMBER ICN-ORIG	Not Applicable	NA NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable Not Applicable	4/30/2013 10/10/2013 10/10/2013	CLAIMLT CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CL100002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT018-00 CLT018-00 CLT019-00
	CLT019	ICN-ORIG	identifies an original claim.	Required		Not Applicable	10/10/2013	CLAIMLT		CLT019-00
	CLT019 CLT019	ICN-ORIG ICN-ORIG	Not Applicable Not Applicable	NA NA	Record the value exactly as it appears in the State system. <u>Do not oad</u> If using the original ICN approach for reporting adjustment claims, this field should always be	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT019-00 CLT019-00
					If using the original ICN approach for reporting adjustment claims, this field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim adjustment claims.					
					and all adjustment claims together.					
	CLT019	ICN-ORIG	Not Applicable	NA	If using the daisy-chain ICN approach for reporting adjustment claims, the initial adjustment record will populate this field with the claim identification number assigned to the original paid/denied	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applic
					If using the dalay-chain ICN approach for reporting adjustment claims, the initial adjustment record will populate this field with the claim identification number assigned to the original paid/detied claim. Subsequent adjustment should oppulate the ICN-ORIC field with the claim identification number reported in the ICN-ADI field of the prior adjustment claim. The intention is to use the nost recently assigned unique identifier from the prior claim to link the than of adjustment claims.					
					musk resency assigned unique identifier from the prior claim to link the chain of adjustment claims					
	CLT020	KN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT020-00
	CLT020	KN-ADJ	Not Applicable	NA	Record the value exactly as it appears in the State system. <u>Do not pad</u> . This field should be blank-filled if the ADJUSTMENT-INDICATOR = 0	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT020-00
	CLT020 CLT021	KN-ADJ SUBMITTER-ID	Not Applicable The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	NA Conditional	This field should be blank-filled if the ADJUSTMENT-INDICATOR = 0 Value must not be null	Not Applicable Not Applicable	8/7/2017 11/3/2015	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT020-0 CLT021-0
	CLT022	MSIS-IDENTIFICATION-NUM	organization to state's claim adjudication system. A state-assigned unique identification number used to identify a Medicald/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS Identification Number must be reported	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0
	CLT022	MSIS-IDENTIFICATION-NUM	and any claims submitted to the system. Not Applicable	NA	For non-SSN states, this field must contain an identification number assigned by the state. The	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0
	CLT022	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	format of the state ID numbers must be supplied to CMS	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0
-	CLT022	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For TYPE-OP-LEARN = 4 of D (unit) sum adjustments), this field mids begin with an at . For SSN states, this field must contain the eligible individual's Social Security Number. If the SSN is unitrown and a temporary number is assigned, this field will contain that number.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0
	CLT023	CROSSOVER-INDICATOR	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required	Value must be equal to a valid value.	0 Not Crossover Claim	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT023-0
	CLT023	CROSSOVER-INDICATOR		NA		1 Crossover Claim Not Analicable Not Analicable	4/30/2013	CLAIMUT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT0234
	CL1023		Not Applicable	NA	time period (by date of service).	Not Applicable		CLAIMLI		
	CLT023 CLT024	CROSSOVER-INDICATOR 1115A-DEMONSTRATION-IND	Not Applicable Indicates that the claim or encounter was covered under the authority of an 1115(A) demonstration. 1115(A) is Conter for Medicate and Medical Innovation (CMMI) demonstration.	NA Conditional	Detail records should be created for all crossover claims. Value must be equal to a valid value.	Not Applicable O No 1 Yes	4/30/2013 8/7/2017	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT023-0 CLT024-0
			1115(A) is a Center for Medicare and Medicald Innovation (CMIMI) demonstration.							
	CLT025	ADJUSTMENT-IND	Code indicating the type of adjustment record.	Required	Value must be equal to a valid value.	0 Original Claim / Encounter 1 Vold / Reversal of a prior submission 4 Replacement / Resubmission of a prior submission 5 Gross Credit / Gross Credit Adjustment	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Appl
						4 Replacement / Resubmission of a prior submission 5 Gross Credit / Gross Credit Adjustment 6 Gross Debit / Debit Credit Adjustment				
	CLT025	ADJUSTMENT-IND	Not Applicable	NA	ADJUSTMENT-IND values of "0", "1", "4" should be reported when TYPE-OF-CLAIM = "1", "3", "5",	6 Gross Debit / Debit Credit Adjustment Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT025-0
				[_]	"A", "C", "E", "U", "W", "Y".		[
					ADJUSTMENT-IND values of "5" or "6" should be reported when TYPE-OF-CLAIM = "4", "D" or "X"					
	CLT026	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-re	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT026-0
	CLT026	ADJUSTMENT-REASON-CODE	Not Applicable	NA	If there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT026-0
				1	PYMT-REM-CODE). If claim record does not represent an adjustment leave blank or space-fill			1	1	1

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
981	CLT027	ADMITTING-DIAGNOSIS-CODE	The ICD-9/10-CM Diagnosis Code provided at the time of admission by the physician.	Required	Code full valid ICD 9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.h	DATE 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0001
					¹ . Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.					
982 983	CLT027 CLT027	ADMITTING-DIAGNOSIS-CODE ADMITTING-DIAGNOSIS-CODE	Not Applicable Not Applicable	NA NA	Ecodes are not valid as Admitting Diagnosis Codes. The diagnosis provided by the physician at the time of admission which describes the patient's condition upon admission to the hospital. Since the Admitting Diagnosis is formulated before all tests and examinations are complete, it may be stated in the form of a problem or symptom and it may differ from any of the final adjuances recorded in the medical record.	Not Applicable Not Applicable	10/10/2013 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0002 CLT027-0003
					condition upon admission to the hospital. Since the Admitting Diagnosis is formulated before all tests and examinations are complete, it may be stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.					
984 985	CLT027 CLT028	ADMITTING-DIAGNOSIS-CODE ADMITTING-DIAGNOSIS-CODE-FLAG	Not Applicable A flag that identifies the coding system used for the ADMITTING-DIAGNOSIS- CODE.	NA Required	Enter invalid codes exactly as they appear in the State system. Do not 8- or 9-fill. Value must be equal to a valid value.	Not Applicable 01 ICD-9	8/7/2017 8/7/2017	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0004 CLT028-0001
						02 (CD-10				
986 987	CLT028 CLT029	ADMITTING-DIAGNOSIS-CODE-FLAG DIAGNOSIS-CODE-1	Not Applicable DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the	NA Required	The state must use a code that belongs to the code set that they report they are using. Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	Not Applicable http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.h	10/10/2013 11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT028-0002 CLT029-0001
			claim.							
988	CLT029	DIAGNOSIS-CODE-1	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0002
989	CLT029	DIAGNOSIS-CODE-1	Not Applicable	NA	Provide diagnosis coding as submitted on bill.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0003
990	CLT029	DIAGNOSIS-CODE-1	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0004
991	CLT029	DIAGNOSIS-CODE-1	Not Applicable	NA	Include all digits where applicable. KD-9 codes are up to 5 positions long. KD-10 codes are up to 7 positions long. Both ICO-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0005
007	CLT029	DIAGNOSIS-CODE-1	Not Applicable	NA	blanks are not allowed. The primary diagnosis code goes into DIAGNOSIS-CODE1	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0006
993	CLT029	DIAGNOSIS-CODE-1	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015		CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0007
994	CLT030	DIAGNOSIS-CODE-FLAG-1	A flag that identifies the coding system used for the DIAGNOSIS CODE 1 - 12	Required	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-10	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT030-0001
			DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.							
995	CLT030	DIAGNOSIS-CODE-FLAG-1	Not Applicable	NA	For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT030-0002
	CI T0 30	DIAGNOSIS-CODE-FLAG-1	Not Applicable		All UNUSED diagnosis code flag fields should be left blank (Le., submitted as "pipe pipe" with			CLAIMIT	CLAIM-HEADER-RECORD-LT-CLT00002	CI T0 30-0004
996	CLT030			NA		Not Applicable	9/23/2015			
997	CLT031	DIAGNOSIS-POA-FLAG-1	A code to identify conditions that are present at the time the order for inpatient admission occurs - conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume	Conditional	NOTE: The code of the first of the state and a good much more that the version 5010 format, effective lanuary 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guldance/Guldance/Transmittals/downloads/R7560TN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT031-0001
			POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher		for a listing of exempt diagnoses.					
			or both, (b) result in the assignment of a case to a Diagnosis Raited Group (DRG) that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence based guidelines. States that do not use the grouper methodology may use CMS-approved methodology that is			the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.				
			"States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.							
998	CLT031	DIAGNOSIS-POA-FLAG-1	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT031-0002
000	CI T022	DIAGNOSIS-CODE-2	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the	Conditional	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filed on FLF files). Code valid (CO-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.http://	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	011022-0001
	LEIGSE		claim.	Contractional	· · · · · · · · · · · · · · · · · · ·		1111010	CLOBINE I		CL1052 0001
1000	CLT032	DIAGNOSIS-CODE-2	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0002
1001	CLT032	DIAGNOSIS-CODE-2	Not Applicable	NA	Include all digits where applicable. KD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0003
					positions long. Both ILD-9-CM and ILD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.					
1002	CLT032	DIAGNOSIS-CODE-2	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0004
1003	CLT032	DIAGNOSIS-CODE-2	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0005
1004	CLT032 CLT032	DIAGNOSIS-CODE-2 DIAGNOSIS-CODE-2	Not Applicable Not Applicable	NA NA	Provide diagnosis coding as submitted on bill. Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.	Not Applicable Not Applicable	8/7/2017 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0006 CLT032-0007
1006	CLT033	DIAGNOSIS-CODE-FLAG-2	DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Conditional	Provide diagnosis coding as submitted on bill. Do not report diaginate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5. If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be biank-filled. Any diagnosis code that IS NOT biank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-10	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT033-0001
1007	CLT033	DIAGNOSIS-CODE-FLAG-2	Not Apolicable	NA	For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT033-0002
					requirements.					
1008	CLT033	DIAGNOSIS-CODE-FLAG-2	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT033-0004
1009	CLT034	DIAGNOSIS-POA-FLAG-2	A code to identify conditions that are present at the time the order for inpatient admission occurs - conditions that develop during an outpatient encounter, including emergency department.	Conditional		Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT034-0001
			observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume which is the surgery of the sur		http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	U Documentation insufficient to determine if condition was present at the time of inpatient admission				
			A code to locality conditions that are present at the time the order for legative balancias contrast- conditions that develop during an ordpatient constant, including energies department, conditions that develop during an ordpatient constant, including energies department, the state of the state of the book balancies of the state of the state of the state of the state that do not be state of the state of			Y Diagnosis was present at time of inpatient admission by Diagnosis was not present at time of inpatient admission was present at the observation of the second second second the constraint admission. We clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt Tom FDA reporting.				
			*States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.							
		DIAGNOSIS-POA-FLAG-2						CLAIMLT		
1010	CLT034		Not Applicable	NA	nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015		CLAIM-HEADER-RECORD-LT-CLT00002	CLT034-0002
1011	CLT035	DIAGNOSIS-CODE-3	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.h	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0001
1012	CLT035	DIAGNOSIS-CODE-3	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0002
1013	CLT035	DIAGNOSIS-CODE-3	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0003
					blanks are not allowed.					
1014	CLT035	DIAGNOSIS-CODE-3	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0004
1015	CLT035	DIAGNOSIS-CODE-3	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0005
1016 1017	CLT035 CLT035	DIAGNOSIS-CODE-3 DIAGNOSIS-CODE-3	Not Applicable Not Applicable	NA NA	Provide diagnosis coding as submitted on bill. Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0006 CLT035-0007
1018	CLT036	DIAGNOSIS-CODE-FLAG-3	DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD- 9/10-CM codes that appear on the claim.	Conditional	If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-10	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT036-0001
1019	CLT036	DIAGNOSIS-CODE-FLAG-3	Not Applicable	NA		Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT036-0002
				Ľ	For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.					
1020	CLT036	DIAGNOSIS-CODE-FLAG-3	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]] on PSV files and space-filed on FLF files).	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT036-0004
1021	CLT037	DIAGNOSIS-POA-FLAG-3	A code to identify conditions that are present at the time the order for inpatient admission occurs - conditions that develop during an outpatient encounter, including emergency department,	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT037-0001
			observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume		http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	U Documentation insufficient to determine if condition was present at the time of inpatient admission				
			or potn, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the apolication of evidence-based guideline<			N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.				
			backendaria, co estadoleta si signa, unante takoane, inscang enterpris vigua mina, por lacitado i sua obiettaly crasis preventale conditions tata era (s) bija coa or high volume or bath. Bij result in the assignment of a case to a Dagoosi Beladed Group (RGC) "that has a higher for bath. Bij result in the assignment of a case to a Tagoosi Beladed Group (RGC) "that has a higher "brough the application of videore baded guidelines." "States that o not use the grouper methodology may use CMS-approved methodology that is projective in nature."							
1022	CLT037	DIAGNOSIS-POA-FLAG-3	Not Applicable	NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).		9/23/2015		CLAIM-HEADER-RECORD-LT-CLT00002	CLT037-0002
1023	CLT038	DIAGNOSIS-CODE-4	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional	Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.h	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0001
1024	CLT038	DIAGNOSIS-CODE-4	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0002
1024	CLT038	DIAGNOSIS-CODE-4	Not Applicable	NA	include all digits where applicable. ICD-9 codes are up to 5 positions ions. ICD-10 codes are up to 7		2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0002
				Ľ	positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.					
1026	CLT038	DIAGNOSIS-CODE-4	Not Applicable	NA	All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0004
1027	CLT038	DIAGNOSIS-CODE-4	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0005
1028 1029	CLT038	DIAGNOSIS-CODE-4 DIAGNOSIS-CODE-4	Not Applicable	NA	Provide diagnosis coding as submitted on bill. Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0006
1029	CLT038	DIMONUSIS-CODE-4	Not Applicable	Prov.	Do not report auplicate diagnosis codes across btAGNUSIS-CUDE data elements 1 - 5.	Not Applicable	2/25/2013	CLAIMLT	LINIM TENDER RECORD-LI-CL100002	CLT038-0007

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
New Row # 1030	DE NO CLT039	DATA ELEMENT NAME DIAGNOSIS-CODE-FLAG-4	DEFINITION DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD- 9/10-CM code: that appear on the claim.	Conditional	CODING REQUIREMENT If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	VALID VALUES 1 ICD-9 2 ICD-10	DATE 8/7/2017	CLAIMLT	FILE SEGMENT (with RECORD-ID) CLAIM-HEADER-RECORD-LT-CLT00002	CR NO CLT039-0001
1031	CLT039	DIAGNOSIS-CODE-FLAG-4	Not Applicable	NA	For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT039-0002
1032	CLT039	DIAGNOSIS-CODE-FLAG-4	Not Applicable	NA	All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filed on FLF files).	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT039-0004
1033	CLT040	DIAGNOSIS-POA-FLAG-4	A code to identify conditions that are present at the time the order for inpatient admission occurs - conditions that develop during an outpatient encounter, including emergency department,	Conditional	nouning in desired in (1) of insy mice and space mice of instrines). MOTE: The code of '1's ino longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.com.gov/Beguitations:and-Guidance/Tansmittati/downdoa/R756OTN.pdf	Y Diagnosis was present at time of inpatient admission	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT040-0001
			observation, or outpatient surgery. ROA indicator is used to identify certain preventable conditions that area (a) bish cost or bish volume.		http://www.cms.gov/Regulations-and-Guldance/Guldance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	W Diagnosis was not present at time of impattent admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether				
			To both, (b) result in the assignment of a case to a Diagnosis Rulated Group (DRG) ⁺ that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence based guidelines. "States that do not use the grouper methodology may use CMS-approved methodology that is			W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.				
			"States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.			perior exemption reporting.				
		DIAGNOSIS-POA-FLAG-4	Not Applicable					CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	
1034	CLT040	DIAGNOSIS-POA-FLAG-4		NA	All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (i) i) on PSV files and space-filled on FLF files). Code vail (ICD=/10 CM Codes without a decimal point. For example: 210.5 is coded as "2105 "	Not Applicable	9/23/2015		CLAIM-HEADER-RECORD-LT-CLT00002	CLT040-0002
1035	CL1041	DIAGNUSIS-CODE-S	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Londitional	Code Valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Loding/LDVProviderDiagnosticLodes/rodes.h	2/25/2013	CLAIMLI	CLAIM-HEADER-RECORD-LT-CLT00002	CL1041-0001
1036	CLTO41	DIAGNOSIS-CODE-5	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0002
1037	CLTO41	DIAGNOSIS-CODE-5	Not Applicable	NA	Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0003
1038	CLT041	DIAGNOSIS-CODE-5	Not Applicable	NA	positions song, Botin ILD-YCM and ILD-10-LM nave a minimum length of 3 positions, Embedded blanks are not allowed. All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0004
1039	CLTO41	DIAGNOSIS-CODE-5	Not Applicable	NA	between () on PSV files and space-filled on FLF files). Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0005
1040	CLT041	DIAGNOSIS-CODE-5	Not Applicable	NA			8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0006
1041 1042	CLT041 CLT042	DIAGNOSIS-CODE-5 DIAGNOSIS-CODE-FLAG-5	Not Applicable DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-	NA Conditional	Provide diagnosis coding as submitted on bill. Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5. If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	Not Applicable Not Applicable 1 ICD-9	2/25/2013 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0007 CLT042-0001
			9/10-CM codes that appear on the claim.			1 ICD-9 2 ICD-10				
1043	CLT042	DIAGNOSIS-CODE-FLAG-5	Not Applicable	NA	For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirement.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT042-0002
1044	CLT042	DIAGNOSIS-CODE-FLAG-5	Not Applicable	NA	requirements. All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files].	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT042-0004
1045	CLT043	DIAGNOSIS-POA-FLAG-5	A code to identify conditions that are present at the time the order for inpatient admission occurs - conditions that develop during an outpatient encounter, including emergency department	Conditional	NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective	Y Diagnosis was present at time of inpatient admission Diagnosis was not present at time of inpatient admission	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT043-0001
			A code to identify conditions that are present at the time the order for legated admission occur- conditions that developed using an outgated reconsumer, holding emergency department, observations, or outgatefet surgers, or outgatefet and admission of the outgated of the outgated of the outgate part, by low call, the outgatement of a cost to a balgenois failed force p1600 ⁻¹ that are highly outgate parameter that a subgener of a cost or a balgenois failed force p1600 ⁻¹ that are been prevented forcegit the subgeneration of evidence balance placetimes.		January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient of determine if condition was present at the time of inpatient admission W Clinkallw undetermined. Provider unable to clinkally determine whether				
			or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines.			W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.				
			*States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.							
1044	CLT043	DIAGNOSIS-POA-FLAG-5	Not Applicable	MA	All UNITED dismostic code BOA floa Helds should be left block (i.e., submitted or "nine nine" with	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT043-0002
1047			The date on which the recipient was admitted to a psychiatric or long-term care facility.	Reguland	All UNASED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space filled on RF files). Date format is CCYMMIDD (National Data Standard).		8/7/2017	CLAIMET		
1047 1048 1049	CLT044 CLT044 CLT044	ADMISSION-DATE ADMISSION-DATE ADMISSION-DATE	Not applicable Not applicable	NA	ADMINISTRATING CONTINUES (WIGHT DATE STATISTIC). Value must be availed ate ADMISSION-DATE should occur on or before the ADJUDICATION-DATE	Not Applicable Not Ap	4/30/2013 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0001 CLT044-0002 CLT044-0003
1050 1051	CLT044	ADMISSION-DATE ADMISSION-DATE	Not Applicable	NA	ADMISSION-DATE should occur on or before the DISCHARGE-DATE ADMISSION-DATE should occur on or after the DATE-OF-BIRTH listed in Eligible Record.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0004
1052	CLT044 CLT045	ADMISSION-DATE ADMISSION-HOUR	Not Applicable The time of admission to a psychiatric or long-term care facility.	NA Conditional	ADMISSION-DATE should occur on or before the DATE-OF-DEATH listed in Eligible Record. Value must be a valid hour in military time format (00 to 23). Date format is CCYMMIDD (Viational Data Standard).	Not Applicable See Appendix A for listing of valid values. Not Applicable	4/30/2013 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0006 CLT045-0001
1053 1054 1055	CLTO46 CLTO46	DISCHARGE-DATE DISCHARGE-DATE	The time of admission to a psychiatric or long-term care facility. The date on which the recipient was discharged from a psychiatric or long-term care facility. Not Applicable	Conditional NA		Not Applicable Not Applicable	8/7/2017 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0001 CLT046-0002
1056	CLTO46 CLTO46	DISCHARGE-DATE DISCHARGE-DATE	Not Applicable Not Applicable	NA NA	value must be a value date This date must occur on or after the ADMISSION-DATE. This date must occur on or before the ADJUDICATION-DATE.	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0003 CLT046-0004
1058 1059	CLTO46 CLTO46	DISCHARGE-DATE DISCHARGE-DATE	Not Applicable Not Applicable	NA NA	This date must occur on or after the DATE-OF-BIRTH in the Eligible Record. This date must occur on or before the DATE-OF-DEATH in the Eligible record	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0006 CLT046-0007
1060 1061	CLTO47 CLTO48	DISCHARGE-HOUR BEGINNING-DATE-OF-SERVICE	The time of discharge from a psychiatric or long-term care facility.	Conditional Required	Value must be a valid hour in military time format (00 to 23). Date format is CCYYMMDD (National Data Standard).	See Appendix A for listing of valid values. Not Applicable	8/7/2017 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT047-0001 CLT048-0001
			not services received adming a single encounter wint a provider, are date une service covered by units data was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this							
			payment began.							
	CLTO48 CLTO48	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	Value must be a valid date The beginning date of service must occur before or be the same as the end of time period	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0002 CLT048-0003
1064 1065	CLTO48 CLTO48	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	Date must occur before or be the same as Ending Date of Service Date must occur before or be the same as adjudication date.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0004 CLT048-0005
1066 1067	CLTO48 CLTO48	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	Date must occur on or before Date of Death. The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as a unborn CHP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHP child.	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0006 CLT048-0007
					the person is eligible through Medicaid or is eligible as a non-unborn CHIP child.					
1068	CLTO48	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	A Medicaid claim record for an eligible individual should not have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0008
1069	CLTO48	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	AC HIP claim record for an advisional device the for Separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrolment has ended.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0009
1070	CLT049	ENDING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0001
			extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.							
1071	CLT049	ENDING-DATE-OF-SERVICE	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0002
1071 1072	CLTO49	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0003
1073 1074	CLTO49 CLTO49	ENDING-DATE-OF-SERVICE ENDING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE. Date must occur on or before Date of Death.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0004 CLT049-0005
1075 1076	CLTO49 CLTO49	ENDING-DATE-OF-SERVICE ENDING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH Date must occur before or be the same as End of Time Period.	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0006 CLT049-0007
1077 1078	CLT050 CLT050	ADJUDICATION-DATE ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state. Not Applicable	Required NA	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0001 CLT050-0002
1079	CLT050	ADJUDICATION-DATE	Not Applicable	NA	For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible. For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the	Not Applicable	2/25/2013 2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0003 CLT050-0004
	CL1050	ADJUDICATION-DATE		NA	state.	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CL1050-0004
1081 1082	CLT050	ADJUDICATION-DATE	Not Applicable Not Applicable	NA NA	If a complete, valid date is not available or is unknown,leave blank or space-fill ADJUDICATION-DATE should occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	Not Applicable Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0006
1083	CLT050 CLT050	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable	NA	AD LIDICATION-DATE chould occur on or after the ADMISSION-DATE	Not Applicable	4/30/2013 10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0007
1084	CL1050	ADJUDICATION-DATE	Not Applicable	NA	This date must some assource out in the rest of the some active better This date must occur on or after the DATE-OBIRTH in the Eligible Record when the eligible is not a CHP unborn child. A Medicaid or CHP eligible individual should not have baid a claim adjusticated before their two-way	Not Applicable	10/10/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0008
		- Show of the		ſ^	CHP unborn child. A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year imnigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.				LITTER CONTRACTOR	L1050'0007
1086	CLT051	MEDICAID-PAID-DATE MEDICAID-PAID-DATE	The date Medicaid paid on this claim or adjustment. Not Applicable	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT051-0001 CLT051-0002
1087 1088 1089	CLT052 CLT052	TYPE-OF-CLAIM TYPE-OF-CLAIM	A code indicating what kind of payment is covered in this claim. Not Applicable	Required NA	Value must be a valid value. States should only submit CHIP claims for CHIP eligibles	See Appendix A for listing of valid values. Not Applicable	4/30/2013 4/30/2013 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0001 CLT052-0002
1090	CLT052	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0003
1091	CLT052	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0004
1092	CLT052	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0005
1093	CLT052	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0006
1094	CLT053	TYPE-OF-BILL	A data element corresponding with UB-04 form locator FL4 that classifies the claim as to the type of facility (2nd digit), type of care (3rd digit) and the billing record's sequence in the episode of care (4th digit). (Note that the 1st digit is always zero.)	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT053-0001
1095	CLT054	CLAIM-STATUS	digit). (Note that the 1st digit is always zero.) The health care claim status codes convey the status of an entire claim.	Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT054-0001
1096	CLT054	CLAIM-STATUS	Not Applicable	NA	All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable
1097	CLT055	CLAIM-STATUS-CATEGORY	The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS.	Required	DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2 Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-catego	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT055-0001
1098	CLT055	CLAIM-STATUS-CATEGORY	Not Applicable	NA	All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = P2.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable
1099	CLT055	CLAIM-STATUS-CATEGORY	Not Applicable	NA	All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable

V2.1 T-MSIS Data Dictionary

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID) CLAIM-HEADER-RECORD-LT-CLT00002	CR NO
1100	CLT056	SOURCE-LOCATION	The field denotes the claim payment system from which the claim was esticated.	Required	Value must be equal to a valid value.	VALUE YALLES VALUES VALUES VALUES VALUES VALUES VALUES VALUES VALUE VALUE	8/7/2017	CLAIMLT	CLAM-HEADER-RECORD-LT-CLT00002	CLT056-0001
1101	CLT057	CHECK-NUM	The check or EFT number.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT057-0001
		CLEVEN AN INC.								017057-0000
1102	CLT057 CLT058	CHECK-NUM CHECK-EFF-DATE	Not Applicable Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is	NA Conditional	If there is a valid check date there should also be a valid check number. Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	4/30/2013 11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT057-0002 CLT058-0001
1104	CI TO58	CHECK-FEF-DATE	made. Not Applicable	NA	Volue must be remark	Not Applicable	8/7/2017	CLAIMIT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable
1105	CLT058	CHECK-EFF-DATE CHECK-FFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT058-0002
1106	CLT058 CLT058	CHECK-EFF-DATE CHECK-EFF-DATE	Not Applicable Not Applicable	NA	Could be the same as Remittance Date. If there is a valid check number, there should also be a valid check date.	Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT058-0003 CLT058-0004
1108	CLT059	CLAIM-PPMT-REM-CODE-1	Emplance Addres Renard, Codes are used to convey information about retributes processing or to support the support of the support framework (support of the support of the support in enternal code is all results (support of the support of the support of the support of the support of the support of the support of the support in enternal code is the support of the support of the support of the support support of the support of the support of the support of the support	Conditional	Value must be equal to a valid value.	Lize the Remittance Advice Remark Codes at the following link: http://www.v	10/10/2013	CLAIMLT	CLAM-HEADER-RECORD-LT-CLT00002	CLT059-0001
1109	CLTO60	CLAIM-PriMT-REM-CODE-2	Intellinear darke fittereit folder an used to come information shoult remittance processing of to provide a supportent approaches for a support and and support and approaches and approa	Conditional	Value must be equal to a valid value.	Lee the Remittance Advice Remark Codes at the following link: http://www.v	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT060-0001
110	CLT061	CLAIM-Print-REM-CODE-3	Semistrate Advice Remut Codes are used to convey Memorialism about remittance processing or to provide a supportene disputation for an advice and advice and advice and advice and advice advice advice the support of	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.x	y10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT061-0001
111	CLT062	CLAIM-Privit-REM-CODE-4	Intellingto disks fittend folder are used to come plennation about meltitance processing of to sequences a sequencember and an advance in a sequence and a sequence of the se	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.v	y10/10/2013	CLAIMLT	CLAM-HEADER-RECORD-LT-CLT00002	CLT062-0001
1112 1113	CLT063 CLT063	TOT-BILLED-AMT TOT-BILLED-AMT	The total amount billed for this claim at the claim header level as submitted by the provider. Not Applicable	Conditional	This data element must include a valid dollar amount. The total amount should be the sum of each of the billed amounts submitted at the claim detail	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT063-0001 CLT063-0002
		TOT-BILLED AMT			eud.	no ppreserve	.,	CLAIMET	CLAIM TEADER RECORD IT CLIDDOG	CIT062-0002
1114	CLT063 CLT063	TOT-BILLED-AMT TOT-BILLED-AMT	Not Applicable Not Applicable	NA NA	F TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000". F TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the provider billed to the managed care plan.	Not Applicable Not Applicable	4/30/2013 B/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT063-0003 CLT063-0004
116	CLT064	TOT-ALLOWED-AMT	The claim header level maximum amount determined by the paver as being 'allowable' under the	Conditional	the provider billed to the managed care plan. This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT064-0001
			The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.						CLAIM-HEADER-RECORD-LT-CLT00002	CLT064-0002
117 118	CLT064 CLT065	TOT-ALLOWED-AMT TOT-MEDICAID-PAID-AMT	Not Applicable The total amount paid by Medicald/CHIP or the managed care plan on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicald or the managed care plan at the detail level for the claim.	NA Required	THE OF CARA- 4 and the fee service detailable field should be seen dated with the service	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT064-0002 CLT065-0001
			claim header level, which is the sum of the amounts paid by Medicaid or the managed care plan at the detail level for the claim.							
119			Not Applicable	NA	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT065-0002
120	CLT065	TOT-MEDICAID-PAID-AMT TOT-COPAY-AMT	The total amount paid by Medicald/CHIP enrollee for each office or emergency department visit or	Conditional	encounter record ons neo snoor de populated wor the amount that the managed care plan paid to the provider. This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT066-0001
	CLT065	TOT-MEDICARE-DEDUCTIBLE-AMT	purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	conditional			11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL100002	CIT067-0001
121	CLT067		The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLOOI THE I		CE1007 0001
122	CLT067	TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	If the Modicare deductible around can be identified separately from Modicare cohurance, symperity, cost at monut in this field. If the Modicare obsurances and eductible payment cannot be separated, ill lihis field with the combined payment amount, code MEDICARE-COMB- DED-NID with a "1", and code space in TOT-MEDICARE-CONS-AMT.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable
123 124	CLT067 CLT068	TOT-MEDICARE-DEDUCTIBLE-AMT TOT-MEDICARE-COINS-AMT	Not Applicable The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare coinsurance.	NA Conditional	The total Medicare deductible amount must be less than or equal the total billed amount. This data element must include a valid dollar amount.	Not Applicable Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT067-0002 CLT068-0001
125	CI T068	TOT-MEDICARE-COINS-AMT	Medicare coinsurance. Not Applicable	NA	Value must be less than TOT-BILLED-AMT.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CI T068-0003
126	CLT068	TOT-MEDICARE-COINS-AMT	Not Applicable	NA	If the Medicare colorsurance amount can be identified reparately from Medicare doductible amount, code that amount in this field. If the Medicare colorsurance and deductible payments cannot be reparated, code space in this field, code MEDICARE-COMP-DED-IND with a "1", and till the combined payment amount in TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable
1127	CLT069	TOT-TPL-AMT	Third Party Liability (TR) refers to the legal obligation of third parties, i.e., certain individuals, entities, or program, to pay all or part of the expenditures for medical assistance furnished under a state plan this is the total amount denoted at the claim header level paid by the third party. Not any contained to the state of the st	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015		CLAIM-HEADER-RECORD-LT-CLT00002	CLT069-0001
	LL1069	IOI-IPE-AMI		nă.	The TOT-TPL-AMT should be < ((TOT-BILLED-AMT - (minus) TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT))		10/10/2013			
129 130	CLT070 CLT071	TOT-OTHER-INSURANCE-AMT OTHER-INSURANCE-IND	The amount paid by insurance other than Medicare or Medicaid on this claim. The field denotes whether the insured party is covered under an other insurance plan other than Medicare or Medicaid.	Conditional Conditional	This data element must include a valid dollar amount. Value must be equal to a valid value.	Not Applicable 0 No 1 Yes	11/3/2015 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT070-0001 CLT071-0001
131	CLT072	OTHER-TPL-COLLECTION	Medicare or Medicaid. This data element indicates that the claim is for a beneficiary for whom other third party resource	Conditional	Value must be equal to a valid value.	COL Third Date December is Complete/Test	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT072-0001
			development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.			002 Third Party Resource is Estate 003 Third Party Resource is Line (TEFRA) 004 Third Party Resource is Line (Other) 005 Third Party Resource is Medical Majaratho 005 Third Party Resource is Addia Majaratho 007 Third Party Resource is Other				
132	CLT073	SERVICE-TRACKING-TYPE	A code to catagorite anvite trading claims. A "service trading claim" is used to report lange sum payments that cannot be artifacted to a significant or a significant of the service. These uses an encounter record to report an encounter record to report any service trading or the service of the service	Conditional	Value must be equal to a valid value.	20 Net Service Tracking Colim 00 Drug Robie 20 DSF Payment 02 DSF Payment 04 Cost Settlement 04 Cost Settlement 05 Other	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT073-0001
1133	CLT073		Not Applicable	NA	This field is required if TYPE-OF-CLAIM equals a service tracking claim (Valid values for service tracking claims include 4, D, X)	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable
134	CLT074	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable On service tracking claims, the lump sum amount paid to the provider. Not Applicable	NA	Required on service tracking records TVPE-OE-CLAIM equals 4. D. X)	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0002
1135	CLT074 CLT074	SERVICE-TRACKING-PAYMENT-AMT SERVICE-TRACKING-PAYMENT-AMT	On service tracking claims, the lump sum amount paid to the provider. Not Applicable	Conditional NA	This data element must include a valid dollar amount. Amount paid for services received by an individual patient, when the state accepts a lump sum form	Not Applicable Not Applicable	11/3/2015 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0001 CLT074-0003
					This data element must include a valid dollar amount. Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT.			1		
1137	CLT074	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0004
1138	CLT074	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	payment amount in SERVICE-TRACKING-PAYMENT-AMT only. If there is a service tracking type, then there must also be a service tracking payment amount.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0005
1139	CLT074	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	F SERVICE-TRACKING-TYPE ↔ "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE↔	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0006
1137				-	Value must be equal to a valid value.					CLT074-0008
1140	CL10/5	PLAEU-PATMEN I-IND	This code indicates that the reinhumanment amount included on the claim is for a theory payment. They compare that are more than the theory of theory of the theory of t	conditional	value muss ue equal to a value value.	0 Not Fixed Payment 1 FFS Fixed Payment	p///201/	LLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	LL1075-0001

Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CRM
	CLT076	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required	Value must be equal to a valid value.	A Medicald Agency B CHIP Agency C Mental Health Service Agency D Education Agency C Child and Family Services Agency	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT076-000
						D Education Agency E Child and Family Services Agency				
						G Clanty G Clay H Providers I Other				
						l Other				
	CLT077	FUNDING-SOURCE-NONFEDERAL- SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the	Required	Value must be equal to a valid value.	01 State appropriations to the Medicaid agency	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT077-000
		SHARE	provider.	·	When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, States are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE					
					the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE	E. 04 Provider taxes 05 Donations 05 State approximations to the CHIP approxi				
	CI T078	MEDICARE-COMB-DED-IND	fe de la disable a that the second sold by Sfediard (FUID as this slates termed the second she is fediards	Candidanal	Value must be equal to a valid value.		8/7/2017	CI AIMI T	CLAIM-HEADER-RECORD-LT-CLT00002	CLT078-000
	CL1078	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Conditional	value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount	8/7/2017	CLAIMLI	CLAIM-HEADER-RECORD-L1-CL100002	CL1078-000
	CLT078	MEDICARE-COMB-DED-IND	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any combined deductibl amount on the claim, if the eligible individual is not a dual eligible.	e Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT078-000
	CLT079	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required	amount on the claim, if the eligible individual is not a dual eligible. Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-000
	CLT079	PROGRAM-TYPE	for information on the various program types. Not Applicable	NA	Value for 1915 (c) walver must correspond to the values for 1915(c) walver in the Walver Type.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-000
	CLT079	PROGRAM-TYPE	Not Applicable	NA	If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-00
	CI TO 79	PROGRAM-TYPE	Not Applicable	NA	TYPE must = 01 for the same time period.	= Not Applicable	4/30/2013	CLAIMET	CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-00
	CI T080	PLAN-ID-NUMBER		Candidanal	If PROGRAM-TYPE-1915(I) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must 02 for the same time period. The field can contain any alphanumeric characters, digits or symbols except the "pipe" (I).	Not Applicable	11/3/2015		CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-00
	CI TOPO	PLAN-ID-NUMBER	A unique number, assigned by the state, which represents the health plan under which the non-fee- for-service encounter was provided including through the state plan and a waiver.	Conditional			8/7/2017		CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-00
	CLT080	PLAN-ID-NUMBER	Not Applicable Not Applicable	NA	Use the number as it is carried in the state's system. (TYPE-OF-CLAIM=3, C, W). # TYPE-OF-CLAIM <> Encounter or Capitation Payment, leave blank or space-fill.	Not Applicable Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-000
	CLT080	PLAN-ID-NUMBER		NA	ETYPE-OF-CLAIM <> Encounter or Capitation Payment, leave blank or space-till. The managed care ID on the individual's eligible record must match that which is included on any claims records for the eligible individual.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-00
	CLT080	PLAN-ID-NUMBER	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed-Care-Plan- In the Eligible File"	D Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-000
	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity	/)NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-000
	CLTO81	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	Implementation of 45 CFR 162 Subpart E regarding the requirement for large and small health plan to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	s Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-000
	0.7004		Disk Awaliashia				0.05.0040	CARACT		0.7.0
	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.	Not Applicable	2/25/2013	LLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-00
	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-00
	CLT082	PAYMENT-LEVEL-IND	The field denotes whether the claim payment is made at the header level or the detail level.	Required	TPL subject area Value must be equal to a valid value.	1 Claim Header - Sum of Line Item payments	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT082-00
				T.		1 Claim Header - Sum of Line Item payments 2 Claim Detail - Individual Line Item payments				
	CLTO82	PAYMENT-LEVEL-IND	Not Applicable	NA	Payment fields at either the claim header or line on encounter records should be left blank.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT082-00
	CLT083	MEDICARE-REIM-TYPE	This code indicates the type of Medicare Reimbursement.	Conditional	Value must be equal to a valid value.	01 IPPS - Acute Inpatient PPS 02 LTCHPPS - Long-term Care Hospital PPS 03 SNFPPS - Skilled Nursing Facility PPS	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT083-00
						05 IREPPS - Inpatient Rehabilitation Facility PPS 06 IPEPPS - Inpatient Psychiatric Facility PPS				
						07 OPPS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab)				
						IS ISTPPS - Inpatient Rehabilitation Facility PPS (Ø) IFTPPS - Inpatient Pychatic Facility PPS (Ø) OFPS - Outpatient Pychatic Facility PPS (Ø) Res Schedule (Igr Physicians, DME, ambulance, and clinical lab) (Ø) Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Pysment Model				
	CLT083	MEDICARE-REIM-TYPE	Not Applicable	NA	If this is a crossover Medicare claim (CROSSOVER-IND= 1), the claim must have a MEDICARE-REIM- TYPE.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT083-00
	CLT084	NON-COV-DAYS	The number of days of institutional long-term care not covered by the payer for this sequence as qualified by the payer organization. The number of non-covered days does not refer to days not covered for any other service.	Conditional	Must contain number of non-covered days.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT084-00
		NON-COV-DAYS	covered for any other service. Not Applicable		The sum of Non-Covered Days and Covered Days must not exceed Total Length of Stay (Statement			CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	
	CLTO84	NON-COV-DAYS	Not Applicable	NA	The sum of Non-Covered Days and Covered Days must not exceed Total Length of Stay (Statement Covers Period - Thru Date minus Admission Date\Start of Care) for any payer sequence.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT084-00
	CLT085	NON-COV-CHARGES	The charges for institutional long-term care, which are not reimbursable by the primary payer. The non-covered charges do not refer to charges not covered for any other service.	Conditional	This data element must include a valid dollar amount.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT085-00
	CLT086	MEDICAID-COV-INPATIENT-DAYS	non-covered charges do not refer to charges not covered for any other service. The number of inpatient psychiatric days covered by Medicaid on this claim.	Conditional	Populate this field with a valid numeric entry.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-00
	CLT086	MEDICAID-COV-INPATIENT-DAYS	Not Applicable	NA	This field is required and only applicable when a CLAIMLT record has TYPE-OF-SERVICE = 044, 048, or 050 (inpatient mental health/psychiatric services).	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-00
	CLT086	MEDICAID-COV-INPATIENT-DAYS	Not Applicable	NA	This total must not be greater than double the duration between the DISCHARGE-DATE and the ADMISSION-DATE, plus one day.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-00
	CLT087	CLAIM-LINE-COUNT	The total number of lines on the claim.	Required	Must be populated on every record	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT087-00
	CLT087	CLAIM-LINE-COUNT	Not Applicable	NA	If the number of claim lines is above the state-approved limit, the record will be split and the SPLIT CLAIM-IND will equal 1.		4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT087-00
	CLT087 CLT090	CLAIM-LINE-COUNT FORCED-CLAIM-IND	Not Applicable This code indicates if the claim was processed by forcing it through a manual override process.	NA Conditional	The claim line count should equal the sum of the claim lines for this record. Value must be equal to a valid value.	Not Applicable 0 No	4/30/2013 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT087-00 CLT090-00
	CLT091	HEALTH-CARE-ACQUIRED-CONDITION	This code indicates whether the individual included on the claim has a Health Care Acquired Condition	Conditional	Value must be equal to a valid value.	0 No 1 Yes 0 No	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT091-00
	CI T092	IND OCCURRENCE-CODE-01			Value must be equal to a valid value.	0 No 1 Yes	B/7/2017		CLAIM-HEADER-RECORD-LT-CLT00002	CIT092-00
	CL1092	OCCURRENCE-CODE-01	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	value must be equal to a valid value.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittats/dow	8/7/2017	CLAIMLI	CLAIM-HEADER-RECORD-L1-CL100002	CL1092-00
			These fields can be used for either occurrences or occurrence spans.							
	CLT092 CLT092	OCCURRENCE-CODE-01 OCCURRENCE-CODE-01	Not Applicable Not Applicable	NA	Required if reported on the claim. All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT092-00 CLT092-00
	CLT093			Candidanal	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (()) on PSV files and space-filled on FLF files).	http://www.marchitecond.co.dom/Co.dom/Tourselitela/dom		CLARKET	CLAIM-HEADER-RECORD-LT-CLT00002	
	GE1073	OCCURRENCE-CODE-02	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Contractional	Value must be equal to a valid value.	unage of the state state state of the state	8/7/2017	CALPUPIL I	CONTRACTOR CONDUCTION	CLT093-00
			These fields can be used for either occurrences or occurrence spans.	1	D	1	1	1		
	CLT093									CLT093-00
	CLT093	OCCURRENCE-CODE-02 OCCURRENCE-CODE-02	Not Applicable Not Applicable	NA NA	Required if reported on the claim. All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	
		OCCURRENCE-CODE-02	Not Applicable	NA NA Conditional	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable Not Applicable http://www.cms.cov/Revulations-and-Culifance/Faildance/Transmittedr/Amar	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT093-0
	CLT093	OCCURRENCE-CODE-02 OCCURRENCE-CODE-02 OCCURRENCE-CODE-03	Not Applicable A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLS 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	NA NA Conditional	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing	Not Applicable Not Applicable http://www.cms.gov/Regulations-and-Guldance/Guidance/Transmittals/dow			CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT093-0
		OCCURRENCE-CODE-02	Net Applicable A code to describe specific event(s) relating to this billing period covered by the dalm. (These are FLS 11, 22, 33, 43, 45, and 36 - Occurrence codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	NA NA Conditional	All UNASED occurrence code fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between (11) on SV Hier and space field on FLF files). Value must be equal to a valid value.	Not Applicable Not Applicable http://www.cms.gov/Reputations.and-Guidance/Guidance/Transmittais/dow	9/23/2015	CLAIMLT		CLT093-0
		OCCURRENCE-CODE-02	Not Applicable A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLS 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	NA NA Conditional NA NA	All UNASED occurrence code fields should be left blank (e.e., submitted as "pipe pipe" with nothing, in between (11) or by Nie and spacefield on RF file). Value must be equal to a valid value.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/down	9/23/2015	CLAIMLT		CLT093-00 CLT094-00 CLT094-00
	CLTO94 CLTO94	OCCURRENCE-CODE-02 OCCURRENCE-CODE-03 OCCURRENCE-CODE-03	Net Applicable A code to decome applicable Tay, 20, 54, 54, 56, and 56 - Occumence Code on the UBML These Relief, an be used for ether occumence or occurrence spans. Net Applicable Net Applicable	NA NA	All UNASED occurrence code fields should be left blank (i.e., submitted as 'pipe pipe' with nothing in between (11) on SV Hier and space field on FLF files). Value must be equal to a valid value.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/down	9/23/2015 18/7/2017 2/25/2013	CLAIMLT CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT093-00 CLT094-00 CLT094-00 CLT094-00
	CLT094 CLT094 CLT094	OCCURRENCE-CODE-02 OCCURRENCE-CODE-03 OCCURRENCE-CODE-03 OCCURRENCE-CODE-03	Net Applicable Net Applicable 11, 32, 33, 43, 44, 46 - Occurrence Codes on the UBA1 The set Mail and the Applicable Codes on the UBA1 Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Code Codes () relating partial converts by the claim. (These are FLC 11, 32, 33, 43, 43, 44, 46 - Occurrence Codes on the UBA1	NA NA	All UNED courserou code fields should be bit black (e.g., submitted as "pipe pipe" with nothing between (11) on PNE and space-field on FoT field. Table must be equal to a valid value. Required If reported on the claim. All UNED courserous code fields should be bit black (e.g., submitted as "pipe pipe" with nothing heberen (11) on PNE and space-field on Field.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/down	9/23/2015 18/7/2017 2/25/2013 9/23/2015	CLAIMLT CLAIMLT CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT093-0 CLT094-0 CLT094-0 CLT094-0
	CLT094 CLT094 CLT094 CLT095	OCCURRENCE-CODE-02 OCCURRENCE-CODE-03 OCCURRENCE-CODE-03 OCCURRENCE-CODE-03 OCCURRENCE-CODE-04	Net Application Net Application 11, 32, 33, 43, 34, 344 34 - Occurrence Codes on the UBA1 11, 32, 33, 43, 34, 344 34 - Occurrence Codes on the UBA1 Net Application Net Application Net Application 11, 32, 31, 34, 34, 344 54 - Occurrence Codes on the UBA1 11, 32, 31, 34, 34, 344 54 - Occurrence Codes on the UBA1 11, 32, 31, 34, 34, 344 54 - Occurrence Codes on the UBA1	NA NA	All UNXED occurrence code fields should be in the field. All UNXED occurrence code fields should be in the field. Wate must be equal to a valid value. Regulard of respected on the claim. MUNXED occurrence code fields should be the titude [Le_scalaritied as "gate pipe" with nothing to between [1] on PD Wite and quade link on PD Bits. In another equal to a valid value. Should be the claim.	bing Jawa na goni tagakitan ani Guldan di Suldan ti Tudan ti Tudan ti Nat Agalake Nat Agalake Tud Jawa na goni tagakitan sat Guldan di Suldan ti Tudan ti Suldan ti	9/23/2015 8/7/2017 2/25/2013 9/23/2015 8/7/2017	CLAIMLT CLAIMLT CLAIMLT CLAIMLT CLAIMLT	LAM-HEADER RECORD 1-T-CL100002 LIAM-HEADER RECORD 1-T-CL100002 LIAM-HEADER RECORD 1-T-CL100002 LIAM-HEADER RECORD 1-T-CL100002 LIAM-HEADER RECORD 1-T-CL100002	CLT093-0 CLT094-0 CLT094-0 CLT094-0 CLT094-0 CLT095-0
	CLT094 CLT094 CLT094	OCCURRENCE-CODE-02 OCCURRENCE-CODE-03 OCCURRENCE-CODE-03 OCCURRENCE-CODE-03	Net Applicable Net Applicable 11, 32, 33, 43, 44, 46 - Occurrence Codes on the UBA1 The set Mail and the Applicable Codes on the UBA1 Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Code Codes () relating partial converts by the claim. (These are FLC 11, 32, 33, 43, 43, 44, 46 - Occurrence Codes on the UBA1	NA NA	All UNXED occurrence code fields should be in the field. All UNXED occurrence code fields should be in the field. Wate must be equal to a valid value. Regulard of respected on the claim. MUNXED occurrence code fields should be the titude [Le_scalaritied as "gate pipe" with nothing to between [1] on PD Wite and quade link on PD Bits. In another equal to a valid value. Should be the claim.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/down	9/23/2015 8/7/2017 2/25/2013 9/23/2015 8/7/2017	CLAIMLT CLAIMLT CLAIMLT CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT093-01 CLT094-01 CLT094-01 CLT094-01 CLT094-01 CLT095-01
	CLT094 CLT094 CLT094 CLT095	OCCURRENCE-CODE-02 OCCURRENCE-CODE-03 OCCURRENCE-CODE-03 OCCURRENCE-CODE-03 OCCURRENCE-CODE-04 OCCURRENCE-CODE-04	Not Applicable Note to describe events) intelling to this billing ported covered by the claim. (These are FLI 11, 32, 31, 34, 34 and 34 - Occurrence Coders on the UBA1 STL 25, 32, 34, 34, 34 and 34 - Occurrence Coders on the UBA1 Not Applicable Not Applicable Note Applicable Note Applicable Note Applicable Note Applicable Note Applicable Note Applicable Note Applicable	NA NA Conditional NA NA	All UNAED occurrence code fields should be tift blank (i.e., submitted as "pipe pipe" with nothing Char must be repart to a valid value.	bing Jawa na goni tagakitan ani Guldara (Talana Talana) Mat Agalake Nat Agalake Tan Jawa na goni tagakitan sa Guldara (Talana Transiti duka	9/23/2015 B/7/2017 2/25/2013 9/23/2015 B/7/2017 2/25/2013	CAMIT CAMIT CAMIT CAMIT CAMIT	LAM-HEADER-RECORD-1-C1100002 LAM-HEADER-RECORD-1-C1100002 LAM-HEADER-RECORD-1-C1100002 LAM-HEADER-RECORD-1-C1100002 LAM-HEADER-RECORD-1-C1100002	CLT093-00 CLT094-00 CLT094-00 CLT094-00 CLT095-00 CLT095-00 CLT095-00
	CLT094 CLT094 CLT094 CLT095 CLT095 CLT095	OCCURRENCE-CODE 42 OCCURRENCE-CODE 43 OCCURRENCE-CODE 43 OCCURRENCE-CODE 44 OCCURRENCE-CODE 44 OCCURRENCE-CODE 44 OCCURRENCE-CODE 44	Net Application Net Application 11, 32, 33, 43, 34, 344 34 - Occurrence Codes on the UBA1 11, 32, 33, 43, 34, 344 34 - Occurrence Codes on the UBA1 Net Application Net Application Net Application 11, 32, 31, 34, 34, 344 54 - Occurrence Codes on the UBA1 11, 32, 31, 34, 34, 344 54 - Occurrence Codes on the UBA1 11, 32, 31, 34, 34, 344 54 - Occurrence Codes on the UBA1	NA NA Conditional NA NA	All UNAED occurrence code fields should be tif black [a., when the day to get piper with nothing Viala must be equal to a valid value. Brayhout I respect on the chain. All UNAED occurrence code fields should be kit black [a., when the day "gipe pipe" with nothing the before the chain. All UNAED occurrence code fields should be kit black [a., when the day "gipe pipe" with nothing the before the chain. All UNAED occurrence code fields should be kit black [a., when the day is piper piper" with nothing the before the chain. Regulated if respects on the data. Regulated if respects on the data.	bing Jawa na goni tagakitan ani Guldara (Talana Talana) Mat Agalake Nat Agalake Tan Jawa na goni tagakitan sa Guldara (Talana Transiti duka	9/23/2015 B/7/2017 2/25/2013 9/23/2015 B/7/2017 2/25/2013	CAMIT CAMIT CAMIT CAMIT CAMIT CAMIT CAMIT	LAM-HEADER RECHOL14-1100002 LAM-HEADER RECHON14-1-0.100002 LAM-HEADER RECHON14-1-0.100002 LAM-HEADER RECHON14-1-0.100002 LAM-HEADER RECHON14-1-0.100002 LAM-HEADER RECHON14-1-0.100002	CLT093-00 CLT094-00 CLT094-00 CLT094-00 CLT095-00 CLT095-00 CLT095-00
	CL T094 CL T094 CL T094 CL T095 CL T095 CL T095 CL T095 CL T096	OCCURRENT CODE 62 OCCURRENT CODE 63 CCURRENT CODE 63 CCURRENT CODE 64 OCCURRENT CODE 64 OCCURRENT CODE 64 CCURRENT CODE 64 CCURRENT CODE 65 CCURRENT CODE 65 CCURRENT CODE 65 CCURRENT CODE 65 CCURRENT	Net Applicable Net Ap	NA NA Conditional NA NA	All UNAED occurrence code fields hould be till table (L.a., unbertited as "pipe pipe" with nothing the mean of the equal to a valid value. Second and the equal to a valid value. Regulated if respectively on the caline. MUNKETS occurrence code fields should be the table (L.a., submitted as "gipe pipe" with nothing in between (U) on PSV files and space-filled on RF files). Value must be equal to a valid value.	Linu Janese new genitespilations and Galden estimation of training the University Set Applicable Net Applicable Data Janese new genitespilations and Galden estimation of training the University Net Applicable Data Janese new genitespilations and Galden estimation of training the University Net Applicable	9/23/2013 8/7/2017 9/25/2013 9/23/2015 8/7/2017 9/23/2013 8/7/2017 2/25/2013	CAMIT CAMIT CAMIT CAMIT CAMIT CAMIT CAMIT CAMIT	CAM-HEADER HECKID (1 CL10002 D.AM-HEADER HECKID (1 CL10002 CLAM-HEADER HECKID (1 CL10002 CLAM-HEADER HECKID (1 CL10002 D.AM-HEADER HECKID (1 CL10002 CLAM-HEADER HECKID (1 CL10002 CLAM-HEADER HECKID (1 CL10002	CLT093-00 CLT094-01 CLT094-01 CLT094-01 CLT095-01 CLT095-01 CLT095-01 CLT095-00 CLT096-00 CLT096-01
	CLT094 CLT094 CLT094 CLT095 CLT095 CLT095 CLT096	OCCURRENCE CODE 60 CCURRENCE CODE 60 CCURRENCE CODE 61 CCURRENCE CODE 63 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 65 CCURRENCE CODE 65	Net Applicable Net Ap	NA NA Conditional NA NA Conditional NA NA	All UNEXES occurrence code fields Account for ell' faite (, , , , , , , , , , , , , , , , , ,	Linu/annon ren gon the publican and Guidenen (Sublenen Transport Autom) Net Applicable Wet Applicable Wet Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable	9/23/2013 B/7/2017 9/23/2013 9/23/2015 B/7/2017 2/25/2013 B/7/2017 2/25/2013 B/7/2017 2/25/2013 9/23/2015	CAMIT CAMIT CAMIT CAMIT CAMIT CAMIT CAMIT CAMIT CAMIT	CAM-HEADER HECKNELT CLID002 CLAM-HEADER HECKNELT CLID002	CLT093-00 CLT094-01 CLT094-01 CLT094-01 CLT095-01 CLT095-01 CLT095-01 CLT095-00 CLT096-00 CLT096-01
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	CL1094 CL1094 CL1094 CL1095 CL1095 CL1095 CL1095 CL1096 CL1096 CL1097 CL1097 CL1097	OCCURRENCE CODE 60 CCURRENCE CODE 60 CCURRENCE CODE 60 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 65 CCURRENCE CODE 66	Nex Applicable Yes Yes Yes Applicable Yes Applicabl	NA NA Conditional NA NA Conditional Conditional Conditional NA NA	All UNEXES occurrence code fields should be in for if led, all UNEXES occurrence code fields should be inf totale (z., walamitted as "gate pipe" with nothing Walam must be equal to a valid value. Broghed II responsed on the claim. All UNEXES occurrence code fields should be inft black (z., walamitted as "gate pipe" with nothing in between (11) on PDF likes and quade-field on PDF field. Minimum of the quad to a valid value. Broghed II responsed on the claim. All UNEXES occurrence code fields should be inft black (z., walamitted as "gate pipe" with nothing in between (11) on PDF likes and quade-field on PDF field. Tablement of equation to valid value. Broghed II responsed on the claim. Broghed II responsed on the claim.	Bin Jawa ng politikajistos politikajistos (politikan) Na Appicale Na Appicale San Appicale Na Appicale Na Appicale Na Appicale Na Appicale San Jawa ng politikajistos politikas (Saldare Turonethia) Gor Na Appicale San Jawa ng politikajistos politikas (Saldare Turonethia) Gor Na Appicale San Jawa ng politikas politikas (Saldare Turonethia) Gor Na Appicale San Jawa ng politikas politikas (Saldare Turonethia) Gor Na Appicale	9232013 2772017 27572013 27572013 27572013 27522013 27522013 27522013 27522013 27522013 27572013 27572013 27572013	CARMET CLARMET CLARMET CLARMET CLARMET CLARMET CLARMET CLARMET CLARMET CLARMET CLARMET	CAM-HEADER HECOND 11 CL10002 CAM-HEADER HECOND 11 CL10002	C17093-00 C17094-00 C17094-00 C17094-00 C17095-00 C17095-00 C17095-00 C17095-00 C17095-00 C17095-00 C17095-00 C17097-00 C17097-00 C17097-00
	CL1094 CL1094 CL1094 CL1095 CL1095 CL1095 CL1096 CL1096 CL1096 CL1097 CL1097	OCCURRENCE CODE GO CCURRENCE C	Nex Applicable Yes Yes Yes Applicable Yes Applicabl	NA NA Conditional NA NA Conditional Conditional Conditional NA NA	All UNEXES occurrence code fields include the left black [z	Bin Jawa ng politikajistos politikajistos (politikan) Na Appicale Na Appicale San Appicale Na Appicale Na Appicale Na Appicale Na Appicale San Jawa ng politikajistos politikas (Saldare Turonethia) Gor Na Appicale San Jawa ng politikajistos politikas (Saldare Turonethia) Gor Na Appicale San Jawa ng politikas politikas (Saldare Turonethia) Gor Na Appicale San Jawa ng politikas politikas (Saldare Turonethia) Gor Na Appicale	9/22/2013 B/7/2017 2/25/2013 9/22/2013 B/7/2017 2/25/2013 B/7/2017 2/25/2013 B/7/2017 2/25/2013 B/7/2017 2/25/2013 D/7/2017 D/7/2017	CAMILT CLAMILT CLAMILT CLAMILT CLAMILT CLAMILT CLAMILT CLAMILT CLAMILT CLAMILT	CAM-HEADER HECKNEL110, 10002 CLAM-HEADER HECKNEL110, 10002	C17093-00 C17094-00 C17094-00 C17094-00 C17095-00 C17095-00 C17095-00 C17095-00 C17095-00 C17095-00 C17095-00 C17097-00 C17097-00 C17097-00
	CL1094 CL1094 CL1094 CL1095 CL1095 CL1095 CL1095 CL1096 CL1096 CL1097 CL1097 CL1097	OCCURRENCE CODE 60 CCURRENCE CODE 60 CCURRENCE CODE 60 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 65 CCURRENCE CODE 66	Net Applicable Acids to discribe quotice centi) intesting to this billing period convert by the claim. (These are Fig. 11, 32, 33, 43, 44, 44 - Occurrence Codes on the UBA1 Fig. 12, 32, 34, 34, and 44 - Occurrence Codes on the UBA1 Fig. 12, 32, 34, 34, and 44 - Occurrence Codes on the UBA1 Acids to discribe usedice centi) intesting in this billing period convert by the claim. (These are Fig. 12, 32, 34, 34, 34, and 44 - Occurrence Codes on the UBA1 Fig. 12, 32, 34, 34, 34, and 46 - Occurrence Codes on the UBA1 Fisce Belds can be used for other occurrences agare. Net Applicable Net App	NA NA Conditional NA NA Conditional Conditional Conditional NA NA	All UNEXES occurrence code fields should be in for if led, all UNEXES occurrence code fields should be inf totale (z., walamitted as "gate pipe" with nothing Walam must be equal to a valid value. Broghed II responsed on the claim. All UNEXES occurrence code fields should be inft black (z., walamitted as "gate pipe" with nothing in between (11) on PDF likes and quade-field on PDF field. Minimum of the quad to a valid value. Broghed II responsed on the claim. All UNEXES occurrence code fields should be inft black (z., walamitted as "gate pipe" with nothing in between (11) on PDF likes and quade-field on PDF field. Tablement of equation to valid value. Broghed II responsed on the claim. Broghed II responsed on the claim.	Bin Jawa ng politikajistos politikajistos (politikan) Na Appicale Na Appicale San Appicale Na Appicale Na Appicale Na Appicale Na Appicale San Jawa ng politikajistos politikas (Saldano Tanon Hali Gon Na Appicale San Jawa ng politikajistos politikas (Saldano Tanon Hali Gon Na Appicale San Jawa ng politikas politikas (Saldano Tanon Hali Gon Na Appicale San Jawa ng politikas politikas (Saldano Tanon Hali Gon Saldano Tanon Hali Gon Saldano Tanon Hali Gon Saldano Tanon Kali Saldano Saldano Tanon Hali Gon Saldano Saldano Saldano Saldano Matalakas (Saldano Saldano Sa	9232013 2772017 27572013 27572013 27572013 27522013 27522013 27522013 27522013 27522013 27572013 27572013 27572013	CARMET CLARMET CLARMET CLARMET CLARMET CLARMET CLARMET CLARMET CLARMET CLARMET CLARMET	CAM-HEADER HECOND 11 CL10002 CAM-HEADER HECOND 11 CL10002	C11093-0 C11094-0 C11094-0 C11094-0 C11095-0 C11095-0 C11095-0 C11095-0 C11095-0 C11095-0 C11095-0 C11097-0 C11097-0 C11097-0
	CL1094 CL1094 CL1094 CL1094 CL1095 CL1095 CL1095 CL1095 CL1096 CL1096 CL1096 CL1097 CL1097 CL1097 CL1097 CL1098 CL1098	OCCURRENCE CODE 60 CCURRENCE CODE 60 CCURRENCE CODE 60 CCURRENCE CODE 61 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 65 CCURRENCE CODE 65 CCURRENCE CODE 66 CCURRENCE CODE 67 CCURRENCE CODE 67	Net Applicable Net Ap	NA NA Conditional NA NA Conditional Conditional Conditional NA NA	All UNADES occurrence code fields should be de traine (z	Lang, Januar en gen Tregulations and Guldener (Training Control of Second Secon	V722/051 V722/051 V772017 V722/051 V722/051 V722/051 V722/051 V722/051 V722/051 V722/051 V722/051 V722/051 V722/051 V722/051	CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET	LAM-HEADER HECKID 11 CL10002 LAM-HE	L1093-00 L1094-00 L1094-00 L1094-00 L1095-00 L1055-00 L1095-00 L10
	CLT094 CLT094 CLT094 CLT094 CLT094 CLT095 CLT095 CLT095 CLT096 CLT096 CLT097 CLT097 CLT097 CLT097 CLT098 CLT08 CLT	OCCURRENCE CODE 02 CCURRENCE CODE 03 CCURRENCE CODE 03 CCURRENCE CODE 04 CCURRENCE CODE 04 CCURRENCE CODE 04 CCURRENCE CODE 04 CCURRENCE CODE 05 CCURRENCE CO	Net Applicable Net Ap	NA NA Conditional A NA Conditional NA NA Conditional NA NA Conditional NA NA	All UNEXES requires code fields should be the face it. A submitted as "gate pipe" with nothing Water must be equal to a valid value. Brogulard Proportial on the claim. Brogulard Proportial o	 Maria Annow Free gost Regulations and Guldence Training and Guldence Traini	V732013 V732013 V732023 V73202 V7320 V732 V7320 V7320 V732 V732 V732 V732 V732 V732 V732 V732	CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET	CAM-HEADR HECKELT CT0002	L1093-0C L1094-0C L1094-0C L1094-0C L1095-0C L1095-0C L1095-0C L1096-0C L1096-0C L1097-0C L1097-0C L1097-0C L1097-0C L1097-0C L1097-0C L1097-0C L1097-0C L1097-0C L1097-0C
	CL1094 CL1094 CL1094 CL1094 CL1095 CL1095 CL1095 CL1095 CL1096 CL1096 CL1096 CL1097 CL1097 CL1097 CL1097 CL1098 CL1098	OCCURRENCE CODE 60 CCURRENCE CODE 60 CCURRENCE CODE 60 CCURRENCE CODE 61 CCURRENCE CODE 64 CCURRENCE CODE 64 CCURRENCE CODE 65 CCURRENCE CODE 65 CCURRENCE CODE 66 CCURRENCE CODE 67 CCURRENCE CODE 67	Net Applicable Net Ap	NA NA Conditional A NA Conditional NA NA Conditional NA NA Conditional NA NA	All UNCESS occurrence code fields should be if black [i.e., understed as "gipe pipe" with nothing Vipale must be equal to a valid value. Required I requested on the claim. All UNCESS occurrence code fields should be if black [i.e., understed as "gipe pipe" with nothing in between [1] on PV Mis and quarket field on VV field. Notion must be equal to a valid value. Required I requested on the claim. All UNCESS occurrence code fields should be ift black [i.e., understed as "gipe pipe" with nothing in between [1] on PV Mis and quarket field on VV field. Note must be equal to a valid value. Required I requested on the claim. All UNCESS occurrence code fields should be ift black [i.e., understed as "gipe pipe" with nothing in between [1] on PV Mis and quarket field on VV field. Visite must be equal to a valid value. Between [1] on PV Mis and quarket field on VV field. (INVESS) occurrence code fields should be ift black [i.e., understed as "gipe pipe" with nothing in between [1] on PV Mis and quarket field on VV field. (INVESS) occurrence code field should be ift black [i.e., understed as "gipe pipe" with nothing in between [1] on PV Mis and quarket field on VV field. (INVESS) occurrence code field should be ift black [i.e., understed as "gipe pipe" with nothing in between [1] on PV Mis and quarket field on VV field. (INVESS) occurrence code field should be ift black [i.e., understed as "gipe pipe" with nothing in between [1] on PV Mis and quarket field on VV field. (INVESS) occurrence code field should be ift black [i.e., understed as "gipe pipe" with nothing in between [1] on PV Mis and quarket field on VV field. (INVESS) occurrence code field should be ift black [i.e., understed as "gipe pipe" with nothing in between [1] on PV Mis and quarket field on VV field. (INVESS) occurrence code field should be ift black [i.e., understed as "gipe pipe" with nothing in between [1] on PV Mis and quarket field on VV field.	Lang, Januar en gen Tregulations and Guldener (Training Control of Second Secon	V732013 V732013 V732023 V73202 V7320 V732 V7320 V7320 V732 V732 V732 V732 V732 V732 V732 V732	CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET CLAINET	LAM-HEADER HECKID 11 CL10002 LAM-HE	C11093-0C C11094-0C C11094-0C C11094-0C C11094-0C C11095-0C C11095-0C C11095-0C C11095-0C C11095-0C C11097-0C C1097-0C C1

CL1		OCCURRENCE-CODE-08	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT Required if reported on the claim.	VALID VALUES	LAST UPDATE DATE 2/25/2013	FILENAME CLAIMLT	FILE SEGMENT (with RECORD-ID) CLAIM-HEADER-RECORD-LT-CLT00002	CR CLT099-00
CL:	T099	OCCURRENCE-CODE-08	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT099-00
	T100	OCCURRENCE-CODE-09	A code to describe specific event(s) relating to this billing period covered by the dalm. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/down	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT100-00
		OCCURRENCE-CODE-09 OCCURRENCE-CODE-09	Not Applicable	NA	Required if reported on the claim. Al UNUSED occurrence code fields should be left blank (i.e., submitted as "oloe pipe" with nothing.	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 ICLAIM-HEADER-RECORD-LT-CLT00002	CLT100-00
		OCCURRENCE-CODE-10	Not Applicable A code to describe specific event(s) relating to this billing period covered by the claim. [These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.]	Conditional	All UNUSED docurrence code neidds snould de iert bahk (j.e., submitted as "pipe pipe" with nothing in betwen (1) on PSV files and space-filled on PLF files). Value must be equal to a valid value.	Not Applicable http://www.cms.gov/Reputations-and-Guidance/Guidance/Transmittals/down	9/23/2015		CLAIM-HEADER-RECORD-LT-CLT00002	CLT100-00
			These fields can be used for either occurrences or occurrence spans.		Required if reported on the claim.			CLAIMLT		
CL1	T101	OCCURRENCE-CODE-10 OCCURRENCE-CODE-10	Not Applicable Not Applicable	NA NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on PLF files).	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT101-00 CLT101-00
CLT	T102 T102	OCCURRENCE-CODE-EFF-DATE-01 OCCURRENCE-CODE-EFF-DATE-01	The start date of the corresponding occurrence code or occurrence span codes. Not Applicable	Conditional NA	Date format is CCYYMMDD (National Data Standard). Value must be numeric.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-00 Not Applic
CL1	T102	OCCURRENCE-CODE-EFF-DATE-01 OCCURRENCE-CODE-EFF-DATE-01	Not Applicable Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-00 CLT102-00
CL1	T102	OCCURRENCE-CODE-EFF-DATE-01 OCCURRENCE-CODE-EFF-DATE-01	Not Applicable Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-00 CLT102-00
		OCCURRENCE-CODE-EFF-DATE-01 OCCURRENCE-CODE-EFF-DATE-02	Not Applicable The start date of the corresponding occurrence code or occurrence span codes.	NA Conditional	All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between (1) on PSV files and space-filed on FLF files). Value for the Date in the End of Time Period (last 2 bytes of the value) must equal "30" in April, June, Septemberg, or November; 31" in January, March, May, July, August, October, or December,	*Not Applicable Not Applicable	9/23/2015 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-00
	7402	OCCURRENCE-CODE-EFF-DATE-02	Nas Andlaska		June, September, or November; "31" in January, March, May, July, August, October, or December, and "28" or "29" in February. Date format is CCI'MMIDD [National Data Standard].	Net Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not facel
		OCCURRENCE-CODE-EFF-DATE-02	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017 8/7/2017 8/7/2017		CLAIM-HEADER-RECORD-LT-CL100002 CLAIM-HEADER-RECORD-LT-CLT00002 ICLAIM-HEADER-RECORD-LT-CLT00002	Not Applic CLT103-00
CL1	T103	OCCURRENCE-CODE-EFF-DATE-02	Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-00
CL1	T103	OCCURRENCE-CODE-EFF-DATE-02	Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as 'pipe pipe	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-00 CLT103-00
		OCCURRENCE-CODE-EFF-DATE-02	Not Applicable	NA	with nothing in between () on PSV files and space-filled on FLF files).		9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0
	T104	OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03	Not Applicable	Conditional	Date format is CCYYMMDD (National Data Standard). Value must be numeric.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	Not Appli
	T104	OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03	Not Applicable Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-00 CLT104-00
CL1	T104	OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03	Not Applicable	NA NA	Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0 CLT104-0
	T104	OCCURRENCE-CODE-EFF-DATE-03	Not Applicable	reA	All UNUSED occurrence code effective date fields should be left blank (Le., submitted as "pipe pipe with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015		CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0
CL1 CL	T105	OCCURRENCE-CODE-EFF-DATE-04	The start date of the corresponding occurrence code or occurrence span codes. Not Applicable	Conditional NA	Date format is CCYYMMDD (National Data Standard). Value must be numeric.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0 Not Appl
CL1 CL2	T105	OCCURRENCE-CODE-EFF-DATE-04 OCCURRENCE-CODE-EFF-DATE-04	Not Applicable Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017 2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0 CLT105-0
	T105	OCCURRENCE-CODE-EFF-DATE-04 OCCURRENCE-CODE-EFF-DATE-04	Not Applicable Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-
		OCCURRENCE-CODE-EFF-DATE-04	Not Applicable	NA	All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between () on PSV files and space-filed on FLF files).	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-
	T106	OCCURRENCE-CODE-EFF-DATE-05 OCCURRENCE-CODE-EFF-DATE-05	The start date of the corresponding occurrence code or occurrence span codes. Not Applicable	Conditional	Date format is CCYYMMDD (National Data Standard). Value must be numeric.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT106- Not App
CL1	T106	OCCURRENCE-CODE-EFF-DATE-05 OCCURRENCE-CODE-EFF-DATE-05	Not Applicable	NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-
CL1	T106	OCCURRENCE-CODE-EFF-DATE-05	Not Applicable	NA	Value must correspond to the OCCUBBENCE-CODE value	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-
CL1	T106	OCCURRENCE-CODE-EFF-DATE-05 OCCURRENCE-CODE-EFF-DATE-05 OCCURRENCE-CODE-EFF-DATE-06	Not Applicable Not Applicable The start date of the corresponding occurrence code or occurrence span codes.	NA	Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between (11) on PSV files and space-filed on FLF files). Date formal is CCOMMMDD (National Data Standard).	Not Applicable Not Applicable Not Applicable	2/25/2013 9/23/2015 2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT106- CLT106- CLT107-
CL1	T107	OCCURRENCE-CODE-EFF-DATE-06	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not App
CL1	T107	OCCURRENCE-CODE-EFF-DATE-06 OCCURRENCE-CODE-EFF-DATE-06	Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT107- CLT107-
CL1		OCCURRENCE-CODE-EFF-DATE-06 OCCURRENCE-CODE-EFF-DATE-06		NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNIXEDE Occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0 CLT107-0
		OCCURRENCE-CODE-EFF-DATE-06	Not Applicable The start date of the corresponding occurrence code or occurrence span codes.	NA	All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between () on PSV files and space-filed on FLF files). Date format is CCYMMMDD (National Data Standard).	"Not Applicable Not Applicable	9/23/2015 2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-1
CL1	T108	OCCURRENCE-CODE-EFF-DATE-07 OCCURRENCE-CODE-EFF-DATE-07	Not Applicable Not Applicable	NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	Not App CLT108-
CL1	T108	OCCURRENCE-CODE-EFF-DATE-07 OCCURRENCE-CODE-EFF-DATE-07 OCCURRENCE-CODE-EFF-DATE-07	Not Applicable	NA	Value must be a value date: Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL100002 CLAIM-HEADER-RECORD-LT-CL100002 CLAIM-HEADER-RECORD-LT-CL100002	CLT108- CLT108-
	T108 T108	OCCURRENCE-CODE-EFF-DATE-07 OCCURRENCE-CODE-EFF-DATE-07 OCCURRENCE-CODE-EFF-DATE-07	Not Applicable Not Ap	NA NA	Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNISED occurrence code effective date fields should be left blank (Le., submitted as "pipe pipe with nothing in between (11) on PSV files and space-filted on PLF files).	Not Applicable Not Applicable Not Applicable	2/25/2013 2/25/2013 9/23/2015	CLAIMLT CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT108- CLT108-
<u>α</u> .	T109	OCCURRENCE-CODE-EFF-DATE-08 OCCURRENCE-CODE-EFF-DATE-08	The start date of the corresponding occurrence code or occurrence span codes.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-I
	T109	OCCURRENCE-CODE-EFF-DATE-08 OCCURRENCE-CODE-EFF-DATE-08 OCCURRENCE-CODE-EFF-DATE-08	Not Applicable Not Ap	NA	Value must be numeric. Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable Not Applicable	8/7/2017 2/25/2013		CLAIM-HEADER-RECORD-LT-CL100002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	Not App CLT109- CLT109-
CL1	T109	OCCURRENCE-CODE-EFF-DATE-08	Not Applicable	NA	Value must correspond to the OCCLIBBENCE-CODE value	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-
	T109 T109	OCCURRENCE-CODE-EFF-DATE-08 OCCURRENCE-CODE-EFF-DATE-08	Not Applicable Not Applicable	NA	Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNISED occurrence code effective date fields should be left blank (Le., submitted as "pipe pipe with nothing in between ([1]) on PSV files and space-filed on FLP files).	Not Applicable "Not Applicable	2/25/2013 9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-
	T110	OCCURRENCE-CODE-EFF-DATE-09	The start date of the corresponding occurrence code or occurrence span codes.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-
CL1	T110	OCCURRENCE-CODE-EFF-DATE-09 OCCURRENCE-CODE-EFF-DATE-09	Not Applicable	NA NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	Not App CLT110-
	T110	OCCURRENCE-CODE-EFF-DATE-09 OCCURRENCE-CODE-EFF-DATE-09	Not Applicable	NA NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT110- CLT110-
	T110 T110	OCCURRENCE-CODE-EFF-DATE-09 OCCURRENCE-CODE-EFF-DATE-09	Not Applicable Not Applicable	NA NA	Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between (11) on PSV files and space-filed on FLF files).	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT110- CLT110-
CL'	T111	OCCURRENCE-CODE-EFF-DATE-10	The start date of the corresponding occurrence code or occurrence span codes.	Conditional	with nothing in between (1) on PSV files and space-filled on FLF files). Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-
CL1	T111 T111	OCCURRENCE-CODE-EFF-DATE-10	Not Applicable Not Applicable	NA NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	Not App CLT111-
CL1	T111 T111	OCCURRENCE-CODE-EFF-DATE-10 OCCURRENCE-CODE-EFF-DATE-10	Not Applicable Not Applicable	NA NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT111- CLT111-
CL1	T111	OCCURRENCE-CODE-EFF-DATE-10 OCCURRENCE-CODE-EFF-DATE-10	Not Applicable Not Applicable	NA NA	value must correspont to the OLCUMENEXE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUXED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between () on PSV files and space-filed on FLF files).	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT111- CLT111-
	T112	OCCURRENCE-CODE-END-DATE-01	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	with nothing in between () on PSV files and space-filed on FLF files). Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-
CL.	T112 T112	OCCURRENCE-CODE-END-DATE-01 OCCURRENCE-CODE-END-DATE-01	Not Applicable Not Applicable	NA NA	Value must be a valid date if the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT112 CLT112
CL.	T112	OCCURRENCE-CODE-END-DATE-01	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-
CL1	T112	OCCURRENCE-CODE-END-DATE-01 OCCURRENCE-CODE-END-DATE-01	Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT112- CLT112-
	T113	OCCURRENCE-CODE-END-DATE-02	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-
	T113 T113	OCCURRENCE-CODE-END-DATE-02 OCCURRENCE-CODE-END-DATE-02	Not Applicable Not Applicable	NA NA	Value must be a valid date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT113 CLT113
a	T113	OCCURRENCE-CODE-END-DATE-02 OCCURRENCE-CODE-END-DATE-02	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-
	T113	OCCURRENCE-CODE-END-DATE-02	Not Applicable	NA	Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT113
		OCCURRENCE-CODE-END-DATE-03	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-
	T114 T114	OCCURRENCE-CODE-END-DATE-03 OCCURRENCE-CODE-END-DATE-03	Not Applicable	NA NA	Value must be a valid date if the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFE-DATE and	Not Applicable	2/25/2013 2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT114- CLT114-
		OCCURRENCE-CODE-END-DATE-03	Net Analizable		value must be a value take If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date Bandwid when the occurrencement of CEI BERGECODE field is occurd sted.	Net Anglichia	2/25/2013		CLAIM-HEADER-RECORD-LT-CL100002	CLT114-
CL1	T114	OCCURRENCE-CODE-END-DATE-03 OCCURRENCE-CODE-END-DATE-03 OCCURRENCE-CODE-END-DATE-03	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable Not Applicable	2/25/2013 2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002 ICLAIM-HEADER-RECORD-LT-CLT00002	CLT114- CLT114- CLT114-
		OCCURRENCE-CODE-END-DATE-03 OCCURRENCE-CODE-END-DATE-04		reA Francista	Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field Date format is CCOMMIDD. (National Data Standard)				CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-
	T115		The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional		Not Applicable	2/25/2013	CLAIMLT		
	T115 T115	OCCURRENCE-CODE-END-DATE-04 OCCURRENCE-CODE-END-DATE-04	Not Applicable Not Applicable	NA NA	Value must be a valid date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT115 CLT115
		OCCURRENCE-CODE-END-DATE-04	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT115
CL1	T115	OCCURRENCE-CODE-END-DATE-04 OCCURRENCE-CODE-END-DATE-04	Not Applicable Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT115- CLT115-
CL1 CL1	T115	OCCORRENCE CODE END DATE 04								
CL1 CL1	T115		The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-

ew Row #							LAST UPDATE		FILE SEGMENT (with RECORD-ID)	
01 (0	DE NO	DATA ELEMENT NAME OCCURRENCE-CODE-END-DATE-05	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT Required when the corresponding OCCURRENCE-CODE field is populated	VALID VALUES Not Applicable	LAST UPDATE DATE 2/25/2013	FILENAME	FILE SEGMENT (with RECORD-ID) CLAIM-HEADER-RECORD-LT-CLT00002	CR NO
02 0	CLT116 CLT116	OCCURRENCE-CODE-END-DATE-05 OCCURRENCE-CODE-END-DATE-05	Not Applicable Not Applicable	NA	Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0005 CLT116-0006
04 0	CLT117	OCCURRENCE-CODE-END-DATE-06	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYMMIDD (National Data Standard)	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0001
I	CLT117	OCCURRENCE-CODE-END-DATE-06		Conditional	Value must be a valid date	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0001
06 0	CLT117	OCCURRENCE-CODE-END-DATE-06	Not Applicable	NA	If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0002
07 0	CLT117	OCCURRENCE-CODE-END-DATE-06		NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0004
08 C	CLT117 CLT117	OCCURRENCE-CODE-END-DATE-06 OCCURRENCE-CODE-END-DATE-06	Not Applicable Not Applicable	NA	Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0005 CLT117-0006
10 0	CLT118	OCCURRENCE-CODE-END-DATE-07	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0001
11 0	CLT118	OCCURRENCE-CODE-END-DATE-07	Not Applicable	NA	Value must be a valid date	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0002
12 0	CLT118	OCCURRENCE-CODE-END-DATE-07	Not Applicable	NA	The occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0003
	CLT118 CLT118	OCCURRENCE-CODE-END-DATE-07	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0004
14 0	CLT118 CLT118	OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07	Not Applicable	NA	Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0005 CLT118-0006
16 0	CLT119	OCCURRENCE-CODE-END-DATE-08	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0001
17 0	CLT119	OCCURRENCE-CODE-END-DATE-08	Not Applicable	NA	Value must be a valid date	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0002
18 0	CLT119	OCCURRENCE-CODE-END-DATE-08	Not Applicable	NA	If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0003
20 0	CLT119 CLT119	OCCURRENCE-CODE-END-DATE-08 OCCURRENCE-CODE-END-DATE-08	Not Applicable Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0004 CLT119-0005
21 0	CLT119	OCCURRENCE-CODE-END-DATE-08	Not Applicable	NA	Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0006
22 0	CLT120	OCCURRENCE-CODE-END-DATE-09	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0001
23 0 24 0	CLT120	OCCURRENCE-CODE-END-DATE-09		NA	Value must be a valid date	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0002
	CLT120	OCCURRENCE-CODE-END-DATE-09	Not Applicable	NA	If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0003
26 0	CLT120 CLT120	OCCURRENCE-CODE-END-DATE-09 OCCURRENCE-CODE-END-DATE-09	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0004 CLT120-0005
	CLT120	OCCURRENCE-CODE-END-DATE-09	Not Applicable	NA	Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0006
28 0	CLT121	OCCURRENCE-CODE-END-DATE-10	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0001
29 0	CLT121	OCCURRENCE-CODE-END-DATE-10 OCCURRENCE-CODE-END-DATE-10		NA	Value must be a valid date # the occurrence date corp. is a close day, then populate the OCCUPPERS/CE/CODE/EES/DATE and	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0002
-			Not Applicable		If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013			CLT121-0003
31 0 32 0	CLT121 CLT121	OCCURRENCE-CODE-END-DATE-10 OCCURRENCE-CODE-END-DATE-10	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0004 CLT121-0005
33 0	CLT121	OCCURRENCE-CODE-END-DATE-10	Not Applicable	NA	Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0006
34 0	CLT122	PATIENT-CONTROL-NUM	A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of service within the provider's system to facilitate retrieval of individual financial and clinical records and positing of payment.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT122-0001
35 0	CLT123	ELIGIBLE-LAST-NAME	individual financial and clinical records and posting of payment. The last name of the individual to whom the services were provided. (The nations name should be	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT123-0001
		LENDLE DOT TRAFIL	The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility filt: He NHS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	required	The new car contain any aprantiment character, ages or symbols except the paper (1)-	The Pipersaure		CEPGINET		
34 0		ELIGIBLE-LAST-NAME						CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT123-0002
36 C	CLT123	ELIGIBLE-LAST-NAME	Not Applicable	NA	When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT123-0002
37 0	CLT124	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided. (The patients name should be	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT124-0001
			The first name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility first. The MSS-IDENTIFICATION-VUM will be used to associate a claim record with the							
*	CLT124	ELIGIBLE-FIRST-NAME	appropriate eligibility data.) Not Applicable	NA	When nonulating the eligible person's name on T-MSIS Claim Files, use the nation?'s name from the	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT124-0002
~ [LENDLE THEFT THEFT	nuc apprication.	1	When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	The Pipersane	//10/1015	CEPTITET		cl/1240001
39 0	CLT125	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT125-0001
40 0	CLT125	ELIGIBLE-MIDDLE-INIT	Not Applicable	NA	Leave blank if not available	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT125-0002
					When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than use the eligible person's name from the T-MSIS Eligible File.					
					claim transaction rather than use the eligible person's name from the 1-MSIS Eligible File.					
	CLT126 CLT126	DATE-OF-BIRTH DATE-OF-BIRTH	Date of birth of the individual to whom the services were provided. Not Applicable	Required	Date format is CCYYMMIDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0001
42 C	CLT126 CLT126	DATE-OF-BIRTH DATE-OF-BIRTH	Not Applicable	NA	The numeric form for days and months from 1 to 9 must have a zero as the first digit.	Not Applicable	4/30/2013 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL100002 CLAIM-HEADER-RECORD-LT-CL100002	CLT126-0002 CLT126-0003
44 (45 (CLT126 CLT127	DATE-OF-BIRTH HEALTH-HOME-PROV-IND	Not Applicable This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Conditional	A patient's age should not be greater than 112 years. Value must be equal to a valid value.	Not Applicable 0 No	4/30/2013 8/7/2017	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0005 CLT127-0001
						1 Yes				
46 0	CLT127	HEALTH-HOME-PROV-IND	Not Applicable	NA	If a state has not yet begun collecting this information, HEALTH-HOME-PROV-IND, this field should be defaulted to the value "8."	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0002
47 0	CLT127 CLT127	HEALTH-HOME-PROV-IND HEALTH-HOME-PROV-IND	Not Applicable Not Applicable	NA	If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate yes.	Not Applicable Not Applicable	10/10/2013 4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0003 CLT127-0004
~ .			nuc apprication.	1	States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.	ins approxime.	100/2015	CEPTITET		cl/11/0004
19 0	CLT127	HEALTH-HOME-PROV-IND	Not Applicable	NA	States that do not specify an eligible individual's health home provider number, if applicable, should not report claims that indicate the claim is submitted by a provider or provider group enrolled in	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0005
							1,00,1010	LLAIMLI		CLI 127-0005
50 0	CLT128	WAIVER-TYPE			the nears nome model.					
1 0	CI T128		code for specifying waiver type under which the eigible individual is covered during the month and receiving services/under which claim is submitted.	Conditional	the nearn nome model. Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0001
I	CI T128	WAIVER-TYPE WAIVER-TYPE	Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted. Not Applicable	Conditional NA	Ine nealth nome model.	Not Applicable	11/3/2015 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0001 CLT128-0002
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w Row #	DE NO CLT134	DATA ELEMENT NAME BILLING-PROV-SPECIALTY	DEFINITION This code describes the area of specialty for the billing provider.	NECESSITY Conditional	CODING REQUIREMENT Value must be equal to a valid value.	VALID VALUES See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid	LAST UPDATE DATE 11/3/2015	FILENAME CLAIMLT	FILE SEGMENT (with RECORD-ID) CLAIM-HEADER-RECORD-LT-CLT00002	CR N0 CLT134-0001
	CLT135	REFERRING-PROV-NUM	A unique identification number assigned to a provider which identifies the physician or other provider who referred the patient. For physicians, this must be the individual's ID number, not a group identification number.	Conditional	If value is invalid, record it exactly as it appears in the State system.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT135-0001
	CLT135	REFERRING-PROV-NUM	Identification number. Not Applicable	NA	If the Referring Provider Number is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the state file, then the state should use the DEA ID for this data element.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT135-0002
	CLT135	REFERRING-PROV-NUM	Not Applicable	NA		Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT135-0003
					The value reported in REFERING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider file.					
	CLT135 CLT135	REFERRING-PROV-NUM	Not Applicable	NA	The value reported in REFERRING-PROV-NUM should match a value reported in the SUBMITTING- STATE-PROV-ID on the provider file.	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-LT-CLT00002	CLT135-0004 CLT135-0005
	CLT136	REFERRING-PROV-NPI-NUM	Not Applicable The National Provider ID (NPI) of the provider who recommended the servicing provider to the patient	Conditional	Not Applicable NPI must be valid. If provider does not have an NPI, leave the field blank.	Not Applicable https://www.cms.gov/Regulations-and-Guldance/Administrative-Simplification	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT136-0001
	CLT136 CLT137	REFERRING-PROV-NPI-NUM REFERRING-PROV-TAXONOMY REFERRING-PROV-TAXONOMY	Not Applicable For CLAIMIP and CLAIMLT files, the taxonomy code for the referring provider.	NA NA	Valld characters include only numbers (0-9) Value must be equal to a valid value.	Not Applicable http://www.wpc-edi.com/reference/	4/30/2013 11/3/2015	CLAIMLT CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT136-0002 CLT137-0001 CLT137-0002
	CLT137 CLT138	REFERRING-PROV-TAXONOMY	Not Applicable A code describing the type of provider (i.e. doctor) who referred the patient.	NA	Table intrast to count to a main away. Centerally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion. Wate must be cound to a valid value.	Not Applicable See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid	2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CLT137-000
			A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.			values.				
	CLT139 CLT140	REFERRING-PROV-SPECIALTY MEDICARE-HIC-NUM	This code indicates the area of specialty of the referring provider. Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values. Not Applicable	11/3/2015		CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT139-000 CLT140-000
	CLT140	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card. Not Applicable	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (). If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num.	Not Applicable	4/30/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-000
	CLT140	MEDICARE-HIC-NUM	Not Applicable	NA	States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-000
	CLT140	MEDICARE-HIC-NUM	Not Applicable	NA	Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0005
	CLT141	PATIENT-STATUS	A code heliculing the patient's status as of the FIGNRE DATE OF SERVICE. Values used are from UB- Date in also reference to as discharge status.	Required	Value must be equal to a valid value.	To order the surrent edition of the UR-04 Data Socifications Manual go to - 1	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT141-0001
	CLT141	PATIENT-STATUS	Not Applicable	NA	If the date of death is valued, then the patient status should indicate that the patient has expired.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT141-0002
	CLT141	PATIENT-STATUS	Net Applicable	NA	Dialain the Patient Texturye Status vold value set which is published in the UB 94 Data specification Manual. To order the current edition of the UB 94 Data Specifications Manual go to: http://www.nick.org/backber/index.dbml American Report American Report Patient Patient Patient Strontm Nackater, Suite 400 Patient 313-422,3000 Patient 313-422,4500	Net Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CL100002	CLT141-0003
	CLT143	BMI	A key index for relating a percen't body weight to their height. The body mass index (BMI) is a percen's weight in killsgrams (kg) dhidded by their height in meters (m) squared.	Optional	S nahi: Mi = nacci (ng) / height(m))2 imperia/US Customary unit: Mi = nacci (n * 700 / height(m))2 Mi = nacci (n * 700 / height(m))2 Mi = nacci (n * 700 / height(m))2 Mi = nacci (n * 700 / height(m))2	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT143-0001
	CLT143	BMI	Nor Applicable	NA	Case is a relevant particular that responsibility tas: (a) Product that data content: (b) Document an antigration plan in the Sources to-Target Mapping Matrix Addendum B whenever the data descenter cannot be populated all of the time. However, if a stable determines that it can appalate the field and where to do so, they are important on a stable determines that it can appalate the field and where to do so, they are important on a stable determines that it can appalate the field and where to do so, they are important on a stable determines that it can appalate the field and where to do so, they are important on a stable of the stable of the stable of the stable of the st	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT143-000
	CLT144	REMITTANCE-NUM	The Remittance Advice Number Is a sequential number that identifies the current Remittance Advice ReAl produced for parvider. The municipation is incremented by one each time a new RA is generated. The first five (1) positions are Julian date YYDDD format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" {[].	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT144-000
	CLT144 CLT144 CLT145	REMITTANCE-NUM REMITTANCE-NUM LTC-RCP-LIAB-AMT	Not Applicable Not Applicable The total amount paid by the patient for services where they are required to use their personal funds	NA NA Conditional	Value must not be null If there is a remittance date, then there must also be a remittance number. This data element must include a valid dollar amount.	Not Applicable Not Applicable Not Applicable	4/30/2013 10/10/2013 11/3/2015	CLAIMLT CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT144-000 CLT144-000 CLT145-000
	CLT145	LTC-RCP-LIAB-AMT	to cover part of their care before Medicaid funds can be utilized. Not Applicable	NA	Not Applicable	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT145-000
	CLT146	DAILY-RATE	The amount a policy will pay per day for a covered service. In some cases for OT claims this is referred to as a flat rate.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT146-000 CLT147-000
	CLT147		The number of days of intermediate care for individuals with an intellectual disability that were paid for in whole or in part by Medicald.	Londitional	Populate this field with a valid numeric entry.	Not Applicable Not Applicable	2/25/2012		CLAIM-HEADER-RECORD-LT-CL100002	
	CLT147 CLT147	KF-IID-DAYS KF-IID-DAYS	Not Applicable Not Applicable	NA	If value exceeds 99998 days, code as 99998. (e.g., code 100023 as 99998) ICT-ID-DAYS include every day of intermediate care facility services for individuals with an intellectual disability that is at least partially paid for by the State, even if private or third party funds are used for some portion of the payment.	Not Applicable	2/25/2013 2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-000 CLT147-000
	CLT147	KF-IID-DAYS	Not Applicable Not Applicable	NA		Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-000
	CLT147 CLT147	KF-IID-DAYS KF-IID-DAYS	Not Applicable Not Applicable	NA NA	ICF-IID-DAYS should be less than or equal to the length of stay. ICF-IID-DAYS is applicable only for TYPE-OF-SERVICE = 0.66. If TYPE-OF-SERVICE = Mential Hospital Services for the Aged, Inpatient Psychiatric Facility Services for Individuals <21, or Narsing Facility services, then ICF-IID-DAYS must = "88888".	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-000 CLT147-000
	CLT147	KF-IID-DAYS	Not Applicable	NA	For all claims for psychiatric services or nursing facility care services (TYPE-OF-SERVICE = 009, 044, 045, 047, 048, 050, or 059), leave blank or space-fill.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-000
	CLT147	ICF-IID-DAYS	Not Applicable	NA	CE-IID-DAYS is applicable only for TYPE-OE-SERVICE = 046	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-000
	CLT147	ICF-IID-DAYS	Not Applicable	NA	E ICF-IID-DAYS is greater than zero and less than 88887 then LEVEL-OF-CARE-STATUS in ELIGIBLE for the associated MSIS-IDENTFIER (or SSN depending on which value is used as the unique identifier for enrollees) must be ICF/IID for the same month as the begin and end date of service.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-000
	CLT148	LEAVE-DAYS	The number of days, during the period covered by Medicaid, on which the patient did not reside in the long term care facility.	Conditional	Populate this field with a valid numeric entry.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT148-00
	CLT148	LEAVE-DAYS	long term care facility. Not Applicable	NA	EAVE-DAYS is applicable only for TYPE-OF-SERVICE = 009, 045, 046, 047, 059 - Intermediate Care Facility for Individuals with Intelfectual Disabilities, or Nursing Facility services.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT148-00
	CLT149	NURSING-FACILITY-DAYS	The number of days of nursing care included in this claim that were paid for, in whole or in part, by	Conditional	Pacing for individuals with interfectual disadnines, or reasing Pacing services.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-00
			Medicaid. Includes days during which nursing facility received partial payment for holding a bed during patient leave days.			тик протыши.	100000	CLOUPILT		CE1147 00
	CLT149	NURSING-FACILITY-DAYS	Not Applicable	NA	NURSING-FACILITY-DAYS include every day of nursing care services that is at least partially paid for by the state, even if private or third party funds are used for some portion of the payment.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-00
	CLT149 CLT149	NURSING-FACILITY-DAYS	Not Applicable Not Applicable	NA	lf value exceeds 99998 days, code as 99998	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-00
	CLT149 CLT149	NURSING-FACILITY-DAYS	Not Applicable	NA	For all claims for psychiatric services or intermediate care services for individuals with intellectual disabilities (TYFE-OF-SERVICE = 044, 046, 048, 050), leave blank or space-till The value for NURSINGFACIIIT*DAYS must be less than or equal to the difference between the	Not Applicable	10/10/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-00
	CLT149	NURSING-FACILITY-DAYS	Not Applicable	NA	dates of service. This field is required where the Type of Service indicates it is a Nursing Facility (009, 045, 047, or	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-00
	CLT149	NURSING-FACILITY-DAYS	Not Applicable	NA	059). If NURSINGFACILITY-DAYS is greater than zero, then LEVEL-OF-CARE-STATUS in ELG088 for the secondated MSIS-INFATIBLE, should be "DOR" (Nursing Facility) for the same month as the begin and	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-00
	CLT150	SPLIT-CLAIM-IND	An indicator that denotes that claims in excess of a pre-determined number of claim lines (threshold	Conditional	associated MSIS-IDENTIFIER should be "003" (Nursing Facility) for the same month as the begin and end date of service. Value must be equal to a valid value.	0 No.	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT150-000
	CLT150	SPLIT-CLAIM-IND	An indicator that denotes that claims in excess of a pre-determined number of claim lines (threshold determined by the individual state) will be split during processing. Not Applicable	NA	If the claim has been solit, the Transaction Handling Code indicator will indicate a Solit Payment and	0 No 1 Yes Not Applicable	10/10/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CLT150-000
_	CLT151	BORDER-STATE-IND	This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state	Conditional	Remittance doce PRO1 = U. Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT151-000
	CLT153	BENEFICIARY-COINSURANCE-AMOUN	provider.)	Concellation of the second	This data also and social basis da a califi della cara		11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	
	CLT153	BENEFICIARY-COINSURANCE-AMOUN BENEFICIARY-COINSURANCE-AMOUN	The amount of money the beneficiary paid towards coinsurance.	NA	This data element must include a valid dollar amount. If no coinsurance is applicable enter 0.00	Not Applicable Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CLT153-00
			The date the beneficiary paid the coinsurance amount.	Conditional	т по coinsurance is applicable enter 0.00 Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-LT-CLT00002	CLT153-00
	CLT154	BENEFICIARY-COINSURANCE-DATE-		1					CLAIM-HEADER-RECORD-LT-CLT00002	CLT154-00
	CLT154 CLT154	BENEFICIARY-COINSURANCE-DATE- PAID BENEFICIARY-COINSURANCE-DATE-	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CL1154-000
		PAID		NA NA	Value must be a valid date If no coinsurance is applicable, leave blank or space-fill	Not Applicable Not Applicable	4/30/2013 8/7/2017		CLAIM-HEADER-RECORD-LT-CLT00002	
	CLT154	PAID BENEFICIARY-COINSURANCE-DATE- PAID BENEFICIARY-COINSURANCE-DATE- PAID		NA NA Conditional						CLT154-000 CLT154-000 CLT155-000

							LAST UPDATE		FILE SEGMENT (with RECORD-ID)	
New Row # 1426	DE NO CLT156	DATA ELEMENT NAME BENEFICIARY-COPAYMENT-DATE-PAID	DEFINITION The date the beneficiary paid the copayment amount.	NECESSITY Conditional	CODING REQUIREMENT Date format is CCYYMMDD (National Data Standard).	VALID VALUES Not Applicable	DATE 11/3/2015	FILENAME	FILE SEGMENT (with RECORD-ID) CLAIM-HEADER-RECORD-LT-CLT00002	CR NO CLT156-0001
1427	CI T156	RENFEICIARY-COPAYMENT-DATE-PAID	Not Anglicable	NA	Value must be a valid date	Not Applicable	4/30/2013		CLAIM-HEADER-RECORD-LT-CLT00002	CIT156-0002
1428	CLT156	BENEFICIARY-COPAYMENT-DATE-PAID			If no coinsurance is applicable, 8-fill, leave blank or space-fill	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-LT-CLT00002	CIT156-0003
	CLT156		Not appricable The amount of money the beneficiary paid towards an annual deductible.	Conditional	If no consurance is applicable, 8-mil, leave blank or space-mil This data element must include a valid dollar amount.	Not Applicable	11/3/2015		CLAIM-HEADER-RECORD-LT-CL100002	CLT156-0003
1430	CLT157	BENEFICIARY-DEDUCTIBLE-AMOUNT	Not Applicable	NA	If no deductible is applicable enter 0.00	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT157-0002
	CLT158		The date the beneficiary paid the deductible amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT158-0001
	CLT158		Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT158-0002
	CLT158	BENEFICIARY-DEDUCTIBLE-DATE-PAID		NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT158-0003
1434	CLT159	CLAIM-DENIED-INDICATOR	An indicator to identify a claim that the state refused pay in its entirety.	Conditional	Value must be equal to a valid value.	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT159-0001
1425	CLT159	CLAIM-DENIED-INDICATOR	Not Applicable	MA	It is expected that states will submit all denied claims to CMS.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT159-0002
1435 1436	CLT159	CLAIM-DENIED-INDICATOR	Not Applicable	NA	All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT159-0003
1437	CLT159	CLAIM-DENIED-INDICATOR	Not Applicable	NA	All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable
1438	CLT160	COPAY-WAIVED-IND	An indicator signifying that the copay was waived by the provider.	Optional	Value must be equal to a valid value.	0 Not Walved: The provider did not waive the beneficiary's copayment	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT160-0001
						1 Waived: The provider waived the beneficiary's copayment				
	CLT161		A free-form toot field to indicate the health home that authorized payment for the service on the distant. The name centred should be the name that the state uses used uniquely identify the team. A "Health Home Entity" can be a designated provider (e.g., physician, clinic, behavioral health appraized), a home Entity" is a beginned by provide on the appraving the state of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([].	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT161-0001
	CLT161	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT161-0002
1441	CLT163	THIRD-PARTY-COINSURANCE- AMOUNT-PAID	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or daim line item.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT163-0001
1442	CLT164	THIRD-PARTY-COINSURANCE-DATE-	The date the third party paid the coinsurance amount.	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT164-0001
1443	CLT164	THIRD-PARTY-COINSURANCE-DATE-	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT164-0002
1444	CLT165	THIRD-PARTY-COPAYMENT-AMOUNT-	The amount the third party paid toward the copayment amount.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT165-0001
1445	CLT166	PAID THIRD-PARTY-COPAYMENT-DATE-	The date the third party paid the copayment amount	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT166-0001
1446	CLT166	PAID THIRD-PARTY-COPAYMENT-DATE-	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT166-0002
1447	CLT167	PAID HEALTH-HOME-PROVIDER-NPI	The National Provider ID (NPI) of the health home provider.	Conditional	The value must be a valid NPI	https://www.ems.gov/Regulations-and-Geidance/Administrative-Simulificative	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT167-0001
	CI T167	HEALTH-HOME-PROVIDER-NPI	The Paradena Provider to (H1) of the Hanter Home, provider.	Conditional		Net A sullaria	4/20/2012		CLAIM-HEADER-RECORD-LT-CLT00002	CLT167-0002
1449	CLT167 CLT168	HEALTH-HOME-PROVIDER-NPI MEDICARE-BENEFICIARY-IDENTIFIER	Net Applicable The Individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MB replaces the HICN with an entirely new Medicare Beneficiary identifier (MBI) for purposes of provider billing: I applicable. CM interfaces with non-symmet exchange anters would remain HICN-based, while interfaces with payment partners would use the new MBI.	NA	Valid characters include only numbers (0-9) The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable Not Applicable	4/30/2013 11/3/2015	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT167-0002 CLT168-0001
1450	CLT168	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	If individual is NOT enrolled in Medicare, leave blank or space-fill	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT168-0002
1451	CLT168		Not Applicable	MA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT168-0003
1431	CL1105	MEDICARE BENEFICIARTIDENTIFIER	Not Appricable	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (in target date has been established).	носярикане	7/23/2015	CEAIMET	LIAM HEADER RELORD - I - LI 100002	CL1186-0003
1452	CLT169	UNDER-DIRECTION-OF-PROV-NPI	The National Provider ID (NPI) of the provider who directed the care of a patient that another provider	NA	The value must be a valid NPI	https://www.cms.gov/Reputations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT169-0001
	CLT169	UNDER-DIRECTION-OF-PROV-NPI	aaministered. Not Applicable	NA	Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space-filled on FLF files). This data element is a duplicate of the "UNDER-SUPERVISION-OF- PROV-NPI" field and as such do not need to be populated.	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT169-0002
1454	CLT170	UNDER-DIRECTION-OF-PROV- TAXONOMY	The Provider Taxonomy of the provider who directed the care of a patient that another provider administered.	NA	Must be in the set of valid values	http://www.wpc-edi.com/reference/	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0001
1455	CLT170	UNDER-DIRECTION-OF-PROV- TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0002
1456	CLT170	UNDER-DIRECTION-OF-PROV- TAXONOMY	Not Applicable	NA	Left-fill unused bytes with spaces	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0003
1457	CLT170	UNDER-DIRECTION-OF-PROV- TAXONOMY	Not Applicable	NA	Reld should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on PH files). This data element is a duplicate of the "UNDER-SUPERVISION-OF- PROV-TAXONOMY" field and as such do not need to be populated.	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0004
1458	CLT171	UNDER-SUPERVISION-OF-PROV-NPI	The National Provider ID (NPI) of the provider who supervised another provider.	NA	PRUV-TAXUNUMY'' theid and as such do not need to be populated. Not Applicable	https://www.cms.gov/Reputations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable
1459	CLT171	UNDER-SUPERVISION-OF-PROV-NPI	Not Applicable	NA	Valid characters include only numbers (0-9)	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT171-0002
1460	CLT172	UNDER-SUPERVISION-OF-PROV- TAXONOMY	The Provider Taxonomy of the provider who supervised another provider.	NA	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT172-0001
1461	CLT172	UNDER-SUPERVISION-OF-PROV- TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT172-0002
1462	CLT172	UNDER-SUPERVISION-OF-PROV- TAXONOMY	Not Applicable	NA	Left-fill unused bytes with spaces	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT172-0003
1463	CLT173	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT173-0001
1464	CLT173	STATE-NOTATION	Not Applicable	NA	See also definited figs. states can populate the TATE MODITION field with "fuc," "n.s." or leave the field bills (c., usefulfield a: "page" with nothing in between ([]])) when not using the field no reard genetic constraint. When pages "with nothing in between ([]]) when not using the field for fixed beam files, states should space-fill the STATE-MODITION field when not using the field to need specific comment, and right pad the field with spaces when the field date contain verbiage.	Not Applicable	9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT173-0002
1465	CLT174	ADMITTING-PROV-NPI-NUM	The National Provider ID (NPI) of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Conditional	Valid characters include only numbers (0-9)	Not Applicable	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT174-0001
1466	CLT174	ADMITTING-PROV-NPI-NUM	Not Applicable	NA	NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT174-0002
1467	CLT175	ADMITTING-PROV-NUM	The Medicaid ID of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Required	A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0001
1468	CLT175	ADMITTING-PROV-NUM	Not Applicable	NA	If value is invalid, record it exactly as it appears in the state system Note: Once a mational provider ID numbering system is in place, the national number should be	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0002
	CLT175	ADMITTING-PROV-NUM	Not Applicable	reA	used. If the State's legacy ID number is also available then that number can be entered in this field.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0003
1470	CLT175	ADMITTING-PROV-NUM	Not Applicable	NA	The value reported in ADMITTING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider file.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0004
1471			Not Applicable	NA		Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0005
	CLT175 CLT176	ADMITTING-PROV-NUM ADMITTING-PROV-SPECIALTY	This code describes the area of speciality for the admitting provider.	Conditional	The value reported in ADMITTING-PROV-NUM should match a value reported in the SUBMITTING- STATE-PROV-ID on the provider file. Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT176-0001
	CLT176		The taxonomy code for the admitting provider.	Conditional	Value must be equal to a valid value.	values.	11/3/2015		CLAIM-HEADER-RECORD-LT-CLT00002	CLT177-0001
1473	CLT177	ADMITTING-PROV-TAXONOMY	Not Applicable	NA	value must be equal to a valid value. Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-L1-CL100002 CLAIM-HEADER-RECORD-LT-CL100002	CLT177-0001 CLT177-0002
1475	CLT178	ADMITTING-PROV-TYPE	A code describing the type of admitting provider. If the state uses state-specific codes, they should map their internal codes to the CMS standard list inversided	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid	11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT178-0001
						variation and a second s				
1476 1477	CLT179 CLT179	MEDICARE-PAID-AMT MEDICARE-PAID-AMT	The amount paid by Medicare on this claim or adjustment. Not Applicable	Conditional NA	This data element must include a valid dollar amount. If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill.	Not Applicable Not Applicable	11/3/2015 2/25/2013	CLAIMLT CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002 CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0001 CLT179-0002
1478	CLT179	MEDICARE-PAID-AMT	Not Applicable	NA	MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare. For claims where Medicare payment is only available at the header level, report the entire payment	Not Applicable	2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0003
					amount the T-MSIS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other T-MSIS records created from the original claim.					
1479	CLT179	MEDICARE-PAID-AMT	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any amount on the claim,	Not Applicable	4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0004
1477	CLT183	FILLER	Not Applicable		Canno records for an engine more an internation of marcade velocate paid any amount on the cannot the eligible individual is not a dual eligible. For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to		9/23/2015		CLAIM-HEADER-RECORD-LT-CLT00002	CLT183-0001
1480	LL 183	FILLER	ики, нруппыние	rok	For pipe-delimited files, FILER that is shown at the end of each record ayout is applicable only to fixed-ength files, and therefore should be janced in pipe-delimited files. For fixed-ength files, FILER that is shown at the end of each record layout should be space-filled in fixed-ength files.	nns Appricable	7/23/2015	LLAIML Í	PLINIME AUER HELUNDELICITO0002	LLI 183-0001
1481	CLT184	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last	Required	Value must be equal to a valid value.	CLT00003	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT184-0001
			An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with loading zeros. For example, the RECORD-ID for the CLAIM-HEADER- RECORD-IP record segment 5 c1000002							
1482 1483	CLT184 CLT185	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Require ⁴	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.consus.gov/goo/reference/ansi_statetables.html	8/7/2017 8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT184-0002 CLT185-0001
	017105			MA	Must be populated on every record.		2/25/2012	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00002	CLT185-0001
1484 1485 1486	CLT185 CLT185	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA	Value must be numeric	Not Applicable Not Ap	2/25/2013 8/7/2017 8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CL100003 CLAIM-LINE-RECORD-LT-CL100003 CLAIM-LINE-RECORD-LT-CL100003	CLT185-0003
1400	CLT185	PROMITING	nos representes	1m1	Value must be the same on all record segments.	have obtaining	P**/201/	PERMIT	Parant and Record Circlin00003	CLT185-0004

New Row # 1487	DE NO	DATA ELEMENT NAME RECORD-NUMBER	DEFINITION A sequential number assigned by the submitter to identify each record segment row in the submission file. The ECCRD-MUMERE, is conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	NECESSITY	CODING REQUIREMENT Must be populated on every record	VALID VALUES	LAST UPDATE DATE 4/30/2013		FILE SEGMENT (with RECORD-ID) CLAIM-LINE-RECORD-LT-CLT00003	CR NO CLT186-0001
1488	CLT186	RECORD-NUMBER	IIe. The RECORD-NUMMER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file. Not Applicable	MA	Must be numeric	Not Applicable	4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT186-0002
1489 1490	CLT186 CLT187	RECORD-NUMBER MSIS-IDENTIFICATION-NUM	Not Applicable	NA Required	NESS DE HUIHERE RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. MSIS Identification Number must be reported	Not Applicable Not Applicable	10/10/2013 8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT186-0002 CLT186-0004 CLT187-0001
1491	CLT187	MSIS-IDENTIFICATION-NUM	A ratin=sssigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system. Not Applicable	NA	For non-SSN states, this field must contain an identification number assigned by the state. The	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0002
1492	CLT187	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	format of the state ID numbers must be supplied to CMS for TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0003
1493	CLT187	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0004
1494	CLT188	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT188-0001
1495	CLT188 CLT188	ICN-ORIG ICN-ORIG	Not Applicable Not Applicable	NA	Record the value exactly as it appears in the State system. <u>Do not pad</u> .	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT188-0002 CLT188-0003
1470					Inclusion the value duality as a subjects in the start system. Extract last is dualy the original YE supports for recomming adjustment datas, this field should always the is dualy the original datas and the support of the start system is dual to the start determinant of the support of the start start and the carried forward onto any adjustment claims. The intention is for this carliest claim is identification number to be the link that ties the original claim and all adjustment claims together.					
1497	CLT188	ICN-ORIG	Not Applicable	NA	I suise the daisy-chain KN approach for reporting adjustment chains, the Hild adjustment record lipopulate the field with the chain descritization number assigned to the original adjustment record chains. Subsequent adjustment should oppulate the ICH XRIR field with the chain identification number reported in the ICH XRIR field of their adjustment Chain. The Interficion is to use the most recently assigned unique identifier from the prior adjustment Chain. The Interficion is to use the most recently assigned unique identifier from the prior adjustment Chain to laik the chain of adjustment chains.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable
1498	CLT189	KN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT189-0001
1499 1500	CLT189 CLT189	ICN-ADJ ICN-ADJ	Not Applicable Not Applicable	NA NA	This field should be block-filled if the ADELSTMENT-INDICATOR = 0	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT189-0002 CLT189-0003
1501	CLT190	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim.	Required	The industrial and the state in the international and a state of the international and the state of the international and the state system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT190-0001
1502	CLT191	LINE-NUM-ADJ	A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Conditional	Record the value exactly as it appears in the state system. Do not pad.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT191-0001
1503	CLT191	LINE-NUM-ADJ	Not Applicable	NA	This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT191-0002
1504	CLT192	LINE-ADJUSTMENT-IND	Code indicating type of adjustment record claim/encounter represents at claim detail level.	Conditional	Value must be equal to a valid value.	0 Original Claim / Encounter	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT192-0001
						o Griginal Claim, 1 Encounter. 1 Vidal Revensel a prior automician 4 Replacement / Resubmission of a prior submission 5 Gross Cedit / Gross Chedit Augustment 6 Gross Debit / Debit Credit Adjustment				
1505 1506	CLT192 CLT192	LINE-ADJUSTMENT-IND LINE-ADJUSTMENT-IND	Not Applicable Not Applicable Not Applicable	NA NA	If there is a line adjustment number, then there must be a line-adjustment indicator. If there is a line adjustment reason, then there must be a line adjustment indicator.	Not Applicable Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT192-0002 CLT192-0003
1507	CLT192	LINE-ADJUSTMENT-IND	Not Applicable	NA	Value must be equal to a valid value. MURDIMENT HER values of "0", "1", "4" should be reported when TYPE-OF-CLAM = "1", "3", "5", "A", "C", "5", "U", "V", "C",	Not Applicable	8/7/2017	CLAIMLT	CLAM-LINE RECORD LT-CLT00003	CLT192-0004
1508	CLT193	LINE-ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-re	4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT193-0001
1509	CLT193	LINE-ADJUSTMENT-REASON-CODE	Not Applicable	NA	If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM- PYMT-REM-CODE)	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT193-0002
1510	CLT194	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Conditional	Value must not be null	Not Applicable	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT194-0001
1511	CLT195	CLAIM-LINE-STATUS	The claim line status codes identify the status of a specific detail claim line rather than the entire claim	Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/	4/30/2013		CLAIM-LINE-RECORD-LT-CLT00003	CLT195-0001
1512	CLT196	BEGINNING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days or periods of care startingling over two or more days, the date on which the service covered by this time began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0001
1513 1514	CLT196 CLT196	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	Value must be a valid date The beginning date of service must occur before or be the same as the ending date of service.	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0002 CLT196-0003
1515 1516	CLT196	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	The beginning date of service must occur before or be the same as the end of time period.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0004
1517	CLT196 CLT196	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	Date must occur before or be the same as adjudication date. Date must occur on or before Date of Death.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0005 CLT196-0006
1518 1519	CLT196 CLT196	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA		Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0007 CLT196-0008
1520	CLT196	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	A CHIP claim record for an individual eligible for Separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0009
1521	CLT197	ENDING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was revelved. For services involving multiple encounters on different day, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required		Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0001
1522 1523	CLT197 CLT197	ENDING-DATE-OF-SERVICE ENDING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA		Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0002 CLT197-0004
1524	CLT197	ENDING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur on or before Date of Death, when a DATE-OF-DEATH is not unknown or not applicable.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0005
1525 1526 1527	CLT197 CLT197 CLT198	ENDING-DATE-OF-SERVICE ENDING-DATE-OF-SERVICE REVENUE-CODE	Not Applicable Not Applicable	NA NA	ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH Date must occur before or be the same as End of Time Period.	Not Applicable Not Applicable	4/30/2013 10/10/2013 11/3/2015	CLAIMLT CLAIMLT CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0006 CLT197-0007 CLT198-0001
1527	CLT198	REVENUE-CODE	A code which identifies a specific accommodation, andilary service or billing calculation (as defined by UB-04 Billing Manual). Not Applicable	Kequired		Revenue code is a data set that health care providers or insurers usually pay for to use. These values will change annually. Not Applicable	2/25/2013		CLAIM-LINE-RECORD-L1-CL100003	CLT198-0001 CLT198-0002
1529 1530	CLT198 CLT198	REVENUE-CODE REVENUE-CODE	Not Applicable	NA	Value must be a valid code	Not Applicable Not Applicable	2/25/2013		CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT198-0003 CLT198-0004
1531	CLT201	IMMUNIZATION-TYPE	This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT201-0001
1532	CLT202	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	On facility claim entries, this field is to capture the actual service quantity by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HOPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	NA	Must be numeric	Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT202-0001
1533	CLT202	IP-LT-QUANTITY-OF-SERVICE-ACTUAL		NA	This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled For use with CLAIMP and CLAIMPC datas. For CLAIMPC and CLAIMPC dataset records.	Not Applicable	2/25/2013		CLAIM-LINE-RECORD-LT-CLT00003	CLT202-0002
1534	CLT202 CLT203	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	Not Applicable On facility claim entries, this field is to capture maximum allowable quantity by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	NA NA	For use with CLAIMIP and CLAIMIT daims. For CLAIMOT and CLAIMIRX daims/encounter records, use the OTRX-CLAIM-QUANTITY-ACTUAL field Must be numeric	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT202-0003
1536	CLT203	IP-LT-QUANTITY-OF-SERVICE-	procedure/service being reported was performed. Not Applicable	NA	This field is only applicable when the service being billed can be quantified in discrete units e.e. a	Not Applicable	4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT203-0002
1537	CLT203	P-LT-QUANTITY-OF-SERVICE- ALLOWED P-LT-QUANTITY-OF-SERVICE-	Not Applicable	NA	number of visits or the number of units of a prescription/refill that were filled For use with CLAIMIP and CLAIMET claims. For CLAIMOT and CLAIMRX claims/encounter records,	Not Applicable	4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT203-0003
1538	CLT204	ALLOWED REVENUE-CHARGE	The total charge for the related UB-04 Revenue Code (REVENUE-CODE) for the billing period. Total charges include both covered and non-covered charges (as defined by UB-04 Billing Manual.	Required	uze the OT-RX-CLAIM-QUANTITY-ACTUAL field This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0001
1539 1540	CLT204 CLT204	REVENUE-CHARGE REVENUE-CHARGE	Not Applicable Not Applicable	NA NA	Enter charge for each UB-04 Revenue Code listed on the claim The total amount should be the sum of each of the charged amounts submitted at the claim detail	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMLT CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0002 CLT204-0003
1541	CLT204	REVENUE-CHARGE	Not Applicable	NA	level If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the provide record bucks along to the annulate	Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0004
1542	CLT204	REVENUE-CHARGE	Not Applicable	NA	amount paid by the plan to the provider. The sum of claim line charges (REVENUE-CHARGE) should be less than or equal to absolute value of TOT-BILED-AMT.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0005
1543 1544	CLT204 CLT204	REVENUE-CHARGE REVENUE-CHARGE	Not Applicable Not Applicable	NA	Value must be left blank or space-filled if the revenue code is left blank or space-filled.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0006 CLT204-0007
1544	CLT204 CLT205	REVENUE-CHARGE ALLOWED-AMT		NA Conditional	Value must not be left blank or space-filled if the revenue code is not left blank or space-filled. This data element must include a valid dollar amount.	Not Applicable	8/7/2017		CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0007
1545	CL1205	TPL-AMT	The maximum amount diglayed at the claim like level as determined by the paper as being "allowable" under the provisions of the contract prior to the determination of actual payment. Third Party Libbility (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to guid or part of the expenditures for medical assistance turnished under a state plan.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015		CLAIM-LINE-RECORD-LT-CLT00003	CLT205-0001
			This is the total amount denoted at the claim detail level paid by the third party.							
1547 1548	CLT207 CLT208	OTHER-INSURANCE-AMT MEDICAID-PAID-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim. The amount paid by Medicaid/CHIP or the managed care plan on this claim or adjustment at the claim detail level.	Conditional Required	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan poid to the presider.	Not Applicable Not Applicable	11/3/2015 8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT207-0001 CLT208-0001
1549	CLT208	MEDICAID-PAID-AMT	Not Applicable	NA	the managed care pian pian to the provider. For claims where Medical payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT208-0002
					Medicaid Amount Paid on all other MSIS records created from the original claim.					

		DATA ELEMENT NAME	DEFINITION	NECESSITY		VALID VALUES	LAST UPDATE	FILENAME		CR NO
New Row # 1550	DE NO CLT208	MEDICAID-PAID-AMT	DEPINITION Not Applicable	NA	CODING REQUIREMENT For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those	Not Applicable	LAST UPDATE DATE 2/25/2013	CLAIMLT	FILE SEGMENT (with RECORD-ID) CLAIM-LINE-RECORD-LT-CLT00003	CLT208-0003
					amounts in the Medicaid-Amount-Paid field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the MEDICAID- PAID-AMT as 40					
1551	CLT209	MEDICAID-FFS-EQUIVALENT-AMT	The MED/CAID-FFS-EQUIVALENT-AMT field should be populated with the amount that would have been paid had the services been provided on a FFS basis.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT209-0001
1552	CLT209	MEDICAID-FFS-EQUIVALENT-AMT	Not Applicable	NA	Required when TYPE-OF-CLAIM = C, 3, or W	Not Applicable	2/25/2013		CLAIM-LINE-RECORD-LT-CLT00003	CLT209-0002
1553	CLT210	BILLING-UNIT	Unit of billing that is used for billing services by the facility.	Conditional	Value must be equal to a valid value.		8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT210-0001
						UI Per IUDy D2 Per Hour D3 Per Case D4 Per Encounter D5 Per Week D6 Per Month				
						06 Per Month 07 Other Arrangements				
1554		TYPE-OF-SERVICE						CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00002	CIT211-0001
1554 1555	CLT211 CLT211	TYPE-OF-SERVICE TYPE-OF-SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee. Not Applicable	Required	Value must be equal to a valid value. All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or	See Appendix A for listing of valid values. Not Applicable	10/10/2013 8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0001 CLT211-0002
1556	CLT211	TYPE-OF-SERVICE	Not Applicable	NA	psychiatric hospital are included in the CLAIMLT file. Experience has demonstrated there can be instances when more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances:	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0003
					The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital.					
					Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services.					
					Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.					
1557	CLT211	TYPE-OF-SERVICE	Not Applicable	NA	See Appendix D for information on the various types of service.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0004
1558	CLT211	TYPE-OF-SERVICE	Not Applicable	NA	Long Term Care Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 009, 044, 045,	Not Applicable	9/23/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0005
					Long Term Care Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 009, 044, 045, 046, 047, 048, 050, 059, or 133 (all mental hospital, and NF services). (Note: Individual services billed by a long-term care facility belong in this file regardless of service type.)					
1559	CLT212	SERVICING-PROV-NUM	A unique number to identify the provider who treated the recipient.	Required	ff value is invalid, record it exactly as it appears in the state system.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0001
1540	CLT212	SERVICING-PROV-NUM	Not Applicable	NA	f "Servicing" provider and the "Billing" provider are the same then use the same number in both	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0002
	CLIZIZ		нос аррикари.	[^m	fields.	nos appresion.	1111111	CLOSIFIC I		0001
1561	CLT212	SERVICING-PROV-NUM	Not Applicable	NA	Note: Once a national provider ID numbering system is in place, the national number should be used. If only the state's legacy ID number is available then that number can be entered in this field.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0003
					, and a second sec					
1562	CLT212	SERVICING-PROV-NUM	Not Applicable	NA	The value reported in SERVICING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider file.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0004
1563	CLT212	SERVICING-PROV-NUM	Not Applicable	NA		Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0006
1564	CLT212	SERVICING-PROV-NUM	Not Applicable	NA	The value reported in SERVICING-PROV-NUM should match a value reported in the SUBMITTING- STATE-PROV-ID on the provider file. Not Applicable	Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0007
1565	CLT213	SERVICING-PROV-NPI-NUM	Not Applicable The NPO of the health care professional who delivers or completes a particular medical service or non- surgical procedure. The SERVICING-PROV-NPI-VAIM is required whon rendering provider is different ban the attending provider and states or defear's regulary requirements call for a "combined claim" [Le., a claim that includes both facility and professional components]. Examples are Medicaid clinic Bior or trical access hospital claims.	Conditional	Valid characters include only numbers (0-9)	Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT213-0001
			than the attending provider and state or federal regulatory requirements call for a "combined claim" ().e., a claim that includes both facility and professional components). Examples are Medicaid clinic bits as adding assess benchard before							
			DIIS OF CHILLAT ACCESS TROSPICAL CARITY.							
1566	CLT213	SERVICING-PROV-NPI-NUM	Not Applicable	NA	NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT213-0002
1567	CLT214	SERVICING-PROV-TAXONOMY	The taxonomy code for the institution billing/caring for the beneficiary.	NA	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	8/7/2017		CLAIM-LINE-RECORD-LT-CLT00003	CLT214-0001
1568	CLT214	SERVICING-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT214-0003
1569	CLT215	SERVICING-PROV-TYPE	A code describing the type of provider (i.e. doctor or facility) responsible for treating a patient. This represents the attending physician if available. If the state uses state-specific codes, they should map their internal codes to the CMS standard list	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT215-0001
			If the state uses state-specific codes, they should map their internal codes to the LMS standard list provided.							
1570	CLT216	SERVICING-PROV-SPECIALTY	This code indicates the area of specialty for the servicing provider.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT216-0001
1571	CIT217	OTHER-TPI-COLLECTION		Conditional	Value must be enual to a valid value	values.	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT217-0001
			This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.			001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other)	[
						004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Maloractice				
						007 Third Party Resource is Other				
1572	CLT218	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT218-0001
			The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories							
1573	CLT219	CMS-64-CATEGORY-FOR-FEDERAL-	This code indicates if the claim was matched with Title XXX or Title XXX.	Required	Value must be equal to a valid value.	01 Federal funding under Title XIX	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT219-0001
		REIMBURSEMENT				01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation				
						ov redena renoing under other regislation				
1574	CLT219	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT	Not Applicable	NA	If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT219-0002
1575	CLT219	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT	Not Applicable	NA	If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.	Not Applicable	4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT219-0003
1576	CLT221	PROV-FACILITY-TYPE	The type of facility for the servicing provider using the HIPAA provider taxonomy codes.	Required	A value is required for CLAIMLT records	See Appendix A for listing of valid values. See Appendix N for Crosswalk of Provider Taxonomy Codes to Provider Facility Type Categories.	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT221-0001
1577	CLT224			Conditional	Value must be equal to a valid value.	See Appendix I for listing of valid values.	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT224-0001
15//	CL1224	X0C-MBESCBES-CATEGURY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation	Conditional	value must be equal to a valid value.	see Appendix I for listing of valid values.	11/3/2015	CLAIMLI	CLAIM-LINE-RECORD-L1-CL100003	CL1224-0001
1578	CLT224	XX-MBESCBES-CATEGORY-OF-SERVICE	Not Applicable	NA	Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant	Not Applicable	4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT224-0002
					women".					
1579	CLT225	XXI-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Conditional	Value must be equal to a valid value.	See Appendix J for listing of valid values.	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT225-0001
1580	CLT226	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT226-0001
1501	CLT226	STATE-NOTATION	Not Apolicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ([])) when not using the field	Not Analicable	9/23/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT226-0002
	CL1220		нос аррикари.	[^m	the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.		7101013	CLOBINE I	COMP LIKE RECORD ET CETODOD	
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to	2				
					record specific comments, and right-pad the field with spaces when the field does contain verbiage					
1582	CLT227	SEQUENCE-NUMBER	To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update	Required	Field is required on all 'C', 'U', and 'R' SUBMISSION-TRANSACTION-TYPE record files.	Not Applicable	8/7/2017	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT227-0001
			To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by use for each Replacement or Update submission for the same reporting period and file type (subject area).							
1583	CLT227	SEQUENCE-NUMBER	Not Applicable	NA	Must be numeric and > 0	Not Applicable	10/10/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT227-0002
1584	CLT228	NATIONAL-DRUG-CODE	A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Conditional	Position 10-12 must be Alpha Numeric or blank	Not Applicable	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0001
	CLT228 CLT228	NATIONAL-DRUG-CODE NATIONAL-DRUG-CODE	Not Applicable Not Applicable	NA	Position 1-5 must be Numeric Position 6-9 must be Aloha Numeric	Not Applicable Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0002 CLT228-0003
1587	CLT228	NATIONAL-DRUG-CODE	Not Applicable	NA	Position 6-9 must be Alpha Numeric Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., [5, 4, 2] or [5, 4] as defined in the National Drug Code Directory).	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0003
1588	0 7000	NATIONAL-DRUG-CODE	Nat Appliable		National Drug Code Directory). If the Drug Code is less than 11 characters in length, the value must be left justified and padded	Net Available	40/40/0007	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0005
	CLT228		Not Applicable	NA NA	with spaces.	Not Applicable	10/10/2013			
1589	CLT228	NATIONAL-DRUG-CODE	Not Applicable	NA .	If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0006
1590	CLT228	NATIONAL-DRUG-CODE	Not Applicable	NA	This field is applicable for pharmacy/drug and DME services that are provided to Medicaid/CHIP recipients living in a long-term care facility.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0007
1591	CLT229	NDC-UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Conditional	Value must be equal to a valid value. Valid Value Definition: F2 International Volt	F2 International Unit ML Milliliter	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT229-0001
					F2 International Unit G& Gram ME Milligram ML Milliter	ML Milliter GR Gram ME Millgram UN Unit				
					ML MIIIliter UN Unit					
					ML MIIIliter UN Unit					

lew Row #	DE NO	DATA ELEMENT NAME	DEFINITION This field is to capture the actual quantity of the National Drug Code being prescribed on this long	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE 11/3/2015	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
594	CLT230	NDC-QUANTITY	Inis neo is to captue the actual quantity of the watorial brug code being prescribed on this long term care claim. Not Applicable	NA	wask be mannene. This field is only applicable when the NDC code being billed can be quantified in discrete units, e.g., the number of units of a prescription/refill that were filled.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT230-0001
595	CLT231	HCPCS-RATE	For inpatient hospital facility claims, the accommodation rate is captured here. This data element is executed to capture data from the HIPAA 8371 claim loop 2400 SV206 or UB-04 FL 44 (only if the value	Conditional	the number of units of a prescription/refil that were filled. Must be numeric	Not Applicable	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT231-0001
596	CLT233	ADJUDICATION-DATE	represents an accommodation rate) The date on which the payment status of the claim was finally adjudicated by the state.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0001
597 598	CLT233 CLT233	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable Not Applicable	NA NA	Value must be a valid date For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when nossible	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMLT CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0002 CLT233-0003
599	CLT233	ADJUDICATION-DATE	Not Applicable	NA	For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0004
600 601	CLT233 CLT233	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable Not Applicable	NA NA	If a complete, valid date is not available or is unknown, 9-fil ADJUDICATION-DATE should occur on or before END-OF-TIME-PERIOD included in the T-MSIS HADRER RECORD	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMLT CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0005 CLT233-0006
602 603	CLT233 CLT233	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable Not Applicable	NA NA	ADJUDICATION-DATE should occur on or after the ADMISSION-DATE This date must occur on or after the DATE-OF-BIRTH in the Eligible Record. A Medicald or CHIP eligible individual should not have had a claim adjudicated before their five-yea	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003 CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0007 CLT233-0008
604	CLT233	ADJUDICATION-DATE	Not Applicable	NA	A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their flve-yea immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	Not Applicable	10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0009
605	CLT234	SELF-DIRECTION-TYPE	This data element is not applicable to this file type.	Conditional	Value must be equal to a valid value.	000 Not Applicable 001 Hiring Authority 022 Bulget Authority 003 Hiring and Budget Authority	8/7/2017	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT234-0001
06	CLT235	PRE-AUTHORIZATION-NUM	A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number).	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT235-0001
07	CLT237	PROV-LOCATION-ID	A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an attive value in the PROV-LOCATION-ID field in the provider subject	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT237-0001
08	CLT237	PROV-LOCATION-ID	area. Not Applicable	NA	The value should correspond with one of the location identifiers recorded in the provider's demographic records in the T-MSIS data set. If a particular license is applicable to all locations, create an identifier that signifies "All Locations"	Not Applicable	8/7/2017	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT237-0002
09			Not Applicable	NA	concept an identifier that splitter shall be according an examinence to applicable only to transparate an identifier that splitters "All locations" For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to transparate the sand therefore should be isomerif in nine-delimited files.	Not Applicable	9/23/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT238-0001
					For pipe-delimited flues. FILLER that is shown at the end of each record layout is applicable only to inter-dength files and therefore should be ignored in pipe-delimited files. For filed-length files, FILLER that is shown at the end of each record layout should be space-filed in filed-length files.					
10	COT001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER- RECORD-IP record segment is CIP00002	Required	Value must be equal to a valid value.	C0T00001	4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT001-0001
11	COT001 COT002	RECORD-ID DATA-DICTIONARY-VERSION	RECORD-IP record segment is CIP00002 Not Applicable A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	NA	Must be populated on every record segment. Use the version number specified on the Cover Sheet of the data dictionary	Not Applicable	8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	COT001-0002 COT002-0001
12	COT002 COT003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data,	Required	Use the version number specified on the Cover Sheet of the data dictionary Value must be equal to a valid value.	Not Applicable See Appendix A for listing of valid values.	8/7/2017 4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	COT002-0001 COT003-0001
14	COT003 COT004	SUBMISSION-TRANSACTION-TYPE FILE-ENCODING-SPECIFICATION	a resubmission of a previously submitted file, or corrections of edit rejects. Not Applicable	NA Required	Must be populated on every record Walke must be equal to a valid value.	Not Applicable FLF - The file follows a fixed length format.	8/7/2017 4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable COT004-0001
15	COT004		A data element to denote whether the file is in fixed length line format or pipe-delimited format. A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required	Value must be equal to a valid value. Use the version number specified on the title page of the data mapping document	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format. Not Apolicable	4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT004-0001 COT005-0001
47	CO TO 06		The name identifying the subject area to which the records in its file relate. Each T-MBS submission the name identifying the subject area to which the records in its file relate. Each T-MBS submission Managed Care Flan Information, IP claims, L1 claims, Bx claims, or 07 claims).	Required	Value must be equal to a valid value.	Calk-07 - Olive Calmu-Fracuenter File: Claims/emcounter with any TMFC OF-SERVET code 002, 003, 004, 005, 006, 007, 008, 010, 011, 012, 013, 014, 015, 066, 017, 018, 019, 003, 012, 023, 024, 023, 036, 027, 038, 029, 030, 031, 021, 035, 036, 037, 038, 039, 040, 041, 042, 043, 049, 050, 051, 023, 033, 045, 035, 057, 036, 031, 042, 031, 044, 054, 049, 050, 051, 023, 033, 045, 035, 057, 036, 031, 042, 031, 044, 054, 049, 050, 051, 032, 033, 045, 035, 057, 036, 031, 042, 031, 044, 054, 049, 050, 051, 032, 033, 045, 035, 057, 036, 031, 042, 031, 044, 054, 054, 051, 045, 036, 036, 036, 037, 088, 089, 115, 119, 120, 121, 122, 123, 127, 131, 134, or 135.		CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT006-0001
8	СОТОО6	RLE-NAME	Net Applicable	NA	GT 1996 CF 368/VET = 002_001_034_001_000.007_086_010_0101_011_011_011_011_014_015_014_017_ 918_019_00_011_022_010_010_010_010_010_010_010_	Not Applicable	8/7/2017	CLAIMOT	RLE-HEADER-RECORD-07-C0100001	Not Applicable
19	CO1007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017		FILE-HEADER-RECORD-OT-COT00001	COT007-0001
21	COT007 COT007 COT007	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	2/25/2013 8/7/2017 8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	C01007-0002 C01007-0003 C01007-0004
2 3 4 5	COT008 COT008	DATE-FILE-CREATED DATE-FILE-CREATED	The date on which the file was created. Not Applicable	Required NA	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	COT008-0001 COT008-0002
5	COT008 COT008	DATE-FILE-CREATED DATE-FILE-CREATED START-OF-TIME-PERIOD	Not Applicable Not Applicable Beginning date of the time period covered by this file.	NA NA Reculted	Required on every file header Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field. Date formal is CCYMMUDD (National Data Standard).	Not Applicable Not Applicable Not Applicable	8/7/2017 4/30/2013 8/7/2017	CLAIMOT CLAIMOT CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	Not Applicable COT008-0003 COT009-0001
8	COT009 COT009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable Not Applicable	NA NA	Must be populated on every record Value must be a valid date	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	Not Applicable COT009-0002
80 81	COT009 COT009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable Not Applicable	NA NA	Value must occur before END-OF-TIME-PERIOD Value must be equal to or less than the date in the DATE-FILE-CREATED field.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	Not Applicable Not Applicable
82 83 84	COT009 COT010 COT010	START-OF-TIME-PERIOD END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Last date of the reporting period covered by the file to which this Header Record is attached. Not Applicable	NA Required	Value must occur on or before the current date. Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable Not Applicable	8/7/2017 2/25/2013 4/30/2013	CLAIMOT CLAIMOT CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	Not Applicable COT010-0001 COT010-0002
5	COT010	END-OF-TIME-PERIOD	Not Applicable	NA	Value for the Date in the End of Time Period (last 2 bytes of the value) must equal "30" in April, June, September, or November; "31" in January, March, May, July, August, October, or December, and "28" or "29" in February.	Not Applicable	8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable
86 87	COT010 COT010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable	NA	Date must be less than current date Value must be equal or less than DATE-FILE-CREATED.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	Not Applicable Not Applicable
8 9	COT010 COT011	END-OF-TIME-PERIOD FILE-STATUS-INDICATOR	Not Applicable A code to indicate whether the records in the file are test or production records.	NA Required	Value must be greater than START-OF-TIME-PERIOD Value must be equal to a valid value.	Not Applicable P Production File T Test File	8/7/2017 8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	Not Applicable COT011-0001
0	COT011 COT011	FILE-STATUS-INDICATOR FILE-STATUS-INDICATOR	Not Applicable	NA	Must be populated on every record. The dataset name and the value in this field must be consistent (i.e., the production dataset name.	T Test File Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	Not Applicable
2	COT012	SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required	The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = T^{+} Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER	4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT012-0001
13	COT012 COT012	SSN-INDICATOR SSN-INDICATOR	identification number as the unique, unchanging eligible person identifier. Not Applicable Not Applicable	NA NA	A state's SSN/Non-SSN designation on the eligibility file should match on the claims files. For non-SSN states, the SSN-INDICATOR in the Header record must be set to 0 and the MSIS destification number must be reported in the MSIS-VERTIFICATION-NUMBER field, if the MSIS- DISTIFICATION-NUMBER is not known then this field should be P-filed. For blank or space-filed.	1 State uses SSN as MSIS-IDENTIFICATION-NUMBER Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMOT CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 FILE-HEADER-RECORD-OT-COT00001	COT012-0002 Not Applicable
5	COT013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control	Required	Value must be an integer with no commas.	Not Applicable	8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT013-0001
6	COT013	TOT-REC-CNT	total to help assure that the file did not become corrupted during transmission. Not Applicable	NA	Value must equal the sum of all records excluding the header record.	Not Applicable	8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable
	COT014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	uptional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT014-0001
18	COTO14	STATE-NOTATION	Net Applicable	NA	Excised excitations of the second se	Not Applicable	9/23/2015	CLAIMOT	RLE-HEADER-RECORD-OT-COT00001	COT014-0002
,	COT015	FILLER	Not Applicable	NA	For pipe-definitied firet, FILLER that is shown at the end of each record layout is applicable only to fixed length files and therefore should be ignored in pipe-definited files. In the should be applied on the shown at the end of each record layout should be space filed in thest length files.	Not Applicable	9/23/2015	CLAIMOT	RLE-HEADER-RECORD-07-C0100001	COT015-0001
60	COT016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER- RECORD-P record segment is CIPODOD2	Required	Value must be equal to a valid value.	C0100002	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT016-0001
1	COT016 COT017	RECORD-ID SUBMITTING-STATE	Net. UNL he record segment is LIHOUUZ Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has pubmitted the data.	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT016-0002 COT017-0001
3 4	COT017	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	http://www.census.gov/geo/reterence/ansi_statetables.ntml Not Applicable	8/7/2017 2/25/2013 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT017-0001
4 5	COT017 COT017	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable	NA NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT017-0003 COT017-0004
**	LU /018		A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Appricable	10/10/2013	LLAIMOT		LOT018-0001
57 58 59	COT018 COT018	RECORD-NUMBER RECORD-NUMBER ICN-ORIG	Not Applicable	NA NA	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable Not Applicable Not Applicable	4/30/2013 4/30/2013 10/10/2013	CLAIMOT CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT018-0002 COT018-0004
0.50	COT019	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that dentifies an original claim.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/10/2013	CLAIMOT	ICLAIM-HEADER-RECORD-OT-COT00002	COT019-0001

V2.1 T-MSIS Data Dictionary	

	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY		VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR N
	COT019	ICN-ORIG	Not Applicable	NA	If using the original KN approach for reporting adjustment claims, this field should always be populated with the claim identification number assigned to the original paid/denied claim. This dentification number should remain constant and be carried forward onto any adjustment claims. The intention is for this carliest claim identification number to be the link that ties the original claim and all adjustment claims together.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT019-0003
	COT019	ICN-ORIG	Not Applicable	NA	I using the daisy-chain ICN approach for reporting adjustment claims, the Initial adjustment record will populate this field with the claim identification number assigned to the original paid/denied claim. Subsequent adjustment chaola populate the ICN-OBIG field with the claim identification number reported in the ICN-ADI field of the pairs adjustment claim. The Intention is to use the most recently adjusted unique identifier from the prior claim to link the claim of adjustment claim.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicat
	COT020	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT020-000
	COT020 COT020	ICN-ADJ ICN-ADJ	Not Applicable Not Applicable	NA	Record the value exactly as it appears in the State system. <u>Do not pad</u> . This field should be blank-filled if the ADJUSTMENT-INDICATOR = 0	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT020-000 COT020-000
	COT020	SUBMITTER-ID	Not Applicable The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Conditional	Ins held should be blank-hiled if the ADJUSTMENT-INUICATOR = 0 Value must not be null	Not Applicable Not Applicable	8/7/2017 11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT021-000
	COT022	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicald/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS identification Number must be reported	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT022-00
	COT022	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT022-00
	COT022 COT022	MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA	For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT022-00 COT022-00
	01022	MISSIDENTIFICATION/NOM	No. Appricable	~	For SSN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	Not Appreable	0/7/2017	CLAIMOT	CDAIM-HEADER-RECORD-OT-COTODOD2	001022-00
	CO.7000	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium payments in the T-MSIS OT File". Value must be equal to a valid value.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT022-00
	COT022	CROSSOVER-INDICATOR	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required	Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT023-00
	COT023	CROSSOVER-INDICATOR	Not Applicable	NA	If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (by date of service).	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT023-00
	COT023 COT024	CROSSOVER-INDICATOR 1115A-DEMONSTRATION-IND	Not Applicable Indicates that the claim or encounter was covered under the authority of an 1115(A) demonstration.	NA Conditional	Detail records should be created for all crossover claims. Value must be equal to a valid value.	Not Applicable	4/30/2013 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT023-00 COT024-00
	COT025	ADJUSTMENT-IND	1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration. Code indicating the type of adjustment record.	Required	Value must be equal to a valid value.	1 Yes 0 Original Claim / Encounter 1 Void / Reward of a prior publicion	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT025-00
						Volg Revents Camp 2 and a prior submission 1 Volg Revents I a prior submission of a prior submission 5 Gross Credit (Forsos Credit Adjustment 6 Gross Debit / Debit Credit Adjustment				
	COT025	ADJUSTMENT-IND	Not Applicable	NA	ADJUSTMENT-IND values of "0", "1", "4" should be reported when TYPE-OF-CLAIM = "1", "2", "3", "5", "A", "8", "C", "E", "U", "V", "W", "M", ADJUSTMENT-IND values of "5" or "6" should be reported when TYPE-OF-CLAIM = "4", "D" or "X"	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT025-00
	COT026	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-adiustment-re	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT026-00
	COT026	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes commandate why a claim was paid directing than it was bried. Not Applicable	NA	If there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT026-00
	COT027	DIAGNOSIS-CODE-1	Not Applicable	NA	PYMT-REM-CODE).		2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-00
				[CLAIMOT: Code Specific ICD-9/10-CM code. There are many types of claims that aren't expected to have diagnosis codes, such as transportation, DME, lab, etc. Do not add vague and unspecified diagnosis codes to those claims.					
1	COT027	DIAGNOSIS-CODE-1	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim	Required	Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.ht	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-00
			Low It.							
	COT027	DIAGNOSIS-CODE-1	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-00
	COT027	DIAGNOSIS-CODE-1	Not Applicable	NA	include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-00
					blanks are not allowed. The primary diagnosis code goes into DIAGNOSIS-CODE-1				CLAIM-HEADER-RECORD-OT-COT00002	
	COT027	DIAGNOSIS-CODE-1	Not Applicable Not Applicable	NA	All UNUSED diagnosis code goes into bioloxidse code? All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-00
	COT027	DIAGNOSIS-CODE-1	Not Applicable	NA	Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-00
	COT028	DIAGNOSIS-CODE-FLAG-1	CLAIMIP, CLAIMLT, CLAIMOT: A flag that identifies the coding system used for the DIAGNOSIS CODE 1 12	- Required	If the diagnosis code is blank-tilled, then the corresponding diagnosis code flag should also be blank-tilled. Any diagnosis code that IS NOT blank MUST have a valid diagnosis code flag.	1 ICD-9 2 ICD-10	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT028-00
			CLAIMIP, CLAIMOT, CLAIMOT: DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.							
	COT028	DIAGNOSIS-CODE-FLAG-1	CLAIMER, CLAIMOT, CLAIMOT: CIUCRINOSIS-CODE-FLAC-1 through DUACNOSIS-CODE-FLAC-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim. Not Applicable	NA	For implementation date edits, Beginning Date of Service will be used for OF claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-07-C0700002	COT028-00
	COT028	DIAGNOSIS-CODE-FLAG-1 DIAGNOSIS-CODE-FLAG-1		NA NA	requirements.	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-07-C0T00002 CLAIM-HEADER-RECORD-07-C0T00002	
			Not Applicable	NA NA NA	An applementation date date the Beginning Date of London will be used for Of Chains, and Ending marker of Annotations and the PF and LF Chains. This is to be in adjusted with the Medicare requirements. The United Annotation of the PM and the State of London and the State of the State State of Date of the State of the State of the State of the State NOTE. The Out PT is no longer and on Chains administra during the Annotation State of the State NOTE. The Out PT is no longer and and chains administra during the Annotation State of the State NOTE. The Out PT is no longer and and chains administra during the Annotation State of the State Not PT and the State of the State of State of the Sta					COT028-00
	COT028	DIAGNOSIS-CODE-FLAG-1	Not Applicable Not Applicable A code to design of that are present at the time the order for inputient admission occurs - conditions that develop during an adjustent encounter, including emergency department.	NA NA NA	requirements. All they in extraction could find the should be list fluoring (i.e., submitted as "pipe pipe" with Marking in extractions (i.e., i.e.,	Not Applicable T Diagnostic was present at time of Inpatient admission N Diagnostic was not present at time of Inpatient admission 1. Diagnostic was not present at time of Inpatient admission 1. Diagnostic was not present at time of Inpatient admission		CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT028-00 COT029-00
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2	COTO28 COTO29	DAGNOSIS CODE FLAG-1 DAGNOSIS FOX FLAG-1 DAGNOSIS FOX FLAG-1 DAGNOSIS FOX FLAG-1	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Part Part Part Part Part Part Part Par	NA	Regiments. All their developments and the hear should be the Mark 16 m particular should be piper with All their development (100 mPV) filters all particular should be the Mark 16 m particular should be the DEVEN the code "14" DEVEN to be previously all the should be the Black for code semant from POA reporting. See Black and the should be the Black for a should be the Black for code semant from POA reporting. See the should be the Black for a should be the Black for code semant from POA reporting. See Teld should be the Black for a should be the Black	Net Applicable PEGIpolos cap proceed at their of Inpulser Admission In Dispose was not prevent at their Applicable Admission Dispose station inpulsers in determine Fordination was prevent at the W Citicable understanding Provider under in citicable determine whether RAME Description POArsporting.	9/23/2015 8/7/2017 9/23/2015 9/23/2015	CLAIMOT CLAIMOT	CLAM HEADER RECORD OF COTIXXXX CLAM HEADER RECORD OF COTIXXXXX CLAM HEADER RECORD OF COTIXXXXX CLAM HEADER RECORD OF COTIXXXXXX CLAM HEADER RECORD OF COTIXXXXXX	COT028-00 COT029-00 COT029-00
	COT028 COT029 COT029	DIAGNOSS-CODE-FLAG-1 DIAGNOSS-POX-FLAG-1 DIAGNOSS-POX-FLAG-1	Net Applicable Net Applicable A code to dentify conditions that are present at the time the order for inguisted adeisation occurs - addition of the order of the	NA NA NA NA NA Conditional	requirements. Howard and a second se	Nor Applicable V Digosis was present at time of inputent admission O Digosis was operated at time of inputent admission O Digosis was present at time of inputent admission C Order admission C Order admission C Order admission RAMK Exempt from POA reporting. Nor Applicable Nor Applicable	9/23/2015 8/7/2017 9/23/2015	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OF-COT00002 CLAIM-HEADER-RECORD-OF-COT00002 CLAIM-HEADER-RECORD-OF-COT00002	COT028-00 COT029-00 COT029-00
	COT028 COT029 COT029	DAGNOSIS CODE FLAG-1 DAGNOSIS FOX FLAG-1 DAGNOSIS FOX FLAG-1 DAGNOSIS FOX FLAG-1	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Part Part Part Part Part Part Part Par	NA NA NA NA NA Conditional	Regiments. All their developments and the hear should be the Mark 16 m particular should be piper with All their development (100 mPV) filters all particular should be the Mark 16 m particular should be the DEVEN the code "14" DEVEN to be previously all the should be the Black for code semant from POA reporting. See Black and the should be the Black for a should be the Black for code semant from POA reporting. See the should be the Black for a should be the Black for code semant from POA reporting. See Teld should be the Black for a should be the Black	Na Againade Telepipole age and the set of hypothet admission Telepipole age and the set of hypothet admission Telepipole age and the set of hypothet admission Disconcentation uniterim definition and the set of telepipole telepipole age and the set of telepipole admission and the set of telepipole telepipole admission and the set of telepipole admission admission Nat Againade Nat Againade Telepipole admission admission admission admission admission admission Nat Againade Telepipole admission admission admission admission admission Nat Againade Telepipole admission admission admission admission admission admission Nat Againade	9/23/2015 8/7/2017 9/23/2013 9/23/2013 2/25/2013	CLAIMOT CLAIMOT	CLAM HEADER RECORD OF COTIXXXX CLAM HEADER RECORD OF COTIXXXXX CLAM HEADER RECORD OF COTIXXXXX CLAM HEADER RECORD OF COTIXXXXXX CLAM HEADER RECORD OF COTIXXXXXX	C01028-00 C01029-00 C01029-00 C01029-00 C01029-00 C01030-00
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New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
1705	COT033	BEGINNING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0001
			extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.							
1706	COT033	BEGINNING-DATE-OF-SERVICE		NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0002
1707 1708	COT033 COT033	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable Not Applicable	NA	The beginning date of service must occur before or be the same as the end of time period Date must occur before or be the same as Ending Date of Service	Not Applicable Not Applicable Not Applicable	10/10/2013 4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT033-0003 COT033-0004
1709	COT033 COT033	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA	Date must occur before or be the same as adjudication date. Date must occur on or before Date of Death.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT033-0005 COT033-0006
1711	COT033	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHIP child .	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0007
1712	COT033	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	A Medicaid claim record for an eligible individual should not have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0008
1713	COT033	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	are engoine individual a second en orienten in as ended. A CHIP claim record for an individual eligible for Separate CHIP, cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0009
1714	01033	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0010
1715	COT034	ENDING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care seturating over two more days, the date on which the review covered by this lam endor. For additional data and the seturation of t	Required	See T-MSS Suddance Document, "UNG Guidance Real Practice for Reporting Health Insurance Promium payments" (In H - 1-MSG OT Fig.) Date Format is CCYTMMCD (National Tota Standard).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0001
1716 1717	COT034 COT034	ENDING-DATE-OF-SERVICE ENDING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	Value must be a valid date ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT034-0002 COT034-0003
1718	COT034	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0004
1719	COT034	ENDING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur on or before Date of Death, when a DATE-OF-DEATH is not unknown or not applicable.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0005
1720 1721	COT034 COT034	ENDING-DATE-OF-SERVICE ENDING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH Date must occur before or be the same as End of Time Period.	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT034-0006 COT034-0007
1722	COT034	ENDING-DATE-OF-SERVICE	Not Applicable	NA	See T-MSIS Guidance Document, "CMB Guidance: Best Practice for Reporting Health Insurance Premium payments in the T-MSIS OF FIR". Date format is CCYMMBD (National Data Standard).	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0008
1723	COT035 COT035	ADJUDICATION-DATE ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state. Not Applicable	Required NA		Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT035-0001 COT035-0002
1725	COT035	ADJUDICATION-DATE	Not Applicable	NA	For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0003
1726	COT035	ADJUDICATION-DATE	Not Applicable	NA	For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0004
1727	COT035	ADJUDICATION-DATE	Not Applicable	NA	ADJUDICATION-DATE should occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0005
1728	COT035	ADJUDICATION-DATE	Not Applicable	NA	This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0006
1729	COT035	ADJUDICATION-DATE	Not Applicable	NA	A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-yea immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0007
1730	COT036	MEDICAID-PAID-DATE	The date Medicaid paid on this claim or adjustment.	Required	program. Date format is CCYMMIDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT036-0001
1731	COT036 COT037	MEDICAID-PAID-DATE TYPE-OF-CLAIM	Not Applicable A code indicating what kind of payment is covered in this claim	NA Required	Value must be a valid date Value must be availd date	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT036-0002 COT037-0001
1732 1733 1734	COT037	TYPE-OF-CLAIM	Not Applicable	NA	States should only submit CHIP claims for CHIP eligibles	See Appendix A for listing of valid values. Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0002
	COT037	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0003
1735	COT037	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0004
1736	COT037	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0005
1737	COT037	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0006
1738	COT037	TYPE-OF-CLAIM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium payments in the T-MSIS OT File".	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0007
1739	COT038	TYPE-OF-BILL	A data element corresponding with UB-04 form locator FL4 that classifies the claim as to the type of facility (2nd digit), type of care (2 dr digit) and the billing record's sequence in the episode of care (4th digit). (Note that the 1st digit is always zero.)	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT038-0001
1740	COT039	CLAIM-STATUS	digit). (Note that the 1st digit is always zero.) The health care claim status codes convey the status of an entire claim.	Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT039-0001
1741	COT039	CLAIM-STATUS	Not Applicable	NA	All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM-	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable
1742	001040	CLAIM-STATUS-CATEGORY		Required	DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2 Value must be equal to a valid value.	http://www.wpc-edl.com/reference/codelists/healthcare/claim-status-categor	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT040-0001
1/41	01040	CONTRACT CALCOLA	The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS.	incidence.	which must be equal to a valid value.		100,2015	CERTINO		00000000
1743	COT040	CLAIM-STATUS-CATEGORY	Not Applicable	NA	All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable
1744	COT040	CLAIM-STATUS-CATEGORY	Not Applicable	NA	All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable
1745	COT041	SOURCE-LOCATION	The field denotes the claim payment system from which the claim was adjudicated.	Required	Value must be reput to a valid value.	51 MMS 20 MMS	8/7/2017	CLAIMOT	CLARM-HEADER-RECORD OF COTOR002	COT041-0001
1746	COT042	CHECK-NUM	The check or EFT number	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT042-0001
1747	COT042	CHECK-NUM	Not Applicable	NA	If there is a valid check date there should also be a valid check number. Date format is COVPMMDD (National Data Standard)	Date format is CCYYMMDD (National Data Standard).	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT042-0002
	CO1043	CHECK-EFF-DATE	Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Conditional		Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable
1749 1750	COT043	CHECK-EFF-DATE	Not Applicable Not Applicable	NA NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable COT043-0002
1751 1752	COT043 COT043	CHECK-EFF-DATE CHECK-EFF-DATE	Not Applicable Not Applicable	NA NA	Could be the same as Remittance Date If there is a valid check number, there should also be a valid check date.	Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT043-0003 COT043-0004
1753	COT044	CLAIM-PYMT-REM-CODE-1	Emistion & Advice Remark Code are used to comere information about temistrate approximate or to be approximate of the second se		Value must be equal to a valid value.		10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT044-0001
1754	COT045	CLAIM-PYMT-REM-CODE-2	Interfactor Advice Remark Code are used to convey information about remarkance processing or to support the support of the su	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link - http://www.w		CLAIMOT	CLAIM-HEADER-RECORD-07-C0100002	COT045-0001
1755	COT046		Institutore Adults: Remark Codes are used to comere information about retributors processing or to source and adults: Remark Code are used to comere information about retributors processing or to source code starts informations advance memory code institutes a grade memory to comere recome presentance. Advance Remark Code List, it is a code set and or provide the host care in advance and source and advance Remark Code List, it is a code set and or provide the source and advance and ensure that the source of the source and advance and advance and ensure code and advance and advance and advance and advance restability and accountably and at 3546 (24, Coleman) reference to a set NPAA.	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following inde- http://www.w	10/10/2013	CLAIMOT	CLAIM-HEADER RECORD-OT-COT00002	COTO46-0001
1756	COT047	CLAIM-PYMT-REM-CODE-4	International Addres Restand Codes are used to convey Informational abust remittance a processing or to provide a supplemental application for an adjustment atracidy described the 20 km Adjustment Resource Code Lach Remittance Advise Remark Code Identifies a procefic message as shown in the national information code of a supplementation of the adjustmental adjustmental adjustmental an external code set whore use is as manufated by the Administrative Simplification previous of the head to have use in a summatised by the Administrative Simplification previous of the head have the Code and the Adjustment adjustmental adjustment of head head have 1019AL.	Conditional	Value must be equal to a valid value.	Use the Bemiltance Addre Bemark Codes at the following ink http://www.w	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT047-0001
1757 1758	COT048 COT048	TOT-BILLED-AMT TOT-BILLED-AMT	The total amount billed for this claim at the claim header level as submitted by the provider. Not Applicable	Conditional NA	This data element must include a valid dollar amount. The total amount should be the sum of each of the billed amounts submitted at the claim detail	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT048-0001 COT048-0002
1759 1760	COT048	TOT-BILLED-AMT	Not Applicable	NA	level. If TYPE-OF-CLAIM = "4". then TOT-BILLED-AMT must = "000000000".	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT048-0003
	COT048	TOT-BILLED-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the provider billed the managed care plan.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT048-0004
1761	COT049	TOT-ALLOWED-AMT	The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT049-0001
1762 1763	COT049 COT050	TOT-ALLOWED-AMT TOT-MEDICAID-PAID-AMT	Not Applicable The total amount paid by Medicaid or the managed care plan on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid or the managed care plan at the	NA Required	The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT If TYPE-OF-CLAIM = 1 or A (fee-for-service claim) this field should be populated with the amount the bit is a directional associated by the service of	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT049-0002 COT050-0001
			header level, which is the sum of the amounts paid by Medicaid or the managed care plan at the detail level for the claim.		that the Medicaid agency paid to the provider.					

	1						LAST UPDATE			
New Row #	DE NO	DATA ELEMENT NAME	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT	VALID VALUES	DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO C01050-0002
	001050	TOT-MEDICAID-PAID-AMT			ff TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.					
1765	COT051	TOT-COPAY-AMT	The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP. The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT051-0001
1766	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT052-0001
1767	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT				Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable
1/6/	01052	TOT-MEDICAKE-DEDUCTIBLE-AMT	Not Applicable	NA	If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount, code MEDICARE-COMB- DED-IND with = 1°, and code space in TOT-MEDICARE-CONS-ANT.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable
					DED-IND with a "1", and code space in TOT-MEDICARE-COINS-AMT.					
1768	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	The total Medicare deductible amount must be less than or equal the total billed amount. This data element must include a valid dollar amount.	Not Applicable Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT052-0002
1769	COT053	TOT-MEDICARE-COINS-AMT	Not Applicable The amount paid by Medicaid/CHIP, on this claim, toward the recipient's Medicare coinsurance at the claim detail level.	Conditional		Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT053-0001
1770	COT053	TOT-MEDICARE-COINS-AMT	Not Applicable	NA	Value must be less than TOT-BILLED-AMT. If the Medicare deductible amount can be identified separately from Medicare consurance apprents: code that amount in this file. If the Medicare consurance and deductible payments cannot be separated. If It file field with the combined payment anount, code MEDICARE-COMB- BED-Hot With 3 ⁻¹ , and code space in TOT-MEDICARE-COMB-SMT.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT053-0003
	01055	IOT MEDICALE CONDICIONAL	not population.		payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount, code MEDICARE-COMB-	The opposition		CERTIFICI		001035 0005
					DED-IND with a "1", and code space in TOT-MEDICARE-COINS-AMT.					
1772	COT054	TOT-TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities,	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT054-0001
			or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.							
1773	COT054	TOT-TPL-AMT	Not Applicable	NA	The TOT-TPL-AMT should be =< TOT-BILLED-AMT - (minus) (TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT).	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT054-0002
1774	COTOF (TOT OTHER BELIEVES AND	The approximation of the second state of the	n.	TOT-MEDICARE-DEDUCTIBLE-AMT). This data element must include a valid dollar amount	Not Applicable	44 (3/3045	CLARACT.	CLAIM-HEADER-RECORD-OT-COTO0002	COTOF (0001
1775	COT057	OTHER-INSURANCE-IND	The mount paid by incurance other than Medicare or Medicare of this calin. The field denotes whether the insured party is covered under an other insurance plan other than Medicare or Medicaid.	Conditional	Value must be equal to a valid value.	No Appreside 0 No 1 Yes	8/7/2017	CLAIMOT	CLAIM-READER-RECORD-OT-COT00002	COT057-0001
1776	COT058	OTHER-TPL-COLLECTION	Instance or incuration. This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional	Value must be equal to a valid value.	001 Third Party Resource is Casualty/Tort	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT058-0001
			prevelopment and collection activities are in progress, when the liability is not another nearth insurance plan for which the eligible is a beneficiary.			001 Third Party Resource is Casuality/Tort 002 Third Party Resource is Let State 003 Third Party Resource is Lien (TEFA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Modical Majaractice 007 Third Party Resource is Compensation				
						005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice				
1777	COT059	SERVICE-TRACKING-TYPE	A code to categorize service tracking claims. A "service tracking claim" is used to report lump sum payments that cannot be attributed to a single enrolice. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Conditional	Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT059-0001
			services provided under a capitated payment arrangement.)			02 DSH Payment 03 Lump Sum Payment				
						00 force periods indexing claim 20 Disk provincent 20 Disk provincent 20 Disk provincent 20 Cast Settlement 20 Cast Settlement 20 Supplemental 30 Other				
						06 Other				
1778			Not Applicable	NA	for TARK Colderer Descents SNR Colderer Det Desite (o Descel)	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT059-0002
1779	COT059	SERVICE-TRACKING-TYPE	Not Anolizable	n.	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium payments in the T-MSIS OT File". This field is required if TYPE/OF-CLAIM equals a service tracking claim (Valid values for service	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable
1//7	COT059	SERVICE-TRACKING-TYPE		conditional	tracking claims include 4. D. X)		6/7/2017	CDAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable
1780 1781 1782	COT060 COT060	SERVICE-TRACKING-PAYMENT-AMT SERVICE-TRACKING-PAYMENT-AMT	Not Applicable On service tracking claims, the lump sum amount paid to the provider. Not Applicable	NA Conditional	Required on service tracking records, TYPE-DF-CLAIM equals 4, D, X) This data element must include a valid dollar amount.	Not Applicable Not Applicable Not Applicable	8/7/2017 11/3/2015	CLAIMOT CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT060-0002 COT060-0001
1782	COT060	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	This data element must include a valid dollar amount. Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT060-0003
1783	COT060	SERVICE-TRACKING-PAYMENT-AMT	Not Apolicable	NA	Screening for EPSUI For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT060-0004
1784	01060	SEDVICE-TRACKING-DAVMENT-AMT	Not Apolicable	NA	payment amount in SERVICE-TRACKING-PAYMENT-AMT only. If there is a service tracking type, then there must also be a service tracking payment amount.	Not Applicable	4/30/3013	CLAIMOT	CLAIM-JEADER-RECORD-OT-COTO0002	001060-0005
1785	001000	SERVICE-TRACKING-PAYMENT-AMT	Not Anolicable		If SERVICE-TRACKING-TYPE ↔ "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE↔	Not Applicable	4/30/2013	CLAIMOT		COT060-0006
1/63	01080	SERVICE TRACKING PATMENT AMT	Not Appricable	n	000000000000		4/30/2013	CDAIMOT	CDAIM-HEADER-RECORD-OT-COTOGO02	01080-0008
1786	COT061	FIXED-PAYMENT-IND	This code indicates that the reimbursement amount included on the claim is for a fixed payment.	Conditional	Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT061-0001
			Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) orgarms where the state pays providers a monthly patient management fee of \$3.50 for each eligible participant under their care. This fee is considered a fixed payment.							
			participant under their care. This fee is considered a fixed payment.							
			It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined "medical record" associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.							
			medical record request and medical record review.							
1787	COT062	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required	Value must be equal to a valid value.	A Medicaid Agency	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT062-0001
						B CHIP Agency C Mental Health Service Agency				
						L Mental Health Service Agency Defacation Agency F Coanty F Coanty G City H Providers I Other				
						G City H Providers				
						I Other				
1788	COT063	FUNDING-SOURCE-NONFEDERAL-	A code to indicate the type of non-federal share used by the state to finance its expenditure to the	Required	Value must be equal to a valid value.	01 State appropriations to the Medicaid agency	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT063-0001
		SHARE	provider.		When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, States are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.	U3 state appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations				
					are paraon which represents the largest proportion as the PONDING-SOURCE-NONPEDERAC SHARE.	05 Denations 06 State appropriations to the CHIP agency				
1700	0010/4	MEDICARE-COMB-DED-IND	Fords Indian New Mark New York and don't ford and (F100 an Advantation Factor of the second state of the Mark S		Value must be equal to a valid value.		8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COTO0002	001064-0001
1/07	01084	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicald/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Conditional	vanie most be equal to a vanio value.	D Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount	6/7/2017	CDAIMOT	CDAIM-READER-RECORD-OT-COTOGOD2	001084-0001
1790	COT064	MEDICARE-COMB-DED-IND	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT064-0003
1791	COT065	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required	amount on the claim, if the eligible individual is not a dual eligible. Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT065-0001
1792	COT065	PROGRAM-TYPE	for information on the various program types. Not Applicable	NA	Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT065-0002
1793	COT065	PROGRAM-TYPE	Not Applicable	NA	BDOCDAM.TVDE=Community First Choice (11) then [T-MSK ELICIDI E BLE] STATE-REAM-OBTION.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT065-0003
1794	01065	PROCRAM-TYPE	Not Applicable	NA	I PROMANTIE - Of for the same time period I PROGRAM-TYPE-1915(0) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 27 for the same time period	Not Anglichia	4/30/2012	CLAIMOT	CLAIM-UFADED.BECORD.OT.COTOCOL	001065-0004
1794	01083	PROGRAM-TYPE PLAN-ID-NUMBER		Constitution in the	If PROGRAM-TYPE=1915(I) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 02 for the same time period. The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013	CLAIMOT	CARACTERISTICS DECORD OF CONDUCT	COT065-0004 COT066-0001
	LU 1066		A unique number, assigned by the state, which represents the health plan under which the non-fee- for-service encounter was provided including through the state plan and a waiver.	conditional					LDAIM-READER-RECURD-01-C0T00002	
1796 1797	COT066 COT066	PLAN-ID-NUMBER PLAN-ID-NUMBER	Not Applicable Not Applicable	NA NA	Use the number as it is carried in the state's system. If TYPE-OF-CLAIM↔3, C, W (Encounter Record) and TYPE-OF-SERVICE<>119, 120, 121, 122 (Capitation payments), leave blank or space-fill	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT066-0002 COT066-0003
1798	COT066	PLAN-ID-NUMBER	Not Applicable	NA		Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT066-0005
					The BILLING-PROV-NUM must equal this data element if the TYPE-OF-SERVICE=119, 122. See CMS Guidance Document, "CMS Guidance: Preliminary guidance for Primary Care Case					
1799	0010//	DI ANLID AN IMPED	Nak Annilashin		Management Reporting	Net Applie ble	8/7/3017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT066-0006
1799	001066	PD4N-ID-NUMBER	inor oppirative		The managed care ID on the individual's eligible record must match that which is included on any claims records (TYPE-OF-CLAIM= 3, C, W) for the eligible individual.	Not Applicable	5,7,2027	CLORINGI		
	COT066	PLAN-ID-NUMBER	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed-Care-Plan-ID is the Elicible Elic"	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT066-0007
1801 1802	COT066 COT067	PLAN-ID-NUMBER NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity)	NA NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable Not Applicable	B/7/2017 11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT066-0008 COT067-0001
								1		
1803	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	Implementation of 45 CFR 162 Subpart E regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT067-0002
1804	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT067-0003
1805	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT067-0004
1007	0010/0	PAYMENT-LEVEL-IND	The field downlaw scholar the data assessed to made at the bands to de land of the State	Denvired	TPL subject area. Value must be equal to a valid value.	A Chine Mandra, Com el las lines en mente	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT068-0001
000	-01068	PATMENI-LEVEL-IND	The new venues whether the daim payment is made at the header level or the detail level.	required	valor must be equal to a valid value.	1 Claim Header – Sum of Line Item payments 2 Claim Detail – Individual Line Item payments	o///201/	CLAIMUT	LDAIM-HEADER-RECORD-OI-COT00002	001068-0001
1807	COT068	PAYMENT-LEVEL-IND	Not Applicable	NA	Payment fields at either the claim header or line on encounter records should be left blank	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT068-0002

v Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	c
	COT069	MEDICARE-REIM-TYPE	This code indicates the type of Medicare Reimbursement.	Conditional	Value must be equal to a valid value.	13 BHP - Acute Inputtion PP 20 LTCPVPS - Longtenn Care Hospital PPS 02 SHPPS - Skilled Nucling Facility PPS 05 IHPPS - Inputent Realth PPS 06 IHPPS - Inputent Realth IPS 06 IHPPS - Inputent Realth IPS 07 IHPS - Inputent Realth IPS 07 IHP	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT069-
						04 HHPPS - Home Health PPS 05 IRFPPS - Inpatient Rehabilitation Facility PPS				
						06 (PFPPS - Inpatient Psychiatric Facility PPS 07 OPPS - Outpatient PPS 08 Fee Schedules (for physicians DME ambulance and clinical lab)				
						08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model				
	COT069	MEDICARE-REIM-TYPE	Not Applicable	NA	If this is a crossover Medicare claim (CROSSOVER-IND= 1), the claim must have a MEDICARE-REIM- TYPE.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT069
	COT070 COT070	CLAIM-LINE-COUNT CLAIM-LINE-COUNT	The total number of lines on the claim. Not Applicable	Required	Must be populated on every record If the number of claim lines is above the state-approved limit, the record will be split and the SPUT-	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTO70 COTO70
	CO1070	CLAIM-LINE-COUNT	Not Applicable	NA	If the number of claim lines is above the state-approved limit, the record will be split and the SPLIT- CLAIM-IND will equal 1. The claim line count should equal the sum of the claim lines for this record.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	0107
	COT072	FORCED-CLAIM-IND	This code indicates if the claim was processed by forcing it through a manual override process.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT07
	COT073	HEALTH-CARE-ACQUIRED-CONDITION- IND	This code indicates whether the individual included on the claim has a Health Care Acquired Condition.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT07
	COT073	HEALTH-CARE-ACQUIRED-CONDITION- IND	Not Applicable	NA	For additional coding information refer to the following site :	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT07
					https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Index.html? redirect=/hospitalacqcond/05_Coding.asp#TopOfPage					
	COT074	OCCURRENCE-CODE-01	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guldance/Guldance/Transmittals/down	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
			These fields can be used for either occurrences or occurrence spans.							
	COT074 COT074	OCCURRENCE-CODE-01 OCCURRENCE-CODE-01	Not Applicable	NA NA	Required if reported on the claim. All UNISED occurrence code fields should be left black (i.e. submitted as "nine nine" with nothing.	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT07 COT07
_	COT075		A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on PLF files). Value must be could to a valid value.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/dow	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT07
	01075	OCCURRENCE-CODE-02	These fields can be used for either occurrences or occurrence spans. Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT07
	COT075	OCCURRENCE-CODE-02	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on PLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT076	OCCURRENCE-CODE-03	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/dow	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT07
			These fields can be used for either occurrences or occurrence spans.							
	COT076 COT076	OCCURRENCE-CODE-03 OCCURRENCE-CODE-03	Not Applicable Not Applicable	NA NA	Required if reported on the claim. All UNUSED occurrence code fields should be left blank (i.e., submitted as "oloe ploe" with nothing.	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT07 COT07
	CO1078			Conditional	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on PLF files). Value must be equal to a valid value.	http://www.cms.cov/Resulations-and-Faildance/Guidance/Transmittair/down	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT07
			A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)				1			
	01077	OCCURRENCE-CODE-04	These fields can be used for either occurrences or occurrence spans. Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT077	OCCURRENCE-CODE-04	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT078	OCCURRENCE-CODE-05	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/dow	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
			These fields can be used for either occurrences or occurrence spans.							
	COT078	OCCURRENCE-CODE-05 OCCURRENCE-CODE-05	Not Applicable	NA NA	Required if reported on the claim. All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing, in between (i) on PSV files and space-filed on RJF files).	Not Applicable	2/25/2013 9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT07 COT07
_	COT079		A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	In between () on PSV files and space-filled on FLF files). Value must be equal to a valid value.	http://www.cms.gov/Repulations-and-Guidance/Guidance/Transmittals/dow	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT07
	COT079	OCCURRENCE-CODE-06	These fields can be used for either occurrences or occurrence spans.	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT079		Not Applicable Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT080	OCCURRENCE-CODE-07	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/dow	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTOS
			These fields can be used for either occurrences or occurrence spans.							
	COT080 COT080	OCCURRENCE-CODE-07 OCCURRENCE-CODE-07	Not Applicable Not Applicable	NA NA	Required if reported on the claim. All UNINFED occurrence code fields should be left black (i.e. submitted as "nine nine" with nothing.	Not Applicable	2/25/2013 9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT081		A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the U804.)	Conditional	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([]) on PSV files and space-filled on FLF files). Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/dow	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTOR
			31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.							
	COT081	OCCURRENCE-CODE-08	Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTOR
	COT081	OCCURRENCE-CODE-08	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on PLF files).	Not Applicable	9/23/2015		CLAIM-HEADER-RECORD-OT-COT00002	COTOS
	COT082	OCCURRENCE-CODE-09	A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/dow	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTOS
			These fields can be used for either occurrences or occurrence spans.							
	COT082 COT082	OCCURRENCE-CODE-09 OCCURRENCE-CODE-09	Not Applicable Not Applicable	NA NA	Required if reported on the claim. All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (i) on PSV files and space-filled on RJF files).	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTOS
	COT083		A code to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.)	Conditional	in between () on PSV files and space-filled on FLF files). Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/dow	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTOS
			31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UBD4.) These fields can be used for either occurrences or occurrence spans.]			
	COT083	OCCURRENCE-CODE-10	Inese neus can be used for either occurrences or occurrence spans. Not Applicable	NA	Required if reported on the claim.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTOS
	COT083	OCCURRENCE-CODE-10	Not Applicable	NA	All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTOS
	COT084 COT084	OCCURRENCE-CODE-EFF-DATE-01	The start date of the corresponding occurrence code or occurrence span codes. The start date of the corresponding occurrence code or occurrence span codes.	Conditional Conditional	Value must be numeric. Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	Not Ap COTOR
	COT084	OCCURRENCE-CODE-EFF-DATE-01 OCCURRENCE-CODE-EFF-DATE-01	Not Applicable	NA	Value must be a valid date.	Not Applicable Not Applicable Not Applicable	8/7/2017 2/25/2013		CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTOS
	COTO84	OCCURRENCE-CODE-EFF-DATE-01	Not Applicable	NA NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value Value must be less than or eval to the corresponding OCCURRENCE-CODE-END-DATE field	Not Applicable	2/25/2013 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COTO84	OCCURRENCE-CODE-EFF-DATE-01 OCCURRENCE-CODE-EFF-DATE-01		NA	Value must be less than or equal to the corresponding OCCURRINCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (Le., submitted as "pipe pipe with nothing in between () on PSV files and space-filed on FLF files).	Not Applicable Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT085 COT085	OCCURRENCE-CODE-EFF-DATE-02 OCCURRENCE-CODE-EFF-DATE-02	The start date of the corresponding occurrence code or occurrence span codes.	Conditional Conditional	Value must be numeric. Date format is CCVMMIDD (National Data Standard)	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	Not A
	COT085	OCCURRENCE-CODE-EFF-DATE-02 OCCURRENCE-CODE-EFF-DATE-02	Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT085 COT085	OCCURRENCE-CODE-EFF-DATE-02 OCCURRENCE-CODE-EFF-DATE-02	Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNIXED courrence code effective date fields should be left blank (i.e., submitted as "pipe pipe	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT085	OCCURRENCE-CODE-EFF-DATE-02	Not Applicable	NA	All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between () on PSV files and space-filed on FLF files).	*Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT086 COT086	OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03	The start date of the corresponding occurrence code or occurrence span codes. The start date of the corresponding occurrence code or occurrence span codes.	Conditional Conditional	Value must be numeric. Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	Not A
	COT086	OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03	Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT086 COT086	OCCURRENCE-CODE-EFF-DATE-03 OCCURRENCE-CODE-EFF-DATE-03	Not Applicable Not Applicable	NA NA	(also must correspond to the OCCLIPRENCE-CODE value	Not Applicable	2/25/2013 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COTO86	OCCURRENCE-CODE-EFF-DATE-03	Not Applicable	NA	value muse for Laplane or the OLECANDER FOR ECONOMING OCCURRENCE-CODE-END-DATE field Value muse bies than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNISED occurrence code effective date fields should be left blank (Le., submitted as "pipe pipe with nothing in between (1) on PSV files and space-filed on FLB files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT087 COT087		The start date of the corresponding occurrence code or occurrence span codes. The start date of the corresponding occurrence code or occurrence span codes.	Conditional Conditional	Value must be numeric. Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	Not A COTO
	COT087	OCCURRENCE-CODE-EFF-DATE-04	Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTOR
	COT087 COT087	OCCURRENCE-CODE-EFF-DATE-04 OCCURRENCE-CODE-EFF-DATE-04 OCCURRENCE-CODE-EFF-DATE-04	Not Applicable	NA NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTOR
	COT087	OCCURRENCE-CODE-EFF-DATE-04	Not Applicable	NA	Value must be less that of equal to the corresponding Occonverse-Observersburg elect All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe with nothing in between (1)) on PSV files and space-filled on FLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTO
	COT088	OCCURRENCE-CODE-EFF-DATE-05	The start date of the corresponding occurrence code or occurrence span codes. The start date of the corresponding occurrence code or occurrence span codes.	Conditional Conditional	Value must be numeric. Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	Not A
	COT088 COT088	OCCURRENCE-CODE-EFF-DATE-05 OCCURRENCE-CODE-EFF-DATE-05 OCCURRENCE-CODE-EFF-DATE-05		NA	Date month is CCT PHYSICD (Particular Data Standard). Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	2/25/2013 8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COTOR
	COT088 COT088 COT088	OCCURRENCE-CODE-EFF-DATE-05 OCCURRENCE-CODE-EFF-DATE-05 OCCURRENCE-CODE-EFF-DATE-05	Not Applicable	NA	Nedured when the corresponding UCLUMENLE-LCUBE held is populated Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe	Not Applicable Not Applicable Not Applicable	2/25/2013 2/25/2013 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-01-C0100002 CLAIM-HEADER-RECORD-07-C0100002 CLAIM-HEADER-RECORD-07-C0100002	COTOR
	COTOBB	OCCURRENCE-CODE-EFF-DATE-05	Not Applicable	NA		Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COTOS
	COT089	OCCURRENCE-CODE-EFF-DATE-06	The start date of the corresponding occurrence code or occurrence span codes. The start date of the corresponding occurrence code or occurrence span codes.	Conditional	Value must be numeric. Date format is CCYYMIDD (National Data Standard).	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Ap
			The start date of the corresponding occurrence code or occurrence span codes. Not Applicable	and the second fail	Value must be a valid date.	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-01-C0100002 CLAIM-HEADER-RECORD-0T-C0100002	COTOR

Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CRM
0	COT089 COT089 COT089	OCCURRENCE-CODE-EFF-DATE-06 OCCURRENCE-CODE-EFF-DATE-06 OCCURRENCE-CODE-EFF-DATE-06	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNIXEE Docurrence code effective date fields should be left blank (i.e., submitted as 'pipe pipe'	Not Applicable Not Applicable * Not Applicable	2/25/2013 2/25/2013 9/23/2015	CLAIMOT CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT089-000 COT089-000 COT089-000
[01087			Conditional	with nothing in between () on PSV files and space-filed on FLF files).	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-OT-COT00002	Not Applical
	COT090 COT090	OCCURRENCE-CODE-EFF-DATE-07	The start date of the corresponding occurrence code or occurrence span codes. The start date of the corresponding occurrence code or occurrence span codes. Not Applicable	Conditional	Date format is CCYYMMDD (National Data Standard). Value must be a valid date.	Not Applicable Not Applicable		CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT090-000 COT090-000
c	COT090 COT090	OCCURRENCE-CODE-EFF-DATE-07 OCCURRENCE-CODE-EFF-DATE-07	Not Applicable Not Applicable	NA NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT090-000 COT090-000
	COT090 COT090	OCCURRENCE-CODE-EFF-DATE-07 OCCURRENCE-CODE-EFF-DATE-07	Not Applicable Not Applicable	NA	Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ([1]) on PSV files and space-filed on FLF files).	Not Applicable Not Applicable	2/25/2013 9/23/2015	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT090-000 COT090-000
	COT091		The start date of the corresponding occurrence code or occurrence span codes.	Conditional	with nothing in between () on PSV files and space-filed on FLF files). Value must be numeric. Date formati E CCYMMDD (National Data Standard).	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applica
	COT091 COT091	OCCURRENCE-CODE-EFF-DATE-08	The start date of the corresponding occurrence code or occurrence span codes. Not Applicable	Conditional	Value must be a valid date.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT091-000 COT091-000
	COT091 COT091	OCCURRENCE-CODE-EFF-DATE-08 OCCURRENCE-CODE-EFF-DATE-08	Not Applicable Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT091-000 COT091-000
	COT091 COT091	OCCURRENCE-CODE-EFF-DATE-08 OCCURRENCE-CODE-EFF-DATE-08	Not Applicable	NA	Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (11) on PSV files and space-filed on FLF files).	Not Applicable * Not Applicable	2/25/2013 9/23/2015	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT091-000 COT091-000
	COT092 COT092	OCCURRENCE-CODE-EFF-DATE-09 OCCURRENCE-CODE-EFF-DATE-09	The start date of the corresponding occurrence code or occurrence span codes. The start date of the corresponding occurrence code or occurrence span codes.	Conditional	Value must be numeric. Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	Not Applical COT092-000
	COT092 COT092	OCCURRENCE-CODE-EFF-DATE-09 OCCURRENCE-CODE-EFF-DATE-09	Not Applicable	NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT092-000 COT092-000
_	COT092 COT092	OCCURRENCE-CODE-EFF-DATE-09 OCCURRENCE-CODE-EFF-DATE-09	Not Applicable Not Applicable	NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNXSED courrence code effective date fields should be left blank (i.e., submitted as 'pipe pipe'	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT092-000 COT092-000
C	COT092	OCCURRENCE-CODE-EFF-DATE-09	Not Applicable	NA	with nothing in between (11) on PSV files and space-filed on FLF files).	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT092-000
c	COT093 COT093	OCCURRENCE-CODE-EFF-DATE-10	The start date of the corresponding occurrence code or occurrence span codes. The start date of the corresponding occurrence code or occurrence span codes.	Conditional Conditional	Value must be numeric. Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	Not Applical COT093-000
	COT093 COT093	OCCURRENCE-CODE-EFF-DATE-10 OCCURRENCE-CODE-EFF-DATE-10	Not Applicable Not Applicable	NA NA	Value must be a valid date. Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable Not Applicable		CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT093-000 COT093-000
	COT093 COT093	OCCURRENCE-CODE-EFF-DATE-10 OCCURRENCE-CODE-EFF-DATE-10 OCCURRENCE-CODE-EFF-DATE-10	Not Applicable	NA	Value must correspond to the OCCURRENCE-CODE value Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field All UNIXED Courrence code effective date fields valud be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filed on FLF files).	Not Applicable Not Applicable		CLAIMOT CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT093-000 COT093-000
C	COT093	OCCURRENCE-CODE-EFF-DATE-10 OCCURRENCE-CODE-END-DATE-01	Not Applicable	NA	All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on FLF files). Date format is CCYMMIDD (National Data Standard).	Not Applicable	9/23/2015 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT093-000
	01094	OCCURRENCE-CODE-END-DATE-01	The last date that the corresponding occurrence code or occurrence span code was applicable.	Londitional	View must be a valid date.	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-OT-COT00002	COT094-000
	COT094	OCCURRENCE-CODE-END-DATE-01	Not Applicable	NA	The occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and DCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT094-000
	COT094 COT094	OCCURRENCE-CODE-END-DATE-01 OCCURRENCE-CODE-END-DATE-01	Not Applicable Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT094-000 COT094-000
	COT094	OCCURRENCE-CODE-END-DATE-01	Not Applicable	NA	Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT094-000
	COT095 COT095	OCCURRENCE-CODE-END-DATE-02 DCCURRENCE-CODE-END-DATE-02	A model of health care delivery organized to provide a defined set of services. The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional Conditional	Value must correspond to the OCCURRENCE-CODE value Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017 2/25/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT095-000 COT095-000
	COT095	OCCURRENCE-CODE-END-DATE-02		NA	Value must be a valid date	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT095-00
C	COT095	OCCURRENCE-CODE-END-DATE-02	Not Applicable	NA	If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT095-00
	COT095	OCCURRENCE-CODE-END-DATE-02	Not Applicable	NA	Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-OT-COT00002	COT095-00
c	COT096	OCCURRENCE-CODE-END-DATE-03	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMIDD (National Data Standard).	Not Applicable	2/25/2013		CLAIM-HEADER-RECORD-OT-COT00002	COT096-00
	COT096 COT096	OCCURRENCE-CODE-END-DATE-03 OCCURRENCE-CODE-END-DATE-03	Not Applicable Not Applicable	NA	Value must be a valid date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT096-00 COT096-00
	COT096	OCCURRENCE-CODE-END-DATE-03 OCCURRENCE-CODE-END-DATE-03		NA	Required when the corresponding occurrence-code field is populated Value must correspond to the OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT096-00 COT096-00
	COT096	OCCURRENCE-CODE-END-DATE-03 OCCURRENCE-CODE-END-DATE-03	Not Applicable Not Applicable	NA	Value must correspond to the OLCUNKENCE-CUDE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-01-C0100002 CLAIM-HEADER-RECORD-07-C0100002	COT096-00
	COT097	OCCURRENCE-CODE-END-DATE-04	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT097-00
	COT097 COT097	OCCURRENCE-CODE-END-DATE-04 OCCURRENCE-CODE-END-DATE-04	Not Applicable Not Applicable	NA	Value must be a valid date # the occurrence date room is a righted by then populate the OCCURRENCE-CODE-EEE-DATE and	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT097-00 COT097-00
	01097	OCCURRENCE-CODE-END-DATE-04		NA	value links use 4 value to dure to a single day, then populate the OCCURRENCE-CODE-EFF-DATE and DCCURRENCE-CODE-END-DATE fields with the same date Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT097-0
	COT097 COT097	OCCURRENCE-CODE-END-DATE-04 OCCURRENCE-CODE-END-DATE-04	Not Applicable Not Applicable	NA	Value must orrespond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT097-0 COT097-0
	COT098	OCCURRENCE-CODE-END-DATE-05	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT098-00
	COT098	OCCURRENCE-CODE-END-DATE-05		NA	Notice would be a could date	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT098-0
c	COT098	OCCURRENCE-CODE-END-DATE-05	Not Applicable	NA	If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT098-00
	COT098 COT098	OCCURRENCE-CODE-END-DATE-05 OCCURRENCE-CODE-END-DATE-05	Not Applicable Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE value	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT098-0 COT098-0
C	COT098	OCCURRENCE-CODE-END-DATE-05	Not Applicable	NA	Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT098-0
C	COT099	OCCURRENCE-CODE-END-DATE-06	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT099-0
0	COT099 COT099	OCCURRENCE-CODE-END-DATE-06 OCCURRENCE-CODE-END-DATE-06	Not Applicable Not Applicable	NA NA	Value must be a valid date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT099-0 COT099-0
c	COT099	OCCURRENCE-CODE-END-DATE-06	Not Applicable	NA	Required when the corresponding OCCURRENCE-CODE field is populated	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT099-0
c C	COT099 COT099	OCCURRENCE-CODE-END-DATE-06 OCCURRENCE-CODE-END-DATE-06	Not Applicable Not Applicable	NA	Value must correspond to the OCCURRENCE-CODE value Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT099-0
c	COT100	OCCURRENCE-CODE-END-DATE-07				Not Applicable			CLAIM-HEADER-RECORD-01-C0100002	COT099-0
	COT100 COT100		The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-01-C0100002	
C		OCCURRENCE-CODE-END-DATE-07		Conditional	Value must be a valid date		2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT100-0
		OCCURRENCE-CODE-END-DATE-07	Not Applicable Not Applicable	Conditional NA NA	Value must be a valid date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	2/25/2013 2/25/2013 2/25/2013	CLAIMOT CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-0T-COT00002 CLAIM-HEADER-RECORD-0T-COT00002 CLAIM-HEADER-RECORD-0T-COT00002	COT100-0 COT100-0 COT100-0
	COT100 COT100	OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07	Not Applicable Not Applicable	Conditional NA NA NA NA	Value must be a valid date If the occurrence date span is a single day, then populate the OCCURRENCE-CODE+EFF-DATE and OCCURRENCE-CODE ND-DATE fields with the same date Required when the corresponding OCCURRENCE-CODE field is populated Value must correspond to the OCCURRENCE-CODE fields	Not Applicable	2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	CARM-HEADER RECORD-OT COT00002 CARM-HEADER RECORD-OT COT00002 CARM-HEADER RECORD-OT COT00002 CARM-HEADER RECORD-OT COT00002 CARM-HEADER RECORD-OT COT00002 CARM-HEADER RECORD-OT COT00002	COT100-C COT100-C COT100-C COT100-C COT100-C
c	COT100 COT100 COT100	OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07	Not Applicatio Not Applicatio Not Applicatio Not Applicatio Not Applicatio	Conditional NA NA NA NA NA	Value must be a valid data value must be a valid data the second secon	NA Applicable Na Applicable Na Applicable Na Applicable Na Applicable Na Applicable	2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	CAM-HEADER-RECORD-OT-COT00002 CAM-HEADER-RECORD-OT-COT00002 CAM-HEADER-RECORD-OT-COT00002 CAM-HEADER-RECORD-OT-COT00002 CAM-HEADER-RECORD-OT-COT00002 CAM-HEADER-RECORD-OT-COT00002	COT1004 COT1004 COT1004 COT1004 COT1004 COT1004
C	COT100 COT100	OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-08	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Ball date that the corresponding occurrence code to occurrence span code was applicable.	NA NA NA NA	Value must be a valid date Value must be a valid date VALUE VALUE VALU	Ne Applicable Ne Applicable Ne Applicable Ne Applicable Ne Applicable Ne Applicable Ne Applicable	2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM HEADER RECORD OF COTOXO2 LAM HEADER RECORD OF COTOXO2	COT1004 COT1004 COT1004 COT1004 COT1004 COT1004 COT1004
C	COT100 COT100 COT100 COT101	OCCURRENCE CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-08 OCCURRENCE-CODE-END-DATE-08	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable The Lard date that The corresponding occurrence code or occurrence span code was applicable. Net Applicable Net Applicable Net Applicable	NA NA NA NA	Value must be a valid date Value must be a valid date VALUE VALUE VALU	NA Applicable Na Applicable Na Applicable Na Applicable Na Applicable Na Applicable	2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	CAM-HEADER-RECORD-OT-COT00002 CAM-HEADER-RECORD-OT-COT00002 CAM-HEADER-RECORD-OT-COT00002 CAM-HEADER-RECORD-OT-COT00002 CAM-HEADER-RECORD-OT-COT00002 CAM-HEADER-RECORD-OT-COT00002	COT1004 COT1004 COT1004 COT1004 COT1004 COT1004 COT1014 COT1014
	COT100 COT100 COT100 COT101 COT101	OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-07 OCCURRENCE-CODE-END-DATE-08 OCCURRENCE-CODE-END-DATE-08 OCCURRENCE-CODE-END-DATE-08	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable The Lat date that The corresponding occurrence code or occurrence span code was applicable. If a Applicable Net Applicable	NA NA NA NA	Value must be a valid data. We have been approximately a value of the second s	NA Agaicabe Na Agaicabe	2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM-HEADER HECHEN OF COTOROGO LAM-HEADER HECHEN OF COTOROgO	COT100- COT100- COT100- COT100- COT100- COT101- COT101- COT101- COT101-
	COT100 COT100 COT100 COT101 COT101 COT101 COT101 COT101 COT101 COT101	COURRENCE CODE END DATE OF OCCURRENCE CODE END DATE OF	Ne Applicable Ne Applicable Ne Applicable Ne Applicable The Last date that the corresponding occurrence code or accurrence span code was applicable. Ne Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable	NA NA NA NA	Value must be a raid data. Value must be a raid data. March 2004 CODE NHO DATE fields, then populate the OCCURRING-CODE HF DATE and Security of term for companying OCCURRING-CODE field is populated. Value must company of the OCCURRING-CODE field is populated. Value must be grant for an organ of the occurrence of the occurrence of the occurrence value must be grant for an organ of the occurrence of the occurrence of the occurrence Value must be grant for an organ of the occurrence of the occurrence of the occurrence Value must be called the occurrence of the occurrence occurrence of the occurrence occurrence occurrence occurrence occurrence occu	NA Agaizabe Na Agaizabe	225/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM-HAURE RECORD OF COTO0002 LAM-HAURE RECORD OF COTO0002	COT100- COT100- COT100- COT100- COT100- COT101- COT101- COT101- COT101- COT101- COT101-
	COT100 COT100 COT100 COT101 COT101 COT101 COT101	COURRENCE CODE END DATE OF COURRENCE CODE END DATE OF	Net Applicable Net Applicable	NA NA NA NA	Value must be a valid date Value must be a valid date Secure 2012 CODE 1410 DATE fields with the same date must be a valid date Value must be particular to the OCCURENCE CODE EFF DATE must value must be parties and an equal to the concurrence of the same date must be parties and the parties and equal to the concurrence of the same date with must be parties and an equal to the concurrence of the concurrence of the same date must be parties and the same date of the same date of the concurrence date same to a same date with must be parties and the same date with must be parties and the same date with must be parties and the same date with the concurrence date same to a same date with must be parties and the same date with the same date and the same date and the same date with must be parties and the same date and the same date with must be parties and the same date and the same date with the same date and the same date and the same date with the same date and the same date and the same date with the same date and the same date and the same date with the same date and the same date and the same date with the same date and the same date and the same date with the same date and the same date and the same date and the same date with the same date and the same date and the same da	NA Applicable Na	2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM-HAURE RECEND OF CONDOCO CAM-HAURE RECEND OF CONDOCO CAM-HAURER RECEND OF CONDOCO	COT100- COT100- COT100- COT100- COT100- COT101- COT101- COT101- COT101- COT101- COT101-
	COT100 COT100 COT100 COT101 COT101 COT101 COT101 COT101 COT101 COT101	COURRENCE CODE END DATE OF OCCURRENCE CODE END DATE OF	Net Applicable Net Applicable	NA NA NA NA	Value must be a valid data where must be a valid data March 2004 FMO ANT Refer to the populate the OCCURRENCE-CODE HF-DATE and March 2004 FMO ANT Refer to the OCCURRENCE CODE HF-DATE and Wale must compand to the OCCURRENCE CODE Value Value must compand to the OCCURRENCE CODE Value And must be paired to the occurrence of the State State State formal is COMMAND Hereinal Data Stateded; Value must be paired to the OCCURRENCE CODE HF-DATE Held Value must be paired to the OCCURRENCE CODE HF-DATE Held State formal is COMMAND Hereinal Data Stateded; Value must be paired at the OCCURRENCE CODE HF-DATE And Hereina Company and the OCCURRENCE CODE HEREINES Value must be paired at an equal to the OCCURRENCE CODE HF-DATE Held Value must company and to the OCCURRENCE CODE Hereina Data Hereina Company and the OPEN HEREINES CODE Value Value must company and the OPEN HEREINES CODE Value Value must company and the OPEN HEREINES CODE Value Value must company and the OPEN HEREINES CODE Value Value March COMMANDO Hereina Data Standard).	NA Agaizabe Na Agaizabe	225/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM-HAURE RECORD OF COTO0002 LAM-HAURE RECORD OF COTO0002	COTIO0 COTIO0 COTIO0 COTIO0 COTIO0 COTIO1 COTIO1 COTIO1 COTIO1 COTIO1 COTIO1 COTIO2 COTIO2 COTIO2
	COT100 COT100 COT100 COT101 COT101 COT101 COT101 COT101 COT101 COT101 COT102 COT102 COT102 COT102 COT102	CONSERVICEOR INDERATION CONSERVICEOR INDERATION	Net Applicable Net Ap	NA NA NA NA	Value must be a valid date Processor (2000) The second of	NA Applicable Na Applicable	2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013	LAIMOT LAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT	LAM-HEADRENECOLO OF COTIXXXX LAM-HEADRENECOLO OF COTIXXXX LAM-HEADRENECOLO OF COTIXXXX LAM-HEADRENECOLO OF COTIXXXXX LAM-HEADRENECOLO OF COTIXXXXXX LAM-HEADRENECOLO OF COTIXXXXXX LAM-HEADRENECOLO OF COTIXXXXXX LAM-HEADRENECOLO OF COTIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	COT100 COT100 COT100 COT100 COT100 COT101 COT101 COT101 COT101 COT101 COT101 COT102 COT102 COT102 COT102 COT102 COT102 COT102 COT102
	COTIO0 COTIO0 COTIO1 COTIO1 COTIO1 COTIO1 COTIO1 COTIO1 COTIO1 COTIO1 COTIO2 COTIO2	COMBINE CODE NOS DATO O COMBINE CODE NOS DATO O COMBINE CODE NOS DATE O	Net Applicable Net Ap	NA NA NA NA	Value must be a valid date Value must be a valid date Security of the security of the	NA Agaitzabe Na Agaitzabe	2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013 2/25/2013	LAIMOT LAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT CAIMOT	LAM-HAURE RECEND OF CONDOCO CAM-HAURE RECEND OF CONDOCO CAM-HAURER RECEND OF CONDOCO CAM-HAUR	COT100 COT100 COT100 COT100 COT100 COT101 COT101 COT101 COT101 COT101 COT101 COT102 COT102 COT102 COT102 COT102 COT102
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New Row # 1979	DE NO COT106	DATA ELEMENT NAME ELIGIBLE-FIRST-NAME	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	VALID VALUES	LAST UPDATE DATE 9/23/2015	FILENAME	FILE SEGMENT (with RECORD-ID) CLAIM-HEADER-RECORD-OT-COT00002	CR NO COT106-0002
1980	COT107	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT107-0001
1981	COT107	ELIGIBLE-MIDDLE-INIT	Not Applicable	NA	Leave blank if not available When nonulating the eligible nervon's name on T-MSIS Claim Files, use the national's name from the	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT107-0002
					When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.					
1982	COT108 COT108	DATE-OF-BIRTH	Date of birth of the individual to whom the services were provided.	Required	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT108-0001
1983 1984 1985	COT108 COT108 COT108	DATE-OF-BIRTH DATE-OF-BIRTH DATE-OF-BIRTH	Not Applicable Not Applicable Not Applicable	NA	value music be a value date The numeric form for days and months from 1 to 9 must have a zero as the first digit. A patient's age should not be greater than 112 years.	Not Applicable Not Applicable Not Applicable	4/30/2013 4/30/2013 4/30/2013	CLAIMOT	LIAIM-HEADER-RECORD-OT-COT00002 LIAIM-HEADER-RECORD-OT-COT00002 LIAIM-HEADER-RECORD-OT-COT00002 LIAIM-HEADER-RECORD-OT-COT00002	COT108-0002 COT108-0003 COT108-0005
1986	COT108	HEALTH-HOME-PROV-IND	Not appricable This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Conditional	Value must be equal to a valid value.	No Appreade 0 No 1 Yes	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT109-0001
1987	COT109	HEALTH-HOME-PROV-IND	Not Applicable	NA	E a state has not yet begun collecting this information, HEALTH-HOME-PROVIDER-IND, this field should be defaulted to the value "8."	Net Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT109-0002
1988	COT109	HEALTH-HOME-PROV-IND	Not Applicable	NA	If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate ves.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT109-0003
1989	COT109	HEALTH-HOME-PROV-IND	Not Applicable Not Applicable	NA	States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT109-0004
1990	COT109	HEALTH-HOME-PROV-IND	Not Applicable	NA	is not enrolled in the health home program. States that do not specify an eligible individual's health home provider number, if applicable, should	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT109-0005
					States that do not specify an eligible individual's health home provider number; if applicable, should not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.					
1991	COT110	WAIVER-TYPE	Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Conditional	Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT110-0001
1992 1993	COT110 COT110	WAIVER-TYPE WAIVER-TYPE	Not Applicable Not Applicable	NA NA	Value must correspond to associated WAVRER D An ineligible individual should not have a category for federal reimbursement for Medicaid or CHIP ICMS-64-CATEGORY+OR-REDERAL-REIMBURSEMENT <> 0.102)	Not Applicable Not Applicable	2/25/2013 10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT110-0002 COT110-0003
1994	COT111	WAIVER-ID	Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be	Conditional	(CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT <> 01,02) Not Applicable	Valid values are supplied by the state.	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable
			Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(3); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services							
			waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.							
1995	COT111	WAIVER-ID	Not Applicable	NA	Report the full federal walver identifier.	Not Applicable	11/9/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT111-0002
1996 1997	COT111 COT111	WAIVER-ID WAIVER-ID	Not Applicable Not Applicable A unique identification number assigned by the state to a provider or capitation plan. This should	NA NA	Teport use rain reasons waves indextunes. If the goods is services rendered do not fall under a waiver, leave this field blank. If there's a waiver type, there should be a corresponding waiver id. If value is invalid, record it exactly as it appears in the state system.	Not Applicable Not Applicable	11/9/2015 4/30/2013	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT111-0004 COT111-0005
1998	COT112	BILLING-PROV-NUM	represent the entity billing for the service.	Required		Valid values are supplied by the state.	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT112-0001
1999	COT112	BILLING-PROV-NUM	Not Applicable	NA	For encounter records (TVPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-AUMBER for reporting capitation plan-ID). Capitation PLAN- D-AUMBER Mould be used in this field only for capitation payments (TVPE-OF-SERVICE = 119, 120, D-AUMBER Mould be used in this field only for capitation payments (TVPE-OF-SERVICE = 119, 120, D-AUMBER MOULD BE AND A DE A	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT112-0002
					122).					
2000	COT112	BILLING-PROV-NUM	Not Applicable	NA	The value reported in BILLING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider file.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT112-0003
2001	COT112	BILLING-PROV-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium payments in the T-MSIS OT File".	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT112-0004
2002	COT112	BILLING-PROV-NUM		NA	The value reported in BILLING-PROV-NUM should match a value reported in the SUBMITTING- STATE-PROV-ID on the provider file.		8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	
2003 2004	COT112 COT113	BILLING-PROV-NUM BILLING-PROV-NPI-NUM	Not Applicable The National Provider ID (NPI) of the billing provider responsible for billing for the service on the	NA Conditional	Not Applicable NPI must be valid. If provider does not have an NPI, leave the field blank.	Not Applicable https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplificatio	8/7/2017 8/7/2017	CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT112-0006 COT113-0001
			Cauro. The biling provider can also be servicing, referring, or prescribing provider; can be admitting provider except for Long Term Care.							
	001113	BILLING-PROV-NPI-NUM	except for Long Term Care.		Valid characters include only numbers (0-9)		4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT113-0002
2005	COT113 COT113	BILLING-PROV-NPI-NUM BILLING-PROV-NPI-NUM	Not Applicable Not Applicable	NA NA	Valid characters include only numbers (0-9) for encounter records (TVPEO-FCLAIM = 3, C, W), the BLLING-PROV-NPI-NUM field should be populated with the NPI of the provider or entity billing (or reporting) to the managed care plan.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT113-0002 COT113-0003
					populated with the NH of the provider or entity billing (or reporting) to the managed care plan. For financial transactions (i.e., expenditure transactions or recoupments of previously made					
					For financial transactions (i.e., expenditure transactions or recouprnents of previously made expenditures that do not flow through the usual claim adjudication idigitations adjusted to the wide of the provide or entity to which the financial transactions was addresed, unless the transaction is a psymerity/recouprnent made-to/received/from a managed care plan, in which case the BILLING-ROV-PAIN should be the blank.					
					the NPT of the provide of entry to which the market and addressed, takes the transaction is a payment/recoupter made-to/received-from a managed care plan, in which case the BILLING-PROV-NPI-NUM should be left blank.					
					For financial transactions with managed care plans, the plan's ID should be reported in the PLAN-ID- NUMBER field and the BILLING-PROV-NPI-NUM should be left blank.					
					PERFECT INTERATION OF MELTING FIRST PROPERTIES AND ALL MARKED					
2007	COT113	BILLING-PROV-NPI-NUM	Not Applicable	NA	If legacy identifiers are available for providers, then report the legacy IDs in the Provider ID field and the NPI in this field. If only the legacy Provider ID is available, thenleave blank or space-fill the National Provider ID and enter the legacy IDs in the Provider ID fields.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT113-0004
2008 2009	COT113 COT114	BILLING-PROV-NPI-NUM BILLING-PROV-TAXONOMY	Not Applicable For CLAIMOT and CLAIMRX files, the taxonomy code for the provider billing for the service.	NA Conditional	Billing Provider must be enrolled Value must be in the set of valid values	Not Applicable http://www.wpc-edi.com/reference/ Not Applicable	4/30/2013 11/3/2015	CLAIMOT CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT113-0006 COT114-0001 COT114-0002
2010	COT114 COT114	BILLING-PROV-TAXONOMY BILLING-PROV-TAXONOMY	Not Applicable	NA	Value must be in the set of valid values Generally, the provider traonomy requires 10 bytes. However, two additional bytes have been provided for future expansion. Leave blank or space-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT114-0002
2011	COT114	BILLING-PROV-TAXONOMY		NA	121, 122)	Not Applicable See Amendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT114-0003
2012	COT115	BILLING-PROV-TYPE BILLING-PROV-TYPE	A code describing the type of entity billing for the service. Not Apolicable	Conditional	Value must be equal to a valid value.	values.	8/7/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT115-0001
2013	COT115	BILLING-PROV-TYPE	Not Applicable	NA	For encounter records [TIPE-OF-CLAIM=3, C, W), this represents the entity billing (or reporting) to the Managed Care Plan (see PLAN-ID-NUMBER for reporting capitation plan-ID), Capitation PLAN- D-NUMBER should be used in this field only for capitation payments (TIPE-OF-SERVICE=119, 120, 122).	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT115-0002
2014		PILLING-RECOVER			122).				CLAIM-UEADER-RECORD-OT-COTO0002	
2014	COT115	BILLING-PROV-SPECIALTY	Not Applicable This code describes the area of specialty for the billing provider.	Conditional	Ine state should use Taxonomy crosswalk.pdf to crosswalk state codes to LMS codes Must be in the set of valid values	Not Applicable See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-01-C0100002 CLAIM-HEADER-RECORD-0T-C0100002	COT115-0003
2016	COT117	REFERRING-PROV-NUM	A unique identification number assigned to a provider which identifies the physician or other provider who referred the patient. For physicians, this must be the individual's ID number, not a group identification number.	Conditional	If Value is invalid, record it exactly as it appears in the state system	Valid values are supplied by the state.	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT117-0001
2017	COT117	REFERRING-PROV-NUM	With Preference and partient. Poli physicialis, ciris mast be the monoular's to number, not a group identification number. Not Applicable	NA.	If the Referring Broudder Mumber is not writible. For the should are Prove Patrone	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT117-0002
2017	201117	REPERIONG-PROV-NUM	ivor vobruranie.	nA.	If the Referring Provider Number is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the state file, then the state should use the DEA ID for this data element.	пис африкаріе	4/25/2013	CLAIMUT	LUNIM-HEADER-RECORD-OT-COT00002	631117-0002
2018	COT117	REFERRING-PROV-NUM	Not Applicable	NA	The value reported in REFERRING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TVPE = "1" on the same record in the Provider file.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT117-0003
2019	COT117	REFERRING-PROV-NUM	Not Applicable	NA		Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT117-0004
2017				NA NA	The value reported in REFERRING-PROV-NUM should match a value reported in the SUBMITTING- STATE-PROV-ID on the provider file. Not Applicable	Not Applicable Not Applicable	8/7/2017	CLARACT	CLAIM-HEADER-RECORD-OT-COT00002	COT117-0004 COT117-0005
2020	COT117 COT118	REFERRING-PROV-NUM REFERRING-PROV-NPI-NUM	Not Applicable The National Provider ID (NPI) of the provider who recommended the servicing provider to the patient.	. Conditional	Not Applicable NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT117-0005 COT118-0001
2022 2023	COT118 COT118	REFERRING-PROV-NPI-NUM	Not Applicable Not Applicable	NA	Valid characters include only numbers (0-9) The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT118-0002 COT118-0003
2024	COT118	DEEEDBING, DDOV TA YOMON	Not Applicable For CLAIMOT files, the taxonomy code for the provider who referred the beneficiary for treatment.	NA NA	The field should be blank if the transaction is for capitation or premium payments (TYPE-OF- SERVICE = 119, 120, 121, 122). Value must be equal to a valid value.	http://www.worc.edi.com/reference/	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT119-0001
2024	001119	A CRUNCTING - LAXUNUMI	procession ones, the latentiary code for the provider who referred the beneficiary for treatment.	[ⁿ]		Internet of the Wild Constant of Constant	**/3/2013	COMPOSITION OF THE PROPERTY OF	CONTRACTOR CONTRACTOR	001117-0001
2025	COT119	REFERRING-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT119-0002
2026	COT119	REFERRING-PROV-TAXONOMY	Not Applicable	NA	provided for future expansion. Leave blank or space-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT119-0003
2027	COT120	REFERRING-PROV-TYPE	A code describing the type of provider (i.e. doctor) who referred the patient.	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT120-0001
			If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided							
2028	001121	REFERRING-PROV-SPECIALTY	This code indicates the area of specialty of the referring provider.	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT121-0001
2020	001121	REFERRING-PROV-SPECIALTY	Transition manattes the area of speciality of the referring provider.	-	vanse meas se cipial to a valita valite.	values.	4/3/2013	CLAIMOT	CARACTERADER RECORD OF COTOOD2	COT121-0001
2029	201122	MEDICARE-HIC-NUM	reason meaning claim (Hit,) Number as it appears on the patient's Medicare card.	Londitional	The new can contain any appanument characters, digits or symbols except the "pipe" ().	Internation	4/30/2013	CLAIMOT	LUNIM-HEADER-RECORD-OT-COT00002	001122-0001
2030 2031	COT122 COT122	MEDICARE-HIC-NUM MEDICARE-HIC-NUM	Not Applicable Not Applicable	NA NA	If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num. States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim encord. If andicable	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT122-0003 COT122-0004
2032	COT122	MEDICARE-HIC-NUM	Not Applicable	NA	In this is a dossible Medicate callin, the enter must have a Medicate Medicate Medicate Michael States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable. Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual in each avia eligible.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT122-0005
2033	COT123	PLACE-OF-SERVICE	A code indicating where the service was performed. CMS 1500 values are used for this data element.	Conditional	eligible individual is not a dual eligible. Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloa	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT123-0001
2034	COT123	PLACE-OF-SERVICE	Not Applicable	NA	If there are new valid CMS 1500 PLACE-OF-SERVICE codes that are not listed in this dictionary, these codes may be used and will not trigger an error	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT123-0003
2035	COT123	PLACE-OF-SERVICE	Not Applicable	NA	Leave field blank for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT123-0004
	1									

Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	
	COT125	BMI	A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	Optional		Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT1
					SI units: BMI = musc (kg) / (height(m))2 BMI = musc (k) = 700/ (height(m))2 BMI = musc (k) = 7480/ (height(m))2 BMI = musc (k) = 7480/ (height(m))2					
					BMI = mass (lb) * 4.88/ (height(ft))2 BMI = mass (st) * 9840/ (height(in))2					
	COT125	BMI	Not Applicable	NA	Child is an Earlier shakes of the second self-like to	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT1
					Construction of the second					
					data elements cannot be populated all of the time. However if a state determines that it can populate one or more of these fields and wishes to do so.					
					they are encouraged to do so and will not incur any Addendum B mitigation plan documentation expectations.					
	COT126	REMITTANCE-NUM	The Remittance Advice Number is a sequential number that identifies the current Remittance Advice	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
			The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first fire (S) positions are a hilling addar YODD format. The RA is the detailed explanation of the peason for the payment amount. The RA number is not the check number.							
	COT126	REMITTANCE-NUM	Not Applicable	NA	Value must not be null	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT126 COT127	REMITTANCE-NUM DAILY-RATE	Not Applicable The amount a policy will pay per day for a covered service. In some cases for OT claims this is referred to as a flat rate.	NA Conditional	If there is a remittance date, then there must also be a remittance number. This data element must include a valid dollar amount.	Not Applicable Not Applicable	10/10/2013 11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	CO1 CO1
	COT128	BORDER-STATE-IND	to as a flat rate.		Value must be equal to a valid value.		8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT128	BORDER-STATE-IND	no as a nut rate. This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT130	PENEEKCIAPY-COINELIPANCE-AMOUNT	provider.) The amount of money the beneficiary paid towards coinsurance.	Candillanal	This data element must include a valid dollar amount	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COTODOO2	01
	001130	BENEFICIART-COINSORANCE-AMOUN		Conditional	This data element must include a valid donar amount.		11/3/2015	CLAINOT	CLAIM-HEADER-RECORD-OT-COTOGOD2	
	COT130	BENEFICIARY-COINSURANCE-AMOUN	Not Applicable	NA	If no coinsurance is applicable enter 0.00	Not Applicable	2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT131	BENEFICIARY-COINSURANCE-DATE-	The date the beneficiary paid the coinsurance amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT131	PAID BENEFICIARY-COINSURANCE-DATE-	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	1	PAID								
	COT131	BENEFICIARY-COINSURANCE-DATE- PAID	Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT132	BENEFICIARY-COPAYMENT-AMOUNT	The amount of money the beneficiary paid towards a copayment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT132	BENEFICIARY-COPAYMENT-AMOUNT	Not Applicable	MA	If no copayment is applicable enter 0.00	Not Applicable	2/25/2013	CLAIMOT	CLAIM-UEADER-RECORD-OT-COTO0002	COT
	1							CLAIMOT		
	COT133	BENEFICIARY-COPAYMENT-DATE-PAID	The date the beneficiary paid the copayment amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017		CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT133	BENEFICIARY-COPAYMENT-DATE-PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
_	COT133	BENEFICIARY-COPAYMENT-DATE-PAIR	Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	1	Allent Date PAL								
	COT134 COT134		The amount of money the beneficiary paid towards an annual deductible. Not Applicable	Conditional NA	This data element must include a valid dollar amount. If no deductible is applicable enter 0.00	Not Applicable Not Applicable	11/3/2015 2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT135	BENEFICIARY-DEDUCTIBLE-DATE-PAID	The date the beneficiary paid the deductible amount.	Conditional	If no deductible is applicable enter 0.00 Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	C01
	COT135	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT135	BENEFICIARY-DEDUCTIBLE-DATE-PAID			If no coinsurance is applicable, leave blank or space-fill	Not Applicable	R/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	01
				NA					LLAIM-HEADER-RECORD-OT-COT00002	
	COT136	CLAIM-DENIED-INDICATOR	An indicator to identify a claim that the state refused pay in its entirety.	Conditional	Value must be equal to a valid value.	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
						a residence. The same parts some or an of the canne				
	COT136 COT136	CLAIM-DENIED-INDICATOR	Not Applicable	NA	It is expected that states will submit all denied claims to CMS. All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	2/25/2013 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	1		Not Applicable	NA		Not Applicable	1			COT
	COT136	CLAIM-DENIED-INDICATOR	Not Applicable	NA	All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not
	COT137	COPAY-WAIVED-IND	An indicator signifying that the copay was waived by the provider.	Conditional	Value must be equal to a valid value.	0 Not Walved: The provider did not walve the beneficiary's copayment 1 Walved: The provider walved the beneficiary's copayment	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
						1 Walved: The provider walved the beneficiary's copayment				
	COT138	HEALTH-HOME-ENTITY-NAME	A fine-form test field to is bidded the bedth hone paramit that subjected payment for the sorvice or the claim. The nume extend should be the nume that the stars to studiady developed the test. Wealth home Entity' can be adeignated provider (e.g., physician, dithe, behavioral health paynization), a health team which links to adeignated provider, or a health team (physician, nurses behavioral health porfessionals). Because an identification numbering schema has not been established, the entitie's names are being used instead.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ()).	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
			the claim. The name entered should be the name that the state uses to uniquely identify the team. A "Health Home Entity" can be a designated provider (e.g., physician, clinic, behavioral health							
			organization), a health team which links to a designated provider, or a health team (physicians, nurses behavioral health professionals). Because an identification numbering schema has not been							
			established, the entities' names are being used instead.							
	COT138	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT140	THIRD-PARTY-COINSURANCE-	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	07144	AMOUNT-PAID THIRD-PARTY-COINSURANCE-DATE-	claim or claim line item. The date the third party paid the coinsurance amount.	California	Pate format is COVA BUDD (Mational Date Standard)	Not Applicable	0 (7 (2017	CI AD LOT		COT
	LUI141	PAID		Optional	Late format is CCYTMIMIDD (National Lata standard).		8/7/2017	CLAINOT	LLAIM-HEADER-RECORD-OT-COT00002	
	COT141	THIRD-PARTY-COINSURANCE-DATE-	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT141	THIRD-PARTY-COINSURANCE-DATE-	Not Applicable	NA	If no coinsurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT
	COT142	PAID	The amount the third party paid the consympt amount	Cathornal	This data element must include a valid dollar amount	Not Applicable				
		PAID	The amount the third party paid the copayment amount.					CLAIR FOT		007
	COT143			optional	inis data element must include a valid dollar amount.		11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	
		THIRD-PARTY-COPAYMENT-DATE-	The date the third party paid the copayment amount.	Optional	Inis data element must incluse a valio dollar amount. Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015 8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	
	COT143	THIRD-PARTY-COPAYMENT-DATE- PAID THIRD-PARTY-COPAYMENT-DATE-	The date the third party paid the copayment amount. Not Applicable	Optional NA	Inis data element must include a valio doular amount. Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable	11/3/2015 8/7/2017 4/30/2013		CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002 CLAIM-HEADER-RECORD-OT-COT00002	COT
	1	PAID THIRD-PARTY-COPAYMENT-DATE- PAID	Not Applicable	Optional NA	Date format is CCYMMIDD (National Data Standard). Value must be a valid date		8/7/2017 4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-07-C0T00002 CLAIM-HEADER-RECORD-07-C0T00002 CLAIM-HEADER-RECORD-07-C0T00002 CLAIM-HEADER-RECORD-07-C0T00002	СОТ
	COT143	PAID THIRD-PARTY-COPAYMENT-DATE- PAID THIRD-PARTY-COPAYMENT-DATE- PAID	Not Applicable Not Applicable	Optional NA NA	ter formal is CCYTMM/ED (National Data Standard). Value must be a valid date If no colmurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017 4/30/2013 8/7/2017	CLAIMOT CLAIMOT CLAIMOT	CLAIM-HEADER-RECORD-0T-COT00002 CLAIM-HEADER-RECORD-0T-COT00002 CLAIM-HEADER-RECORD-0T-COT00002 CLAIM-HEADER-RECORD-0T-COT00002	C01 C01 C01
	1	PAID THIRD-PARTY-COPAYMENT-DATE- PAID THIRD-PARTY-COPAYMENT-DATE- PAID DATE-CAPITATED-AMOUNT- REQUESTED	Not Applicable	Optional NA NA Conditional	Date format is CCYMMIDD (National Data Standard). Value must be a valid date		8/7/2017 4/30/2013	CLAIMOT	LAIM-HEADER-RECORD-07-C0100002 LAIM-HEADER-RECORD-07-C0100002 LAIM-HEADER-RECORD-07-C0100002 LAIM-HEADER-RECORD-07-C0100002 LAIM-HEADER-RECORD-07-C0100002	C01 C01 C01 C01
	COT143	PAID THIRD-PARTY-COPAYMENT-DATE- PAID THIRD-PARTY-COPAYMENT-DATE- PAID DATE-CAPITATED-AMOUNT- REQUESTED	Not Applicable Not Applicable	Optional NA NA Conditional	ter formal is CCYTMM/ED (National Data Standard). Value must be a valid date If no colmurance is applicable, leave blank or space-fill	Not Applicable	8/7/2017 4/30/2013 8/7/2017	CLAIMOT CLAIMOT CLAIMOT	LAM-HEADER-RECORD-01-C0150002 LAM-HEADER-RECORD-01-C0150002 LAM-HEADER-RECORD-01-C0150002 LAM-HEADER-RECORD-01-C0150002 LAM-HEADER-RECORD-01-C0150002 LAM-HEADER-RECORD-01-C0150002 LAM-HEADER-RECORD-01-C0150022	C01 C01 C01 C01
	COT143 COT144 COT144	PAID THRD-PARTY-COPAYMENT-DATE- PAID THRD-PARTY-COPAYMENT-DATE- PAID DATE-CAPITATED-AMOUNT- REQUESTED DATE-CAPITATED-AMOUNT- BEOLESTED BOLESTED	Net Applicable Net Applicable The date that the managed care entity submitted the capitated payment bill to the state. Net Applicable	Optional NA NA Conditional NA Conditional	Value must be a valid date	Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 4/30/2013 8/7/2017 11/3/2015 4/30/2013	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM-HEADER-RECORD-01-C0100002 LAM-HEADER-RECORD-01-C0100002 LAM-HEADER-RECORD-01-C0100002 LAM-HEADER-RECORD-01-C0100002 LAM-HEADER-RECORD-01-C0100002 LAM-HEADER-RECORD-01-C0100002 LAM-HEADER-RECORD-01-C0100002	C01 C01 C01 C01
	COT143 COT144 COT144 COT145	PAID Inted-PARTY-COPAYMENT-DATE- PAID THEO-PARTY-COPAYMENT-DATE- PAID DATE-CAPITATED-AMOUNT- REQUISTED DATE-CAPITATED-AMOUNT- REQUISTED CAPITATED-PAYMENT-AMT- REQUISTED REQUISTED	Nor Applicable Nor Applicable The date that the managed care entity submitted the capitated payment bill to the state. Nor Applicable The amount of the capitated payment bill submitted by the managed care entity to the state.	Optional Optional NA Conditional Conditional Conditional	The format is CCYMMROD Flattoni Data Standard). Yake must be a valid date #If a commance is aggletable, (sove Stank or space fill Date format should be CCYMMROD (National Gata Standard) Wake must be a valid date This data dement must include a valid datar amount.	Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 4/30/2013 8/7/2017 11/3/2015 4/30/2013 11/3/2015	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM-HEARER RECORD OF COTRODO2 LAM-HEARER RECORD OF COTRODO2	
	COT143 COT144 COT144	PAID PAID PAID PARTY-CORVIMENT DATE- PAID PAID PARTY-CORVIMENT DATE- PAID PAID CAPTATED AMOUNT- REQUESTED DATE-CAPTATED PAIMOUNT- REQUESTED EALTH-HOME-PROVIDER NPI EALTH-HOME-PROVIDER NPI	Net Applicable Net Applicable The date that the managed care entity submitted the capitated payment bill to the state. Net Applicable	Optional Optional NA Conditional Conditional Conditional	The format is CCYMMHOD Platford Duta Standard). Value must be a valid date If no commance is applicable, leave Stank or space fill Cale format bioad be CCYMMHOD Platford Duta Standard) Value must be a valid date If the data effect of the data stand data remount. The value must be a valid MM	Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 4/30/2013 8/7/2017 11/3/2015 4/30/2013	LAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM-HEADER HECHIGO OF CO100002 LAM-HEADER HECHIGO OF CO100002	
	COT143 COT144 COT144 COT145	PAID Inted-PARTY-COPAYMENT-DATE- PAID THEO-PARTY-COPAYMENT-DATE- PAID DATE-CAPITATED-AMOUNT- REQUISTED DATE-CAPITATED-AMOUNT- REQUISTED CAPITATED-PAYMENT-AMT- REQUISTED REQUISTED	Not Applicable Not Applicable The date that the managed care entity submitted the capitated payment bill to the state. Not Applicable The sancout of the capitated payment bill submitted by the managed care entity to the state. The National Provider (D (MP) of the heads home provider.	Optional Optional NA NA Conditional Conditional NA Conditional NA	The source of a source of the	Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 4/30/2013 8/7/2017 11/3/2015 4/30/2013 11/3/2015	CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM-HEARER RECORD OF COTRODO2 LAM-HEARER RECORD OF COTRODO2	
	COT143 COT144 COT144 COT145 COT146	PAID PAID PAID PARTY-CORVIMENT DATE- PAID PAID PARTY-CORVIMENT DATE- PAID PAID CAPTATED AMOUNT- REQUESTED DATE-CAPTATED PAIMOUNT- REQUESTED EALTH-HOME-PROVIDER NPI EALTH-HOME-PROVIDER NPI	Not Applicable Not Noticitable Not	Optional Optional NA NA Conditional Conditional NA Conditional NA NA NA	The format is CCYMMHOD Platford Duta Standard). Value must be a valid date If no commance is applicable, leave Stank or space fill Cale format bioad be CCYMMHOD Platford Duta Standard) Value must be a valid date If the data effect of the data stand data remount. The value must be a valid MM	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Table / verse ans any Republicous and Caldanes/Administrative Simultification	8/7/2017 4/30/2013 8/7/2017 11/3/2015 4/30/2013 11/3/2015 8/7/2017	LAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM-HEADER HECHIGO OF CO100002 LAM-HEADER HECHIGO OF CO100002	
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	COT143 COT144 COT144 COT145 COT146	PAID PAID PAID PARTY-CORVIMENT DATE- PAID PAID PARTY-CORVIMENT DATE- PAID PAID CAPTATED AMOUNT- REQUESTED DATE-CAPTATED PAIMOUNT- REQUESTED EALTH-HOME-PROVIDER NPI EALTH-HOME-PROVIDER NPI	Not Applicable Not Applicable The date that the managed care entity submitted the capitated payment bill to the state. Not Applicable The sancout of the capitated payment bill submitted by the managed care entity to the state. The National Provider (D (MP) of the heads home provider.	Optimization of the second sec	The source of a source of the	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Table / verse ans any Republicous and Caldanes/Administrative Simultification	8/7/2017 4/30/2013 8/7/2017 11/3/2015 4/30/2013 11/3/2015 8/7/2017	LAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT CLAIMOT	LAM-HEADER HECHIGO OF CO100002 LAM-HEADER HECHIGO OF CO100002	C01 C01 C01 C01 C01 C01 C01
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New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2093	COT152	STATE-NOTATION	Not Applicable		Exprime delimited files, states can populate the STATE-VOTATION field with "n/a," n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field	Not Applicable	LAST UPDATE DATE 9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT152-0002
					to record specific comments.	1				
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.	2				
2094	COT153	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Not Applicable	9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT153-0001
					For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fitted-length files and therefore should be ignored in pipe-delimited files. For fitted-length files, FILLER that is shown at the end of each record layout should be space-filled in the fitted-length.					
					und tellger inter					
2005	COT154	RECORD-ID	An identifier proposed to each record respect. The first 2 characters identify the ophiest press The last	Regulard	Value must be equal to a valid value.	COT00002	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT154-0001
2075	01134	ALCOND ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER- RECORD-IP record segment is CIP00002.	, required	Table Titles de Capari so a Table Table.		1,00,2010	CERTIN		001154 0001
2096	COT154	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT154-0002
2097	COT155	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT155-0001
2098 2099	COT155 COT155	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT155-0002 COT155-0003
2100	COT155 COT156	SUBMITTING-STATE		NA	Value must be the same on all record segments. Must be populated on every record	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT155-0004 COT156-0001
2101	C01156	KELUKU-NUMBEK	NOT Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	10/10/2013	LLAIMUI	CLAIM-LINE-RECORD-OT-COTOD003	001156-0001
2102	COT156	RECORD-NUMBER	Not Applicable	NA	Must be numeric	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT156-0002
2102 2103 2104	COT156 COT157	RECORD-NUMBER RECORD-NUMBER MSIS-IDENTIFICATION-NUM	Not Applicable A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual	NA Required	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. MSIS Identification Number must be reported	Not Applicable Not Applicable Not Applicable	4/30/2013 4/30/2013 8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT156-0002 COT156-0004 COT157-0001
2105	COT157	MSIS-IDENTIFICATION-NUM	Not Applications of the system. A state-scaling of unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system. Not Applicable		For non-SSN states, this field must contain an identification number assigned by the state. The	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT157-0002
	01157	MSIS-IDENTIFICATION-NUM		NA	format of the state ID numbers must be supplied to CMS		2/25/2013	LLAIMUI	CLAIM-LINE-RECORD-OT-COT00003	C01157-0002
2106 2107	COT157 COT157	MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA	For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'. For SSN states, this field must contain the eligible individual's Social Security Namber. If the SSN is uninown and a temporary number is assigned, this field will contain that number.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT157-0003 COT157-0004
					unknown and a temporary number is assigned, this field will contain that number.					
2108	001157		Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT157-0005
2109	COT157 COT158	MSIS-IDENTIFICATION-NUM ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium payments in the T-MSIS OT File". The Field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT158-0001
2110	COT158	KN-ORIG	identifies an original claim. Not Applicable	NA		Not Applicable		CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT158-0002
2110 2111	COT158	ICN-ORIG	Not Applicable	NA	Record the value exactly as it appears in the State system: <u>To not and</u> If using the original TA' approach for reporting adjustment claims, this their should always be interested and the state of the identification number should remain constant and be carried forward on tak any adjustment claims. This the interflox is for this carliest claim identification number to be the link that this the original claim and all adjustment for intergetient:	Not Applicable	2/25/2013 8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT158-0003
					identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim					
					and all adjustment claims together.					
2112	COT158	ICN-ORIG	Not Applicable	NA	If using the daloy-chain ICN approach for reporting adjustment claims, the initial adjustment record will populate this field with the daim identification number assigned to the original paid/deried claim. Subsequent adjustment should populate the ICN-ROIG Field with the claim identification number reported in the ICN-ADI field of the prior adjustment claim. The intention is to use the most recently assigned unique identifier from the prior claim to limk the claim of adjustment claims.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable
					claim. Subsequent adjustment should populate the ICN-ORIG field with the claim identification number reported in the ICN-ADJ field of the prior adjustment claim. The intention is to use the					
					most recently assigned unique identifier from the prior claim to link the chain of adjustment claims.					
2113	COT159	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's navment system	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ()).	Not Applicable	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT159-0001
			A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.						CLAIM-LINE-RECORD-OT-COT00003	
2114 2115	COT159 COT159	ICN-ADJ ICN-ADJ	Not Applicable Not Applicable	NA	Record the value exactly as it appears in the State system. <u>Do not pad</u> . This field should be blank-filled if the ADJUSTMENT-INDICATOR = 0	Not Applicable Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT159-0002 COT159-0003
2116	COT160	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim.	Required	Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT160-0001
2117	COT161	LINE-NUM-ADJ	A unique number to identify the transition line number that identifier the line number on the	Conditional	on the claim that is being adjusted Record the value exactly as it appears in the state system. Do not pad.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT161-0001
2118	COT161	LINE-NUM-ADJ	A unique number to identify the transaction line number that identifies the line number on the adjustment ICN. Not Applicable	Conditional		Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT161-0002
2118	COT161	LINE-NUM-ADJ	Not Applicable	NA	This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT161-0002
2119	COT162	LINE-ADJUSTMENT-IND	Code indicating type of adjustment record claim/encounter represents at claim detail level.	Conditional	Value must be equal to a valid value.	0 Original Claim / Encounter	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT162-0001
						1 Vold / Reversal of a prior submission 4 Replacement / Resubmission of a prior submission				
						6 Grigina Calini / Encounce) 1 Vold / Reversal of a prior submission 4 Replacement / Resubmission of a prior submission 5 Gross Credit / Gross Credit Adjustment 6 Gross Debit / Debit Credit Adjustment				
2120	COT162	LINE-ADJUSTMENT-IND	Not Applicable	NA	If there is a line adjustment number, then there must be a line-adjustment indicator.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT162-0002
2121 2122	COT162	LINE-ADJUSTMENT-IND	Not Applicable Not Applicable	NA	If there is a line adjustment reason, then there must be a line adjustment indicator.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT162-0003 COT162-0004
					Value must be equal to a valid value.					
					ADJUSTMENT-IND values of "0", "1", "4" should be reported when TYPE-OF-CLAIM = "1", "2", "3", "5", "A", "B", "C", "E", "U", "V", "W", or "Y".					
2123	COT162 COT163	LINE-ADJUSTMENT-IND LINE-ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a service line was naid differently than it was billed	Conditional	ADJUSTMENT-IND values of "5" or "6" should be reported when TYPE-OF-CLAIM = "4", "D" or "X" Value must be equal to a valid value.	http://www.wnc-edi.com/reference/codelists/bealthcare/claim-adjustment-re-	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT163-0001
2124	COT163	LINE-ADJUSTMENT-REASON-CODE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT163-0002
			Not Applicable	NA	PYMT-REM-CODE)					
2125	COT164	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Conditional	Value must not be null	Not Applicable	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT164-0001
2126	COT165	CLAIM-LINE-STATUS	The claim line status codes identify the status of a specific detail claim line rather than the entire claim	. Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT165-0001
2127	COT166	BEGINNING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days or periods of care extending, over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0001
			extending over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this nament							
			began.							
2128	COT166 COT166	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA	Value must be a valid date The beginning date of service must occur before or be the same as the ending date of service.	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT166-0002 COT166-0003
				[m						
2130 2131 2122	COT166 COT166 COT166	BEGINNING-DATE-OF-SERVICE BEGINNING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA	Date must occur before or be the same as adjudication date. Date must occur on or before Date of Death.	Not Applicable Not Applicable	4/30/2013 4/30/2013 10/10/2013	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT166-0004 COT166-0005
2132	COT166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	Date must occur before or be the same as adjulciation date. Date must occur on or before Tabe of Death. The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHF follio or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHF pchild.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0006
					the person is eligible through Medicaid or is eligible as a non-unborn CHIP child .					
2133	COT166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	A Medicaid claim record for an eligible individual, if applicable, should not have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0007
2134	COT166	BEGINNING-DATE-OF-SERVICE	Not Applicable	NA	Service after the eligible individual's Medicald enrollment has ended. A CHIP claim record for an individual eligible for Separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0008
2135	L		Not Applicable	NA	Service after the eligible individual's CHIP enrollment has ended.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0009
2135	COT166 COT167	BEGINNING-DATE-OF-SERVICE ENDING-DATE-OF-SERVICE		[See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium payments in the T-MSIS OF FIe". Date format is COTYMMDIG (National Data Standard).			CLAIMOT		COT168-0007
£136	00116/	ENUING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care setending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment determined and the service of the service of the service coverage the service of the serv	required	Date format is CUTTMMED (National Data Standard).	Not Applicable	2/25/2013	CLAIMUÍ	CLAIM-LINE-RECORD-OT-COT00003	LUI167-0001
			extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	1						
2127	COT167	ENDING-DATE-OF-SERVICE	Not Analyzable	NA	Volume must be a valid date.	Not Anglicable	4/20/2012	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0002
2137 2138	COT167 COT167	ENDING-DATE-OF-SERVICE ENDING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA	Value must be a valid date ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT167-0002 COT167-0003
2139	COT167	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0004
2139 2140	COT167	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE. Date must occur on or before Date of Death, when a DATE-OF-DEATH is not unknown or not applicable.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0005
2141	COT167	ENDING-DATE-OF-SERVICE	Not Applicable	NA	ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0006
2142 2143	COT167	ENDING-DATE-OF-SERVICE	Not Applicable Not Applicable	NA NA	Date must occur before or be the same as End of Time Period. See T-MSIS Guidance Donument. "CMS Guidance: Best Practice for Reporting Health Insurance.	Not Applicable Not Applicable	10/10/2013 8/7/2017	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT167-0007 COT167-0008
2144	COT167 COT168	ENDING-DATE-OF-SERVICE REVENUE-CODE	A rode which identifies a specific accommodation, aprillary service or billing extraction (or defined to	Conditional	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Health Insurance Premium payments in the T-MSIS OT File". Only valid codes as defined by the "National Uniform Billing Committee" should be used.	Revenue code is a data set that health care providers or increase variable one	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT168-0001
			A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by UB-04 Billing Manual).			Revenue code is a data set that health care providers or insurers usually pay for to use. These values will change annually.				
2145 2146	COT168 COT168	REVENUE-CODE REVENUE-CODE	Not Applicable Not Applicable	NA	Enter all UB-04 Revenue Codes listed on the claim Value must be a valid code	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT168-0002 COT168-0003
2147	COT168	REVENUE-CODE	Not Applicable	NA	If value invalid, record it exactly as it appears in the state system	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT168-0004

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2148	COT169	PROCEDURE-CODE	A field to capture the CPT or HCPCS code that describes a service or good rendered by the provider to an enrollee on the specified date of service.	Required	Value must be a valid code. If PROCDURE-CODE-FLAG-1 = [10 through 87, state-specific coding systems] valid codes must be supplied by the State. For national coding systems, code should	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ codes.html	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT169-0001
					conform to the nationally recognized formats: CPT (PROC-CD-FLAG-1=01): Positions 1-5 should be numeric and position 6-7 must be blank.	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ ICD10.html				
					HCPCS (PROC-CD-FLAG-1=06): Position 1 must be an alpha character ("A*-"Z") and position 6-7	http://www.cms.gov/Medicare/Coding/MedHCPCSGeninfo/index.html? redirect=/medhcpcsgeninfo/			1	
					HCPCS (PROC-CD-FLAG-1=06): Position 1 must be an alpha character ("A*-"Z") and position 6-7 must be blank. Value can include both National and Local (Regional) codes. For National codes (position 1="A*-V") positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., "X1234" or "WW234").				1	
						http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ PhysicianFeeSched/PFS-Relative-Value-Files.html			1	
						http://www.cms.gov/apps/physician-fee-schedule/search/search- criteria.aspx			1	
						Additional CPT codes are available for a fee through professional organizations.			1	
2149	COT169	PROCEDURE-CODE	Not Applicable	NA	If no PROCEDURE-CODE was performed, leave blank or space-fill	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT169-0002
2150	COT169	PROCEDURE-CODE	Not Applicable	NA	ICD-9/10-CM codes are the HIPAA standard for procedure codes on inpatient claims. When ICD- 9/10-CM coding is used, the PROCDURE-CODE+1AG-1=02/07) Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-7 must be blank. When ICD-10-PCS coding is	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT169-0003
					positions 34 must be numeric or bank, positions 37 must be bank, when FCP-10PCS coung is used starting 10(1/2014, the PROCDURE-CODE-FLAG-1=07. Positions 1-7 must be alpha or numeric. Position 8 must be blank.				1	
2151	COT169	PROCEDURE-CODE	Not Applicable	NA	Note: An eighth character is provided for future expansion of this field Eligible individuals who are not pregnant cannot have claims with procedures pertaining to labor	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT169-0004
2152	COT169	PROCEDURE-CODE	Not Applicable			Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT169-0005
2153 2154	COT170 COT170	PROCEDURE-CODE-DATE PROCEDURE-CODE-DATE	The date upon which the procedure was performed. Not Applicable	Required	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable	2/25/2013 4/30/2013		CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT170-0001 COT170-0002
2155	COT170 COT170	PROCEDURE-CODE-DATE	Not Applicable	NA	If the corresponding procedure code is left blank or space-filled then this procedure code date mus be blank or space-filled.		8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT170-0003 COT170-0004
2156 2157	COT170	PROCEDURE-CODE-DATE PROCEDURE-CODE-DATE	Not Applicable Not Applicable	NA NA	Date must occur before the ENDING-DATE-OF-SERVICE. Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT170-0005
2158 2159	COT170 COT171	PROCEDURE-CODE-DATE PROCEDURE-CODE-FLAG	Not Applicable A flag that identifies the coding system used for the PROCEDURE-CODE.	Required	This date must occur on or before the DATE-OF-DEATH in the Eligible file. Value must be equal to a valid value.	Not Applicable 01 CPT 4 02 ICD-9 CM	4/30/2013 8/7/2017	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT170-0006 COT171-0001
						06 HCPCS [Both National and Regional HCPCS] 07 (CD-10-PCC [VIII] be implemented on 10/1/2014) 100 Applicable 88 Not Applicable 99 Unknown				
2160 2161	COT171 COT172	PROCEDURE-CODE-FLAG PROCEDURE-CODE-MOD-1	Not Applicable As field to canture a motifier code associated with the PROCEDURE-CODE, field on the OT claim line. If	NA	If no principal procedure was performed, leave blank or space-fill All UNUSED diagnosis code fields should be teft blank (i.e., submitted as "pipe pipe" with nothing in between (1) on PSV files and space-filled on FLP files).	Not Applicable Valid values are supplied by the state	8/7/2017 11/3/2015	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT171-0002 COT172-0001
			A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE- CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.		between () on PSV files and space-filled on FLF files).					
2162 2163	COT172 COT173	PROCEDURE-CODE-MOD-1 IMMUNIZATION-TYPE	Not Applicable	NA	Not Applicable Value must be equal to a valid value.	Not Applicable See Appendix A for listing of valid values.	9/23/2015 11/3/2015	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT172-0003 COT173-0001
2164	COT174	BILLED-AMT	This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes. The amount billed at the claim detail level as submitted by the provider.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017		CLAIM-LINE-RECORD-OT-COT00003	COT174-0001
2165	COT174	BILLED-AMT	Not Applicable	NA	This out a terminic most micrologic a value operation. If YTPE-OF-CLAIM = 3, C, V (encounter record) this field should be populated with the amount that the provider billed the managed care plan.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT174-0002
2166	COT175	ALLOWED-AMT	The maximum amount displayed at the claim line level as determined by the payer as being allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT175-0001
2167	COT176	COPAY-AMT	The copayment amount paid by an enrollee for the service, which does not include the amount paid	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT176-0001
2168	COT177	TPL-AMT	by the insurance company.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT177-0001
			Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim detail level paid by the third party.							
2169	COT178	MEDICAID-PAID-AMT	The amount paid by Medicaid/CHIP or the managed care plan on this claim or adjustment at the claim detail level.	Required	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the provider billed the managed care plan.		8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT178-0001
2170	COT178	MEDICAID-PAID-AMT	Not Applicable	NA	For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIs record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIs records created from the original claim.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT178-0002
2171	COT178	MEDICAID-PAID-AMT	Not Applicable	NA	For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid-Amount-Paid file(). If the providers were reimbarsed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid- Amount-Paid as \$0	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT178-0003
2172			Not Applicable	NA	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan pak to the nonvint	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT178-0004
2173	COT178 COT179	MEDICAID-PAID-AMT MEDICAID-FFS-EQUIVALENT-AMT	The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amount that would have been paid had the services been provided on a FFS basis.	Conditional	to the provider. This data element must include a valid dollar amount.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT179-0001
2174	COT179	MEDICAID-FFS-EQUIVALENT-AMT	Not Applicable	NA	Required when TYPE-OF-CLAIM = C, 3, or W	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT179-0002
2175 2176	COT182 COT182	MEDICARE-PAID-AMT MEDICARE-PAID-AMT	The amount paid by Medicare on this claim or adjustment. Not Applicable	Conditional	This data element must include a valid dollar amount. If the service was covered by Medicare but Medicare had no ilability for the bill, zero-fill. MEDICARE-PAD-PAMT should reflect the actual amount paid by Medicare.	Not Applicable Not Applicable	11/3/2015 2/25/2013	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT182-0001 COT182-0002
2177	COT182	MEDICARE-PAID-AMT	Not Applicable	NA	MEULUAR-PAULARMI should reflect the satual announe paid by Meeticare. For claims when Medicare payment is only available at the header level, report the entire payment amount the MSS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other MSS records created from the original claim.	t Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT182-0003
					Amount the Miss record corresponding to the line rem with the nights, charge, zero hill mean are Amount Pald on all other MSIS records created from the original claim.					
2178	COT182	MEDICARE-PAID-AMT	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any amount on the claim If the eligible individual is not a dual eligible.	, Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT182-0004
2179	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL	The quantity of a drug, service, or product that is rendered/dispensed for a prescription, specific date of service, or billing time span.	Required	a dre engelse indritodal is not a dual engelse. Must be numeric	Not Applicable	9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT183-0001
2180	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	For use with CLAIMOT and CLAIMRX claims. For CLAIMIP and CLAIMOT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT183-0002
2181	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	Left-fill field with zeros if value is less than 9 bytes long.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT183-0003
2182	COT183		Not Applicable	NA	NOTE: One prescription for 100 250 milligram tablets results in QUANTITY OF SERVICE=100.	Not Applicable	2/25/2013	LLAIMOI		COT183-0004
2183	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL	Not Applicable	NA	The value in OT-RX-CLAIM-QUANTITY-ACTUAL must correspond with the value in UNIT-OF- MEASURE.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT183-0005
	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL	Net Applicable		The field ready applicable when the enrice being billed can be quantified in disords units, e.g. a member of visito the number of units of a precription refit that were filed. For precription/vffill, use the Medical Drug techan definition of a unit, which is the smallest unit of or dispensed by a normal unit, e.g. powder tilled kalk, use 1 as the number of units.		2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT183-0006
2185	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED	The maximum allowable quantity of a drug or service that may be dispensed per prescription per date of service or per month. Quantity limits are applied to medications when the majority of appropriate clinical utilizations will be addressed within the quantity allowed.	Conditional	Must be numeric	Not Applicable	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT184-0001
2186	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA	For use with CLAIMOT and CLAIMRX claims. For CLAIMIP and CLAIMOT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT184-0002
2187 2188	COT184 COT184	OT-RX-CLAIM-QUANTITY-ALLOWED OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable Not Applicable	NA NA	Left-fill field with zeros if value is less than 9 bytes long. NOTE: One prescription for 100 250 milligram tablets results in OT-RX-CLAIM-QUANTITY-ALLOWED =100.	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT184-0003 COT184-0004
2189	COT184		Not Applicable	NA	This field is only applicable when the service being billed can be quantified in discrete units e.g. a	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT184-0005
2190		OT-RX-CLAIM-QUANTITY-ALLOWED			number of visits or the number of units of a prescription/refit that were filled. For prescription/refit use the Medical Bridge Bachad efficition of a unit, which is the smallest unit by prescriptions/refit use the Medical Bridge Bachad efficition of use, set, for of using a learning of dispensed by a normally rule, e.g. evolver filled value, set a set the number of rules.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT184-0006
2101	COT184	TYPE-OF-SERVICE		Required	The value in OT-RX-CLAIM-QUANTITY-ALLOWED must correspond with the value in UNIT-OF- MEASURE. Value must be equal to a valid value.	Not Appricable See Appendix A for listing of valid values.	10/10/2013		CLAIM-LINE-RECORD-OT-COT00003	COT184-0006
2192	COT186	TYPE-OF-SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee. Not Applicable	NA	All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMLT file.	see Appendix A for listing of valid values. Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT186-0001 COT186-0002
2193	COT186	TYPE-OF-SERVICE	Not Applicable	NA	provide the provided of the case of the second seco	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT186-0003
					The specific service categories of service, the tororing neurality total approximate interaction The specific service categories of service and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital.					
					Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services.					
					Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.					
					and a second process of the second second and they were not unless as part of the NF bill.					
2194	COT186	TYPE-OF-SERVICE	Not Applicable		See Appendix D for Information on the various types of service.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT186-0004

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2195	COT186	TYPE-OF-SERVICE	Not Applicable	NA	Other Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE=002, 003, 004, 005, 006, 007, 008, 010, 011, 012, 013, 014, 015, 014, 017, 018, 019, 020, 211, 022, 022, 024, 025, 026, 027, 028, 029, 040, 014, 024, 024, 049, 040, 042, 034, 049, 040, 035, 053, 054, 055, 056, 057, 066, 061, 062, 083, 064, 085, 066, 067, 066, 067, 066, 067, 070, 071, 072, 073, 077, 070, 079, 000, 014, 026, 036, 046, 048, 068, 067, 066, 057, 066, 057, 067, 071, 072, 073, 077, 073, 079, 000, 014, 022, 033, 054, 035, 068, 067, 068, 067, 068, 057, 068, 014, 008, 067, 068, 067, 068, 057, 069, 012, 102, 102, 102, 102, 102, 102, 102	Not Applicable	9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT186-0005
					028, 029, 030, 031, 032, 035, 036, 037, 038, 039, 040, 041, 042, 043, 049, 050, 051, 052, 053, 054, 055, 056, 057, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 070, 071, 072, 073, 074, 075, 076, 077, 072, 072, 070, 092, 092, 094, 094, 095, 092, 092, 094, 095, 072, 121, 121, 123, 123, 123, 123, 123, 12					
					134, or 135.					
2196 2197	COT186	TYPE-OF-SERVICE	Not Applicable Not Applicable	NA NA	Males cannot receive midwife services or other pregnancy-related procedures. Capitation payments (TYPE-OF-CLAIM=2, B, V) for non-emergency medical transportation (NEMT)	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT186-0006 COT186-0007
2198	COT186	TYPE-OF-SERVICE	Not Applicable	NA	should be reported with TYPE-OF-SERVICE=122 See T-MSIS Guidance Document. "CMS Guidance: Best Practice for Reporting Non-Emergency	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT186-0008
	COT186	TYPE-OF-SERVICE			Medical Transportation (NEMT) Prepaid Ambulatory Health Plans (PAHPs) in the T-MSIS Managed Care File"					
2199 0	COT187	HCBS-SERVICE-CODE	Codes indicating that the service represents a long-term care home and community based service or support for an individual with chronic medical and/or mental conditions. The codes are to help clearly delineate between acute care and long-term care provided in the home and community setting (e.g. 1915(c), 1915(l), 1915(l), and 1915(k) services).	Conditional	Value must be equal to a valid value.	The HCBS service was provided under 1915(1) 21 The HCBS service was provided under 1915(1) 3 The HCBS service was provided under 1915(1) 41 The HCBS service was provided under 1 a 1915(1) (HCBS Walver 5 The HCBS service was provided under 1 a thitutes identified above and The HCBS service was not provided under the statutes identified above and	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT187-0001
			1915(c), 1915(l), 1915(l), and 1915(k) services).			4 The HCBS service was provided under a 1915(c) HCBS Walver 5 The HCBS service was provided under an 1115 walver				
						6 Ine HLBS service was not provided under the statutes identified above and was of an acute care nature 7 The HLBS service was not provided under the statutes identified above and				
						was of a long term care nature				
2200	COT188	HCBS-TAXONOMY	A code that classifies home and community based services listed on the claim into the HCBS taxonomy	. Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT188-0001
2201	COT188	HCBS-TAXONOMY	Not Applicable	NA	If HCBS-SERVICE-CODE = 1 through 8, then populate HCBS-TAXONOMY with one of the values from the list in Appendix B.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT188-0002
2202	COT188	HCBS-TAXONOMY	Not Applicable	NA	If HCBS-SERVICE-CODE = 9 (It is unknown what authority the HCBS service was provided), then populate HCBS-TAXONOMY based on the assumption that the services is not a 1915(j), 1915(k),	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT188-0003
					populate HCBS*TACCHONT based on the assumption that the services is not a 1950(), 1910(), 1915(c) waiver, or 1115 waiver service. (See "If HCBS-SERVICE-CODE = 1 through 8" above.)					
2203	COT189	SERVICING-PROV-NUM	A unique number to identify the provider who treated the recipient.	Required	If value is invalid, record it exactly as it appears in the state system.	Valid values are supplied by the state.	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0001
2204	COT189	SERVICING-PROV-NUM	Not Applicable	NA	For institutional providers (TYPE-OF-SERVICE = 002,003, 004 028) and other providers operating as a group, The SERVICING-PROV-NUM should be for the individual who rendered the service.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0002
2205	COT189	SERVICING-PROV-NUM	Not Applicable	NA	If "Servicing" provider and the "Billing" provider are the same then use the same number in both	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0003
					fields.					
2206	COT189	SERVICING-PROV-NUM	Not Applicable	NA	Note: Once a national provider ID numbering system is in place, the national number should be used. If only the state's legacy ID number is available then that number can be entered in this field.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0004
2207 0	COT189	SERVICING-PROV-NUM	Not Applicable	NA	Leave blank or space-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0005
2208	COT189	SERVICING-PROV-NUM	Not Applicable	NA	The value reported in SERVICING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider file.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0006
2209	COT189	SERVICING-PROV-NUM	Not Applicable	NA	The value reported in SERVICING-PROV-NUM should match a value reported in the SUBMITTING- STATE-PROV-ID on the provider file.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0007
2210 0	COT189 COT190	SERVICING-PROV-NUM SERVICING-PROV-NPI-NUM	Not Applicable The National Provider ID (NPI) of the rendering/attending provider responsible for the beneficiary.	NA Conditional	Not Applicable The value must consist of digits 0 through 9 only	Not Applicable Not Applicable	8/7/2017 11/3/2015	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT189-0008 COT190-0001
2212	COT190	SERVICING-PROV-NPI-NUM	Not Applicable	NA	NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT190-0002
2213	COT190	SERVICING-PROV-NPI-NUM	Not Applicable	NA	The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT190-0004
2214	COT191	SERVICING-PROV-TAXONOMY	The taxonomy code for the provider who treated the recipient. Not Applicable	NA	SERVICE = 119, 120, 121, 122). Value must be equal to a valid value. Leave blank or space-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120.	http://www.wpc-edi.com/reference/	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT191-0001
2215	COT191	SERVICING-PROV-TAXONOMY		NA	Leave blank or space-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122) Generally the provider taxonomy requires 10 bytes. However, two additional bytes have been		8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT191-0002
	COT191 COT192	SERVICING-PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion. Value must be equal to a valid value.	Not Applicable See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT191-0003 COT192-0001
2217	COT192	SERVICING-PROV-TYPE	A code describing the type of provider (i.e. doctor or facility) who treated the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT192-0001
2218	COT193	SERVICING-PROV-SPECIALTY	This code indicates the area of specialty for the servicing provider.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT193-0001
2219	COT194	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional	Value must be equal to a valid value.	001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Casualty/Tort	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT194-0001
			insurance plan for which the eligible is a beneficiary.			002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other)				
						005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other				
	COLLOS		A code to identify the tooth numbering system is being used.	Candidanal	Failer the only of the transmission is the tractil deducation and an over the second state the TONT!	,	2/25/2013	CI AD LOT	CLAIM-LINE-RECORD-OT-COT00003	COT195-0001
2220	COT195 COT196	TOOTH MEMORY STSTEM		Conditional	Enter the value that corresponds to the tooth designation system used to populate the TOOTH- NUMBER, AREA-OF-ORAL-CAVITY, and TOOTH-SURFACE-CODE data elements.	JO ANSI/ADA/ISO Specification No. 3950 JP ADA's Universal/National Tooth Designation system See Appendix A for listing of valid values.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT195-0001
2221	001196	TOOTH-NUM	The tooth number serviced based on the tooth numbering system identified in the TOOTH- DESIGNATION-SYSTEM field. Not Applicable	Conditional	value must be equal to a value value.	See Appendix A for listing of valid values. Not Applicable	2/25/2013		CLAIM-LINE-RECORD-OT-COTODOD3	C0T196-0001
	001176	IODIANOM	Not appricable	~	f JO tooth designation system is used: Permanent Upper right quad medial to distal: 11-18 Permanent Upper left quad medial to distal: 22-28 Permanent lower right quad medial to distal: 41-48 Permanent lower right quad medial to distal: 31-38	Not Appricable	2/23/2013	CDAIMOT	CDAIM-DINE-RECORD-OT-COTODODS	001198-0002
					Permanent lower right quad medial to distal: 41-48 Permanent lower left quad medial to distal: 31-38 Primary/Decidious: unper right quad medial to distal: 51-55					
					Primary/Deciduous upper right quad medial to distai: 51-55 Primary/Deciduous upper right quad medial to distai: 61-65 Primary/Deciduous lower right quad medial to distai: 71-75 Primary/Deciduous lower right quad medial to distai: 81-85					
					Primary/Deciduous lower right quad medial to distal: 81-85					
2223	COT196	TOOTH-NUM	Not Applicable	NA	If JP tooth designation system is used: (Source: "Current Dental Terminology, CDT 2009 - 2010", American Dental Association).	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT196-0003
2224	COT196	TOOTH-NUM	Not Applicable	NA	If the first character of TOOTH-NUM is A through T then beneficiary age must be < 15. (Deciduous teeth are usually all gone by age 12.)	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT196-0004
2225	COT196 COT196	TOOTH-NUM TOOTH-NUM	Not Applicable Not Applicable	NA	If TOOTH-NUM <> missing then TYPE-OF-SERVICE must = Dental	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT196-0005 Not Applicable
					If more than one tooth number is applicable to a single claim line then report the first tooth value here. When T-MSIs was first implemented only one occurrence of tooth number could be reported per claim line. The T-MSIS layout was enhanced as of [TBD] to allow for multiple tooth numbers per		· · ·			
2227	COT197	TOOTH-QUAD-CODE	The area of the oral cavity is designated by a two-digit code.	Conditional	inc. Value must be equal to a valid value.	00 Entire Oral Cavity	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT197-0001
						01 Maxillary Area 02 Mandibular Area 03 Upper Right Sextant				
						US Upper Night Sextant 04 Upper Anterior Sextant 05 Upper Left Sextant				
						06 Lower Left Sextant 07 Lower Anterior Sextant 08 Lower Binks Sextant				
						os Upper Anterior Sextant 50 Upper Left Sextant 50 Lower Left Sextant 50 Lower Fight Sextant 50 Lower Fight Sextant 50 Control Sextant 50 Control Action Sextant 50 Control Action Sextant 50 Control Sexta				
						10 Upper Right Quadrant (Right Refers to the oral and skeletal structures on the right side.) 20 Upper Left Quadrant (Left Refers to the oral and skeletal structures on the left side.)				
						30 Lower Left Quadrant				
						40 Lower Right Quadrant				
2228	COT197	TOOTH-QUAD-CODE	Not Applicable	NA	F TOOTH-QUAD-CODE <> missing then TYPE-OF-SERVICE must = Dental	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT197-0002
2229	COT197	TOOTH-QUAD-CODE	Not Applicable	NA	F TOOTH-QUAD-CODE -> mixing then YPFE-OF-SERVICE must = Dental If more than one tooth quadrant is applicable to a single claim line then report the first quadrant value here: When YMSS was first implemented only one occurrence of tooth quadrant could be reported per claim line. The YMSI support was enhanced as of (TBD) to allow for multiple tooth quadrants per line.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable
2230										
1	COT198	TOOTH-SURFACE-CODE	A code to identify the tooth's surface on which the service was performed.	Conditional	quadrants per line. Value must be equal to a valid value.	B Buccal – The surface of the tooth which is closest to the cheek. D Distal – The surface of the tooth facing away from an invisible line drawn werticially through the coefficient of the face.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT198-0001
	COT198	TOOTH-SURFACE-CODE	A code to identify the tooth's surface on which the service was performed.	Conditional	Value must be equal to a valid value.	B Buccal - The surface of the tooth which is closest to the cheek. D Distal - The surface of the tooth facing away from an invisible line drawn vertically through the center of the face. F Facial - The surface of a tooth that is directed towards the face. Inclusi - The curiting edges of the anterior teeth.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT198-0001
	COT198	TOOTH-SURFACE-CODE	A code to identify the tooth's surface on which the service was performed.	Conditional	Value must be equal to a valid value.	Lincual - The curring edges or the anterior teem. Lingual - The surface of the tooth that is directed towards the tongue. M Mesial - The surface of a tooth which faces toward an invisible line drawn wertically through the creater of the face.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-07-COT00003	COT198-0001
	COT198	TOOTH SURFACE-CODE	A code to identify the faceth's surface on which the service was performed.	Conditional	Value must be equal to a valid value.	Lingual – The cutting edges of the anterior teeth. Lingual – The surface of the tooth that is directed towards the tongue. M Mesial – The surface of a tooth which faces toward an invisible line drawn.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-07-COT00003	COT198-0001
	COT198	TOOTH SUBFACE-CODE	A code to identify the tooth's surface on which the service was performed.	Conditional	Value must be equal to a valid value.	Lincisa - The curring edges of the anterior teem. Lingual - The surface of the tooth that is directed towards the torgue. M Mesial - The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face.	11/3/2015	CLAIMOT	CLAM-LINE-RECORD-OT-COT00003	COT198-0001
2231	COT198	TOOTH-SURFACE-CODE	Nit Applicate	Conditional	Value must be equal to a valid value.	In England — The standing leads the tools in that the detect the towards the torogue. M Hediau – The standing leads the tools in that the detect the towards the torogue. M Hediau – The standing cost a load the high classes toward an invide line if drawn vertically through the center of the face. O Cockus – The auxiliaries of the posterior (Back) teeth which provides the drawing function. Not Applicable	4/30/2013	CLAIMOT	CLAIM LINE RECORD OF COTOXXXX	COT198-0002
	COT198 COT198 COT198 COT198		A code to identify the both's surface on which the service was performed.	Conditional NA NA	Value must be equal to a valid value.	In Figure 1—6 curring couple no uses in the forecast to sound: the torque, In Figure 1—6 curring couple no uses in the forecast to sound the the couple, Medial — The structures of a storth which faces to sound and invisible line drawn vertically through the center of the face. O Cockusa — The surfaces of the posterior (back) keeth which provides the chewing function.				
2231 0 2232 0	COT198 COT198	TOOTH-SUBJACE.CODE TOOTH-SUBJACE.CODE	Nit Applicable Nit Applicable	Conditional NA NA	Value must be equal to a valid value. IF 1001H 50.887.467 COSK ++ except then TYPE OF 50.897.16 must = Dened. IF 1001H 50.887.467 COSK ++ except then TYPE OF 50.897.17 must = Dened. IF nore than one tooth surface to applicable to a single claim the then report the first surface value here. When 1 MMS says their implemented only one occurrence of both muface could be reported inc.	In ranged — The surface of the local field is detect. Mediag — The surface of a schematike field is detect. Mediag — The surface of a schematike field is detected and investe the detected Mediag field is detected and in the schematike field is detected and investe the detected Discussion of the posterior (back) teeth which provides the density function. Med Applicable Med Applicable	4/30/2013 8/7/2017	CLAIMOT CLAIMOT	CAM-UNE-RECORD OF COTOXXXX CLAM-UNE-RECORD OF COTOXXXX	C0T198-0002 Not Applicable
	COT198	TOOTH-SURFACE-CODE	Nit Applicate	Conditional NA NA Conditional	Value must be equal to a valid value.	In England — The standing leads the tools in that the detect the towards the torogue. M Hediau – The standing leads the tools in that the detect the towards the torogue. M Hediau – The standing cost a load the high class toward an invide line if drawn vertically through the center of the face. O Cockus – The auxiliaries of the posterior (Back) teeth which provides the drawing function. Not Applicable	4/30/2013	CLAIMOT	CLAIM LINE RECORD OF COTOXXXX	COT198-0002
2231 (2232 (COT198 COT198	TOOTH-SUBJACE.CODE TOOTH-SUBJACE.CODE	het Agricable Net Agricable The these address of the origination paint from which a patient is transported either from home or	Conditional NA NA Conditional	Value must be equal to a valid value. IF 1001H 50.887.467 COSK ++ except then TYPE OF 50.897.16 must = Dened. IF 1001H 50.887.467 COSK ++ except then TYPE OF 50.897.17 must = Dened. IF nore than one tooth surface to applicable to a single claim the then report the first surface value here. When 1 MMS says their implemented only one occurrence of both muface could be reported inc.	In ranged — The surface of the local field is detect. Mediag — The surface of a schematike field is detect. Mediag — The surface of a schematike field is detected and investe the detected Mediag field is detected and in the schematike field is detected and investe the detected Discussion of the posterior (back) teeth which provides the density function. Med Applicable Med Applicable	4/30/2013 8/7/2017	CLAIMOT CLAIMOT	CAM-UNE-RECORD OF COTOXXXX CLAM-UNE-RECORD OF COTOXXXX	C0T198-0002 Not Applicable
2231 (2232 (2233 (COT198 COT198 COT199	1007H-SUBFACE-CODE TOOTH-SUBFACE-CODE ORIGINATION-ADDR-UN1	het Agricable Net Agricable The these address of the origination paint from which a patient is transported either from home or	Conditional Annual Conditional ConditionaC	Value must be equal to a valid value. IF 1001H 50,878.47 CORF or incluing then TYPE OF 95.874(2 must 1 bend) If more than one totalh surface a applicable to a single claim live then rought the first surface value more than one totalh surface a applicable to a single claim live then rought the first surface value more than one totalh surface a applicable to a single claim live then rought the first surface value more than one totalh surface a applicable to a single claim live then rought the first surface value more than one totalh surface a applicable on a single claim live then rought the first surface value more than one totalh surface a applicable on a single claim live the rought the single claim live total more than one totalh surface and the surface of TIRDI to one informating total surface walls the first classificable and applicable classifier of gravity of the "single" (1).	In Taggal — The surface of the local field is determined in the local. In Taggal — The surface of a soft which face is surface and a invide lise flow down More and the local soft of the local soft of the local soft of the local soft O Cocksa — The surface of the posterior D Cocksa — The surface of the posterior More Applicable Nor Applicable	4/30/2013 8/7/2017 10/10/2013	CLAIMOT CLAIMOT CLAIMOT	CLAR-LINE-RECORD OF COTOXXX3 LLAR-LINE-RECORD OF COTXXXX3 CLAR-LINE-RECORD OF COTXXXX3	COT198-0002 Not Applicable COT199-0001

V2.1 T-MSIS Data Dictionary	
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ew Row #	DE NO	DATA ELEMENT NAME ORIGINATION-ADDR-LN2	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID) CLAIM-LINE-RECORD-0T-COT00003	CR NO C0T200-0002
230	01200		Not Appricable		For transportation claims, this is only required if state has captured this information, otherwise it is conditional	Not Appricable	2/23/2013	CDAIMOT		
237	COT200	ORIGINATION-ADDR-LN2	Not Applicable	NA	When this data element is not populated or used. States must Leave blank or space-fill these elements in accordance to the SZTM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT200-0003
238	COT201	ORIGINATION-CITY	The name of the origination dty from which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT201-0001
239	COT201	ORIGINATION-CITY	Not Applicable	NA	For transportation claims, this is only required if state has captured this information, otherwise it is conditional	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT201-0002
240	COT202	ORIGINATION-STATE	The ANSI 2 numeric code of the origination state in which a patient is transported either from home or	Conditional	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT202-0001
			a long term care facility to a health care provider to a health care provider for healthcare services or vice versa.							
241	COT202	ORIGINATION-STATE	Not Applicable	NA	A value is required transportation claims	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT202-0002
242	COT203	ORIGINATION-ZIP-CODE	The zip code of the origination city from which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional	The value must consist of digits 0 through 9 only	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT203-0001
243	COT203	ORIGINATION-ZIP-CODE	Not Applicable	NA	This is only required if state has captured this information, otherwise it is conditional. If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as "0000".	Not Applicable	9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT203-0002
					agis are not populated of used, then the 4-tagit extended 2p code should be recorded as 10000.					
244	COT204	DESTINATION-ADDR-LN1	The street address of the destination point to which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT204-0001
245	COT204	DESTINATION-ADDR-LN1	Not Applicable	NA	For transportation claims only. Required if state has captured this information, otherwise it is conditional.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT204-0002
246	COT205	DESTINATION-ADDR-LN2	The street address of the destination point to which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT205-0001
			iong term care racing to a neuror care provider for neurorcare services or vice versa.							
247	COT205	DESTINATION-ADDR-LN2	Not Applicable	NA	For transportation claims only. Required if state has captured this information, otherwise it is conditional.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT205-0002
248	COT205	DESTINATION-ADDR-LN2	Not Applicable	NA	When this data element is not populated or used. States must Leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT205-0003
249	COT206	DESTINATION-CITY	The name of the destination city to which a patient is transported either from home or long term care facility to a health care provider for healthcare services or vice versa.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT206-0001
250	COT206	DESTINATION-CITY	Not Applicable	NA	For transportation claims only. This field is required if state has captured this information, otherwise it is conditional.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT206-0002
	COT207	DESTINATION-STATE	The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code of the	Candiblemat	otherwise it is conditional. Value must be equal to a valid value.		8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT207-0001
	01207	DESTINGTION STATE	destination state in which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional	varias instals de capati se a varias varias.	http://www.census.gov/geo/reference/ansl_statetables.html	0,7,2027	Control		0001
252	001207	DESTINATION-STATE	Net Applicable	NA	For transportation claims only. This field is required if state has captured this information, otherwise it is conditional.	Not Applicable	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT207-0002
2253	COT208	DESTINATION-ZIP-CODE	The zip code of the destination city to which a patient is transported either from home or long term		otherwise it is conditional.		4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT208-0001
12:53			care facility to a health care provider for healthcare services or vice versa.	conditional	The value must consist of digits 0 through 9 only	Not Applicable				
254	COT208	DESTINATION-ZIP-CODE	Not Applicable	NA	This field is required if state has captured this information, otherwise it is conditional. If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as "0000".	Not Applicable	9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT208-0002
255	COT209	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H. Benefit Types for descriptions of the categories.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT209-0001
7256	COT210	CMS-64-CATEGORY-FOR-FEDERAL-	This code indicates if the claim was matched with Title XX or Title XX.	Required	Value must be equal to a valid value.	01 Federal funding under Title XIX	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT210-0001
		REIMBURSEMENT	THE AR OTHER ADDRESS OF THE CARD THE CARD THE CARD THE AR OTHER ADDRESS ADDRES			01 Federal funding under Title XIX 02 Federal funding under Title XX0 03 Federal funding under ACA 04 Federal funding under other legislation			and the second of cost00003	
						04 Federal funding under other legislation				1
		CMS-64-CATEGORY-FOR-FEDERAL-								
2257	COT210	REIMBURGEMENT	Not Applicable	NA	If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT210-0002
258	COT210	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT	Not Applicable	NA	If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT210-0003
259	COT211	XX-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation.	Conditional	Value must be equal to a valid value.	See Appendix I for listing of valid values.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT211-0001
			from the CMS-64 form that states use to report their expenditures and request federal financial participation.							
260	COT211	XX-MBESCBES-CATEGORY-OF-SERVICE		NA	Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant	Not Applicable	4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT211-0002
					Women".					
261	COT212	XXI-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Conditional	Value must be equal to a valid value.	See Appendix J for listing of valid values.	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT212-0001
			participation. Refer to Attachment 8 for definitions on the various categories of service.							
262	01213	OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Candiblanal	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COTODOO2	COT213-0001
263	COT213	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COTO0003	COT214-0001
264	COT214	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.	Not Applicable	9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT214-0002
					to record specific comments.					
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.					
7265	COT215	FILLER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-ength files and therefore should be ignored in pipe-delimited files. For third-length files, FILER that is shown at the end of each record layout should be space-filed in fixed-length files.	Not Applicable	9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT215-0001
				· · ·	fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filed in					
					fixed-length files.					
266	COT216	SEQUENCE-NUMBER	To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update	Required	Field is required on all 'C', 'U', and 'R' SUBMISSION-TRANSACTION-TYPE record files.	Not Applicable	8/7/2017	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT216-0001
			To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and							
			me type (subject area).							
267	COT216 COT217	SEQUENCE-NUMBER	Not Applicable A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by	NA	Must be numeric and > 0 Position 10-11 must be Alpha Numeric or blank	Not Applicable Not Applicable	10/10/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001 CLAIM-LINE-RECORD-OT-COT00003	COT216-0002 COT217-0001
			Not Applicable A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.							
269	COT217 COT217	NATIONAL-DRUG-CODE NATIONAL-DRUG-CODE	Not Applicable Not Applicable	NA	Position 1-5 must be Numeric Position 6-9 must be Alpha Numeric	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT217-0002 COT217-0003
271	COT217	NATIONAL-DRUG-CODE	Not Applicable	NA	Position or y must be replica realised. Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., [5, 4, 2] or [5, 4] as defined in the	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	C01217-0003
					National Drug Code Directory).					
272	COT217	NATIONAL-DRUG-CODE	Not Applicable	NA	If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT217-0005
2273	COT217	NATIONAL-DRUG-CODE	Not Applicable	NA	If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT217-0006
274	01217	NATIONAL-DRUG-CODE	Not Applicable	NA	then HCPCS or state specific codes can be put in the NDC field.	Not Applicable	10/10/2012	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT217-0007
					This field is applicable only for TYPE-OF-SERVICE = 035, 036, 077, 062, 063, 064, 065, 066, 067, 068, 069, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 033, 034.		207 207 2013			
2275	COT218	PROCEDURE-CODE-MOD-3	A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE- CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.	Conditional	Do not use multiple instances of PROCEDURE-CODE-MOD If the preceding PROCEDURE-CODE-MOD element k not populated, (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE- MOD-3 is biant-filed, then PROCEDURE-CODE-MOD-4 must also not be valued.	Valid values are supplied by the state.	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT218-0001
			CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.							
2276	COT218	PROCEDURE-CODE-MOD-3	Not Applicable	NA	II no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, leave blank or space-fill	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT218-0004
	COT218	PROCEDURE-CODE-MOD-3	NakAnallaskia	L	leave blank or space-fill	Net Avellenkle	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT218-0005
2278	COT218 COT219	PROCEDURE-CODE-MOD-3 PROCEDURE-CODE-MOD-4	A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If	Conditional	Not Applicable Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD	Not Applicable Valid values are supplied by the state.	8/7/2017 10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT218-0005 COT219-0001
			A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE- CODE-MOD-2* through "PROCEDURE-CODE-MOD-4.		Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. [Le: If PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE- MOD-3 is blank-filed, then PROCEDURE-CODE-MOD-4 must also not be valued.					1
2279	COT219	PROCEDURE-CODE-MOD-4	Not Applicable	NA	If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, leave blank or space-fill	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT219-0004
2280 2281	COT219	PROCEDURE-CODE-MOD-4 HCPCS-RATE	Not Applicable For outpatient hospital facility claims, HCPCS/CPT is captured here. This data element is expected to	NA	Not Applicable Value must be equal to a valid value.	Not Applicable http://www.cms.gov/Medicare/Coding/MedHCPCSGeninfo/index.html?redirec	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT219-0005
2261	COT220	munu5-MATE	capture data from HIPAA 837I claim loop 2400 SV202 or UB-04 FL 44 (only if the value represents a	conditional	value musicle equal to a valid value.	usp://www.cms.gov/Medicare/Loding/MedHCPCSGenInfo/Index.html?redirec	11/3/2015	CLAIMOT	LDAIM-LINE-RECORD-OT-CO100003	COT220-0001
			HCPCS/CPT). If HCPCS-RATE is populated then PROCEDURE-CODE should not be populated.							
2282	COT221	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0001
1283 1284	COT221 COT221	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable Not Applicable	NA	Value must be a valid date For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT221-0002 COT221-0003
				[_`						
285	COT221	ADJUDICATION-DATE	Not Applicable	NA	For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0004
	COT221	ADJUDICATION-DATE	Not Applicable	NA	ADJUDICATION-DATE should occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0005
1286	COT221	ADJUDICATION-DATE	Not Applicable	NA		Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0006
	COT221	ADJUDICATION-DATE	Not Applicable	NA	ADJUICATION-DATE should occur on or after the ADMISSION-DATE This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHP unborn child.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	C0T221-0007
1286 1287 1288	01221		Not Applicable	NA	CHIP unborn child. A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0008
	CO1221	ADJUDICATION-DATE								
287		ADJUDICATION-DATE		[immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.					
287	COT221	ADJUDICATION-DATE SELF-DIRECTION-TYPE		Conditional	immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	000 Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT222-0001
287 288 289	COT221		A data densities to learning the benefitian with directed the service. La lithing Authority the beneficiary has decision-making authority to recruit. It is, train and supervise the hadriduals who humin his/hor services, Budget Authority (The beneficiary has decision-making authority over how the Medical diracts in a budget are service), or both Hring and Budget Authority.	Conditional	immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	000 Not Applicable 001 Hiring Authority 002 Budget Authority 003 Hiring and Budget Authority	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT222-0001

Row #	DE NO	DATA ELEMENT NAME	DEFINITION A number, code, or other value that indicates the reactions provided on this chain have been	NECESSITY	CODING REQUIREMENT The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID) CLAIM-LINE-RECORD-OT-COT00003	CR NO C0T223-0001
	01223	PRE-AUTHORIZATION-NUM	A number, code, or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number).	Conditional	The new can contain any appranument characters, digits or symbols except the "pipe" (]).	Not Applicable	11/3/2015	LLAIMUI	LLAIM-LINE-RECORD-01-C0100003	001223-0001
	COT224	NDC-UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Conditional	Value must be equal to a valid value. Valid Value Definition:	F2 International Unit ML Milliliter	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT224-0001
					E2 International Unit GR Gram ME Millisram	GR Gram ME Millitaram UN Unit				
					ME Millgram ML Milliter UN Unit					
	COT224 COT225	NDC-UNIT-OF-MEASURE NDC-QUANTITY	Not Applicable This field is to capture the actual quantity of the National Drug Code being prescribed on this out- patient claim.	NA Conditional	Enter the unit of measure for each corresponding quantity value. Must be numeric	Not Applicable Not Applicable	10/10/2013 11/3/2015	CLAIMOT CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003 CLAIM-LINE-RECORD-OT-COT00003	COT224-0002 COT225-0001
	COT225	NDC-QUANTITY	Not Applicable	NA	This field is only applicable when the NDC code being billed can be quantified in discrete units, e.g., the number of units of a prescription/refill that were filled.	Not Applicable	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT225-0002
	COT226	PROV-LOCATION-ID	A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([].	Not Applicable	10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT226-0001
	COT226	PROV-LOCATION-ID	area. Not Applicable	NA	The value should correspond with one of the location identifiers recorded in the provider's	Not Applicable	8/7/2017	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT226-0002
					demographic records in the T-MSIS data set. If a particular license is applicable to all locations, create an identifier that signifies "All Locations"					
	COT227	PROCEDURE-CODE-MOD-2	A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE- CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.	Conditional	If no corresponding procedure (PRDCDURE-CODE-2 through PROCDURE-CODE-6) was performed, leave blank or space-fill	Valid values are supplied by the state.	10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT227-0001
	COT227	PROCEDURE-CODE-MOD-2	Not Applicable	NA	Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (J.e., If PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE- MOD-3 is binar filed, then PROCEDURE-CODE-MOD-4 must also not be valued.	Not Applicable	8/7/2017	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT227-0002
					MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.					
	COT227 CRX001	PROCEDURE-CODE-MOD-2 RECORD-ID	Not Applicable An identifier assigned to each record segment. The first 3 characters identify the subject area. The last	NA Required	Not Applicable Value must be equal to a valid value.	Not Applicable CRX00001	10/10/2013 8/7/2017	CLAIMOT CLAIMRX	CLAIM-LINE-RECORD-OT-COT00003 FILE-HEADER-RECORD-RX-CRX00001	COT227-0005 CRX001-0001
			vox separation: An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 hytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER- IRECORD-IP record segment 5 c1000002.							
	CRX001 CRX002	RECORD-ID DATA-DICTIONARY-VERSION	Not Applicable A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	NA Required	Must be populated on every record segment. Use the version number specified on the Cover Sheet of the data dictionary	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMRX CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001 FILE-HEADER-RECORD-RX-CRX00001	CRX001-0002 CRX002-0001
	CRX003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX000001	CRX003-0001
	CRX003	SUBMISSION-TRANSACTION-TYPE	Not Applicable	NA	Must be populated on every record	Not Applicable	8/7/2017	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable
	CRX004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or delimited format. A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required	Value must be equal to a valid value.	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format.	4/30/2013 2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX004-0001
	CRX005	FILE-NAME		Required	Use the version number specified on the title page of the data mapping document Value must be equal to a valid value.	Not Applicable CLAIM-RX - Pharmacy Claims/Encounters File - Claims/encounters with TYPE	- 8/7/2017		FILE-HEADER-RECORD-RX-CRX00001 FILE-HEADER-RECORD-RX-CRX00001	CRX005-0001 CRX006-0001
			The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Final information, IP daims, IK daims, Kr daims, or T claims).			CLAIM-RX - Pharmacy Claims/Encounters File - Claims/encounters with TYPE OF-SERVICE 011, 018, 033, 034, 036, 085, 089, 127, or 131.				
	CRX006	FILE-NAME	Not Applicable	NA	For TYPE-OF-SERVICE = 011, 018, 033, 034, 036, 085, 089, 127, or 13, FILE-NAME must be CLAIM-RX.	Not Applicable	8/7/2017	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable
	CRX007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX007-0001
	CRX007	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX007-0002
	CRX007 CRX007	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMRX CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001 FILE-HEADER-RECORD-RX-CRX000001	CRX007-0003 CRX007-0004
	CRX008 CRX008	DATE-FILE-CREATED DATE-FILE-CREATED DATE-FILE-CREATED	The date on which the file was created. Not Applicable	Required NA	Date format is CCYMMDD (National Data Standard) Value must be a valid date	Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMRX CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001 FILE-HEADER-RECORD-RX-CRX00001	CRX008-0001 CRX008-0002
	CRX008	DATE-FILE-CREATED	Not Applicable Not Applicable	NA NA	Required on every file header Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	Not Applicable Not Applicable	2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CR000001 FILE-HEADER-RECORD-RX-CR000001	Not Applicable CRX008-0003
	CRX009	START-OF-TIME-PERIOD	Beginning date of the time period covered by this file.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017 8/7/2017	CLAIMRX	FILE-HEADER-RECORD-RX-CRX000001	CRX009-0001
	CRX009 CRX009 CRX009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable Not Applicable Not Applicable	NA NA	Must be populated on every record Value must be a valid date Value must court before END-OF-TIME-PERIOD	Not Applicable Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMRX CLAIMRX CLAIMRX	FILE-HEADER-RECORD-RX-CRX000001 FILE-HEADER-RECORD-RX-CRX000001 FILE-HEADER-RECORD-RX-CRX000001	Not Applicable CRX009-0002 Not Applicable
	CRX009 CRX009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable Not Applicable	NA NA	Value must be equal to or less than the date in the DATE-FILE-CREATED field. Value must occur on or before the current date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMRX CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001 FILE-HEADER-RECORD-RX-CRX00001	Not Applicable Not Applicable
	CRX010 CRX010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached. Not Applicable	Required NA	Date format is CCYYMMDD (National Data Standard) Value must be a valid date	Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMRX CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001 FILE-HEADER-RECORD-RX-CRX00001	CRX010-0001 CRX010-0002
	CRX010	END-OF-TIME-PERIOD	Not Applicable	NA	Value for the Date in the End of Time Period (last 2 bytes of the value) must equal "30" in April, June, September, or November; "33" in January, March, May, July, August, October, or December, and "28" or "29" in February.	Not Applicable	8/7/2017	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable
	CRX010	END-OF-TIME-PERIOD	Not Applicable	NA	Date must be less than current date	Not Applicable	8/7/2017	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable
	CRX010 CRX010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Not Applicable A code to indicate whether the records in the file are test or production records.	NA NA	Value must be equal or less than DATE-FILE-CREATED. Value must be greater than START-OF-TIME-PERIOD	Not Applicable Not Applicable P. Production File	8/7/2017 8/7/2017	CLAIMRX CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001 FILE-HEADER-RECORD-RX-CRX00001	Not Applicable Not Applicable
	CRX011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Kequired	Value must be equal to a valid value.	T Test File Not Applicable	B/7/2017 B/7/2017		FILE-HEADER-RECORD-RX-CR000001	CRX011-0001
	CRX011 CRX011			195	Must be populated on every record. The dataret name and the value in this field must be consistent (i.e., the production dataret name				FILE-HEADER-RECORD-RX-CR000001	Not Applicable
	CRADII	FILE-STATUS-INDICATOR	Not Applicable	nn	cannot have a FILE-STATUS-INDICATOR = 'T'	Not Applicable	8/7/2017	CLAIMRX	FILE-HEADER-RECORD-RA-CR000001	
	CRX011	SSN-INDICATOR		Required	The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = T' Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER	4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX012-0001
			Not Applicable Indicates whether the state uses the eligible person's social security number (SNI) instead of an MSIS dentification number as the unique, unchanging eligible person identifier. Not Applicable Not Applicable	Required	Value must be equal to a valid value. A state's SSN/Non-SSN designation on the eligibility file should match on the claims files. For non-SSN states, the SSN+INDICATOR in the Header record must be set to 0 and the MSIS					CRX012-0001 CRX012-0002
	CRXD12 CRXD12	SSN-INDICATOR SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required NA NA		0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER Not Applicable	4/30/2013		FILE-HEADER-RECORD-RX-CRX000001 FILE-HEADER-RECORD-RX-CRX000001	CRX012-0001 CRX012-0002
	CRXD12 CRXD12	SSN-INDICATOR SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number ISNN instead of an MBIS detertification number as the unique, unchanging eligible persons identifier. Net Applicable Net Applicable A count of all records in the III exceed for the file leader record. This count will be used as a control	Required NA NA Required	Value must be equal to a valid value. A state's SSN/Non-SSN designation on the eligibility file should match on the claims files. For non-SSN states, the SSN+INDICATOR in the Header record must be set to 0 and the MSIS	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER Not Applicable	4/30/2013		FILE-HEADER-RECORD-RX-CRX000001 FILE-HEADER-RECORD-RX-CRX000001	CRX012-0001 CRX012-0002
	CRX012 CRX012 CRX012	SSN-INDICATOR SSN-INDICATOR SSN-INDICATOR TOT-REC-CNT	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS Manifestation number as the unique, unchanging eligible person identifies. Met applicable Met Applicable A count of all councils in the file second for the Ne Index encount Mill branch and council and A count of all councils in the file second for the Ne Index encount Mill branch and council and A count of all councils in the file second for the Ne Index encount Mill branch and council and a count of all councils in the file society for the Ne Index encount Mill branch and council and A count of all councils in the file society for the Ne Index encount Mill branch and councils.	NA NA	Value must be equal to a valid value. A rater SSIV-Non-SSN designation on the eligibility file about mutch on the claims files. For morsSSI states, the SSIRGECATOR line header record must be set to 0 and the MSE description number must be reported in the MSE's GENTFICTUTION MUMBER field. If the MSE MSE's MSE's and the SSI set of the MSE's GENTFICTUTION MUMBER field. If the MSE MSE's MSE's MSE's MSE's MSE's MSE's MSE's MSE's MSE	O State does not use SSN as MSIS-ICENTIFICATION-NUMBER 1 State use SSN as MSIS-ICENTIFICATION-NUMBER Not Applicable Not Applicable	4/30/2013 4/30/2013 8/7/2017	CLAIMRX CLAIMRX CLAIMRX	RLE-HEADER-BECORD-RX-CRXX00001 PLE-HEADER-BECORD-RX-CRXX00001 RLE-HEADER-BECORD-RX-CRXX00001	CRXD12-0001 CRXD12-0002 Not Applicable
	CRX012 CRX012 CRX012 CRX013	SSN-INDICATOR SSN-INDICATOR SSN-INDICATOR TOT-REC-CNT	Indicates whether the state uses the eligible person's social security number ISNN instead of an MBIS detertification number as the unique, unchanging eligible persons identifier. Net Applicable Net Applicable A count of all records in the III exceed for the file leader record. This count will be used as a control	NA NA	Vale much be equal to a valid value. A state's SIN/Non-SIN designation on the eligibility file should match on the claims files. For more SIN states, a SIN-SINGECATOR in the Header record immediate set to be and the Head in the SINGECATOR of the Header record immediate set to be and the Header IED/TIFICATION NUMBER is not known then this field should be P-filed, left blank or space-filed.	0 State devices of the Still as Meller UDENTIFICATION NUMBER State devices of the Meller State	4/30/2013 4/30/2013 8/7/2017 8/7/2017	CLAIMRX CLAIMRX CLAIMRX CLAIMRX	PLE + EADER-RECORD-RX CRX00001 PLE + EADER-RECORD-RX CRX00001 PLE + EADER-RECORD-RX CRX00001 PLE + EADER-RECORD-RX CRX00001	CRX012-0001 CRX012-0002 Not Applicable CRX013-0001
	CRX012 CRX012 CRX012 CRX013	SSN-INDICATOR SSN-INDICATOR SSN-INDICATOR TOT-REC-CNT	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS Manifestation number as the unique, unchanging eligible person identifies. Met applicable Met Applicable A count of all councils in the file second for the Ne Index encount Mill branch and council and A count of all councils in the file second for the Ne Index encount Mill branch and council and A count of all councils in the file second for the Ne Index encount Mill branch and council and a count of all councils in the file society for the Ne Index encount Mill branch and council and A count of all councils in the file society for the Ne Index encount Mill branch and councils.	NA NA	Value must be equal to a valid value. Cardon Status (Section 2014) equations (Section 2014) e	o under deer on sour and het in Het Constrainty and het H	4/30/2013 4/30/2013 8/7/2017 8/7/2017	CLAIMRX CLAIMRX CLAIMRX CLAIMRX	PLE + EADER-RECORD-RX CRX00001 PLE + EADER-RECORD-RX CRX00001 PLE + EADER-RECORD-RX CRX00001 PLE + EADER-RECORD-RX CRX00001	CRX012-0001 CRX012-0002 Not Applicable CRX013-0001
	CRX012 CRX012 CRX012 CRX013 CRX013 CRX014	SSN-NDICATOR SSN-NDICATOR SSN-NDICATOR TOT-REC-CNT TOT-REC-CNT TOT-REC-CNT STATE-NOTATION	Indexets well-after the task cash the digital persons is solid accertly number (534) (initial of an MSIS selectation innerses). The initial well-after digital person identifies: Net April 126 Person is a selected of the task of the initial of the initial of a control for a factor of all exceeds in the file backgrip for the file initial or initial of a control for a factor of the initial of the file backgrip for the file initial or initial or initial or initial variation of the factor of the file backgrip for the file initial or initial or initial or initial or initial variation of the factor of the file backgrip for the file initial or initial or initial or initial variation of the file backgrip initial or	NA NA	Vision must be equal to a valid value. I calm SNN be equal to a valid value. I calm SNN best SNN BERGHARD to the Header record must have the calms files. For any SNN best SNN BERGHARD to the Header record must have the calms file. I calm SNN best SNN BERGHARD to the Header record must have the SNN best Berthard must be and the required in the Net SNN best SNN best SNN BERGHARD. SNN best must be an indegre with the SNN best Snn best file and the "Header record. The TREE can calm any applications: the calms and the SNN best second. The TREE can calm any applications: the SNN BERGHARD field with "Weight" (1). Berglade definition of the SNN BERGHARD second file and the "SNN BERGHARD field with "SNN " "Calm" or bases there and second file and calms any applications: the SNR BERGHARD field with "Weight" (1). Berglade definition of the Calms SNN BERGHARD field with "SNN " "Calm" or bases there and second file and there are provided in the SNR BERGHARD field with the calm is the file of the file of the son of all more than the SNR BERGHARD field with the son of all more the calms are the son of the SNR BERGHARD field with the son of	o under deer on sour and het in Het Constrainty and het H	4/30/2013 4/30/2013 8/7/2017 8/7/2017 8/7/2017 8/7/2017	CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX	RE HEADER RECORD RY CRODOD1 RE HEADER RECORD RY CRODOD1	CRX012-0001 CRX012-0002 Not Applicable CRX013-0001 Not Applicable CRX013-0001
	CRX012 CRX012 CRX012 CRX013 CRX013 CRX014	SSN-NDICATOR SSN-NDICATOR SSN-NDICATOR TOT-REC-CNT TOT-REC-CNT TOT-REC-CNT STATE-NOTATION	Indexets well-after the task cash the digital persons is solid accertly number (534) (initial of an MSIS selectation innerses). The initial well-after digital person identifies: Net April 126 Person is a selected of the task of the initial of the initial of a control for a factor of all exceeds in the file backgrip for the file initial or initial of a control for a factor of the initial of the file backgrip for the file initial or initial or initial or initial variation of the factor of the file backgrip for the file initial or initial or initial or initial or initial variation of the factor of the file backgrip for the file initial or initial or initial or initial variation of the file backgrip initial or	NA NA	Value must be legad to a valid value. A addre 190 (Non-1904 designation on the eligibity file should much on the claim files, addre 190 (Non-1904 designation on the eligibity file should much on the claim files, the should be reported in the Mills (EXPERIENTION NUMBER field). If the Mills EXPERIENTIAN NUMBER is not known then the file field should be P filed, left black or space filed. CARTING AND	o under deer on sour and het in Het Constrainty and het H	4/30/2013 4/30/2013 8/7/2017 8/7/2017 8/7/2017 8/7/2017	CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX	RE HEADER RECORD RY CRODOD1 RE HEADER RECORD RY CRODOD1	CRX012-0001 CRX012-0002 Not Applicable CRX013-0001 Not Applicable CRX013-0001
	CRX012 CRX012 CRX013 CRX013 CRX014 CRX014	SIN HUGATOR SIN HUGATOR SIN HUGATOR TOP RECONT TOP RECONT TOP RECONT STATE HOTATION STATE HOTATION	Indicator and the set of the stage uses the eligible person's acidal accurity number (SSR) initiated of an ABIS SMR Applicable Next Applicable Account of all records in the title encourt for the file header record. This count will be used as a control to to help acare that the file did not become competite during transmission. Next Applicable Next Set SMR OF the tradimiting state to enter whatever information if chooses. Next Applicable	NA NA	Vision must be equal to a valid value. A card SR SVA voor SR	Di cala de ora una esta a Maño EDINTPLATION NUMBER De la des des de la des de la desta de la desta de la desta Nor Agelicado Nor Agelicado Nor Agelicado	4/30/2013 4/30/2013 8/7/2017 8/7/2017 8/7/2017 9/23/2015	CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX	RL + 64.000 44.000001 74.1 + 64.000 54.000001 74.1 + 64.000 54.000001	CRX012-0001 CRX012-0002 Not Applicable CRX013-0001 Not Applicable CRX014-0001 CRX014-0002
	CRX012 CRX012 CRX012 CRX013 CRX013 CRX014	SSN-NDICATOR SSN-NDICATOR SSN-NDICATOR TOT-REC-CNT TOT-REC-CNT TOT-REC-CNT STATE-NOTATION	Indexets well-after the task cash the digital persons is solid accertly number (534) (initial of an MSIS selectation innerses). The initial well-after digital person identifies: Net April 126 Person is a selected of the task of the initial of the initial of a control for a factor of all exceeds in the file backgrip for the file initial or initial of a control for a factor of the initial of the file backgrip for the file initial or initial or initial or initial variation of the factor of the file backgrip for the file initial or initial or initial or initial or initial variation of the factor of the file backgrip for the file initial or initial or initial or initial variation of the file backgrip initial or	NA NA	Value must be equal to a valid value. Calor must be equal to a valid value. Card values Values Valid Values Valid Vali	Di cala de ora una esta a Maño EDINTPLATION NUMBER De la des des de la des de la desta de la desta de la desta Nor Agelicado Nor Agelicado Nor Agelicado	4/30/2013 4/30/2013 8/7/2017 8/7/2017 8/7/2017 8/7/2017	CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX	RE HEADER RECORD RY CRODOD1 RE HEADER RECORD RY CRODOD1	CRX012-0001 CRX012-0002 Not Applicable CRX013-0001 Not Applicable CRX013-0001
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New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2359	CRX022	MSIS-IDENTIFICATION-NUM	DEFINITION A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	For SSN states, this field must contain the eligible individual's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	Not Applicable	DATE 8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX022-0003
			and any claims soonneed to the system.		uninown and a temporary number is assigned, this neid will contain that number.					
2360	CRX022	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX022-0002
2361	CRX023	CROSSOVER-INDICATOR	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required	Tormat of the state ID numbers must be supplied to CMS. Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX023-0001
2362	CRX023	CROSSOVER-INDICATOR	Not Applicable	NA	If Crossover indicator is Yes, there must be Medicare enroliment in the Eligible file for the same time period (by date of service).	1 Crossover Claim Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX023-0002
2363	CRX023	CROSSOVER-INDICATOR	Not Applicable	NA	time period (by date of service). Detail records should be created for all crossover claims.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX023-0003
2364	CRX024	1115A-DEMONSTRATION-IND	Indicates that the claim or encounter was covered under the authority of an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicald Innovation (CMMI) demonstration.	Conditional	Value must be equal to a valid value.	0No 1Yes	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX024-0001
2365	CRX025	ADJUSTMENT-IND	Code indicating the type of adjustment record.	Required	Value must be equal to a valid value	0. Original Cisim / Encounter	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX025-0001
2303	CRAD25	ADJUST MENTIND	code indicating the type of adjustment record.	Requireu	vanie mios de equan o a valio valoe.	D Original Claim / Encounter 1 Vold / Reversal of a prior submission 4 Replacement / Resubmission of a prior submission	6/7/2017	LLAIMIRA	LAIM HEADER RECORD RAY CROODING	CRA025-0001
						4 Replacement / Resubmission of a prior submission 5 Gross Credit / Gross Credit Adjustment 6 Gross Debit / Debit Credit Adjustment				
2366	CRX025	ADJUSTMENT-IND	Not Applicable	NA	ADJUSTMENT-IND values of "0", "1", "4" should be reported when TYPE-OF-CLAIM = "1", "3", "5", "A", "C", "E", "U", "W", "Y".	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX025-0002
					"A", "L", "E", "U", "W", "T". ADJUSTMENT-IND values of "5" or "6" should be reported when TYPE-OF-CLAIM = "4", "D" or "X"				1	
									1	
2367	CRX026	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional	Value must be in the set of valid values	http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-re	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX026-0001
2368	CRX026	ADJUSTMENT-REASON-CODE	Not Applicable	NA	f there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM- PYMT-REM-CODE).	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX026-0002
2369	CRX027	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX027-0001
2370	CRX027	ADJUDICATION-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0002
	CRX027	ADJUDICATION-DATE	Not Applicable	NA	For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX027-0003
2372	CRX027	ADJUDICATION-DATE	Not Applicable	NA	For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CR3000002	CRX027-0004
2373	CRX027	ADJUDICATION-DATE	Not Applicable	NA	ADJUDICATION-DATE should occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX027-0005
2374	CRX027	ADJUDICATION-DATE	Not Applicable	NA	This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX027-0006
2375	CRX027	ADJUDICATION-DATE	Not Applicable	NA	A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX027-0007
					immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.					
2376 2377	CRX028 CRX028	MEDICAID-PAID-DATE MEDICAID-PAID-DATE	The date Medicaid paid on this daim or adjustment. Not Apolicable	Required	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable	2/25/2013 4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002	CRX028-0001 CRX028-0002
2378	CRX029 CRX029	MEDICAID-PAID-DATE TYPE-OF-CLAIM TYPE-OF-CLAIM	Not Applicable A code indicating what kind of payment is covered in this claim. Not applicable	Required	Value must be equal to a valid value. States should only submit CHIP claims for CHIP eligibles	Not Applicable See Appendix A for listing of valid values. Not applicable	4/30/2013	CLAIMRX CLAIMRX CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX028-0002 CRX029-0001 CRX029-0002
2380	CRX029	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0003
2381	CRX029	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX029-0004
2382	CRX029	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0005
2383	CRX029	TYPE-OF-CLAIM	Not Applicable	NA	States should not submit any Medicaid claims records for individuals who were not eligible for	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0006
2384	CRX030	CLAIM-STATUS	The health care claim status codes convey the status of an entire claim.	Conditional	Medicaid according to the TANF code. Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX030-0001
2385	CRX030	CLAIM-STATUS	Not Applicable	MA		Not Applicable	8/7/2017	CLAIMEY	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable
2386		CLAIM-STATUS-CATEGORY			All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2		11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX031-0001
2386	CRX031	CLAIM-STATUS-CATEGORY	The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS.	Kequired	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-catego	11/3/2015	LLAIMKX	CLAIM-HEADER-RECORD-RX-CR000002	CRX031-0001
2387	CRX031	CLAIM-STATUS-CATEGORY	Not Applicable	NA	All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable
2388	CRX031	CLAIM-STATUS-CATEGORY	Not Applicable	NA	All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	Not Applicable
2389	CRX032	SOURCE-LOCATION	The field denotes the claim payment system from which the claim was adjudicated.	Required	DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2 Value must be equal to a valid value.	01 MMIS	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX032-0001
						21 Addition 21 Addition 22 Addition 22 NoveMotSI CHP Payment System 23 Portuna Sector System 24 Portuna Sector System 24 Portuna Sector System 25 Portuna Sector System 25 Portuna Sector Sector System 25 Portuna Sector Sector Sector Sector 25 Portuna Sector Sector Sector 25 Portuna Sector Sector Sector Sector 25 Portuna Sector Sector 25 Portuna Sector Sector 25 Portuna Sector 25				
2390	CRX033	CHECK-NUM	The check or EFT number.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([].	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX033-0001
2391	CRX033	CHECK-NUM	Not Applicable	NA	If there is a valid check date there should also be a valid check number.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX033-0002
2392	CRX034	CHECK-EFF-DATE	Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable
2393 2394	CRX034	CHECK-EFF-DATE CHECK-EFF-DATE	Not Applicable Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002	Not Applicable
2394	CRX034 CRX034	CHECK-EFF-DATE	Not Applicable	NA	Value must be a valid date. Could be the same as Remittance Date.	Not Applicable Not Applicable	8/7/2017 2/25/2013		CLAIM-HEADER-RECORD-RX-CRX000002	CRX034-0002 CRX034-0003
2396 2397	CRX034 CRX035	CHECK-EFF-DATE CLAIM-PYMT-REM-CODE-1	Not Applicable Remittance Advice Remark Codes are used to convey information about remittance processing or to manifer and exactly and and the second device of the second device of the second device of the second device of	NA Conditional	If there is a valid check number, there should also be a valid check date. Value must be equal to a valid value.	Not Applicable Use the Remittance Advice Remark Codes at the following link: http://www.v	4/30/2013 10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX034-0004 CRX035-0001
			pession (Code, Each Remittance Advice Remote Code) Identified a specific message as shown in the Remittance Advice Remark Code List. If is a code est used by the health care claim for apprent. It is an external code set the source as a standard by the Addimitations is simplification provides or different in external code set whose use is as a mandled by the Addimitations is simplification provides or different in external code set whose use is as a mandled by the Addimitations is simplification provides or different in PAAL.							
2398	CRX036	CLAIM-PYMT-REM-CODE-2	Initiatizes Advice Bernard Colors are used to convey information about remittance processing or to provide a supplement organization for an adjustment already described by a Calind Augustment Resson Color. Each Remittance Advice Bernark Code Identifies a specific message as shown in the memory advice Bernard Code ULE II is a code as stard by the sholl care industry to compare the start of the memory advice advice advice the start of the start of the start of the start of the an esternal code set whose use is a mundated by the Administrative Singilization providens of the start of t	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.v	10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX036-0001
									1	
2399	CRXD37	CLAIM-PYMT-REM-CODE-3	Institutors Addre Instand Codes zu aus für schney Microsoftan Subort remittance processing or to anoden a segularentet and anoden and anoden and anoden and anoden and anoden and instanden and anoden and anoden and anoden and anoden and anoden and anoden and instantional Addres Missand Code List II is a code set and be that host that are indexity to convery new processing and anoden and anoden and anoden and anoden and anoden and anoden and another and anoden and anoden and anoden and anoden and anoden and anoden and another and anode and anoden and anoden and anoden and anoden and anoden and another and anoden and anoden and anoden and anoden and anoden and another anoden and anoden and anoden and anoden and anoden and anoden and another anoden and anoden and anoden and anoden and anoden and anoden and another anoden and anoden and anoden and anoden and anoden and anoden and another anoden and anoden and anoden and anoden anoden and anoden and another anoden and anoden anoden and anoden and anoden anoden and another anoden anoden anoden anoden	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.v	10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CEN00002	CRX037-0001
2400	CRX038	CLAIM-PYMT-REM-CODE-4	Similaria Mukic Renuit Codes are used to convey information about remittance processing or to oracle a supportence aliquitation for an advantage of the analysis of the support of the support of the support of the support of the support of the support of the support of the remittance Advice Renuit Code List. It is a code set used by the health care in health or a colline and and the support of the advantage of the support of the support of the support of the advantage of the support of the health tances Portability and Accountably Act of 1946 (PL 106-1976, commonly referred to as IMAA).	Conditional	Value must be equal to a valid value.	Use the Remittance Advice Remark Codes at the following link: http://www.w	10/10/2013	CLAIMRX	CLAIM-HEADER RECORD-RX-CRX00002	CRX038-0001
2401	CRX039	TOT-BILLED-AMT	The total amount billed for this claim at the claim header level as submitted by the provider.	Conditional	TOT-BILLED-AMT must be a valid dollar amount.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX039-0001
2402	CRXD39	TOT-BILLED-AMT	Not Applicable	NA	The total amount should be the sum of each of the billed amounts submitted at the claim detail level.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX039-0002
2403	CRX039	TOT-BILLED-AMT TOT-BILLED-AMT	Not Applicable Not Applicable	NA	If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000". If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "000000000".	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX039-0003 CRX039-0004
2404	CAAU37				IF TYPE-OF-CDAIM = 3, C, WH TOT-BILLED-AMT must = "00000000". If TYPE-OF-CDAIM = 3, C, W (encounter record) this field should be populated with the amount that the provider billed the managed care plan.					
	CRX040	TOT-ALLOWED-AMT	The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Conditional	TOT-ALLOWED-AMT must be a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX040-0001
0405	CRY040	TOT-ALLOWED-AMT	Not Applicable The total amount paid by Medicaid/CHIP or the managed care plan on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid or the managed care plan at the	NA Required	The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT IF TYPE-CG-FLAM = 1 or A (Ice-for-service claim) this field should be populated with the amount that the Medical agency paid to the provider.	Not Applicable Not Applicable	4/30/2013 8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX040-0002 CRX041-0001
2406	CRX041	TOT-MEDICAID-PAID-AMT							1	
2406	CRX041	TOT-MEDICAID-PAID-AMT	claim header level, which is the sum of the amounts paid by Medicaid or the managed care plan at the detail level for the claim.		that the Medicaid agency paid to the provider.					
2406 2407	CRXD41	TOT-MEDICAID-PAID-AMT	claim header level, which is the sum of the amounts paid by Medicaid or the managed care plan at the detail level for the claim. Not Applicable	NA		Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRXD41-0002
2406 2407 2408			detail level for the claim. Not Applicable	NA	f TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid	Not Applicable		CLAIMRX		
2406 2407 2408 2409 2410	CRXD41 CRXD41 CRXD42 CRXD42	TOT-MEDICAID-PAID-AMT TOT-MEDICAID-PAID-AMT TOT-COPAY-AMT TOT-MEDICARE-DEDUCTBLE-AMT	Can have free, which is the sam of the amounts pad by Medicaid or the managed care plan at the Not Applicable the clad applicable the clad applicable the clad applicable the sametar pad by physical class models for such gives or exemption destimated with or partner of perception range in addition to the amounts and by Medicaid Child.	NA		Not Applicable Not Applicable Not Applicable	8/7/2017 11/3/2015 11/3/2015		CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRXD41-0002 CRXD42-0001 CRXD43-0001

	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY		VALID VALUES	LAST UPDATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
New Row # 2411	DE NO CRX043	TOT-MEDICARE-DEDUCTIBLE-AMT	DEFINITION Not Applicable	NA	CODING REQUIREMENT If the Medicare deductible amount can be identified separately from Medicare consurance	VALID VALUES Not Applicable	LAST UPDATE DATE 8/7/2017	CLAIMRX	FILE SEGMENT (with RECORD-ID) CLAIM-HEADER-RECORD-RX-CRX000002	CR NO CRX043-0002
					If the Medicare deductible amount can be dentified separately from Medicare consurance payments, code that amount in this field. If the Medicare consumare and deductible payments cannot be separated. If this field with the combined payment amount, code MEDICARE-COMB- DED-IND with a "1", and code space in TOT-MEDICARE-COINS-AMT.					
2412	CRX043	TOT-MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	The total Medicare deductible amount must be less than or equal the total billed amount.	Not Applicable Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX043-0003
2413	CRX044	TOT-MEDICARE-COINS-AMT	The amount paid by Medicaid/CHIP on this claim at the claim header level toward the beneficiary's Medicare coinsurance	Conditional	This data element must include a valid dollar amount.		11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX044-0001
2414 2415	CRX044 CRX044	TOT-MEDICARE-COINS-AMT TOT-MEDICARE-COINS-AMT	Not Applicable Not Applicable	NA NA	Value must be less than TOT-BILLED-AMT. If the Medicare coinsurance amount can be identified separately from Medicare deductible	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMRX CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable CRX044-0002
					If the Medicare colour area smouth can be identified separately from Medicare deductible amount code that amount in this field if the Medicare colourances and deductible payments cannot be separated, code space in this field, code MEDICARE-COME DED-HD with a "1", and Hil the combined payment amount in TOT-MEDICARE-DEDUCTIBLE-AMT					
2416	CRX045	TOT-TPL-AMT	Third Party Liability (TRJ) refers to the legal obligation of third parties, i.e., certain individuals, entities or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan This is the total amount denoted at the claim header level paid by the third party.	. Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX045-0001
2417	CRX045	TOT-TPL-AMT	Not Applicable	NA	The TOT-TPL-AMT should be =< TOT-BILLED-AMT - (minus) (TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT).	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX045-0002
2418 2419	CRX047 CRX048	TOT-OTHER-INSURANCE-AMT OTHER-INSURANCE-IND	The amount paid by insurance other than Medicare or Medicaid on this claim. The field denotes whether the insured party is covered under an other insurance plan other than	Conditional	This data element must include a valid dollar amount. Value must be equal to a valid value.	Not Applicable	11/3/2015 8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002	CRX047-0001 CRX048-0001
2420	CRX040	OTHER-TPL-COLLECTION	Medicare or Medicald.	Conditional	Value must be equal to a valid value.	0 No 1 Yes 001 Third Party Resource is Casualty/Tort	8/7/2017		CLAIM-HEADER-RECORD-RX-CRX00002	CRX049-0001
1410	60047	UTER TE COLLETION	This data element indicates that the claims is for a beneficiary for whom other thing party resource development and calcine an while are in progress, when the liability is not another health marance plan for which the eligible is a beneficiary.	Controllar		002 Third Party Resource is Estate " 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Volewir Scompentation 007 Third Party Resource is Other 007 Third Party Resource is Other	u())2023			
2421	CRXD50	SERVICE-TRACKING-TYPE	A code to catagories anvies troating claims. A "service tracking claim" is used to report lange sum payments that cannot be artifacted to a single code. (Note: Use an encounter record to report anxies provided under a capitated payment arrangement).	Conditional	Value must be equal to a valid value.	20 Nut 2 Service Tracking Claim 20 Dug Rober 20 DSF Paymont 00 Lump Sum Paymont 04 Cost Settlemont 05 Other	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX050-0001
2422	CRX050	SERVICE-TRACKING-TYPE	Not Applicable	NA	This field is required if TYPE-OF-CLAIM equals a service tracking claim (Valid values for service tracking claims include 4, D, X)	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	Not Applicable
2423 2424	CRX051 CRX051	SERVICE-TRACKING-PAYMENT-AMT SERVICE-TRACKING-PAYMENT-AMT	On service tracking claims, the lump sum amount paid to the provider. Not Applicable	Conditional NA	This data element must include a valid dollar amount. Amount paid for services received by an individual patient, when the state accepts a lump sum form a nonvider that covered diminar reviews delivered to more than one patient, such as a errorin	Not Applicable Not Applicable	10/10/2013 2/25/2013	CLAIMRX CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0001 CRX051-0002
2425	CRX051	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	screening for EPSD1. Required on service tracking records, TYPE-OF-CLAIM equals 4, D, X)	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX051-0003
	CRX051	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	If there is a service tracking type, then there must also be a service tracking payment amount.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX051-0004
2427	CRX051	SERVICE-TRACKING-PAYMENT-AMT	Not Applicable	NA	For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	Not Applicable	10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0005
2428	CRX052		This code indicates that the reinstancement amount included on the claim in for a finite grammet. The diagrameters are made by the data to biasers or provisers for grammatic or cligatic coverge, and for a particular anviet. For example, core states have Privary, Care Care Management (PCOI) approxima where the data por provisers a monotonic gradient management (PCOI) approximation of the state provisers and annual gradient management (PCOI) approximation of the state provisers and monotonic gradient management (PCOI) and the state provisers and monotonic gradient management (PCOI) and the state provisers and monotonic gradient provisers and the state of	Londitional	Value must be equal to a valid value.	D Not Track Payment 1 HS Faced Payment	8/7/2017	CLAIMRX	CLAIM HEADER RECORD RX CR000002	CRX052-0001
2429	CRX053	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required	Value must be equal to a valid value.	A Medicial Agency BCHIP Agency DE GHIP Agency DE Glucation Agency E Child and Family Services Agency E Child and Family Services Agency E Coshty C Chy H Providers H Providers	10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRXD53-0001
2430	CRXD54	FUNDING-SOURCE-NONFEDERAL- SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required	Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE. States are to report the partion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE	01 State appropriations to the Medicald agency 201 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations 05 State appropriations to the CHIP agency	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX054-0001
2431	CRX055	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX055-0001
2432	CRX055	PROGRAM-TYPE	Not Applicable	NA	If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION- TYPE must = 01 for the same time period.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX055-0002
2433	CRX055	PROGRAM-TYPE	Not Applicable	NA	If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION- TYPE must = 01 for the same time period.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX055-0003
2434	CRX055	PROGRAM-TYPE	Not Applicable	NA	IF PROGRAM-TYPE=1915(() (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must 02 for the same time period.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX055-0004
2435	CRX055	PROGRAM-TYPE	Not Applicable	NA	Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX055-0005
2436	CRX056	PLAN-ID-NUMBER	A unique number, assigned by the state, which represents the health plan under which the non-fee- for-service encounter was provided including through the state plan and a waiver.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX056-0001
2437	CRX056	PLAN-ID-NUMBER	Not Applicable	NA	use the number as it is carried in the state's system. (TYPE-OF-CLAIM=3, C, W).	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX056-0002
2438 2439	CRX056 CRX056	PLAN-ID-NUMBER PLAN-ID-NUMBER	Not Applicable Not Applicable	NA	If TYPE-OF-CLAIM<>3, C, W (Encounter Record), leave blank or space-fill	Not Applicable Not Applicable	8/7/2017 8/7/2017	CLAIMRX CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002	CRX056-0003 CRX056-0006
2440	CRADJO	Darib Kombek	Not Applicable	NA NA	The managed care ID on the individual's eligible record must match that which is included on any claims records (TYPE-OF-CLAIM= 3, C, W) for the eligible individual.		8/7/2017	CLAIMPY	CLAIM-HEADER-RECORD-RX-CRX000002	CRX056-0007
2441	CRX056	PLAN-ID-NUMBER NATIONAL-HEALTH-CARE-ENTITY-ID	The entirest identifier of the besith care entity (controlling besith plan, subbesith plan, or other entity	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed-Care-Plan-II in the Eligible File" The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015		CLAIM-HEADER-RECORD-RX-CRX00002	CRX057-0001
	CIADS7			T				LOUTINA		
2442	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	Implementation of 45 CFR 162 Subpart E regarding the requirement for large and small health plan: to obtain national health plan identitiers was delayed indefinitely as of 10/31/2014.	s Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX057-0002
2443	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX057-0003
2444	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	the mandated dates above. NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX057-0004
2445	CRX058	PAYMENT-LEVEL-IND	The field denotes whether the claim payment is made at the header level or the detail level.	Required	Value must be equal to a valid value.	1 Claim Header – Sum of Line Item payments 2 Claim Detail – Individual Line Item payments	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX058-0001
2446	CRX058	PAYMENT-LEVEL-IND	Not Applicable	NA	Payment fields at either the claim header or line on encounter records should be left blank.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX058-0002
2447	CRX059	MEDICARE-REIM-TYPE	This code indicates the type of Medicare Reimbursement.	Conditional	Volue must be equal to a valid value.	20 PPF- Audia Inpution PPF 20 IOTAPPF- Loge Machine Internet 20 Series - Stand Instang Tang Tang 20 Series - Stand Instang Tang 20 IPPF - Stander Installington Falling PPF 20 IPPF - Stander Broding PPF 20 IPPF - Stander PPF 20	10/10/2013	CLAIMRX	CAM-HEADER SECORD-EX-CR000002	CRX059-0001
2448	CRX059	MEDICARE-REIM-TYPE	Not Applicable	NA	If this is a crossover Medicare claim (CROSSOVER-IND= 1), the claim must have a MEDICARE-REIM- town	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX059-0002
2449	CRX060	CLAIM-LINE-COUNT	The total number of lines on the claim.	Required	TYPE. Must be populated on every record	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX060-0001
2450 2451	CRX060 CRX061	CLAIM-LINE-COUNT FORCED-CLAIM-IND	Not Applicable This code indicates if the claim was processed by forcing it through a manual override process.	NA Conditional	The claim line count should equal the sum of the claim lines for this record. Value must be equal to a valid value.	Not Applicable O No t Yer	4/30/2013 8/7/2017	CLAIMRX CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX060-0002 CRX061-0001
2452	CRX062	PATIENT-CONTROL-NUM	A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of service within the provider's system to facilitate retrieval of individual financial and clinical records and posting of payment.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	1 Yes Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX062-0001
2453	CRX063	ELIGIBLE-LAST-NAME	Individual financial and clinical records and posting of payment.	Required	The field can contain any alphanumeric characters, disits or symbols except the "pipe" ()).	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX063-0001
			The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, if does not need to be the same as it appears on the eligibility fit: The MSF/DENTIFICATION/NUM will be used to associate a claim record with the appropriate eligibility data.)		, ugo or grinder dece and the life					

w Row #	DE NO	DATA ELEMENT NAME	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the	VALID VALUES	LAST UPDATE DATE 9/23/2015	FILENAME	FILE SEGMENT (with RECORD-ID)	CR M
-	CRADES	EDGIBLETORSTITIKAMIE			claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	носярралите	7/23/2013	LLAIMINA		CRA063-000
5	CRX064	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-DEWITIFCATION-WILD will be used to associate a claim record with the	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX064-000
		ELIGIBLE-FIRST-NAME	appropriate eligibility data.)		When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the				CLAIM-HEADER-RECORD-RX-CRX00002	CRX064-000
	CRXD64	ELIGIBLE-FIRST-NAME	Not Applicable	NA	When populating the eligible person's name on 1-MSIS claim Hiles, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	Not Applicable	9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX064-000
	CRXD65	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MIST-UDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX065-000
	CRX065	ELIGIBLE-MIDDLE-INIT						CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX065-000
	CRX065	ELIGIBLE-MIDDLE-INIT	Not Applicable	NA	Leave blank if not available When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than use the eligible person's name from the T-MSIS Eligible File.	Not Applicable	9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX065-000
					claim transaction rather than use the eligible person's name from the T-MSIS Eligible File.					
	CRXD66 CRXD66	DATE-OF-BIRTH DATE-OF-BIRTH	Date of birth of the individual to whom the services were provided. Not Applicable Not Applicable	Required	Date format is CCYYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable Not Applicable	11/3/2015 4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002	CRX066-000 CRX066-000
	CRXD66 CRXD66	DATE-OF-BIRTH DATE-OF-BIRTH	Not Applicable	NA NA	Value must be a valid date The numeric form for days and months from 1 to 9 must have a zero as the first digit. A patient's age should not be greater than 112 years.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-000 CRX066-000
	CRX067	HEALTH-HOME-PROV-IND	This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-00
	CRX067	HEALTH-HOME-PROV-IND	Not Applicable	NA	If a state has not yet begun collecting this information, HEALTH-HOME-PROVIDER-IND, this field should be defaulted to the value "8."	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-00
	CRX067 CRX067	HEALTH-HOME-PROV-IND	Not Applicable	NA	If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate ves.	Not Applicable	4/30/2013 4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-00
	CRADO?		ны аррикана.		States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.	nos reportators.		CDAIL THAT		00
	CRX067	HEALTH-HOME-PROV-IND	Not Applicable	NA	States that do not specify an eligible individual's health home provider number, if applicable, shouk not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX067-00
	CRXD68	WAIVER-TYPE	Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Conditional	Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-00
	CRX068	WAIVER-TYPE	Not Applicable	NA	Value must correspond to associated WAIVER-ID	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX068-00
	CRX068	WAIVER-TYPE	Not Applicable	NA	WAIVER-TYPE on claim must match [T-MSIS ELIGIBLE FILE]WAIVER-TYPE for the enrollee for the same time period (by date of service).	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-00
	CRX068	WAIVER-TYPE	Not Applicable	NA Conditional	An ineligible individual should not have a category for federal reimbursement for Medicaid or CHIP [CM5-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT ↔ 01,02] Not Annicable	Not Applicable	4/30/2013 B/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-00
	CRXD69	WAIVER-ID	Field specifying the volver or demonstration which suborted asymetel for a claim. These ID must be seen approved, tail (before) value ID involves adjugid darks the state automication and Odd Sagroors. Process: The categories of demonstration and value programs include: P115(b)(1), 1915(b)(2), 1915(b)(2), and P15(b)(4) managed examines; P15(b) (bone and community based services waivers; combined P15(b)(4) and P15(c) managed home and community based services waivers and 1135 demonstrations.	Conditional	Not Applicable	Valid values are supplied by the state.	8/7/2017	CLAIMRX	ICLAIM-HEADER-RECORD-RX-CRX000002	CRX069-0
	CRX069	WAIVER-ID	Not Applicable	NA	If the goods & services rendered do not fall under a waiver, leave this field blank.	Not Applicable	11/9/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX069-00
	CRXD69 CRXD69	WAIVER-ID WAIVER-ID	Not Applicable Not Applicable Not Applicable	NA NA	If the goods & services rendered do not fail under a waiver, leave this field blank. Report the full federal waiver identifier. If there's a waiver type, there should be a corresponding waiver id.	Not Applicable Not Applicable Not Applicable	11/9/2015 11/9/2015 4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002	CRX069-00 CRX069-00 CRX069-00
	CRX070	BILLING-PROV-NUM	A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	Required	A list of valid codes should be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX070-0
	LXX070	BILLING-PROV-NUM	Not Applicable	rsA	For encounter records (TYPE-OF-CLAIM = 3, C, VI), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID).	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX070-0
	CRX070 CRX070	BILLING-PROV-NUM BILLING-PROV-NUM	Not Applicable Not Applicable	NA NA	If value is invalid, record it exactly as it appears in the state system. The value reported in BILING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = 1° on the same record in the Provider file.	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMRX CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX070-00 CRX070-00
	CRX070	BILLING-PROV-NUM	Not Applicable	NA	The value reported in BILLING-PROV-NUM should match a value reported in the SUBMITTING- STATE-PROV-ID on the provider file.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX070-0
	CRX071	BILLING-PROV-NPI-NUM	The National Provider ID (NPI) of the billing provider responsible for billing for the service on the claim.	Required	Valid characters include only numbers (0-9)	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-00
			The billing provider can also be servicing, referring, or prescribing provider; can be admitting provider except for Long Term Care.							
	CRX071	BILLING-PROV-NPI-NUM	Not Applicable	NA	NPI must be valid. If provider does not have an NPI, leave the field blank. For encounter records (TYPE-OF-CLAIM = 3, C, VJ), the BILLING-PROV-NPI-NUM field should be	https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplificatio	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-0
					sequidate with the NPI of the provider or entity billing (or reporting) to the managed care plan. To financial transactions 6.2, expenditor transactions or recompress of provider) made memory more of programs (b). The ILCN POINT MAIL Met Balancia Foundation and the provider that the provider of the provider of the provider transaction is a payment/incoursent made to increasing and the provider that transaction is a payment/incoursent made to increasing and the provider that the ILLNAP ROV VMM kind add be that that the ILLNAP ROV VMM kind add be that that a BLINAP ROV VMM kind add be that that of the ILLNAP ROV VMM kind add be that balancial that the ILLNAP ROV VMM kind kind be that balancial that the ILLNAP ROV VMM kind kind be that balancial that the ILLNAP ROV VMM kind kind be that balancial that the ILLNAP ROV VMM kind kind be that balancial that the ILLNAP ROV VMM kind kind be that balancial that the ILLNAP ROV VMM kind kind be that balancial that the ILLNAP ROV VMM kind kind kind be that balancial that the ILLNAP ROV VMM kind kind be that balancial that the ILLNAP ROV VMM kind kind kind be that balancial that the ILLNAP ROV VMM kind kind kind kind balancial that the ILLNAP ROV VMM kind kind kind balancial that the ILLNAP ROV VMM kind kind kind kind kind kind that the ILLNAP ROV VMM kind kind kind kind kind kind that the ILLNAP ROV VMM kind kind kind kind kind kind kind that the ILLNAP ROV VMM kind kind kind kind kind kind kind that that the ILLNAP ROV VMM kind kind kind kind kind kind kind kind					
	CRX071	BILLING-PROV-NPI-NUM	Not Applicable	NA	Billing Provider must be enrolled	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-00
	CRX072 CRX072	BILLING-PROV-TAXONOMY BILLING-PROV-TAXONOMY	For CLAIMOT and CLAIMRX files, the taxonomy code for the provider billing for the service. Not Applicable	Conditional NA	Value must be in the set of valid values Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable http://www.wpc-edi.com/reference/ Not Applicable	11/3/2015 2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX072-0 CRX072-0
	CRX073	BILLING-PROV-SPECIALTY	This code describes the area of specialty for the billing provider.	Conditional	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX073-0
	CRXD74	PRESCRIBING-PROV-NUM	A unique identification number assigned by the state to the provider who prescribed the drug, device or supply. This must be the individual's ID number, not a group identification number.	Required	Valid formats must be supplied by the state in advance of submitting file data.	Valid values are supplied by the state.	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX074-0
	CRX074	PRESCRIBING-PROV-NUM	Not Applicable	NA	If value is invalid, record it exactly as it appears in the state system.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX074-0
	CRX074	PRESCRIBING-PROV-NUM	Not Applicable	NA	If the prescribing physician provider ID is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the state file, then the State should use the DEA ID for this data element	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX074-0
	CRX074	PRESCRIBING-PROV-NUM	Not Applicable	NA	The value reported in PRESCRIBING-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider file.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX074-0
			Not Applicable	NA	The value reported in PRESCRIBING-PROV-NUM should match a value reported in the SUBMITTING- STATE-PROV-ID on the provider file.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX074-0
	CRX074 CRX075	PRESCRIBING-PROV-NUM PRESCRIBING-PROV-NPI-NUM	The National Provider ID (NPI) of the provider who prescribed a medication to a patient	Required	STATE-PROV-ID on the provider file. NPI must be valid. If provider does not have an NPI, leave the field blank.	https://www.cms.gov/Repulations-and-Guidance/Administrative-Simplificatio	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX075-0
	CRX075 CRX076	PRESCRIBING-PROV-NPI-NUM PRESCRIBING-PROV-TAXONOMY	Not Applicable The taxonomy code for the medical provider writing the prescription	NA	Valid characters include only numbers (0-9) Value must be equal to a valid value.	Not Applicable	4/30/2013 11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX075-0 CRX076-0
	CRX076	PRESCRIBING-PROV-TAXONOMY	Not Applicable	NA	provided for future expansion.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX076-0
	CRX077	PRESCRIBING-PROV-TYPE	A code describing the type of entity prescribing the drug, device, or supply	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX077-0
			If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided							
		PRESCRIBING-PROV-SPECIALTY	This code indicates the area of specialty for the PRESCRIBING PROVIDER.	NA	Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX078-0
	CRX078			Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0
	CRXD78 CRXD79	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Conditional	The new car contain any aprantament characters, signs or symbols except the pipe (j).		8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0
		MEDICARE-HIC-NUM MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card. Not Applicable	NA	In the care comment any apparameters commences, ages or symptotic expertise, paper ()- I individual is NOT enrolled in Medicare, leave blank or space-fill. If this is a consource Medicare claim, the Been must have a MEDICARE-HIT-Num.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	
	CRXD79 CRXD79 CRXD79 CRXD79 CRXD79	MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM	Not Applicable Not Applicable Not Applicable Not Applicable	NA NA NA	I individual is NOT enrolled in Medicare, leave blank or space-fill. If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num. States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record. If apolicable.	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMRX CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	
	CRX079	MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM	Net Applicable Net Applicable Net Applicable Net Applicable	NA NA NA	I individual is NOT envolved in Medicare, leave blank or space fill. If this is a consource Medicare claim, the Bree must have a MEDICARE+RC-Num. The set should on claim is reached for a medicare MEDICARE+RC-Num. Explore should on claim claim is should be indicated and the claim of the claim records for an eligible individual should not indicate a valid Medicare HC number. If the eligible individual is a shaul eligible.	Not Applicable Not Applicable Not Applicable	4/30/2013 4/30/2013 4/30/2013	CLAIMRX CLAIMRX CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002	CRX079-0
	CRX079 CRX079 CRX079 CRX079 CRX079 CRX079 CRX081	MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM REMITTANCE-NUM	Ne Application Net Application Net Application Performance and the Application Performance and the Application Performance and the Application Performance and the Application Performance and the Application Performance and the Application Performance and the Application Performance and the Application Performance Performance Application Performance Application Performance Application Performance Application Performance Application Performance Application Performance Application Performance Application Performance Application Performance Application Performance Application Performance App	NA NA NA NA Required	Excluding 11 NOT receive in Modern Lange or paced 10. 2016 J. J. Account of Modern Land, Bark Same, Mark Mark Mark, Mark Mark Mark, Mark Mark Mark, Mark Mark Mark, Mark Mark Mark Mark Mark Mark Mark Mark	Net Applicable Net Applicable Net Applicable Net Applicable	4/30/2013 4/30/2013 4/30/2013 10/10/2013	CLAIMRX	CLAM-HEADER-RECORD-RX-CRXX0002 CLAM-HEADER-RECORD-RX-CRXX00002 CLAM-HEADER-RECORD-RX-CRXX00002 CLAM-HEADER-RECORD-RX-CRXX00002	CRXD79-0 CRXD81-0
	CRXD79 CRXD79 CRXD79 CRXD79 CRXD79	MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM	Not Applicable Not Ap	NA NA NA NA Required NA Conditional	I individual is NOT envolved in Medicare, leave blank or space fill. If this is a consource Medicare claim, the Bree must have a MEDICARE+RC-Num. The set should on claim is reached for a medicare MEDICARE+RC-Num. Explore should on claim claim is should be indicated and the claim of the claim records for an eligible individual should not indicate a valid Medicare HC number. If the eligible individual is a shaul eligible.	Nex Applicable Nex Applicable Nex Applicable Nex Applicable	4/30/2013 4/30/2013 4/30/2013	CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002	CRX079-0 CRX081-0 CRX081-0
	CRX079 CRX079 CRX079 CRX079 CRX079 CRX081 CRX081 CRX082	MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM REMITTANCE-HUM REMITTANCE-HUM BISMITTANCE-HUM BISMITTANCE-HUM	Not Applicable Not Applicable	NA NA NA Required	I Individual Is NOT envolved in Medicare, Isove Blank or gace HIL. If this is a conserver Medicare claim, the first must have a MEDICARE HIC-Neuro. The second se	Nex Applicable Nex Applicable Nex Applicable Nex Applicable Nex Applicable Nex Applicable Nex Applicable 1 Geo	4/30/2013 4/30/2013 4/30/2013 10/10/2013 4/30/2013 8/7/2013	CLAIMRX CLAIMRX CLAIMRX	CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG	CRXD79-C CRXD81-C CRXD81-C CRXD81-C CRXD82-C
	CRX079 CRX079 CRX079 CRX079 CRX079 CRX081 CRX081	MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM REMITTANCE-NUM	Ne Agrication Nex Agrication Nex Agrication Resolution of the Agrication Resolution of the Agrication Resolution of the Agrication of the Agrication of the Agrication Pheford for (1) pondings are Alian and any VCDD brown. The Mark the Agrication of the Agrication for the Agricements The Advanced and a VCDD brown. The Mark the Agrication of the Nex Agrication of the Agricement of the Agricement of the Agricement of the Agricement of the Agricement of the Agricement of the Agricement of the Agricement Nex Agricement of the Agricement of the Agricement of the Agricement of the Agricement Nex Agricement of the Agricement	NA NA NA Required	I individual is NOT envolved in Medicare, Isave Blank or gace HIL. If Not is a conserver Medicare Cash, the Brew must have a MEDICARE HC-Nam. If Not is a conserver Medicare Cash, the Brew must have a MEDICARE HC-Nam. Medicare Cash of the Associated Cash or Cash of the Associated Cash of the Associated Cash of the Associated Cash or Cash of the Associated Cash of the Associated Cash of the Associated Cash of the Medicare HC mumber, if the adjuble Individual in a dual eligible. The field can contain any alphanumeric characters, digits or symbols except the "pipe" []). If there is a remittance date, then there must also be a remittance number.	Nex Applicable Nex Applicable Nex Applicable Nex Applicable	4/30/2013 4/30/2013 4/30/2013 10/10/2013 4/30/2013	CLAIMRX	DAM+424E841EC08+8C00002 ZAM+4242E84EC08+6C000002 ZAM+4242E84EC08+6C000002 ZAM+4242E84EC08+8C00004 ZAM+4242E84EC08+8C000002 ZAM+4242E84EC08+8C000002 ZAM+4242E84EC08+8C00002 ZAM+4242E84EC08+8C00002	CRX079-0 CRX081-0 CRX081-0 CRX082-0
	CRX079 CRX079 CRX079 CRX079 CRX079 CRX081 CRX081 CRX082	MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM MEDICARE-HIC-NUM REMITTANCE-HUM REMITTANCE-HUM BISMITTANCE-HUM BISMITTANCE-HUM	An Application Net App	NA NA NA Required	I holdcall is NoT evolved in Moderan kore blank or gato Hill I holdcall is NoT evolved in Moderan kore blank or gato Hill Moderan Moderan Moderan Moderan Kore Moderan Hill Stars Moderan Moderan Hill I have a called blank of the Moderan Hill Channer Moderan Moderan Hill I have a called blank Moderan Hill Channer Hill Amber Moderan Moderan Hill I have a solution of the Moderan I have a Moderan Hill Channer The Hild Constain any alphanumeric Amazeter, digits or yuebole except the "spee" (1). I have is a remittance date, then there must also be a remittance number. Wale must be equal to valid dute. Date format is CCYMMADD Publicus Data Standardi. Calam mode have availed date.	Nick Applicable	4/30/2013 4/30/2013 4/30/2013 10/10/2013 4/30/2013 8/7/2017 2/25/2013 4/30/2013	CLAIMRX CLAIMRX CLAIMRX	CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG CLAN-HEADER HECKNE AK-CHRODOG	CRXD79-0 CRXD81-0 CRXD81-0 CRXD82-0 CRXD82-0 CRXD84-0 CRXD84-0 CRXD84-0
	CRX079 CRX079 CRX079 CRX079 CRX079 CRX081 CRX081 CRX081 CRX084 CRX084 CRX084 CRX084 CRX084	ADDIARD SHA MAAA SHADAAN SHA MAAA MIDIARA HA MAAAA MIDIARA HA MAAAAA MIDIARA HA MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Not Applicable Not Applicable	NA NA NA NA Required Conditional Required NA	I holdsaul is NOT envalued in Medicare, kowe Bark or space RI. Plastik a consorter Medicare Edmin Berley much have a Middle Add Add Add Add Add RI Mon. Plastik a consorter Medicare Edmin Berley much have a Middle and RI Mon. Manner does not much in the associated Edmin Mon Edmin (Biglier Modicare HIC Namer does not much in the associated Edmin and the Indicate a valid Medicare HIC Risk et al. In the edited and and the Indicate a valid Medicare HIC manner. If the digle individual in a devine data and the Indicate a valid Medicare HC manner. If the digle indicated in a devine data data from the enad allog to a remittance number. Valid much Is committance data them the enad allog to a remittance number. Valid much Is CCTMMADD Vertical Data Standard). Valide much Is con all the Data of the much data be a valid date Data much con a differ Data of Birth Data much con a differ Data of Birth	Nex Applicable Nex Ap	4/30/2013 4/30/2013 10/10/2013 10/10/2013 8/7/2017 2/25/2013 8/7/2017 2/25/2013 4/30/2013 4/30/2013 4/30/2013	CLAIMRX	LAM-HEARS HECKID FX CHOROOD LAM-HEARS HECKID FX CHOROOD	CRX079-00 CRX079-00 CRX081-00 CRX081-00 CRX082-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00
	CRX079 CRX079 CRX079 CRX079 CRX079 CRX079 CRX081 CRX081 CRX084 CRX084 CRX084 CRX084	MICHAEN HAR MUMA MICHAEN HAR MUMA NEDISART HAR MUMA NEDISART HAR MUMA MICHAER HAR MUMA NEDISART HAR MUMA NEDISART	Not Applicable Not Ap	NA NA NA NA Required Conditional Required NA	I Individual is NOT envolved in Medicare, Isove Blank or gaze HII. If this is a conserver Medicare claim, the force must have a MEDDatk HIC-Neuro. If this is a conserver Medicare Claim, the force must have a MEDDatk HIC-Neuro. Member does not must have be assoched to claim occur. If applicable. Claims records for an eligible Individual modul der Indicate a valle Medicare HIC - Member des not must have a soched to claims and the Indicate a Valle Medicare MED and eligible. The field can contain any applicationed brancher, digits or symbolic except the "pipe" (]). If there is a remittance date, then there must also be a remittance number, Valle must be equal to a valid value. Claim must be equal to a valid value. Claim must be equal to a valid value. Claim must be equal to a valid value.	Nick Applicable	4/30/2013 4/30/2013 10/10/2013 10/10/2013 8/7/2013 8/7/2013 4/30/2013 4/30/2013 4/30/2013	CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX	DAM-46.2004 4ECOB 94 CO00002 ZIAM-46.2004 94 CO0002 ZIAM-46.2004 94	CRX079-00 CRX081-00 CRX081-00 CRX082-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00 CRX084-00

New Prov #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
2516	CRX085	PRESCRIPTION-FILL-DATE PRESCRIPTION-FILL-DATE	Not Applicable	NA	PRESCRIPTION-FILL-DATE must occur on or after DATE-PRESCRIPTION-FILL-DATE must occur on or after DATE-PRESCRIPTION-FILL-DATE must occur on or after DATE-PRESCRIBED	Not Applicable	LAST UPDATE DATE 4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002 CLAIM-HEADER-RECORD-RX-CRX000002	CRX085-0004 CRX085-0005
2517 2518	CRX085 CRX085	PRESCRIPTION-FILL-DATE PRESCRIPTION-FILL-DATE	Not Applicable Not Applicable	NA	PRESCRIPTION-FILL-DATE must occur on or after DATE-PRESCRIBED Date must occur on or after Date of Birth	Not Applicable Not Applicable	4/30/2013 4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0005 CRX085-0006
2519	CRX085	PRESCRIPTION-FILL-DATE COMPOUND-DRUG-IND	Not Applicable Indicator to specify if the drug is compound or not.	NA Conditional	Date must occur on or before Date of Death. Value must be in the set of valid values	Not Applicable 0 Not Compound 1 Compound	4/30/2013 8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002 CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0007 CRX086-0001
1320	CRAUGO	COMPOUND-DROG-IND	matcator to specify it the orag is compound or not.	conditional	Value must be in the set of value values	1 Compound	6/7/2017	CLAIMINA	LLAIM-HEADER-RELORD-RA-CR000002	CRA060-0001
2521	CRX087	BENEFICIARY-COINSURANCE-AMOUNT	The amount of money the beneficiary paid towards coinsurance.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX087-0001
522	CRV097	RENEEPCIARY.CONKURANCE.AMOUNT	Not Analicable	MA	ž na zajazurana je posljebila astar 0.00	Not Applicable	2/25/2013	CLAIMEY	CLAIM-HEADER-RECORD-RX-CRX00002	CRX087-0002
523			The date the beneficiary paid the coinsurance amount.		Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	CLAIMRX		CRX088-0001
	CRXU88	PAID		Conditional	Date format is CCYTMIMUD (National Data Standard).			LLAIMKX	CLAIM-HEADER-RECORD-RX-CR000002	
524	CRX088	BENEFICIARY-COINSURANCE-DATE- PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX088-0002
525	CRX089	BENEFICIARY-COPAYMENT-AMOUNT	The amount of money the beneficiary paid towards a copayment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX089-0001
1526	CRX089	BENEFICIARY-COPAYMENT-AMOUNT	Not Applicable	NA	If no copayment is applicable enter 0.00.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX089-0002
1527	CRX090	BENEFICIARY-COPAYMENT-DATE-PAID	The date the beneficiary paid the copayment amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX090-0001
2528	CRX092	BENEFICIARY-DEDUCTIBLE-AMOUNT	The amount of money the beneficiary paid towards an annual deductible.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX092-0001
	CRX092						2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CBX092-0002
2529 2530	CRX092 CRX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID BENEFICIARY-DEDUCTIBLE-DATE-PAID	Not Applicable The date the beneficiary paid the deductible amount.	NA Conditional	If no deductible is applicable enter 0.00. Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CR000002 CLAIM-HEADER-RECORD-RX-CR000002	CRX092-0002 CRX093-0001
2531	CRX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Not Applicable	NA	Value must be a valid date	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX093-0002
1532	CDX002	DENERGY DEDUCTION F DATE DATE	Not Applicable		If no coinsurance is applicable, leave blank or space-fill.	Not Applicable	8/7/2017	CI A 19 40 Y	CLAIM-HEADER-RECORD-RX-CRX00002	CRX093-0003
	CRX094	BENEFICIART-DEDUCTIBLE-DATE-FAID						CLAIMINA		
1533	CRX094	CLAIM-DENIED-INDICATOR	An indicator to identify a claim that the state refused pay in its entirety.	Conditional	Value must be in the set of valid values	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX094-0001
2534	CRYDRA	CLAIM-DENIED-INDICATOR	Not Analicable	MA	it is expected that states will submit all depied claims to CMS	Not Anglicable	2/25/2012	CLAIMEY	CLAIM-HEADER-RECORD-RX-CRX00002	CRX094-0002
2535	CRX094 CRX094	CLAIM-DENIED-INDICATOR	Not Applicable	NA	All denied claims should have CLAIM-DENIED-INDICATOR = 0 AND CLAIM-STATUS-CATEGORY = F2.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CR000002	CRX094-0002
2536	CRX094	CLAIM-DENIED-INDICATOR	Not Applicable	NA	A All claims with TOC = Z OR CLAIM-STATUS = 26, 87, 542, 858, or 654 should also have CLAIM- DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	Not Applicable
2537	CRX095	COPAY-WAIVED-IND	An indicator signifying that the copay was waived by the provider.	Optional	DENIED-INDICATOR = 0 and CLAIM-STATUS-CATEGORY = F2 Value must be equal to a valid value.		8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX095-0001
2337	CRAU75	COPAT-WAIVED IND	wir mancator signifying mar the copay was warved by the provider.	optional	valor must be equal to a valid valor.	0 Not Walved: The provider did not walve the beneficiary's copayment 1 Walved: The provider walved the beneficiary's copayment	6/7/2017	CLAIMIKA	CDAIM-READER-RECORD-RA-CR000002	CRX075-0001
2538	CRX096	HEALTH-HOME-ENTITY-NAME	A free-form text field to indicate the health home that authorized payment for the service on the	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRXD96-0001
			A free form toor field to indicate the health home that attracting asyment for the service on the data. The same entertained advalde the name that the tratist use to indicate (kenth) the team. A service the same that the same that the same transmission of the same transmission of the respective tool and provide the same transmission of the same transmission of the same transmission. The same that the same transmission of the same transmission of the same transmission. The same transmission of the same transmission of the same transmission of the same transmission of the same transmission of the same trans							
2539	CRX096	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRXD96-0002
2540	CRX096	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRXD96-0003
2541	CRX098	THIRD-PARTY-COINSURANCE-	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Optional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX098-0001
		AMOUNT-PAID	claim or daim line item.							
2542	CRX099	THIRD-PARTY-COINSURANCE-DATE-	The date the third party paid the coinsurance amount.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX099-0001
2543	CRX099	THIRD-PARTY-COINSURANCE-DATE-	Not Applicable	NA	The date must be a valid date.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX099-0002
2544	CRX100	PAID THIRD-PARTY-COPAYMENT-AMOUNT-	The amount the third party paid the copayment amount.	Ontional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX100-0001
2545	CRX100	PAID		optional		NOR Appreade	11/3/2013	CLAIMINA	LLAIM-HEADER-RELORD-RA-CR000002	
	CRX101	THIRD-PARTY-COPAYMENT-DATE- PAID	The date the third party paid the copayment amount.	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX101-0001
2546	CRX101	THIRD-PARTY-COPAYMENT-DATE- PAID	Not Applicable	NA	The date must be a valid date.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX101-0002
2547	CRX102	DISPENSING-PRESCRIPTION-DRUG- PROV-NPI	The National Provider ID (NPI) of the provider responsible for dispensing the prescription drug.	Required	Valid characters include only numbers (0-9)	Not Applicable	4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX102-0001
2548	CRX102	DISPENSING-PRESCRIPTION-DRUG-	Not Applicable	NA	The value must be a valid NPI.	https://www.cms.gov/Regulations-and-Guldance/Administrative-Simplificatio	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX102-0002
2549	CRX103	PROV-NPI DISPENSING - PRESCRIPTION - DRIVG-	The Broulder Twonomy of the provider removable for dimension the prescription down	MA	Volue must be in the set of wild volues	http://www.wnc.edi.com/reference/	11/3/2015	CLAIMRX	CLAIM-UEADED-DECORD-DV-CDV00002	CRX103-0001
2947	CRA103	DISPENSING-PRESCRIPTION-DRUG- PROV-TAXONOMY	me provider faxonomy of the provider responsible for dispensing the prescription drug.		Value must be in the set of value values	http://www.wpc-esit.com/reference/		CLAIMINA	CLAIM-HEADER-RECORD-RA-CR000002	
2550	CRX103	DISPENSING-PRESCRIPTION-DRUG- PROV-TAXONOMY	Not Applicable	NA	Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX103-0002
2551	CRX103	DISPENSING-PRESCRIPTION-DRUG- PRDV-TAXONOMY	Not Applicable	NA	Left-fill unused bytes with spaces.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX103-0003
2552	CRX104	HEALTH-HOME-PROVIDER-NPI	The National Provider ID (NPI) of the health home provider. Not Applicable	Conditional	Valid characters include only numbers (0-9) The value must be a valid NPI.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX104-0001
2553	CRX104			NA		https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplificatio	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX104-0002
2554	CRX105	MEDICARE-BENEFICIARY-IDENTIFIER	The individual's Medicare Beneficiary Identifier (MBI) Identification Number.	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX105-0001
2555	CRX105	MEDICARE-RENEFICIARY-IDENTIFIER	Note: MIP replaces the HCN with an entricin new Mode.se Beneficiary Meetifier (MBI) for purpose of provides billing "applicable. CMS intersees with non-symmetric enclosurge partners would remain HCP-based, while interfaces with payment partners would use the new MBI.		f individual is NOT enrolled in Medicare, ksve blank or space fil.	Not Appirable	8/7/2017	CI AIMPX	1 AIM-16 ADER-87/08D-83 (20000)2	CRX105-0002
	CRX105	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA		Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX105-0002
2556	CRX105	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	NA	Reld should be left blank (i.e., submitted as "pipe pipe" with nothing in between {[]] on PSV files and space-filled on PF files] until such filme as the Medicare Beneficiary Identifier is implemented [no target date has been established].	Not Applicable	9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX105-0003
2557	CRX106	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.		(no target date has been established). The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().				CLAIM-HEADER-RECORD-RX-CRX000002	CRX106-0001
057	CRX106	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumenc characters, digits or symbols except the "pipe" ([).	Not Applicable	8/7/2017	LLAIMKX	CLAIM-HEADER-RECORD-RX-CR000002	CRX106-0001
2558	CRX106	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave	Not Applicable	9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX106-0002
2559	CRX107				See <u>price definition flag</u> , schere on populate the \$1ATE-NOTATION flad with "n.h." "n.h." or leave the flad flat if it	5		CI AIMRX		
2559	CRX107	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record inyout is applicable only to files length files and therefore should be ignored in pipe-delimited files. In the should be applied on the shown at the end of each record inyout should be space-tilled in files/ength files.	Not Applicable	9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CR000002	CRX107-0001
2560	CRX108		An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER- RECORD-IP record segment is CIP00002.	Required	Value must be equal to a valid value.	CRXD0003	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX108-0001
me1 1562	CRX108 CRX109	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	CLAIMRX CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX108-0002 CRX109-0001
2563	CRX109	SUBMITTING-STATE	submitted the data. Not Applicable	NA	Must be populated on every record.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX109-0002
1564	CRX109	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable	NA		Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX109-0003
2566	CRX109 CRX110	SUBMITTING-STATE RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission III. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be the same on all record segments. Must be populated on every record	Not Applicable Not Applicable	8/7/2017 10/10/2013	CLAIMRX CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX109-0004 CRX110-0001
			INC. THE RECORD-NUMBER, IN CONJUNCTION WITH THE RECORD-ID, Uniquely identifies a single record within the submission file.						1	
567	CRX110 CRX110	RECORD-NUMBER RECORD-NUMBER	Not Applicable	NA	Must be numeric BCCORN-ID/BECORN-NI IMBER combinations should be unleave within a state's submission	Not Applicable	4/30/2013 4/30/2013	CLAIMRX CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX110-0002 CRX110-0004
569	CRX110 CRX111	MSIS-IDENTIFICATION-NUM	Not Applicable A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. MSIS Identification Number must be reported	Not Applicable Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CR000003 CLAIM-LINE-RECORD-RX-CR000003	CRX110-0004 CRX111-0001
570	CRX111	MSIS-IDENTIFICATION-NUM	and any claims submitted to the system. Not Applicable	NA		Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX111-0002
-		MSIS-IDENTIFICATION-NUM		Ľ	For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS.		8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	
5/1	CRX111		Not Applicable	reA	For SN states, this field must contain the eligible individual's Social Security Number. If the SN is unknown and a temporary number is assigned, this field will contain that number.	Not Applicable	8/7/2017			CRX111-0003
2572 2573	CRX111 CRX112	MSIS-IDENTIFICATION-NUM ICN-ORIG	Not Applicable A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	NA Required	For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'. The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable Not Applicable	4/30/2013 10/10/2013	CLAIMRX CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003 CLAIM-LINE-RECORD-RX-CRX00003	CRX111-0004 CRX112-0001
574	CRX112	ICN-ORIG	identities an original claim. Not Applicable	NA	Record the value exactly as it appears in the state system. Do not pad.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR0000003	CRX112-0002
574 575	CRX112	ICN-ORIG ICN-ORIG	Not Applicable Not Applicable	NA	If using the original ICN approach for reporting adjustment claims, this field should always be populated with the claim identification number ascience to the original naid/deplect claim. This	Not Applicable Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX112-0003
					Record the value exactly as it appears in the state system. Do not pad. If value the original CPI approach for reporting adjustment claims, this field abadd always be appualed at this field initiation incentization and are assigned to be explain paid/devide claim. This desettination number should remain constant and be carried forward onto any adjustment claims. It is instantis in to the callest claim identification number to be the link that its the original claim and all adjustment claims lightline.					

ew Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
76	CRX112	ICN-ORIG	Not Applicable	NA	If using the daisy-chain ICN approach for reporting adjustment claims, the initial adjustment record will nonulate this field with the claim identification number assigned to the original naid/denied	Not Applicable	B/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	Not Applicable
					claim. Subsequent adjustment should populate the ICN-ORIG field with the claim identification number reported in the ICN-ADJ field of the prior adjustment claim. The intention is to use the most recently assigned unique identifier from the prior claim to link the chain of adjustment claims.					
77	CRX113	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX113-0001
78 79	CRX113 CRX113	KN-ADJ KN-ADJ	Not Applicable Not Applicable	NA NA	Record the value exactly as it appears in the State system. Do not pad This field should be blank-filled if the ADJUSTMENT-INDICATOR = 0	Not Applicable Not Applicable	2/25/2013 8/7/2017	CLAIMRX CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX113-0002 CRX113-0003
80	CRX114	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim.	Required	This field should be blankfilled if the ADUSTMENT-INDICATOR = 0 Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted.	Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX114-0001
81	CRX115	LINE-NUM-ADJ	A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Conditional	Record the value exactly as it appears in the state system. Do not pad.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX115-0001
82	CRX115	LINE-NUM-ADJ	Not Applicable	NA	This field should be 8-filled, left blank or space-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX115-0002
83	CRX116	LINE-ADJUSTMENT-IND	Code indicating type of adjustment record claim/encounter represents at claim detail level.	Conditional	Value must be equal to a valid value.	0. Original Claim / Enrounter	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX116-0001
						O Griginal Claim / Encounter 1 Vold / Reversal of a prior submission 4 Replacement / Resubmission of a prior submission 5 Gross Credit / Gross Credit Adjustment 6 Gross Debit / Debit Credit Adjustment				
84	CRX116	LINE-ADJUSTMENT-IND	Not Applicable	NA	If there is a line adjustment number, then there must be a line-adjustment indicator.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX116-0002
85			Not Applicable	NA	Value must be equal to a valid value. ADURTINENT-ND values of '0', '1', '4'' should be reported when TYPE-OF-CLAIM = '1', '3', '5', '7', 'C', 'E', 'V, 'W, 'P'.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX116-0004
	CRX116	UNF-ADJUSTMENT-IND			"A", "C", "E", "U", "W", "Y". ADJUSTMENT-IND values of "S" or "6" should be reported when TYPE-OF-CLAIM = "4", "D" or "X"					
86	CRX117	LINE-ADJUSTMENT-IND LINE-ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-n	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX117-0001
17	CRX117	LINE-ADJUSTMENT-REASON-CODE	Not Applicable	NA	If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM- PYIMT-REM-CODE)	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX117-0002
8	CRX118	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Required	Value must not be null	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX118-0001
19	CRX119	CLAIM-LINE-STATUS	The claim line status codes identify the status of a specific detail claim line rather than the entire claim	.Conditional	Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX119-0001
0	CRX120	NATIONAL-DRUG-CODE	A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Required	Position 10-11 must be Alpha Numeric or blank	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX120-0001
1	CRX120 CRX120	NATIONAL-DRUG-CODE NATIONAL-DRUG-CODE	Not Applicable Not Applicable	NA NA	Position 1-5 must be Numeric Position 6-9 must be Alpha Numeric	Not Applicable Not Applicable	2/25/2013 2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX120-0002 CRX120-0003
3	CRX120	NATIONAL-DRUG-CODE	Not Applicable	NA	Pascular 9-3 miss de applies nomenie. Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., [5, 4, 2] or [5, 4] as defined in the National Drug Code Directory).	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX120-0004
4	CRX120	NATIONAL-DRUG-CODE	Not Applicable	NA	If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX120-0005
5	CRX120	NATIONAL-DRUG-CODE	Not Applicable	NA	If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX120-0006
6	CRX120	NATIONAL-DRUG-CODE	Not Applicable	NA	This field is applicable only for TYPE-OF-SERVICE = 035, 036, 077, 062, 063, 064, 065, 066, 067, 068, 069, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 033, 034.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX120-0007
7	CRX121	BILLED-AMT	The amount billed at the claim detail level as submitted by the provider.	Conditional	This data element must include a valid dollar amount.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX121-0001
78	CRX121	BILLED-AMT	Not Applicable	NA	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the provider billed the managed care plan.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX121-0002
99	CRX122	ALLOWED-AMT	The maximum amount displayed at the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX122-0001
0	CRX123	COPAY-AMT	The copayment amount paid by an enrollee for the service, which does not include the amount paid by the insurance company.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX123-0001
1	CRX124	TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities,	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX124-0001
			or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.							
2	CRX125	MEDICAID-PAID-AMT	The amount paid by Medicaid/CHIP or the managed care organization on this claim or adjustment at the claim detail level.	Required	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX125-0001
3	CRX125	MEDICAID-PAID-AMT	Not Applicable	NA	For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSS records created from the original claim.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX125-0002
4	CRX125	MEDICAID-PAID-AMT	Not Applicable	NA	For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicald-Amount-Pald field, if the providers were reimbursed by Medicald for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicald- Amount-Pald as \$0.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX125-0003
05			Not Applicable	NA	If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX125-0004
16	CRX125 CRX126	MEDICAID-PAID-AMT MEDICAID-FFS-EQUIVALENT-AMT	The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amount that would have	Conditional	encounter record ons neu sinclus and de populateu won die amount dat die manageo care paar paid to the provider. This data element must include a valid dollar amount.	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX126-0001
7	CRX126	MEDICAID-FFS-EQUIVALENT-AMT	been paid had the services been provided on a FFS basis. Not Applicable	NA	Required when TYPE-OF-CLAIM = C, 3, or W	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX126-0002
6	CRX127	MEDICARE-DEDUCTIBLE-AMT	Proception and the second seco	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX127-0001
19	CRX127	MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	If claim is not a Crossover claim, or if a TYPE-OF-CLAIM = 3, C, W (encounter claim), leave blank or space-fill	Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX127-0002
0	CRX127	MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated. If it this field with the combined payment amount and code space in	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX127-0003
					MEDICARE-COINSURANCE-PAYMENT.					
1	CRX127	MEDICARE-DEDUCTIBLE-AMT	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any deductible amount on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX127-0004
2	CRX128	MEDICARE-COINS-AMT	The amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare coinsurance at the claim detail level.	Conditional	This data element must include a valid dollar amount.	Not Applicable	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX128-0001
3	CRX128	MEDICARE-COINS-AMT	Not Applicable	NA	Value must be 8-filled, left blank or space-filled if 'MEDICARE-DEDUCTIBLE-AMT' is 8-filled, blank or space-filled.		8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	Not Applicable
14	CRX128	MEDICARE-COINS-AMT	Not Applicable	NA	If the Medicare coinsurance amount can be identified separately from Medicare deductible payments, code that amount in this field. If Medicare coinsurance and deductible payments cannot be separated, fill this field with 99998 and code the combined payment amount in MEDICARE- DEDUCTIBLE-AMT.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX128-0002
5	CRX129 CRX129	MEDICARE-PAID-AMT MEDICARE-PAID-AMT	The amount paid by Medicare on this claim or adjustment. Not Applicable	Required	This data element must include a valid dollar amount. If the service was covered by Medicare but Medicare had no liability for the bill. zero-fill.	Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX129-0001 CRX129-0002
7	CRX129	MEDICARE-PAID-AMT	Not Apolicable	NA	MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX129-0003
				[···	amount the T-MSIS record corresponding to the line item with the highest charge. Zero fill Medicar Amount Paid on all other T-MSIS records created from the original claim.					
18	CRX129	MEDICARE-PAID-AMT	Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any amount on the claim if the eligible individual is not a dual eligible.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX129-0004
9	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED	The maximum allowable quantity of a drug or service that may be dispensed per prescription per date of service or per month. Quantity limits are applied to medications when the majority of appropriate clinical utilizations will be addressed within the quantity allowed.	Conditional	If the eligible individual is not a dual eligible. Must be numeric	Not Applicable	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX131-0001
0										
D					This field is only applicable when the service being billed can be quantified in discrete units, e.g., a	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX131-0002
	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable		number of visits or the number of units of a prescription/refill that were filled. For prescription/refills, use the Medicaid Drug Rebade definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, millilter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled value, use 1 as the number of units.					
1				NA	number of visits or the number of units of a prescription/rellit that were filled. For prescriptions/relink suce the Medical Drug Robale definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, millitter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vals, use 1 as the number of units.	Net Anglicable	2/25/2013	(1 AIMRY	FLAIM-INF-REFCORD-RX-70400000	CBX131-0007
	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable	NA NA	number of visitor the number of units of a prescription/refil that were filled. For proceedings of the process of the second process of the		2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0003
2		OT-RX-CLAIM-QUANTITY-ALLOWED OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable Not Applicable	NA NA	number of voltion of the number of units of a precipition/refit flut were filed. For mainter of voltion of the number of units of the number of voltion of the number of voltion of discretion of the number of the number of voltion. NET: Che precipition for 500 250 milliogram tablets results in OFEXCLAW QUANTITY-ALLOWED Net also NOT RECLAW QUANTITY-ALLOWED must correspond with the value in UNIT OF- MAUNE.	Not Applicable	2/25/2013 2/25/2013 2/25/2013	CLAIMRX CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX131-0004
2 3	CRX131 CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable Not Applicable	NA NA NA NA	number of voltion of the number of units of a precipition/refit flut were filed. For mainter of voltion of the number of units of the number of voltion of the number of voltion of discretion of the number of the number of voltion. NET: Che precipition for 500 250 milliogram tablets results in OFEXCLAW QUANTITY-ALLOWED Net also NOT RECLAW QUANTITY-ALLOWED must correspond with the value in UNIT OF- MAUNE.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX131-0004
2 3 4	CRX131 CRX131 CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED OT-RX-CLAIM-QUANTITY-ALLOWED OT-RX-CLAIM-QUANTITY-ALLOWED	Ket Applicable Net Applicable Per Applicable	NA NA NA Required	number of visitor of the number of units of a precipition/refit that were filled. For maintee of visitor of the number of units of a precipition/refit that were filled. For which the drug is more humanically as Laboratory account emilitor, for one proof destination or dispensed by a normal unit, e.g. power filled viais, use 1 as the number of units. WHE: One precurption for 100 220 milligram tablets results in 014RX-CLAM-QLAM-TITY-ALLOWED 200. The units of 14RX-CLAM-QLAM-TITY-ALLOWED must correspond with the value in UNIT-OF-	Not Applicable	2/25/2013 2/25/2013	CLAIMRX CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX131-0004 CRX131-0005
2 3 4 5	CRX131 CRX131 CRX131 CRX131 CRX131 CRX132	OT-RX CLAIM-QUANTITY-ALLOWED OT-RX CLAIM-QUANTITY-ALLOWED OT-RX CLAIM-QUANTITY-ALLOWED OT-RX CLAIM-QUANTITY-ALLOWED OT-RX CLAIM-QUANTITY-ACTUAL	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable The Applicable	NA NA NA Required	number de vinder of the number of under de a preservation/with the verse field. For which the drag is more many states of the states of the states of the states of the of digeneous field of the states of the states of the states of the states of the PRESERVE of the states of the PRESERVE of the states of the PRESERVE of the states of the PRESERVE of the states of the PRESERVE of the states of the NEXEMPTION of the states of the PRESERVE of the states of the PRESERVE of the states of the PRESERVE of the states of the PRESERVE of the states of the PRESERVE of the states of	Not Applicable Not Applicable Not Applicable Not Applicable	2/25/2013 2/25/2013 2/25/2013 9/23/2015	CLAIMRX CLAIMRX CLAIMRX CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003 CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX131-0004 CRX131-0005 CRX131-0006 CRX132-0001
2 3 4 5	CRX131 CRX131 CRX131 CRX131 CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED OT-RX-CLAIM-QUANTITY-ALLOWED OT-RX-CLAIM-QUANTITY-ALLOWED OT-RX-CLAIM-QUANTITY-ALLOWED OT-RX-CLAIM-QUANTITY-ALLOWED	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	NA NA NA Required NA	number of voltion of the number of units of a precipition/with that were filed. For which the drag is compared to a guide count of the second second second second second or digeneous by a normal unit e.g. powder filled viail, use 1 as the number of units. NOTE: One precipition for 500 250 milling and tables results in OFRX-CLAM-QUARTITY-ALLOWED 100. The value to OFRX-CLAM-QUARTITY-ALLOWED must correspond with the value is UNIT-OF- ADATABLE. Definition of a DATAGY of ALLOWED must correspond with the value is UNIT-OF- dADATABLE. Definition of a DATAGY of CLAMPA to Long. Definition of a DATAGY of CLAMPA colour. In the Init - DATAGY of CLAMPA colour.	Not Applicable Not Applicable Not Applicable Not Applicable	2/25/2013 2/25/2013 2/25/2013	CLAIMRX CLAIMRX CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003 CLAIM-LINE-RECORD-RX-CRX00003 CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0004 CRX131-0005 CRX131-0006
2 3 4 5 6	CRX131 CRX131 CRX131 CRX131 CRX131 CRX132	OT-RX CLAIM-QUANTITY-ALLOWED OT-RX CLAIM-QUANTITY-ALLOWED OT-RX CLAIM-QUANTITY-ALLOWED OT-RX CLAIM-QUANTITY-ALLOWED OT-RX CLAIM-QUANTITY-ACTUAL	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable The Applicable	NA NA NA NA NA	number de visition et les number d'une de la presentation visit find veren find. For materiel de visit et les number de la presentation visit find veren find. For de la presentation de la presentation de la presentation de la presentation de la presentation de la presentation de la presentation	Not Applicable Not Applicable Not Applicable Not Applicable	2/25/2013 2/25/2013 2/25/2013 9/23/2015	CLAIMRX CLAIMRX CLAIMRX CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003 CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX131-0004 CRX131-0005 CRX131-0006 CRX132-0001
21 22 23 24 25 25 26	CRX131 CRX131 CRX131 CRX131 CRX132 CRX132 CRX132	DT & CLAIM QUANTITY ALLOWED DT & CLAIM QUANTITY ALLOWED DT & CLAIM QUANTITY ALLOWED DT & CLAIM QUANTITY ALLOWED DT & CLAIM QUANTITY ALCUAL DT & CLAIM QUANTITY ACTUAL	Not Applicable Not Applicable Not Applicable Requesting of a dwg, servers or product that is rendered dispensed for a prescription, specific date of enviro, or dating time you. Not Applicable	NA NA NA Required NA NA	number der vinlicher ihlt nursteller dara geschräftlichkeit Hind were Hind, for wichte der Sterner der Sterner der Sterner der Sterner der Sterner der Sterner der Sterner der Sterner der Sterner der Sterner der Sterner der Sterner der Sterner Mitteller der Sterner der Sterner der Sterner der Sterner der Sterner der Sterner Mitteller der Sterner der	Ne Apictale Nez Apictale Nez Apictale Nez Apictale Nez Apictale	2/25/2013 2/25/2013 2/25/2013 9/23/2015 2/25/2013	CLAIMRX CLAIMRX CLAIMRX CLAIMRX CLAIMRX	CLAN-LINE-RECORD RX CR000003 CLAN-LINE-RECORD RX CR000003 CLAN-LINE-RECORD RX CR000003 CLAN-LINE-RECORD RX CR000003 CLAN-LINE-RECORD RX CR000003	CRX131-0004 CRX131-0005 CRX131-0006 CRX132-0001 CRX132-0002

30 Row #	DE NO CRX132	DATA ELEMENT NAME OT-RX-CLAIM-QUANTITY-ACTUAL	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT For use with CLAIMOT and CLAIMER claims. For CLAIMIP and CLAIMIT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.	VALID VALUES Not Applicable	LAST UPDATE DATE 2/25/2013	FILENAME	FILE SEGMENT (with RECORD-ID) CLAIM-LINE-RECORD-RX-CRX00003	CR N0 CRX132-0006
	CRX133	UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the drug or supply is expressed.	Conditional	use the IP-LT-QUANTITY-OF-SERVICE field. Value must be equal to a valid value.	F2 International Unit	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX133-0001
			,			ML Milliter GR Gram ME Milgram UN Unit				
	CRX133 CRX134	UNIT-OF-MEASURE TYPE-OF-SERVICE	Not Applicable A code to categorize the services provided to a Medicaid or CHIP enrollee.	NA	Enter the unit of measure for each corresponding quantity value. Walae must be equal to a valid value.	Not Applicable See Appendix A for listing of valid values.	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX133-0002 CRX134-0001
	CRX134	TYPE-OF-SERVICE	Not Applicable	NA	Pharmacy Clamy/Encounter File - Claims/encounters with TYPE-OF-SERVICE= 011, 018, 033, 034, 036, 085, 089, 127, or 131.	Not Applicable	9/23/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX134-0002
	CRX134	TYPE-OF-SERVICE	Not Applicable	NA	Experience has demonstrated there can be instances when more than one service area category	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX134-0003
					Services that demonstrated there can be induces when more than one on-roles are adaptory control to applicable provided and/or. The following florestructure and applicable to their induces and the applicable provided and/or. The following florestructure and processions our provider and/or. The induces the service and and and and processions our provider and/or. The service service and and and and and processions our provider and/or. The service service and and and processions our provider and/or. The service service and and and processions our provider and/or. The service service and the service of the other balance and/or key service.	e				
6	CRX134 CRX134	TYPE-OF-SERVICE TYPE-OF-SERVICE	Not Applicable Not Applicable	NA	See Appendix D for information on the various types of service. All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMNET file.	Not Applicable Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX134-0004 CRX134-0005
	CRX135	HCBS-SERVICE-CODE		Conditional	psychiatric hospital are included in the CLAIMLT file. Value must be equal to a valid value.	1 The HCBS service was provided under 1915(i)	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX135-0001
			Codes indicating that the service represents a long-term care home and community based provice or appropring for an individual with dreaves medical and one mental conditions. The codes are to help device the provided in the home and community cetting (e.g. 1915)(c. 1915)(i. 1915)(i. and 1915)(b) devided).			2 The HGS service was provided under 1915(j)) 3 The HGS service was provided under 1915(j)) 1 The HGS service was provided under the 1916(j) HGS Woher 5 The HGS service was provided under the 1111 washer 5 The HGS service was not provided under the statutes identified above and was of an acute care nature	8/7/2017			CRA1370001
	CRX136	HCBS-TAXONOMY	A code that classifies home and community based services listed on the claim into the HCBS taxonomy.	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX136-0001
	CRX136	HCBS-TAXONOMY	Not Applicable	NA	If HCBS-SERVICE-CODE = 1 through 8, then populate HCBS-TAXONOMY with one of the values from the list in Appendix B.	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX136-0002
1	CRX136	HCBS-TAXONOMY	Not Applicable	NA	the list in Appendix B. If HCBS-SERVICE-CODE = 9 (It is unknown what authority the HCBS service was provided), then	Not Applicable	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX136-0003
-					If HCBS-SERVICE-CODE = 9 (It is unknown what authority the HCBS service was provided), then populate HCBS-TAXCHOMM based on the assumption that the services is not a 1915(), 1915(), 1915(), unkner, or 1115 water service. (See "If HCBS-SERVICE-CODE = 1 through 8" above.)			CLAIMPX		CRX137-000
2	CRX137	OTHER-TPL-COLLECTION	This data element indicates that the claims for a benefitively for whom other thing party resource descignment and claims and the set approximation of the liability is not another health marance plan for which the eligible is a benefitiary.	Conditional	value must be equal to a valid value.	001 Third Party Resource is Casually/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Liben (TEFRA) 004 Third Party Resource is Uno (thorpensation 005 Third Party Resource is Unoview's Compensation 005 Third Party Resource is Other 007 Third Party Resource is Other	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	
3	CRX138 CRX138	DAYS-SUPPLY DAYS-SUPPLY	Number of days supply dispensed.	Required	Values should be between -365 and 365. For Prescription Druzs, value should be between -365 and 365.	Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX138-0001 CRX138-0002
5	CRX138 CRX139	NEW-REFILL-IND	Not Applicable whether the prescription being filled was a new prescription or a refill. If it is a refill indicator showing whether the prescription being filled was a new prescription or a refill. If it is a refill the indicator will indicate the number of refills.	Required	For Prescription Drugs, value should be between -365 and 365. Value must be equal to a valid value.	Not Applicable 00 New Prescription 01-98 Number of Refill(s)	8/7/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CR0000003 CLAIM-LINE-RECORD-RX-CR0000003	CRX138-000.
6	CRX140	BRAND-GENERIC-IND	Indicates whether the drug is a brand name, generic, single-source, or multi-source drug.	Required	Value must be in the set of valid values	0 Non-Drug	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX140-0001
7	CRX141	DISPENSE-FEE	The charge to cover the cost of dispending the prescription. Dispending costs include overhead,	Regulard	This data element must include a valid dollar amount.	Non-Drug I Genoric 2 Brand 3 Multh-Source 4 Single-Source Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX141-000
			supplies, and labor, etc. to fill the prescription.	Required						
3	CRX142 CRX143	PRESCRIPTION-NUM DRUG-UTILIZATION-CODE	The unique identification number assigned by the pharmacy or supplier to the prescription A code indicating the conflict. Intervention and outcome of a prescription presented for fulfillment.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([]. Value must be equal to a valid value.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX142-0001
			The 1-MIS DIRUGHIZATION COZE data elimente la campaña field camplead of three distinct MPP data elementa. Tasson fa sarvia cada (1948), "Threestand and three Cada" (484-5), and "Response of the cada (1948-5), and the cada (1948-5), and the cada (1948-5), and and cada of an oral cada of the cada (1948-5), and the cada (1948-5), and the analysis of the cada (1948-5), and the cada (1948-5), and the cada (1948-5), and the sarvia cada oral cada (1948-5), and the cada (1948-5), and the cada (1948-5), and the Mission of the cada (1948-5), and the cada (1948-5), and the cada (1948-5), and the Mission of the cada (1948-5), and the cada (1948-5), and the cada (1948-5), and the Mission of the cada (1948-5), and the cada (1948-5), and the cada (1948-5), and the Mission of the cada (1948-5), and the cada (1948-5), and the cada (1948-5), and the Mission of the cada (1948-5), and the cada (1948-5), and the cada (1948-5), and the mission of the table cada (1948-5), and the cada (1948-5), and the cada (1948-5), and the mission of the table cada (1948-5), and the cada (1948-5), and							
,	CRX144	DTL-METRIC-DEC-QTY	Metric decimal quantity of the product with the appropriate unit of measure (each, gram, or milliliter)	. Required	Must be numeric	Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX144-0001
	CRX145	COMPOUND-DOSAGE-FORM	The physical form of a dose of medication, such as a capsule or injection.	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX145-0001
2	CRX146	REBATE-ELIGIBLE-INDICATOR	An indicator to identify claim lines with an NDC that is eligible for the drug rebate program.	Conditional	Value must be equal to a valid value.	 NDC is not eligible for drug rebate program. (Manufacturer does not have i rebate agreement.) NDC is eligible for drug rebate program NDC is exempt from the drug rebate program (biological and medical devices) 	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX146-0001
	CRX147	IMMUNIZATION-TYPE	This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX147-000
	CRX148	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX148-000
	CRX149	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT	This code indicates if the claim was matched with Title XXX or Title XXX.	Required	Value must be equal to a valid value.	01. Federal funding under Title XXK 22. Federal funding under Title XXI 03. Federal funding under ArA. 46. Federal funding under cher legislation	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX149-000
,	CRX149	CMS-64-CATEGORY-FOR-FEDERAL-	Not Applicable	NA	If an individual is not eligible for S-CHIP, then any associated claims records should not have	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX149-000
	CRX149	REIMBURSEMENT CMS-64-CATEGORY-FOR-FEDERAL-	Not Applicable	NA	reimbursed with federal funding under Title XXI.	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX149-0003
	CPV150	REIMBURSEMENT	A code indication the extension of control for the paid data. The extension of control to the three three	Conditional	If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.	See Argendix Ltgr listigs of valid valuer	11/2/2015	CLAIMEN	CLAIM-LINE-RECORD-RY-CRY00002	CPV150 000
			A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation		Tanana comes an algorit to it within within .					
	CRX150	XIX-MBESCBES-CATEGORY-OF-SERVICE	Not Applicable	NA	Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".	Not Applicable	4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX150-000
,	CRX151	XXI-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Conditional	Women". Value must be equal to a valid value.	See Appendix J for listing of valid values.	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX151-000
					This data element must include a valid dollar amount.				CLAIM-LINE-RECORD-RX-CRX000003	
1 2	CRX152 CRX153	OTHER-INSURANCE-AMT STATE-NOTATION	The amount paid by insurance other than Medicare or Medicaid on this claim. A free text field for the submitting state to enter whatever information it chooses.	Conditional Optional	This data element must include a valid dollar amount. The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable Not Applicable	11/3/2015 8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX152-000 CRX153-000
3	CRX153	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." a single 8 or 8-fill the field when not using the field to record specific comments.	3, Not Applicable	8/7/2017	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX153-0002
					For fixed-length files, states should 8-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.	-				

w Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
64	CRX154	FILLER	Not Applicable	NA	CODING REQUIREMENT For pipe-delimited files, FILES that is shown at the end of each necord layout is applicable only to fixed-length files, and therefore should be ignored in pipe-delimited files. For fixed-ength files, FILER that is shown at the end of each record layout should be space-filed in fixed-length files.	Not Applicable	9/23/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX154-0001
					flæd-length files.					
5	CRX155	SEQUENCE-NUMBER	To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and	Required	Field is required on all 'C', 'U', and 'R' SUBMISSION-TRANSACTION-TYPE record files.	Not Applicable	8/7/2017	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX155-0001
			tile type (subject area).							
	CRX155 CRX156	SEQUENCE-NUMBER DISPENSING-PRESCRIPTION-DRUG- PROV-NUM	Not Applicable The state-specific provider id of the provider who actually dispensed the prescription medication.	NA Required	Must be numeric and > 0 Valid formats must be supplied by the state in advance of submitting file data.	Not Applicable Valid values are supplied by the state.	10/10/2013 10/10/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX000001 CLAIM-HEADER-RECORD-RX-CRX000002	CRX155-0002 CRX156-0001
	CRX156	DISPENSING-PRESCRIPTION-DRUG-	Not Applicable	NA	If value is invalid, record it exactly as it appears in the state system.	Not Applicable	10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX156-0002
	CRX156	PROV-NUM DISPENSING-PRESCRIPTION-DRUG- PROV-NUM	Not Applicable	NA	Note: Once a national provider ID numbering system is in place, the national number should be used. If the state's legacy ID number is only available, then that number can be entered in this field.	Not Applicable	10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX156-0003
	CRX156	DISPENSING-PRESCRIPTION-DRUG- PROV-NUM	Not Applicable	NA	The value reported in DISPENSING-PRESCRIPTION-DRUG-PROV-NUM should match a value in the PROV-IDENTIFIER field in which PROV-IDENTIFIER-TYPE = "1" on the same record in the Provider	Not Applicable	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX156-0004
			Not Applicable	NA	file.	Not Applicable	8/7/2017	CLAIMEX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX156-0005
	CRX156 CRX157	DISPENSING-PRESCRIPTION-DRUG- PROV-NUM ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required	The value reported in DISPENSING-PRESCRIPTION-DRUG-PROV-NUM should match a value reported in the SUBMITING-STATE-PROV-ID on the provider file. Date format is CCYMMDD (National Data Standard).	Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX157-0001
	CRX157 CRX157	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable	NA	Value must be a valid date For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the	Not Applicable Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX157-0002 CRX157-0003
	CRX157	ADJUDICATION-DATE	Not Applicable	NA	state. For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when	Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX157-0003
	CRX157	ADJUDICATION-DATE	Not Applicable	NA	possible. ADJUDICATION-DATE should occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0005
	CRX157 CRX157	ADJUDICATION-DATE ADJUDICATION-DATE	Not Applicable Not Applicable	NA NA	ADJUDICATION-DATE should occur on or after the ADMISSION-DATE This date must occur on or after the DATE-OF-BIRTH in the Elizible Record when the elizible is not a	Not Applicable Not Applicable	10/10/2013 10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003 CLAIM-LINE-RECORD-RX-CRX000003	CRX157-0006 CRX157-0007
	CRX157	ADJUDICATION-DATE	Not Applicable	NA	CHIP unborn child. A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year Immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	Not Applicable	10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX157-0008
	CRX158	SELF-DIRECTION-TYPE	This data element is not applicable to this file type.	Conditional	mining adon interglote status has expired, except when the engine is an undorn clinic in the chip program. Value must be equal to a valid value.	000 Not Applicable	8/7/2017	CLAIMEX	CLAIM-LINE-RECORD-RX-CRX000003	CRX158-0001
			······································			000 Not Applicable 001 Hiring Authority 002 Budget Authority 003 Hiring and Budget Authority				
	CRX159	PRE-AUTHORIZATION-NUM	A number, code, or other value that indicates the services provided on this claim have been authorized by the payse or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number)	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	Not Applicable	11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX000003	CRX159-0001
	CRX160	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicald/CHIP on this claim toward the recipient's Medicare	Conditional	Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount	8/7/2017	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX160-0001
	CRX160	MEDICARE-COMB-DED-IND	deductible was combined with their coinsurance amount because the amounts could not be separated Not Applicable	NA	Claims records for an eligible individual should not indicate Medicare paid any combined deductible		10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX160-0003
	CRX161	PROV-LOCATION-ID	A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject	Required	amount on the claim, if the eligible individual is not a dual eligible. The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([]).	Not Applicable	10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX000002	CRX161-0001
	CRX161	PROV-LOCATION-ID	The value should correspond to an active value in the PRUV-LOCATION-ID field in the provider subject area. Not Applicable	NA	The value should correspond with one of the location identifiers recorded in the provider's	Not Applicable	8/7/2017	CLAIMPY	CLAIM-HEADER-RECORD-RX-CRX000002	CRX161-0002
					The value should correspond with one of the location identifiers recorded in the provider's demographic records in the T-MBS data set. If a particular license is applicable to all locations, create an identifier that signifies "All Locations"	nos represant.		Contract		
	ELG001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - FLUGIBLIV record segment is ELGOOOC2.	Required	Value must be equal to a valid value.	ELG00001	8/7/2017	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG001-0002
	ELG001 ELG002	RECORD-ID DATA-DICTIONARY-VERSION	Not Applicable A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	NA Required	Must be populated on every record segment. Use the version number specified on the Cover Sheet of the data dictionary	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001 FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG001-0001 ELG002-0001
	ELG003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data a resubmission of a previously submitted file, or corrections of edit rejects.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG003-0001
	ELG003 ELG004	SUBMISSION-TRANSACTION-TYPE FILE-ENCODING-SPECIFICATION	A resolution of a previously submitted me, or corrections of ear rejects. Not Applicable A data element to denote whether the file is in fixed length line format or delimited format.	NA	Must be populated on every record Value must be equal to a valid value.	Not Applicable EF - The file follows a fixed length format	8/7/2017 8/7/2017	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001 FILE-HEADER-RECORD-FILGIBILITY-FILG00001	Not Applicable ELG004-0001
	ELG005		A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required	Use the version number specified on the title page of the data mapping document	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format. Not Applicable	2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG005-0001
	ELG006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required	Required on every file header	Not Applicable	2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBIUTY-ELG00001	ELG006-0001
	ELG006	FILE-NAME FILE-NAME	Not Applicable	NA	Value must be equal to a valid value. The file name must exist in the File Label Internal Dataset Name.	ELIGIBLE - Eligible file Not Applicable	2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001 FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG006-0002
	ELG008	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	10/10/2013 8/7/2017	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG007-0002
	ELG007 ELG007	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001 FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG007-0001 Not Applicable
	ELG007 ELG008 ELG008	SUBMITTING-STATE DATE-FILE-CREATED DATE-FILE-CREATED	Not Applicable The date on which the file was created. Not Applicable	NA Required	Value must be the same on all record segments. Date format is CCYYMMDD (National Data Standard) Value must be a valid date.	Not Applicable Not Ap	8/7/2017 2/25/2013	ELIGIBLE ELIGIBLE FLIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001 FILE-HEADER-RECORD-ELIGIBILITY-ELG00001 FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG007-0003 ELG008-0001 ELG008-0002
	ELGO08 ELGO08 ELGO08	DATE-FILE-CREATED								ELG008-0003
		DATE-FILE-CREATED	Not Applicable Not Applicable	NA NA	Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field. Required on every file header	Not Applicable Not Applicable	8/7/2017 2/25/2013 4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001 FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0004
	ELG009 ELG009	DATE-FILE-CREATED START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable Beginning date of the time period covered by this file.	NA NA Required NA	Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field. Required on every file header Date format is CCYMMDD (National Data Standard).	Not Applicable Not Applicable			FILE-HEADER-RECORD-ELIGIBILITY-ELGO0001 FILE-HEADER-RECORD-ELIGIBILITY-ELGO0001 FILE-HEADER-RECORD-ELIGIBILITY-ELGO0001 FILE-HEADER-RECORD-ELIGIBILITY-ELGO0001	ELG009-0001
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	ELG009 ELG009	DATE-FILE-CREATED START-OF-TIME-PERIOD START-OF-TIME-PERIOD START-OF-TIME-PERIOD START-OF-TIME-PERIOD START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Nar Application Beginning data of the three period covered by this tile. Nar Application Nar Application Nar Application Nar Application	NA NA Required NA NA NA NA NA Required	Date mult be regard to or later than the date entered in the UHO OF TIME FERICO Red. Englished an every the Redard March the proposition of the Redard March the proposition of every record Value mult be availed date Value mult be availed to the DATE OF TARK FERICO Value mult be availed to the DATE OF TARK FERICA Value mult be availed to	Ner Applicable Ner Applicable Ner Applicable Ner Applicable Ner Applicable Ner Applicable Ner Applicable	2/25/2013 4/30/2013 8/7/2017 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	HE-HARRER-RECORD-ELIGIBILITY-ELG00001 FIE-HARRER-RECORD-ELIGIBILITY-ELG00001 FIE-HARRER-RECORD-ELIGIBILITY-ELG00001 FIE-HARRER-RECORD-ELIGIBILITY-ELG00001 FIE-HARRER-RECORD-ELIGIBILITY-ELG00001 FIE-HARRER-RECORD-ELIGIBILITY-ELG00001 FIE-HEARRER-RECORD-ELIGIBILITY-ELG00001	ELG009-0001 Not Applicable Not Applicable ELG009-0003 ELG009-0004
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Row #	DE NO	DATA ELEMENT NAME SUBMITTING-STATE	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID) PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	CR NO ELG017-0001
	ELG017 ELG017	SUBMITTING-STATE	Not Applicable	NA NA	Value must be numeric	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable
	ELGO17 ELGO18	SUBMITTING-STATE RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	NA Required	Value must be the same on all record segments. Must be numeric	Not Applicable Not Applicable	8/7/2017 4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG017-0003 ELG018-0001
		RECORD-NUMBER	within the submission file. Not Applicable		Must be populated on every record		4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	FI G018-0002
-	ELG018 ELG018	RECORD-NUMBER	Not Applicable	NA NA	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG018-0002 ELG018-0005
	ELG019	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicald/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0001
	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0002
	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	application. For SSN states, in instances where the social security number is not known and a temporary MSIS-	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0003
					DONTIFICATION-HUM is used; the MSIS CIGNTIFICATION-HUM field should be populated with the moreorary 4563-BEMTACHINAHAN and the Dist of band band be good as compared provided the strength of the populated with the temporary 4555-BENTIFICATION-HUM and the social security number.					
	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0004
	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable
	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY- ELG00002).	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0005
	ELG019	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for preparative women, unborn children, mothers, and their	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0006
					The field of units became to be a set of the					
	ELG020	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided.	Conditional	the new can contain any aphanometric characters, digits or symbols except the "pipe" ([).	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG020-0001
	ELG021	ELIGIBLE-LAST-NAME	The last name of the individual to whom the services were provided.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG021-0001
	ELG022	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided.	Conditional	Leave blank if not available	Not Applicable	11/3/2015	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG022-0001
	ELG022	ELIGIBLE-MIDDLE-INIT	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG022-0002
	ELG023	SEX	The individual's biological sex.	Required	Value must be equal to a valid value.	F Female M Male U Unknown	4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG023-0001
_	ELG023	(FX	Not Applicable	NA	If an eligible individual is a male, he cannot be pregnant (PREGNANCY-IND must = "0").	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG023-0002
	ELG024	DATE-OF-BIRTH	Individual's date of birth.	Required	Date format is CCYYMMDD (National Data Standard)	Not Applicable	2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0001
T	ELG024	DATE-OF-BIRTH	Not Applicable	NA	Children enrolled in the Separate CHIP prenatal program option should have a date of birth missing or equal to the pregnant mother's date of birth	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0002
	ELG024 ELG024	DATE-OF-BIRTH DATE-OF-BIRTH	Not Applicable	NA	Value must be numeric. The date must be a valid date, unless a complete valid date is not available.	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0003
	ELG024	DATE-OF-BIRTH	Not Applicable Not Applicable	NA	An eligible individual's date of birth should not be after his/her date of death.	Not Applicable Not Applicable	2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0005
	ELG024	DATE-OF-BIRTH	Not Applicable	NA	An eligible Individual's date of birth should be on or before the end of time period for the admission. Revice Edit Definition: DATE-OF-BIRTH must be <= END-OF-TIME-PERIOD	Not Applicable	2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0006
	ELG024 ELG025	DATE-OF-BIRTH DATE-OF-DEATH	Not Applicable	NA	An eligible individual's date of birth should be on or before the date the file was created.	Not Applicable	2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0007
	ELG025	DATE-OF-DEATH	Not Applicable Individual's date of death. Not Applicable	NA	Date format is CCYYMMDD (National Data Standard) If individual is not deceased, leave blank or space-fill	Not Applicable Not Applicable	11/3/2015 8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0001 ELG025-0002
	ELG025 ELG025	DATE-OF-DEATH DATE-OF-DEATH	Not Applicable	NA	Value must be numeric: The date must be a valid date, unless a complete valid date is not available or the eligible individual is not deceased.	Not Applicable	8/7/2017 4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0003 ELG025-0004
	ELG025	DATE-OF-DEATH DATE-OF-DEATH	Not Applicable Not Applicable	NA	s not deceased. The eligible individual's date of death cannot occur earlier than his/her date of birth. The eligible individual's date of death cannot indicate that an eligible individual was greater than 25 years old at the time of death.	Not Applicable Not Applicable	4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0005
	ELG025	DATE-OF-DEATH	Not Applicable	NA NA	Value cannot be > DATE-FILE-CREATED in Header Record	Not Applicable	8/7/2017 4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0006 ELG025-0007
	ELG025 ELG026	DATE-OF-DEATH	Not Applicable	NA Required	For records for an eligible individual across time periods, the eligible individual's Date of Death should not vary. Date formal: CCYTMIDD (National Data Standard).	Not Applicable	2/25/2013 8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0008
	:10020	EFF-DATE	The first day of the time span during which the values in all data elements in the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	requireu	Date format is CCTIMIMIDD (National Data Standard).	Not Applicable	6/7/2017	ELIGIBLE	PRIMART-DEMOGRAPHICS-EDGIBILITT-ELG00002	210020-0001
			This date field is necessary when definine a unique row in a database table.							
	F1 CO2/	PRIMARY-DEMOGRAPHIC-ELEMENT-	Not Applicable		Notes much be example.	Not Applicable	0(7/0017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Net Levillech
	216026	EFF-DATE		NA	Value must be numeric.		8/7/2017			Not Applicabl
	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT- EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicabl
	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT- EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0002
	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-	Not Applicable	NA	Whenever the value in one or more of the data elements in the PRIMARY-DEMOGRAPHICS record	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0003
	ELG026	EFF-DATE PRIMARY-DEMOGRAPHIC-ELEMENT-	Not Applicable	NA	The PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE must be created The PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE must occur on or before the PRIMARY-	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0004
		EFF-DATE			DEMOGRAPHIC-ELEMENT-END-DATE		8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	
	ELG026	PRIMARY-DEMOGNAPHIC-ELEMENT- EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment specific dateflying number must do ne another in both record segments. Overfapping coverage for a given combination of two file (sa specified in the Record Segment Key and Constraints guidance document in a diwerd for same the segment.	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-EDGBILITY-ELGUUUZ	Not Applicabl
	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT- EFF-DATE	Not Applicable	NA	segment-specific identifying number match one another in both record segments. Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Constraints suidance document in that allowed for same file segment.	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0005
	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT- END-DATE	The last day of the time span during which the values in all data elements in the PRIMARY DEMOGRAPHICS- ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0001
		END-DATE	It is understood to be at the time the record is created.)							
	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT- END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicabl
	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT- END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicab
	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT- END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0002
	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date	Not Applicable	2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0003
	ELG027	END-DATE PRIMARY-DEMOGRAPHIC-ELEMENT-	Not Applicable	NA	(99991231) Whenever the value in one or more of the data elements in the PRIMARY DEMOGRAPHICS-	Not Applicable	2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0004
	ELG027	END-DATE	Not Applicable	NA			8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicab
		PRIMARY-DEMOGRAPHIC-ELEMENT- END-DATE			For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.			- CHORE		tor opportabl
	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-	Not Applicable	NA	The PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE must occur on or after the PRIMARY- DEMOGRAPHIC-ELEMENT-EFF-DATE	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-000
	ELG028	END-DATE STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	DEMOGRAPHIC-ELEMENT-EFF-DATE The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG028-000
			· · · · · · · · · · · · · · · · · · ·				[····			
	ELG028	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ([])) when not using the field to record specific comments.	Not Applicable	9/23/2015	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG028-000
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.					
	ELG029	FILLER	Not Applicable	NA	For pipe-delimited files. FILLER that is shown at the end of each record lawout is and inshin only to	Not Applicable	9/23/2015	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG029-0001
					For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to files/ength files and therefore should be ignored in pipe-delimited files. For finds-filengt files, FILER that is shown at the end of each record layout should be space-filed in filed-length files.					
	ELG030	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS = FLGIBILITY record segment is ELGODOZ.	Required	Value must be equal to a valid value.	ELG00003	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0001
	ELC020	RECORD-ID	DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.				8/7/2017	FLIGIBLE	VARIABLE-DEMOCRAPHICS-FLIGIBILITY-FLG00003	FI 6030-0003
	ELG030 ELG031	RECORD-ID SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has	Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0002 ELG031-0002
		SUBMITTING-STATE	submitted the data. Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-000
	510021	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable Not Applicable	NA	Must be populated on every record. Value must be numeric Value must be the same on all record segments.	Not Applicable Not Ap	8/7/2017 8/7/2017 8/7/2017	FLIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-000 Not Applicat ELG031-000
	ELG031 ELG031	SUBMITTING-STATE	Not Applicable	NA Required	Value must be the same on all record segments. Must be numeric	Not Applicable Not Applicable	8/7/2017 4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-0003 ELG032-0001
	ELG031 ELG031 ELG031 ELG032		A sequential number assigned by the submitter to identify each record segment row in the submission				1.1.1.1	1 1	1	
	ELG031 ELG031		Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	PRAK M. INITATIN.					
	ELG031 ELG031 ELG032 ELG032	SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission the The RECORD-NUMBER. In conjunction with the RECORD-ID, unknuely identifies a single record	NA	Must be populated on every record	Not Applicable	4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0002
	ELG031 ELG031 ELG032 ELG032 ELG032	SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission If the The ERCENDENMERE, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file. Not Applicable	NA NA Required	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unlowe within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0002 ELG032-0003
	ELG031 ELG031 ELG032 ELG032	SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file. Not Applicable	NA NA Required	Must be populated on every record	Not Applicable Not Applicable Not Applicable Not Applicable	4/30/2013 2/25/2013 8/7/2017 8/7/2017		VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELGODOO3 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELGODOO3 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELGODO03 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELGODO03	ELG032-0002 ELG032-0003 ELG033-0001 ELG033-0002

ew Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
95	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SIN states, in instances where the social recurring number is not known and a temporary MSIS- IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be opperlated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the		DATE 8/7/2017	ELIGIBLE	WARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELGODO03	ELG033-0003
					IDENTIFICATION-NOM IS USED, the MSIS-IDENTIFICATION-NOM their should be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be					
					temporary Mois-ULEN IIIN-A IUN-NUM and the SAN flob should be space-filled, or bain. When the social security number becomes known, the MSIS-IBENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IBENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible file so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security in the social security of the temporary MSIS-IDENTIFICATION-NUM and the social security the social security of the temporary MSIS-IDENTIFICATION-NUM and the social security social security of the temporary MSIS-IDENTIFICATION-NUM and the social security social security of the temporary MSIS-IDENTIFICATION-NUM and the social security social security social security provided to the temporary MSIS-IDENTIFICATION-NUM and the social security social security social security the temporary MSIS-IDENTIFICATION-NUM and the social security social security social security provided to the temporary MSIS-IDENTIFICATION-NUM and the social security social security the temporary temporary temporary temporary social security temporary social security temporary social security temporary social security temporary social security social security temporary social security social security social security social security social security social security social security social security social security					
					File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security number.	x				
5	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0004
,	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicabl
	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicabl
					See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS identification Number" for Information on reporting MSIS ID for pregnant women, unborn children, moothers, and their deemed newborns younger than 1 year of a gew ob share the same MSIS A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-EUGIBILITY ELCODOD2).	e de la companya de la				
9	ELG033	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	deemed newborns younger than 1 year of age who share the same MSIS ID A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY Is concern)	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0005
)	ELG034	MARITAL-STATUS	A code to classify eligible individual's marital/domestic-relationship status.	Required	This element should be reported by the state when the information is material to eligibility (i.e.,	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0001
1	ELG034	MARITAL-STATUS	Not Apolicable	NA		See Appendix A for listing of valid values.	4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0002
	ELG034	MARITAL-STATUS	Not Applicable Not Applicable	NA	Value must be equal to a valid value. An eligible individual who is younger than 12 years should have a marital status of never married or unknown.	See Appendix A for listing of valid values. Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-000
	ELG035	MARITAL-STATUS-OTHER- EXPLANATION	A free-text field to capture the description of the marital/domestic-relationship status when MARITAI STATUS-14 (Other) is selected.	- Conditional	Conditional; required when MARITAL-STATUS = "14" (Other)	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG035-000
	ELG035	MARITAL-STATUS-OTHER- EXPLANATION	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG035-000
	ELG036	SSN	The eligible individual's social security number.	Required	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-000
	FIG036	SSN	Not Applicable	NA	the eligible person's social security number. If known, this field is to be populated with numeric digits.	Not Applicable	4/30/2013	FLIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELGODOD3	EL G036-000
, ,	ELG036	SSN	Not Applicable Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-000
					temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be					
					populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security number.					
					File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security number.	y l				
8	ELG036	SSN	Not Applicable	NA	All states must provide available SSNs on the ELICIBLE FILE, regardless of the use of this field as the unique MSIS-IDENTIFICATION-NUM.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-000
	ELG036 ELG034	SSN SSN	Not Applicable Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN. SSN should not vary across time periods for an eligible individual.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applical ELG036-000
	ELG036	SSN	Not Applicable	NA	SSN should not vary across time periods for an eligible individual. For SSN states, if the SSN is not available and a temporary identification number has been assigned in the MSS-INDITIFICATION-NUMBER field, the SSN field must be blank-filled.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-000
2	ELG037	SSN-VERIFICATION-FLAG	A code describing whether the state has verified the social security number (SSN) with the Social Security Administration (SSA).	Required	Value must be equal to a valid value.	D SSN not verified 1 SSN successfully verified by SSA 2 SSN is pending SSA verification	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG037-000
						2 SSN is pending SSA verification				
	ELG038	INCOME-CODE	A code indicating the family income level. A flae indicating if the individual served in the active military, naval, or air service.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	8/7/2017 8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG038-000
	ELG039	VETERAN-IND	A flag indicating if the individual served in the active military, naval, or air service.	Required	Value must be equal to a valid value.	1Yes	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG039-000
	ELG039	VETERAN-IND	Not Applicable	NA	An eligible individual who is younger than 17 years should not be a veteran.	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG039-000
	ELGO40	CITIZENSHIP-IND	Indicates if the individual is identified as a U.S. Citizen.	Required	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG040-000
	ELG040	CITIZENSHIP-IND	Not Applicable			Not Applicable	8/7/2017		VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	
	ELGU40			NA	All eligible individuals hagged as non-citizens with CITIZENSHIP-IND = "0" should also be hagged as non-citizens with IMMIGRATION-STATUS = "1", "2", or "3"	Not Applicable		ELIGIBLE		ELG040-000
8	ELG040	CITIZENSHIP-IND	Not Applicable	NA	All eligible individuals flagged as non-citizens with CITIZENSHIP-IND = "0" should also be flagged as non-citizens with IMMIGRATION-STATUS = "1", "2", or "3" All eligible individuals flagged as LS. Citizens with CITIZENSHIP-IND = "1" should also be flagged as citizens with IMMIGRATION-STATUS = "8"	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applical
	ELGO41	CITIZENSHIP-VERIFICATION-FLAG	Indicates the individual is enrolled in Medicaid pending citizenship verification.	Required	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG041-000
	ELG042	IMMIGRATION-STATUS	The immigration status of the individual.	Required	Value must be equal to a valid value.	1 Custillad populition	8/7/2017	ELIGIBLE	WARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG042-000
5	ELGU42	IMMIGRATION-STATUS	i ne immigration status or the individual.	Required	value must be equal to a valid value.	Qualified non-citizen Lawfully present under CHIPRA 214 Sligble only for payment for emergency services U.S. citizen	8/7/2017	ELIGIBLE	WARLABLE-DEMOGRAPHICS-ELIGIBILITY-ELGODOU3	ELG042-000:
						8 U.S. citizen				
1	ELG042	IMMIGRATION-STATUS	Not Applicable	NA	All eligible individuals flagged as non-citizens with CITIZENSHIP-IND = "0" should also be flagged as	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELGODOD3	ELG042-000
,	510040	BARGERATION CTATUS	Not Applicable		All eligible individuals flagged as non-citizens with CITIZENSHIP-IND = "0" should also be flagged as non-citizens with IMMIGRATION-STATUS = "1", "2", or "3" Mulaible individual flagment ac LLS citizens with CITIZENSHIP.IND = "1" should also be flagged as	Not Applicable	8/7/2017	FLIGIRIE		Not Applicat
	ELG042	IMMIGRATION-VERIFICATION-FLAG	Indicates the individual is enrolled in Medicaid pending immigration verification.	-	All eligible individuals flagged as U.S. citizens with CITIZENSHIP-IND = "1" should also be flagged as citizens with IMMCRATION-STATUS = "8" Value must be could to a valud value.	Not Appreable	8/7/2017	ELIGIBLE	VARIABLE DEMOGRAPHICS ELIGIBILITI ELIGODOUS	FLG043-000
8	ELG043	IMMIGRATION-VERIFICATION-FLAG	Indicates the individual is enrolled in Medicaid pending immigration verification.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG043-000
	ELG044	IMMIGRATION-STATUS-FIVE-YEAR- BAR-END-DATE	The date the five-year bar for an individual ends.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-000
		BAR-END-DATE	Section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) provides that certain immigrants who enter the United States on or after August 22, 1996							
			The cloth the file-period for an individual ends. Section 403 of the Personal Respondingly and Work Opportunity Reconciliation Act of 1996 PRWOODA) provides that certain immigrants who ends the Iuhiled States on a rafter August 22, 1996 are not eligible or concerle rederally hundle benefits, including Medical and the State Children's Health Insurance Program (Esparate CHP), for five years from the date they enter the country with a status as a "qualified seles".							
5	ELG044	IMMIGRATION-STATUS-FIVE-YEAR- BAR-END-DATE	Not Applicable	NA	If not applicable (U.S. Citizen), 8-fill, space fill, or blank	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-000
	ELG044	IMMIGRATION-STATUS-FIVE-YEAR- BAR-END-DATE	Not Applicable	NA	If the individual is not a U.S. citizen, then his/her Immigration Status Five Year Bar End Date cannot be designated as not applicable (8-filled, left blank, or space-filled)	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-000
	ELG044	IMMIGRATION-STATUS-FIVE-YEAR- BAR-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-000
	ELG044	BAR-END-DATE IMMIGRATION-STATUS-FIVE-YEAR- BAR-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-000
-	FIG045	BAR-END-DATE PRIMARY-LANGUAGE-ENGL-PROF-	A code indicating the level of sooken English proficiency by the individual	Conditional	Value must be equal to a valid value.		8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG045-000
		CODE	contracting the foreign of approximation and the foreign of the second s	- Construction and	A REAL PROPERTY OF A REAL PROPERTY.	D Very Well 1 Well 2 Not well 3 No spoken proficiency		- Indiana	LIGHD DEMOCRO THE ELGIDID IT ELGODOS	
						3 No spoken proficiency				
,	ELG045	PRIMARY-LANGUAGE-ENGL-PROF-	Not Applicable	NA	Report this information for individuals 5 years old or older	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG045-000
	ELG045	CODE PRIMARY-LANGUAGE-CODE	A code indicating the language the individual speaks other than English at home	Conditional	Value must be equal to a valid value.	See language codes in Appendix G for a list of all valid language codes	11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-000
	210046	PRIMARY-LANGUAGE-CODE	e cost manaring the language the mannutal speaks other than English at nome	conucional	Value must be equal to a valid value. See language codes in Annendix G for a list of all valid language codes	See language codes in Appendix G for a list of all valid language codes	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-000
	ELG046			NA		Not Applicable	2/25/2013 2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003 VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-000 ELG046-000 ELG047-000
	ELG046	PRIMARY-LANGUAGE-CODE	Not Applicable	NA	Report this information for individuals 5 years old or older				VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG047-000
	ELG046 ELG047	PRIMARY-LANGUAGE-CODE HOUSEHOLD-SIZE	Not Applicable Household Size used in the Medicaid or CHIP eligibility determination process	NA Required	Report this information for individuals 5 years old or older Value must be equal to a valid value.	01 1 person 02 2 people	8/7/2017	CLIGIBLE		
	ELG046 ELG047	PRIMARY-LANGUAGE-CODE HOUSEHOLD-SIZE	Net Applicable Household Size used in the Medicaid or CHIP eligibility determination process	NA Required		01 1 person 02 2 people 03 3 people 04 4 people 04 4 people	8/7/2017	EUGIDLE		
	ELG046 ELG047	PRIMARY-LANGUAGE-CODE HOUSEHOLD-SIZE	Net Applicable Household Size used in the Medicaid or CHIP eligibility determination process	NA Required		01 1 person 02 2 pecole 03 3 pecole 04 4 pecole 05 5 pecole 06 6 pecole 06 6 pecole	8/7/2017	EDGIBLE		
	ELG046 ELG047	PRIMARY-LANGUAGE-CODE HOU'SEHOLD-SIZE	Net Applicable Household Size used in the Medical or CHIP digibility determination process	NA Required		01 1 person 02 2 people 03 3 people 04 4 people 05 5 people 06 6 people 07 7 people 08 6 or more people	8/7/2017	ELIGIBLE		
	ELGO46 ELGO47	PRIMARY-LANGUAGE CODE HOUSEHOLD-SIZE	Yea Aguitable Maaachold Six and in the Medicaid or CHP eligibility determination process	NA Required		01 1 prosto 02 2 proste 03 4 proste 03 5 proste 04 5 proste 04 5 proste 05 5 proste 07 7 proste 07 8 proste 07 8 proste 07 8 proste 07 8 proste 07 8 proste 08 8 proste 09 8 proste 00 8	8/7/2017	ELIGIBLE		
	ELG046 ELG047 ELG047	HOUSEHOLD-SIZE	Nouzhold Size used in the Medical or CHP eligibility determination process	NA Required NA	Value must be equal to a valid value.	01 1 peron 02 1 peron 03 1 peron 04 4 people 04 4 people 05 7 people 05 7 people 06 people 06 people 07 People 08 people 09 People 09 People 00 People		ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG047-000
5	ELG046 ELG047 ELG047 ELG047 ELG049	PRIMARY LANGUAGE CODE HOUSEHOLD-SIZE HOUSEHOLD-SIZE PREGNANCY IND	Nor Applicable Household San used in the Mediculd or CHP eligibility determination process Not Applicable A Fig. Foll-charge the individual is pregnant	NA Required NA Conditional		01 1 person 02 2 people 04 4 people 05 5 people 06 9 people 08 8 or more people 08 8 or more people	8/7/2017 2/25/2013 8/7/2017	ELIGIBLE		ELG047-000 ELG049-000
5	ELG046 ELG047 ELG047 ELG049 ELG049	HOUSEHOLD-SIZE HOUSEHOLD-SIZE PRECENANCY-IND	Noozhold Sie uzed in the Medical of CHP eligibility determination process Not Applicable	NA Required NA Conditional	Value must be equal to a valid value. Size this code to indicate Hoosehold Size used in the eligibility determination process Galae must be equal to a valid value.	Ni - Forman Si - Forman		ELIGIBLE	WRABLE OFMOGRAPHICS FLIGBUTY FLIGDDDD WRABLE OFMOGRAPHICS FLIGBUTY FLIGDDDD	ELG047-000 ELG049-000
5 5 7 8	ELG046 ELG047 ELG047 ELG049 ELG049 ELG050	HOUSEHOLD-SIZE	Nouzhold Size used in the Medical or CHP eligibility determination process	NA Required NA Conditional NA Conditional	Value must be equal to a valid value.	01 1 peron 02 1 peron 03 1 peron 04 4 people 04 4 people 05 7 people 05 7 people 06 people 06 people 07 People 08 people 09 People 09 People 00 People		ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG049-000
	ELG046 ELG047 ELG047 ELG049 ELG050 ELG050	HOUSEHOLD-SIZE HOUSEHOLD-SIZE PRECENANCY-IND	Noozhold Sie uzed in the Medical of CHP eligibility determination process Not Applicable	NA Required NA Conditional NA NA	Value must be equal to a valid value. Value must be equal to a valid value. Value must be equal to a valid value. "Faile must be equal to a valid value. "Faile discussion and any angument, the must be a female. The factor ancestant any angument, the must be a female.	Ni I prima Di I produ Di Produ	2/25/2013 8/7/2017 4/30/2013	ELIGIBLE	WRABLE OFMOGRAPHICS FLIGBUTY FLIGDDDD WRABLE OFMOGRAPHICS FLIGBUTY FLIGDDDD	ELG049-000 ELG049-000 ELG050-000
5 5 6 7 8 9		HOUSEHOLD-SZE HOUSEHOLD-SZE REGNANCY-IND PRECMANCY-IND MEDICARE-HEC-NUM	Noozhold Sie uzed in the Medical or CHP eligibility determination process Not Applicable A Flag Houdening the individual is pregnant Not Applicable Not Applicable Medicable Manufacture Simplement on the patient's Medicare card.	NA Required NA Conditional NA NA	Value must be equal to a valid value. Size this code to indicate Hoosehold Size used in the eligibility determination process Galae must be equal to a valid value.	Ni I prima Di I produce Di Produc	2/25/2013 8/7/2017 4/30/2013 11/3/2015	ELIGIBLE ELIGIBLE ELIGIBLE	NAMABLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO)	ELG049-000 ELG049-000 ELG050-000
5 6 7 8 9 0		HOUSEHOLD-SZE HOUSEHOLD-SZE REGNANCY-IND PRECMANCY-IND MEDICARE-HEC-NUM	Nooehold Sie und in the Medical of CHP eligibility determination process Not Applicable Not Appl	NA Reguired NA Conditional NA NA NA	Value must be equal to a valid value. Value must be equal to a valid value. Value must be equal to a valid value. "Faile must be equal to a valid value. "Faile discussion and any angument, the must be a female. The factor ancestant any angument, the must be a female.	Ni I prima Di I produce Di Produc	2/25/2013 8/7/2017 4/30/2013 11/3/2015 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE	NAMABLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO)	ELG049-000 ELG049-000 ELG050-000
4 5 5 7 8 8 9 9		HOUSEHOLD-SZE HOUSEHOLD-SZE REGNANCY-IND PRECMANCY-IND MEDICARE-HEC-NUM	Nouzhold Sie uzed in the Medical or CHP eligibility determination process Not Applicable All by Refacility the Individual Is pregnant Not Applicable Not App	NA Required NA Conditional NA NA NA	Value must be equal to a valid value. Value must be equal to a valid value. Value must be equal to a valid value. "Faile must be equal to a valid value. "Faile discussion and any angument, the must be a female. The factor ancestant any angument, the must be a female.	Ni I prima Di I produce Di Produc	2/25/2013 8/7/2017 4/30/2013 11/3/2015 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE	NAMABLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO)	ELG049-000 ELG049-000 ELG050-000
		HOUSEHOLD-SZE HOUSEHOLD-SZE REGNANCY-IND PRECMANCY-IND MEDICARE-HEC-NUM	Nooehold Sie und in the Medical of CHP eligibility determination process Not Applicable Not Appl	NA Required A Conditional NA Conditional NA NA	Value must be equal to a valid value. Value must be equal to a valid value. Value must be equal to a valid value. "Faile must be equal to a valid value. "Faile discussion and any angument, the must be a female. The factor ancestant any angument, the must be a female.	Ni I prima Di I produce Di Produc	2/25/2013 8/7/2017 4/30/2013 11/3/2015 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE	NAMABLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO) WAARLE CHANCIDARYICS (LICENILTY & LICONO)	ELG049-000 ELG049-000 ELG050-000
		HOUSHIGD 922 HOUSHIGD 922 HOUSHIGD 928 HEIGAMCHIND HEI	Nooehold Sie und in the Medical dr CHP eligibility determination process Not Applicable Not Appl	NA Reguired NA Conditional NA NA NA	Value must be equal to a valid value. Since the code to indexts (Nacoschild Size used in the eligibility determination process Value must be equal to a valid value. If an eligible indextaal program, the must be a female. The field cancertain any alphanumeric dranzeters, digits or symbol except the "spice" (1). The field can contain any alphanumeric dranzeters, digits or symbols except the "spice" (1). The field can contain any alphanumeric dranzeters, digits or symbols except the "spice" (1).	Di Tarrano Di Tarrano	2/25/2013 8/7/2017 4/30/2013 11/3/2015 8/7/2017 11/3/2015	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	WARABLE OFMOGRAPHICS ELICIBILITY ELICODOS WARABLE OFMOGRAPHICS ELICIBILITY ELICODOS WARABLE OFMOGRAPHICS ELICIBILITY ELICODOS WARABLE OFMOGRAPHICS ELICIBILITY ELICODOS WARABLE OFMOGRAPHICS ELICIBILITY ELICODOS	ELG049-000 ELG049-000 ELG050-000 Not Applicat ELG051-000
	ELG050 ELG051 ELG051	NOUSHAD SIZ NOUSHAD SIZ RECAME THE RECAME THE RECAME THE THE RECAME THE THE RECAME THE THE MEDICATE THE THE RECAME THE THE RECAME THE THE THE RECAME THE THE THE RECAME THE THE THE RECAME THE THE THE THE RECAME THE THE THE THE RECAME THE THE THE THE THE RECAME THE THE THE THE THE THE THE RECAME THE THE THE THE THE THE THE THE THE TH	Neurohold Sie used in the Medical de CHP eligibility determination process Net Applicable A gala labolating the Indekkal is pregnand Red Applicable Net Applicable	NA Reguired NA Conditional NA NA NA NA	Value must be equal to a valid value. Use this code to indicate Household Sile used in the eligibility determination process Value must be equal to a valid value. "If an eligible individual is programs, the must be a female. The fact can contain a programs, the must be a female. "If a eligible individual is programs, the must be a female. "If a eligible individual is programs, the must be a female. "If a eligible individual is programs, the must be a female. "If a eligible individual is programs, the must be a female. The field can contain any alphanumeic characters, digits or symbols except the "pipe" ([]). The field can contain any alphanumeic characters, digits or symbols except the "pipe" ([]). The field can contain any alphanumeic characters, digits or symbols except the "pipe" ([]).	Di I promo Di Provide Di Provide	2/25/2013 8/7/2017 4/30/2013 11/3/2015 8/7/2017 8/7/2017	ELICIBLE ELICIBLE ELICIBLE ELICIBLE ELICIBLE	WARABLE CHMOGRAPHICS ELICIBIUTY ELICODOD WARABLE CHMOGRAPHICS ELICIBIUTY ELICODOD	ELG049-000 ELG049-000 ELG050-000 Not Applicat ELG051-000
5 5 5 7 8 9 0		HOUSEHOLD SIZ HOUSEHOLD SIZ	Nooehold Sie und in the Medical dr CHP eligibility determination process Not Applicable Not Appl	NA Regulred NA Conditional NA Conditional NA NA NA NA NA	Value must be equal to a valid value. Since the code to indexts (Nacoschild Size used in the eligibility determination process Value must be equal to a valid value. If an eligible indextaal program, the must be a female. The field cancertain any alphanumeric dranzeters, digits or symbol except the "spice" (1). The field can contain any alphanumeric dranzeters, digits or symbols except the "spice" (1). The field can contain any alphanumeric dranzeters, digits or symbols except the "spice" (1).	Di Tarrano Di Tarrano	2/25/2013 8/7/2017 4/30/2013 11/3/2015 8/7/2017 11/3/2015	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	WARABLE OFMOGRAPHICS ELICIBILITY ELICODOS WARABLE OFMOGRAPHICS ELICIBILITY ELICODOS WARABLE OFMOGRAPHICS ELICIBILITY ELICODOS WARABLE OFMOGRAPHICS ELICIBILITY ELICODOS WARABLE OFMOGRAPHICS ELICIBILITY ELICODOS	ELG047-0002 ELG049-0002 ELG049-0002 ELG059-0002 ELG051-0001 ELG051-0002 ELG051-0002 ELG051-0002

ew Row #	DE NO	DATA ELEMENT NAME	DEFINITION A code used to distinguish among Medicaid. Medicaid Expansion, and Separate CHIP populations	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
44	ELG054	(HIP-CODE	A code und to distinguish among Medicald, Medicald Expansion, and Separate CHP populations	Required	Value must be equal to a valid value.	Terdindam was Medical eligible, the wan not included in effek Medical busined of the a sub-activity field of the Medical busined of the a sub-activity field of the most fitnes of tables and the most fitnes of tables and the most included in the most fitnes of tables and tables of the most fitnes of tables and tables of the most fitnes of tables and tables of ta	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELIGODOOS	ELG054-0001
845	ELG054	CHIP-CODE	Not Applicable	NA	If the individual transitioned between Medicaid and Separate CHIP, CHIP-ENROLLMENT and MEDICAID-ENROLLMENT dates must not overlap	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG054-0003
846			Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
	ELG054	CHIP-CODE			If the individual is eligible for Medicald expansion CHIP (CHIP-CODE = 2) or Separate CHIP (CHIP- CODE = 3) he/she is expected to be reported with ELIGIBILITY-GROUP="61", 62", "63", "64", "66", "66", "67", "c", "68" Date format is CCYYIM/DD (National Data Standard).					
847	ELG057	UNITABLE-DEMOGRAPHIC-ELEMENT- EFF-DATE	The first day of the time span during which the values in all data elements in the VARUABLE DEMOGRAPHICS - ELIGIBILITY record segment are in effect [i.e., the values accurately reflect reality as it is understood to be at the time the record is coreadio. This date field is necessary when defining a unique row in a database table.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0001
848	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT- EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
149	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT- EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
850	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT- EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0002
351	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT- EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the VARIABLE DEMOGRAPHICS- ELIGIBILITY record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0003
852	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT- EFF-DATE	Not Applicable	NA	The VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE must occur on or before the VARIABLE- DEMOGRAPHIC-ELEMENT-END-DATE	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
853	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT- EFF-DATE VARIABLE-DEMOGRAPHIC-ELEMENT-	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	Not Applicable	8/7/2017	ELIGIBLE FLIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0004
	ELG057	EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file zegment-specific identifying number match one another in both record segments. Date format is COMMMD (National Data Standard).	Not Applicable	10/10/2013		VARIABLE-DEMOGRAPHICS-ELIGIBIUTY-ELG00003	
155	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT- END-DATE	The last day of the time span during which the values in all data elements in the VARIABLE DEMOGRAPHICS - ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as It is understood to be at the time the record is created).	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0001
156	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT- END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable
857	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT- END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0002
158	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT- END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0003
159	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT- END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0004
860	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT- END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the VARIABLE DEMOGRAPHICS- ELIGIBILITY record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0005
861	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT- END-DATE	Not Applicable	NA	The VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE must occur on or after the VARIABLE- DEMOGRAPHIC-ELEMENT-EFF-DATE	Not Applicable	10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0006
862	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT- END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE		ELG058-0007
863	ELG059	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG059-0001
364	ELG059	STATE-NOTATION	Not Applicable	NA	Eor pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," na," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field	Not Applicable	9/23/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG059-0002
					to record specific comments. Eor fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.	2				
865	ELG060	FILLER	Not Applicable	NA	For pipe-delimited files, FILLIR that is shown at the end of each record inyout is applicable only to there enough this and therefore should be ignored in pipe-delimited files. In the should be applicable on the end of each record byout should be space-filed in flack-fought files.	Not Applicable	9/23/2015	ELIGIBLE	NARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG060-0001
66	ELG061 ELG061	RECORD-1D RECORD-1D	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - LIGIBILITY record segment is ELG00002. Not Applicable	Required	Value must be equal to a valid value. Must be populated on every record segment.	ELG0004 Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG061-0001 ELG061-0003
68	ELG062	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG062-0001
869 370	ELG062 ELG062	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG062-0002 Not Applicable
71 72	ELG062 ELG063	SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMERE, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	NA Required	Value must be the same on all record segments. Must be numeric	Not Applicable Not Applicable	8/7/2017 4/30/2013	ELIGIBLE ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG062-0003 ELG063-0001
73 74 75	ELG063 ELG063 ELG064	RECORD-NUMBER RECORD-NUMBER MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual	NA NA	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. MSI-DIDENTECATION-NUM must be reported	Not Applicable Not Applicable	4/30/2013 2/25/2013 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG063-0002 ELG063-0003 ELG064-0001
76	ELG064	MSIS-IDENTIFICATION-NUM	A same subgreed unique demand and in minible local to denning a medicator. Fire enrolled information and any claims submitted to the system. Not Applicable	NA	MSISHILEN I IFLA I I UN-NUM must be reported For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG064-0001
77	ELG064	MSIS-IDENTIFICATION-NUM	Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG064-0003
					For SSN tables. In instances where the social according number is not known and a temporary MSE DEMORPHICANDEN-MM and used, the MSES DEMORPHICANDENAME did Labourgal bare guiltable social according to the social according to the social according to the social production of the social according to the MSES DEMORPHICANDENAME did based to channel to be social according to the social according to the MSES DEMORPHICANDENAME did based to channel to the MSES DEMORPHICANDENAME and the SSES DEMORPHICANDENAME did based to channel to the MSES DEMORPHICANDENAME and the SSES DEMORPHICANDENAME did based to the social according to the the MSES DEMORPHICANDENAME did based to the social according to the MSES DEMORPHICANDENAME did based to the SES DEMORPHICANDENAME did based tother to the SES DEMORPHICANDENAME did based to the socid acco	· ·				
178	ELG064	MSIS-IDENTIFICATION-NUM	Nex Applicable	NA	social security number becomes inour, the MSIS-DEDITIFICATION-NUM field should containe to be applicated with the Insert provide SEE DEDITIFICATION NUM and the Statistication of population III is to that I - MSI can associated the temporary MSIS-DEDITIFICATION-NUM and the social security number.	ner Applicable	8/7/2017	ELIGIBLE	ELIGBLE CONTACT-INFORMATION-ELG00004	ELG064-0004
378 379 880	ELG064 ELG064 ELG064	NSIS-IZENTIFICATION-NUM NSIS-IZENTIFICATION-NUM NSIS-IZENTIFICATION-NUM	Ner Applicable Ner Applicable Ner Applicable	NA NA NA	social accurate number becomes from the MSE SENTITICATION NAM Med should contain to be been approximate the social accurate number of the SENTITICATION NAM Med should contain to be the newly acquired to accurate number of a based on enterprise in a to full r HSE can associate the temporary MSE SENTITICATION NAM and the used accura- umeter.	Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE	RUGBLE CONTACT IN OBMATION ELCOROM RUGBLE CONTACT IN OBMATION ELCOROM RUGBLE CONTACT IN OBMATION ELCOROM	ELG064-0004 Not Applicable Not Applicable
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79 80	ELG064 ELG064 ELG064 ELG065 ELG065 ELG065 ELG066 ELG066 ELG067 ELG067	AGE CENTRECATION NUM AGE CENTRECATION NUM AGE CENTRECATION NUM AGE TYPE AGER TYPE AGER TYPE AGER TYPE AGER TYPE AGER TYPE AGER TAGE ALL AGER TAGE ALL AGER TAGE ALL AGER TAGE ALL AGER TAGE ALL	Nor Applicable You Applicable The type of address and contact information for the eligible submitted in the record segment. Nor Applicable Nor Applicable The street address for the type of address indicated. Nor Applicable The street address for the type of address indicated. Nor Applicable	NA Conditional NA	and a sensity number becomes from the MSE EXENTEGATION NAM field should contrain the base between the new system of the sense sensitive of the sense sense of the sense sense that he new system of the sense sense of the sense sense sense sense sense in the new system of the sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense in the sense sense sense sense sense sense sense sense sense sense in the sense sense in the sense sense in the sense sense in the sense sense in the sense	Ne Applicable Del Applicable Nel Applicable PE Primary hore addres and contact Information, used for the eligibility or primary low addres and contact Information Del Primary werk addres and contact Information Del Contact affect of address and contact Information Del Applicable Nel Applicable Nel Applicable Nel Applicable Nel Applicable	8/7/807 8/7/800 8/7/807 8/7 8/7 8/7 8/7 8/7 8/7 8/7 8/7 8/7 8/	EUGBLE EUGBLE EUGBLE EUGBLE EUGBLE EUGBLE EUGBLE EUGBLE EUGBLE EUGBLE	AUGUL CONTACT IN COMMITTEE LCOOOL SUGUL CONTACT IN COMMITTEE LCOOOL	Not Applicable Not Applicable ELG04-0005 ELG04-0001 ELG04-0001 ELG04-0001 ELG04-0001 ELG04-0001 ELG04-0001 ELG04-0001 ELG04-0001 ELG04-0001

Row #	DE NO ELG068	DATA ELEMENT NAME ELIGIBLE-ADDR-LN3	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT The third line of the address must not be the same as the first or second line of the address (if	VALID VALUES Not Applicable	LAST UPDATE DATE 2/25/2013	FILENAME	FILE SEGMENT (with RECORD-ID) ELIGIBLE-CONTACT-INFORMATION-ELG00004	CR ELG068-00
	ELG068	ELIGIBLE-ADDR-LN3	Not Applicable	NA	applicable) When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG068-00
	ELG069	ELIGIBLE-CITY	The city for the type of address indicated in ADDR-TYPE.	Required	The city for the eligible individual's address must be reported. The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable Not Applicable	10/10/2013 4/30/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG069-00
	ELG069	ELIGIBLE-CITY	Not Applicable	NA			4/30/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG069-00
	ELG070	ELIGIBLE-STATE	The ANSI state numeric for the U.S. state, Territory, or the District of Columbia code for where the Individual eligible to receive healthcare services resides. (The state for the type of address indicated in ADDR:TPE.)	Required	The state for the eligible individual's address must be reported.	Not Applicable	10/10/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG070-00
	ELG070	ELIGIBLE-STATE	Not Applicable	NA	The field must be populated on every record	Not Applicable	2/25/2013	ELIGIBLE	EUGIBLE-CONTACT-INFORMATION-ELG00004	ELG070-0
	ELG070	ELIGIBLE-STATE ELIGIBLE-ZIP-CODE	Not Applicable The sip code for the type of address indicated in ADDR-TYPE. Not anotherable	Required	The field must be populated on every record Value must be equal to a valid value. First 5 bytes (ue, the 5-dig)t is go code) is required	http://www.census.gov/geo/reference/ansi_statetables.html Not Applicable	10/10/2013 10/10/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG070-0 ELG071-0
	ELG071 ELG071	ELIGIBLE-ZIP-CODE	Not Applicable	NA	rms a prives (LE, the shares and the shares in equired Last 4 bytes are optional. If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as "0000".	Not Applicable	9/23/2015	ELIGIBLE	EUGIBLE-CONTACT-INFORMATION-ELG00004	ELG071-0
	ELG071	ELIGIBLE-ZIP-CODE	Not Applicable	NA	code should be recorded as "0000". The value must consist of digits 0 through 9 only	Not Applicable	4/30/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG071-0
	ELG072	ELIGIBLE-COUNTY-CODE	ANSI county numeric code indicating the county for the type of address indicated in ADDR-TYPE.	Required	Dependent value must be equal to a valid value.	http://www.census.gov/geo/reference/codes/countylookup.html	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG072-0
	ELG072	ELIGIBLE-COUNTY-CODE	Not Applicable	NA	The county for the eligible individual's address must be reported.	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG072-0
	ELG072	ELIGIBLE-COUNTY-CODE ELIGIBLE-PHONE-NUM	Not Applicable The telephone number of the type of address indicated.	NA	The county for the engine manifestar's address must be reported. Value must be numeric. The phone number for the eligible individual must be reported.	Not Applicable Not Applicable	10/10/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG072-0
	ELG073	ELIGIBLE-PHONE-NUM	Not Applicable	NA	Enter digits only (i.e., no parentheses, dashes, periods, commas, spaces, etc.)	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG073-0
	ELGU/4	TYPE-OF-LIVING-ARRANGEMENT	A free-form text field to describe the type of living arrangement used for the eligibility determination process. The field will remain a free-form text data element until MACPro develops a list of valid values. When it becomes available, T-MSIS will align with MACPro valid values listing.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE		ELG074-0
	ELG074	TYPE-OF-LIMING-ARRANGEMENT	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG074-0
	ELG075	ELIGIBLE-ADDR-EFF-DATE	The first day of the time span during which the values in all data elements on an ELIGIBLE-CONTACT- INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG075-0
			This date field is necessary when defining a unique row in a database table.				1			
	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Appl
	ELG075 ELG075	ELIGIBLE-ADDR-EFF-DATE ELIGIBLE-ADDR-EFF-DATE	Not Applicable Not Applicable	NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG075-0 ELG075-0
-	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable Not Applicable	NA	value must be a value date. Whenever the value in one or more of the data elements in the ELIGIBLE-CONTACT-INFORMATION record segment changes, a new record segment must be created	Not Applicable Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Appl
	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable	NA	The DUCIDUE ADDO FEE DATE much ensure an available of the DUCIDUE ADDO FAID DATE	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Appl
	ELG075	ELIGIBLE-ADDR-EFF-DATE ELIGIBLE-ADDR-EFF-DATE	Not Applicable Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Constraints guidance document) not allowed for same file segment	Not Applicable Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG075-0
	ELG075	ELIGIBLE-ADDR-EFF-DATE	Not Applicable	NA	The containing parameter becomenty non-innered for anime the segment sector and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting tate and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG075-
	FIG076	ELIGIBLE-ADDR-END-DATE	The last day of the filme coan during which the values in all data also not on an ELICENT PORTUGE	Required	or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments. Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	FLIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	FI 607/
	[STORE ROOM STOPPARE	The last day of the time span during which the values in all data elements on an ELKSIBLE-CONTACT- INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time record is created).				[CONTRACT OF CHARGE DUDING	200764
_	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not App
_	ELG076 ELG076	ELIGIBLE-ADDR-END-DATE ELIGIBLE-ADDR-END-DATE	Not Applicable Not Applicable	NA NA	Value must be numeric. Value must be a valid date	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004 ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG076- ELG076-
-	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG076
	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the ELIGIBLE-CONTACT-INFORMATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG076-
	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	The ELIGIBLE-ADDR-END-DATE must occur on or after the PRIMARY-ELIGIBLE-ADDR-EFF-DATE	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not App
	ELG076	ELIGIBLE-ADDR-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG076-
	ELG077	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG077-0
_	FIG077	STATE-NOTATION	Not Applicable	NA	For nine-delimited files, states can nonsiste the STATE MOTATION field with for/s file - files for	Not Applicable	9/23/2015	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG077-
					For giase delimited files, states can populate the STATE-NOTATION field with "n/s," "n,s," are low file field blue! (i.e. usualited as "n populate" with northing in here (1)) is when not using the field to record specific comments. For final cherth files, tates should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	2 00 - Paper Laure 2	712312023	LUGIDLE.		100770
	ELG078	FILLER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to files/ength files and therefore should be ignored in pipe-delimited files. For their ength files, FILER that is shown at the end of each record layout should be space-filed in files/ength files.	Not Applicable	9/23/2015	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	ELG078-C
	ELG079	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The las 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHERS - ELGIBILITY record segment is ELGIDOD2.	t Required	Value must be equal to a valid value.	EL.G00005	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG079-0
_	ELG079	RECORD-ID		NA	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG079-0
	ELG080	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG080-0
	ELGOBO ELGOBO	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG080-0
	ELG080	SUBMITTING-STATE	Not Applicable Not Applicable	NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ELIGIBLITY-DETERMINANTS-ELG00005 ELIGIBLITY-DETERMINANTS-ELG00005	Not Appl ELG080-0
	ELG081	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric	Not Applicable	4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG081-0
	FLG081	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	FLIGIBLE	FLIGIBLITY-DETERMINANTS-FLIG00005	FL G081-0
	ELGOB1	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBILITY DETERMINANTS ELIGODOOS	ELG081-0
	ELGU82	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-
	ELGO82	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-
	ELGO82	MSIS-IDENTIFICATION-NUM	Net Applicable	NA	application.	Not Applicable	8/7/2017	ELIGIBLE	ELICIBLITY DETERMINANTS ELECCOCOS	ELGO82-
_	ELG082	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0
_	ELG082	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	the eligible person's social security number. Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Appl
	ELG082	MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIS ID A child record segment must have a parent record segment (PMIARYTOBACGARPHICS-EUGIBILITY-	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLITY-DETERMINANTS-ELG00005	Not App
-	ELG082	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	deemed newborns younger than 1 year of age who share the same Misis IU A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY- FL GOODOY)	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0
	ELGO83	MSIS-CASE-NUM	The state-assigned number which uniquely identifies the Medicaid case to which the enroliee belongs The definition of a case varies. There are single-person cases (mostly aged and bind/disabed) and uniti-peron cases (mostly TAMF) in which all members of the case have the same case number, but a unique MSIS identification number. A warning for longitudinal research efforts: a person's case number may dange over time.	. Required	ELCOCOCC). The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLITY-DETERMINANTS-ELG00005	ELG083-
	51/5082	MSIS-CASE-NUM	Not Applicable	NA	This field must contain the Medicald care identification much such as the state	Not Applicable	2/25/2013	ELICIPIE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG083-
				[This field must contain the Medicaid case identification number assigned by the state. The format of the Medicaid case identification number must be supplied to CMS.					
	ELG083	MSIS-CASE-NUM	Not Applicable	NA	If multiple MSIS-CASE-NUMs exist at the state-level, and T-MSIS only allows one Case Number in current T-MSIS DD, please enter the Case Number with the longest eligibility days in that particular	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG083-
_		MEDICAID-BASIS-OF-ELIGIBILITY	A code indicating the individual's Medicaid eligibility for the coverage period (not including separate CHIP). Note: This data element will be phased out in lieu of ELIGIBIUTY-GROUP.	Conditional	month. Value must be equal to a valid value.	0 Dilgible for Separate CHP only 01 Aged Individual 20 Not uned 20 Not uned 20 Aged Individual 20 Adult (not based on unemployed Adult, not Foster Care Child) 20 Adult (not based on unemployed Adult, costonal) 20 Child O Unemployed Adult (pottonal) 20 Unemployed Adult (pottonal)	8/7/2017	ELIGIBLE	ELIGIBLITY-DETERMINANTS-ELGC00005	ELG084-0
	ELGOB4					D7 Unemployed Adult (optional) D7 Onemployed Adult (optional) D7 Onemployed Adult (optional) D7 Onemployed Adult Adult (ST Stub-part G) D7 Onemployed Adult (St Stub-part G) Individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000				
	ELG084	MEDICAID BASIS OF ELIGIBILITY	Net Applicable		9 an individual 's MAINTENANCE ASSISTANCE STATUS indicates horizes is eligible for segurate CMP	and Refugee Nedical Activitance (46 CFR Sub-part G) 11 Individual owned under the Breast and Cervical Cancer Prevention and Treatment Act of 2000	8/7/2017	ELIGIBLE	ELIGIBLITY-DETERMINANTS-ELG00005	ELG0844

ELG084	E NO 4	DATA ELEMENT NAME MEDICAID-BASIS-OF-ELIGIBILITY	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Foster Care Child ("08"), then	VALID VALUES	LAST UPDATE DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID) ELIGIBILITY-DETERMINANTS-ELG00005	ELG084
ELG084	4 N	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	MAINTENANCE-ASSISTANCE-STATUS must be designated as Other ("4"). If an eligible individual has a MEDICAID-BASIS-OF-EUGIBILITY of Child of an Unemployed Adult	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084
ELG084	4 0.	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	("06') or Unemployed Aduk ("07"), then MAINTENANCE-ASSISTANCE STATUS must be designated as Receiving Cash or eligible under section 1931 of the Act ("1"). E an eligible individual has a MEDICADE-RAIS-OF-ELIGIBILITY of Individual covered under the Breast	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084
					If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000 [11], then MAINTENANCE- ASSISTANCE-STATUS must be designated as Proverty Redited [13].	ны просани.	011/2027			
ELG084		MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Aged individual ("01"), then his/her date of birth must imply the Recipient was over 64.		8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084
ELG084	4 1	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Child ("04") (not Child of Unemployed Adult, not Foster Care) or Child of an Unemployed Adult ("06"), then his/her date of birth must imply the Recipient was under 21.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084
ELG084	4 N	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	Required on ELIGIBILITY-DETERMINANT segments with effective dates before January 1, 2014.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Ap
ELG084	4 N	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	NA	The HERCARD BARG-OFE IDEBILITY (BOE) and MANTENANCE-ASSTANCE-STATUS (MAG) fields broad for left black (i.e., aukmitted ar. 'yie pice yet with nonling in between (i) on PSY lifes and sacceffield on RF field) for arceliment periods beginning on or after humany 1.2014. If the agenetid black space notatins: Jamary 1.2014, MAS and BOE should continue to be reported until hold/dual undergoes Medical eligibility redetermination. If not aiready, infer redetermination, the hold/dual undergoes Medical eligibility redetermination. After redetermination, MAS and BOE are subjected by the redetermination of the redetermination. MAS and BOE are	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBLITY-DETERMINANTS-ELGODODS	ELG08
					no longer required.					
ELGO85	5 D	OVAL-ELIGIBLE CODE	Indicate coverage for Indicate entited to Mole are Part A and/or II boneffs) and eligible for some category of Medicale benefits.	Conditional	Value must be equal to a valid volue.	Dis Elgale in certification leventicary Elizable in certification devolutions (Marcine OM only 1995) Elizable in certification devolutions (Marcine OM only 1996) Dis Elgale in certification devolutions : SUM only 1996 Medical coverage Dis Elgale in certification devolutions : SUM only 1996 Medical coverage Dis Elgale in certification devolutions : SUM only 1996 Medical coverage Dis Elgale in certification devolutions : SUM only 1996 Medical coverage Dis Elgale in certification : SUM only 1996 Medical coverage Dis Elgale in certification : Other (This code is to be used only with Dis Separate : OVP Elgale is extitled to Medicare	8/7/2017	ELIGIBLE	REGELTY OTTENNING SECOND	ELGO
ELG085	s D	DUAL-ELIGIBLE-CODE	Not Applicable	NA	IGNORE -This field should be populated from the same data that were used to populate the State's submission of the Medicare Modernization Act ("State MMA File") monthly file to CMS. In other words, the data values from the State MMA File should match this dual eligible data element.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG08
					Nords, the data values norm the state MIMA Pile should match this dual engine data centerin. If the eligible individual is a partial dual eligible, then he/she must have a MAINTENANCE-					
ELGOBS	5 0	DUAL-ELIGIBLE-CODE	Not Applicable	NA	If the eligible individual is a partial dual eligible, then he/she must have a MAINTENANCE- ASSISTANCE-TATUS of "3" (Prover) related). Note: MAINTENANCE-SSISTANCE-TATUS is only required on EUCIBILITY-DETERMINANT segments with either (1) both effective and end dates before January 1, 2014 or (2) effective date before January 1, 2014 and effa after January 1, 2014, until the individual undergoes Medical eligibility redetermination.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG000005	ELGO
ELGO85	s c	DUAL-ELIGIBLE-CODE	Not Applicable	NA	If the eligible individual is a partial dual eligible, then he/she must have a RESTRICTED-BENEFITS- CODE = "3".	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not A
ELG085	5 0	DUAL-ELIGIBLE-CODE	Not Applicable	NA	tobe = 3 . If the eligible individual is not a dual eligible, he/she must not have a Medicare Beneficiary Identifier	Not Applicable	10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELGO
ELG085	5 0	DUAL-ELIGIBLE-CODE	Not Applicable	NA	If the Medicaid eligible individual is a dual eligible then MAINTENANCE-ASSISTANCE-STATUS cannot equal "0" indicating that he/she is not eligible for Medicaid.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELGO
			Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELGO
ELG085	5 0	DUAL-ELIGIBLE-CODE			TAN ELECTRE FORCE '00' is intended to capter Hill dual who are not eligible for Medicald to 20 PMB SIDMB_CONC of 1-1. Typically the individuals reade to good down to capital for Medicald or fail has a Medical eligibility poverty group that executis the limits established for other dual scattaritudines. Regarding that dual who are be distarguished segurately, state, whose possible, abouid on Limits these duals in this code and should instead assign them to one of the other Hull and codes. The Gio can brouble coordinated a actival for an exemising that duals.					
ELG085 ELG086	5 C	DUAL-ELIGIBLE-CODE PRIMARY-ELIGIBILITY-GROUP-IND	Not Applicable A flag indicating the eligibility record is the primary eligibility in cases where there are multiple eliability records submitted with overlapping or concurrent elizibility determinant effective and end	NA Required	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Dual-Eligible Code" Value must be equal to a valid value.	Not Applicable O No 1 Yes	8/7/2017 8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005 ELIGIBILITY-DETERMINANTS-ELG00005	ELG0 ELG0
FLG084			eignnisty records submitted with overlapping or concurrent eignnisty determinant effective and end dates. Not Applicable		A person enrolled in Medical/CHIP should always have a primary eligibility group classification for any given day of enrollment. (There may or may not be a secondary eligibility group classification for that same day.)	1 Yes Not Applicable	8/7/2017	FLIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	FLGO
					It is expected that an enrole's signifying group assignment (ELGOT - ELGOLITY-GROUP) will be approver the sink of the statusk charges, where the signifying the signifying assignment charges and a significant significant significant significant significant significant significant exacts. In such sharehows, there would be multiple (ELGENTY-ORTEMMANTS' record segments, and an overlage) afference that the significant significant significant exacts in such sharehows the significant significant significant exacts in such sharehows the significant significant exacts (ELGOLING) and the significant exact significant significant significant exact significant significant exact significant significant exact significant significant exact signifi					
ELG086	6 P	PRIMARY-ELIGIBILITY-GROUP-IND	Net Applicable	NA	boards a statution arise where A Modeladd (11) mennifers that does adapted bath a private and one should be adapted on the statution of the statution of the statution of the statution of the record spacetic with conclusion of the statution of the statution of the statution of the statution algulating topos and the scondary gravid), only one signerst conclusing the privaty eligible typos from the scondary gravid), only one signer if should be assigned with deter- tion of the scondary gravid, only one signer if should be assigned with deter- tion of the statution of the Ligible typos and the scondary gravid), only one signer if should be assigned with deter- Ligible typos data the scondary statution of the statut	Not Applicable	8/7/2017	EUGIBLE	ELIGIBELITY-DETERMINANTS-ELGODOOS	ELGO
ELG086 ELG087	6 P 7 E	PRIMARY-ELIGIBILITY-GROUP-IND ELIGIBILITY-GROUP	Not Applicable The eligibility group applicable to the individual based on the eligibility determination process. The valid value list of eligibility groups aligns with those being used in the Medicaid and CHIP Program Data System (MACPro).	NA Conditional	See T-MSIS Guidance Document, "CMS Guidance: PRIMARY-EUGIBLITY-GROUP-IND" Value must be equal to a valid value.	Not Applicable See Appendix F – Eligibility Group Table	8/7/2017 11/3/2015	ELIGIBLE ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005 ELIGIBILITY-DETERMINANTS-ELG00005	ELG0 ELG0
ELG087		ELIGIBILITY-GROUP	Not Applicable	NA	Required on all ELIGIBILITY-DETERMINANTS segments with an effective date of January 1, 2014 or later. If the segment date gan contains January 1, 2014, if not January sagined an ELIGBILITY- GROUP, the individual must be assigned an ELIGBILITY-GROUP once undergone Medical eligibility redetermination. ELIGIBILITY-GROUP is not required for on segments ending before January 1, 2014.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not /
-1008/	. E		Not Applicable	NA	2014. Beneficiaries reported with EUGIBILITY-GROUP="72", "73", "74", "75" are expected to be covered by an alternative benefit plan and should be reported with RESTRICTED-BENEFITS-CODE+7 and STATE-FUN-OPTION-TYPE="06"	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELGO
ELG087	7 E	ELIGIBILITY-GROUP	Not Applicable	NA	STATE-PLAN-OPTION-TYPE="06" If the individual is elicible for Medicald expansion CHIP (CHIP-CODE = 2) or Senarate CHIP (CHIP-	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not A
ELG087		ELIGIBILITY-GROUP			If the individual is eligible for Medicald expansion CHIP (CHIP-CODE = 2) or Separate CHIP (CHIP- CODE = 3) he/the is expected to be reported with ELICIBALITY-CROUE= 3° , 63° , 64° , $*65^{\circ}$, 65° , 75° , 64° , $*65^{\circ}$	Nak Amilanda	0.7/2017	THE DEC	ELIGIBILITY-DETERMINANTS-ELG00005	
ELG087		ELIGIBILITY-GROUP	Not Applicable Not Applicable	NA NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Alternative Benefit Plans" See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Elizibility Group"	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005 ELIGIBILITY-DETERMINANTS-ELG00005	ELGO
ELGO88	/ E B U	ELGIBILITY-OROUP LEVEL-OF-CARE-STATUS	The level of care required to meet an individual's needs and to determine LTSS program eligibility.	Conditional		001 Hospital as defined in 42 CFR §440.10 002 Invadient psychiatric facility for Individuals under age 21 as provided in 003 Navring F3211 004 (K7/ID0 005 Other Type of Facility 888 Not Applicable (Not in LTSS program)	8/7/2017	ELIGIBLE	ELIGIBLITY-DETERMINANTS-ELGODOOS	ELG
ELG089	9 S	SSDI-IND	A flag indicating if the individual is enrolled in Social Security Disability Insurance (SSDI) administered via the Social Security Administration (SSA).	Conditional	Value must be equal to a valid value.	0No 1Yes	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELGO
ELG090	D S	SSHIND	A flag indicating if the individual receives Supplemental Security Income (SSI) administered via the Social Security Administration (SSA).	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELGO
E1CO.		sclinin		NA	If so alleline individual is received CG1 then his for 270 fature and the considered		2/25/2012	ELICIPIE	ELIGIBILITY-DETERMINANTS-ELG00005	-
ELG090	- s	SSI-STATE-SLIPPI FMENT-STATI P	Not Applicable Indicates the individual's SSI State Supplemental Status.	Conditional	If an eligible individual is receiving SSI, then his/her SSI Status cannot be considered not applicable.	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBLITY-DETERMINANTS-ELG00005	EL00
10091		CODE	and a state of the	Construction of the	Append to a specific to a statistic sector.	001 Mandatory 002 Optional		- mand	ELECTRONIC CONTRACTOR	2000
ELG091	1 5	SSI-STATE-SUPPLEMENT-STATUS-	Not Applicable	NA	An eligible individual should not receive SSI State Supplements if they are not receiving SSI.	Not Applicable	10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG0
ELG092		CODE SSI-STATUS	indicates the individual's S9 Status.	Conditional	Value must be equal to a valid value.	00 Not Applicable 001 SS 002 SS If lighte Spouse 003 SS Pending a Final Determination of Disposal of Resources Exceeding SSI Dollar Limits	8/7/2017	ELIGIBLE	EUGBLITY-DETERMINANTS-ELG00005	ELGO
ELG092	2 5	SSI-STATUS	Not Applicable	NA	An eligible individual cannot have an SSI Status if they are not receiving SSI or if his/her SSI status is oending decision.		10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG09
ELG093	3 S	STATE-SPEC-ELIG-GROUP	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values (before January 1, 2014) and ELIGIBILITY-GROUP	Required	Concatenate alpha numeric representations of the eligibility mapping factors used to create MAS and BOE and/or ELIGIBLITY-GROUP. State needs to provide composite code reflecting the contents	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG09
			values (on or after January 1, 2014). This field should not lecked information that already appears elsewhere on the Eligible-File record word If it is part of the MAS and BOG or EUGBELITY-GROUP algorithm (e.g., age information computed from DATE-OF-BIRTH or COUNTY-CODE).		panding decision. Constraints as bits instantistic representations of the algability mapping before used to be called built of a straints of the straints of the straints of the algability mapping before used to be called all this field (g,) beta 3.2 = ald category, bytes 3 = money code: bytes 4.5 = person code). If all will be field (g,) beta 3.2 = ald category, bytes 3 = money code: bytes 4.5 = person code). If all will be field (g,) beta 3.2 = ald category, bytes 3 = money code: bytes 4.5 = person code). If all will be all before and include them in the field.					

ew Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
85	ELG093	STATE-SPEC-ELIG-GROUP	Not Applicable	NA	Value must be one of the valid codes submitted by the State. (States must submit lists of valid State specific digibility factor codes to CMG in advance of transmitting T-MSIS files, and must update those lists whenever changes occur.)	Not Applicable	2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0003
6	ELG093	STATE-SPEC-ELIG-GROUP	Not Applicable	NA	For this field, always report whatever is present in the State system, even if it is clearly invalid.leave	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0004
	ELG093	STATE-SPEC-ELIG-GROUP	Not Applicable	NA	blank or space-fill only when the State system contains no information If value > 000000 and < 999999, DATE-OF-DEATH cannot be less than the reporting period.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0005
	ELG093 ELG094	STATE-SPEC-ELIG-GROUP CONCEPTION-TO-BIRTH-IND	Not Applicable A flag to identify children eligible through the conception to birth option, which is available only	NA Conditional	If value > 000000 and < 999999, UATE-OF-UEATH cannot be less than the reporting period. See T-MSIS Guidance Document, "CMS Guidance: Reporting Alternative Benefit Plans" Value must be equal to a valid value.	Not Applicable 0 No	8/7/2017 8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005 ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0006 ELG094-0001
			through a Separate CHIP Program.			1 Yes				
	ELG094	CONCEPTION-TO-BIRTH-IND	Not Applicable	NA	If the individual is a child eligible through the conception to birth option, then the individual must have hig/her eligibility indicate that he/she is eligible only through a Separate CHIP program. ELKIBILITY-GROUP must be '64'.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0002
	ELG094	CONCEPTION-TO-BIRTH-IND	Not Applicable	NA	If an individual is eligible through the conception to birth option, then any associated claims for the individual must indicate the program type for the claim as State Plan CHIP (Program Type "14").	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0003
	ELG094	CONCEPTION-TO-BIRTH-IND	Not Applicable	NA	The CHIP-CODE must equal "3" (Individual was not Medicaid-Expansion CHIP eligible, but was included in a separate title XXI CHIP program) or "4" (Individual was both Medicaid eligible and	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0004
8	ELG095	ELIGIBILITY-CHANGE-REASON	The reason for a change in an individual's eligibility status. Report this reason when there is a change in the individual's eligibility status.	Conditional	Separate CHIP eligible.) Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG095-0001
	ELG096	MAINTENANCE-ASSISTANCE-STATUS	A code indicating the individual's maintenance assistance status. See Appendix C for a description of	Conditional	Value must be equal to a valid value.	0 Eligible for Separate CHIP only	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0001
			MSIS coding categories. Note: This data element will be phased out in lieu of ELIGIBILITY-GROUP.			1 Receiving Cash or eligible under section 1931 of the Act 2 Medically Needy 3 Poverty Related				
						4 Other 5 1115 - Demonstration expansion eligible				
5	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	If the individual has a MAINTENANCE-ASSISTANCE-STATUS indicating he/she is eligible for Medicaid, then his/her DATE-OF-DEATH cannot have occurred before the start of the time period for the file	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0002
	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable		submission. If an eligible individual's MEDICAID-BASIS-OF-ELIGIBLITY indicates he/she is eligible for Separate	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0003
	213076	MAINTENANCE ASSISTANCE STATUS	Not Approade	~	If all engine individual's MEDICALPBOILTS AND CAREARS INFINITIAL AND	NOC Appricable	6/7/2017	ELICIBLE	EDGIBILITIPOETEKMIINAN ISPELGUUUUS	210070-0003
	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	If an Individual's MEDICAID-BASIS-OF-ELIGIBILITY Indicates he/she is eligible for Medicaid, then MAINTENANCE-ASSISTANCE-STATUS must also indicate he/she is eligible for Medicaid.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0004
	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	If an individual is not eligible, then he/she must have a populated Medicaid Enrollment End Date.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0005
	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	Required on ELIGIBILITY-DETERMINANTS segments with effective dates before January 1, 2014.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable
	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	NA	The MEDICAID-BASIS-OF-ELIGIBILITY (BOE) and MAINTENANCE-ASSISTANCE-STATUS (MAS) fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0006
					Solida be left blank (Le., submitted as "pipe pipe" with nothing in between (1) on PSV files and space-filled on RF files) for enrollment periods beginning on or after January 1, 2014. If the segment date span contains January 1, 2014, MAS and BOE should continue to be reported until the individual undergoes Medical delpbility redetermination. If not already, after redetermination, the	-				
					Individual indergoes Medicald engoliny redetermination. If the aready, after redetermination, the individual must be assigned a T-MSIS ELIGIBILITY-GROUP. After redetermination, MAS and BOE are no longer required.					
1	ELG097	RESTRICTED-BENEFITS-CODE	A flag that indicates the scope of Medicaid or CHIP benefits to which an individual is entitled to.	Desident	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0001
	ELGU97	RESTRICTED-BENEFITS-CODE	A riag that indicates the scope of Medicaid of CHIP benefits to which an individual is entitled to.	Required		see Appendix A for listing of valid values.	10/10/2013	ELIGIBLE	EDGIBILITY-DETERMINANTS-ELGUDUUS	ELG097-0001
	ELGU97	RESTRICTED-BENEFITS-CODE	Not Applicable	M	If the individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status (RESTRICTED-BENETTS-CODE = "3"), then his/her dual eligible status must indicate hey/she is a partial dual eligible (DUAL-ELIGIBLE-CODE = "1" (QMB only), "3" (SLMB only), "5" (QDW), or "6" (Q).	NOT Applicable	8/7/2017	ELIGIBLE	EDGIBIETTY-DETERMINANTS-ELGUDUUS	ELG097-0002
	ELG097	RESTRICTED-BENEFITS-CODE	Not Applicable	NA	If the individual is eligible for Medicaid or CHIP but only entitled to restricted benefits for pregnancy-related services, then SEX must equal "F"	Not Applicable	10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0003
	ELG097	RESTRICTED-BENEFITS-CODE	Not Applicable	NA	If an individual receives restricted benefits based on his/her alien status (RESTRICTED-BENEFITS- CODE = "2"), then he/she must not be a U.S. citizen (CITIZENSHIP-IND = "0")	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0005
	ELG097	RESTRICTED-BENEFITS-CODE	Not Applicable	NA	If an individual's restricted benefits status indicates that they are entitled to any level of Medicaid or CHIP benefits, then his/her Maintenance Assistance Status and Basis of Eligibility and/or EUGBELITY-GROUP cannot Indicate he/she is not eligible.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0006
	ELG097	RESTRICTED-BENEFITS-CODE	Not Applicable	NA	ELGIBILITY-GROUP cannot indicate he/she is not eligible.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0007
				ſ.	If an individual's restricted benefits status indicated they are entitled to benefits under Money Follows the Person (RESTRICTED-BENEFITS-CODE = "D"), then he/she must have a corresponding MPF enrollment segment with felter and end dates that are within or the same as the effective and end dates of Eligibility Determinant record segment.					
			Not Applicable			Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0008
		RESTRICTED-BENEFITS-CODE	Not Approade	~	Beneficiaries reported with ELIGIBILITY-GROUP="72", '73", "74", "75" are expected to be covered by an alternative benefit plan and should be reported with RESTRICTED-BENEFITS-CODE="7" and STATE-FLAN-OFICN-TYPE="06"	NOC Appricable	6/7/2017	ELICIBLE	EDGIBILIT PDETERMINAN ISPELGUOUGS	EL0097-0008
3	ELG097 ELG098	TANF-CASH-CODE	A flag that indicates whether the individual received Federal Temporary Assistance for Needy Families (TANF) benefits.	Conditional	Value must be equal to a valid value.	1 Individual did not receive TANF benefits. 2 Individual did receive TANF benefits (States should only use this value if	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG098-0001
			(IAMP) deficition			2 individual due receive FARE benefits (scales should driv use this value if they can accurately separate eligible receiving TANF benefits from other 193: eligible)	L			
,	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	The start date of an individual's reported Eligibility Status.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0001
			This date field is necessary when defining a unique row in a database table.							
0	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	If it is unknown when eligibility status became effective OR if a complete, valid date is not available, thenleave blank, or space-fill.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0003
1	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0004
2	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0005
3	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	The ELIGIBILITY-DETERMINANT-EFF-DATE must occur on or before the ELIGIBILITY-DETERMINANT- END-DATE	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0006
	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable
5	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Constraints guidance document) not allowed for same file segment	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0007
5	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before	Not Applicable	10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0008
					or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.					
7	ELG100	ELIGIBILITY-DETERMINANT-END-DATE								
3	ELG100		The date that an individual's reported Eligibility Status ended.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0001
		ELIGIBILITY-DETERMINANT-END-DATE	The date that an individual's reported Eligibility Status ended. Not Applicable	Required	Date format is CCYYMMDD (National Data Standard). If a complete, valid end date is not available or is unknown Jeave blank, or space-fill	Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005 ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0001
	ELG100	ELIGIBILITY-DETERMINANT-END-DATE ELIGIBILITY-DETERMINANT-END-DATE	Not Applicable	Required NA	If a complete, valid end date is not available or is unknown,leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE		ELG100-0001 ELG100-0003 ELG100-0004
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	ELG100	ELIGIBILITY-DETERMINANT-END-DATE ELIGIBILITY-DETERMINANT-END-DATE ELIGIBILITY-DETERMINANT-END-DATE	Net Applicable Net Applicable Net Applicable Net Applicable	Required NA NA NA NA	B a complete, valid end date in not available or is unknown, leave blank, or space HII Value must be numeric. Value must be a valid date If here is no oraid date (i.e., the record is good into the indefinite future) use the "end-of-time" date 99922331)	Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	ELIGIBLITY-DETERMINANTS-ELGODOOS ELIGIBLITY-DETERMINANTS-ELGODOOS ELIGIBLITY-DETERMINANTS-ELGODOOS ELIGIBLITY-DETERMINANTS-ELGODOOS	ELG100-0003 ELG100-0004 ELG100-0005 Not Applicable
	ELG100 ELG100	ELIGIBILITY-DETERMINANT-END-DATE ELIGIBILITY-DETERMINANT-END-DATE ELIGIBILITY-DETERMINANT-END-DATE ELIGIBILITY-DETERMINANT-END-DATE	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable	Required NA NA NA NA	If a complete, valid end date is not available or is unknown-leave blank, or space RII Cale must be numeric. Cale must be svalid date Phone is no and date (i.e., the record is good into the indefinite future) use the "end of time" date PMP920210 Memory the value is note or more of the data demonst on the ELICER_FORTERMENTS record	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	ELGERITY-OFTERMINANTS-ELGCOODS ELIGERITY-OFTERMINANTS-ELGCOODS ELIGERITY-OFTERMINANTS-ELGCOODS ELIGERITY-OFTERMINANTS-ELGCOODS ELIGERITY-OFTERMINANTS-ELGCOODS	ELG100-0003 ELG100-0004 ELG100-0005 Not Applicable ELG100-0006
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9 1 2 3	ELG100 ELG100	ELKIBILITY DETERMINANT-END-DATE ELKIBILITY DETERMINANT-END-DATE ELKIBILITY-DETERMINANT-END-DATE ELKIBILITY-DETERMINANT-END-DATE ELKIBILITY-DETERMINANT-END-DATE	Not Applicable	Required NA NA NA NA NA NA	a complete, valid end date in not available or in unknown/save blank, or space-till Vale must be nameric. Cale must be a nameric. Take must be a nameric. Take must be a valid date: The must not available or in the nameric blank, or space-till The must not available or in the nameric blank. The must not available or in the nameric blank, or space-till PMI-IDIA or intervention of the data elements on the LIGBLE CETEMENDATI's record perform to name or the name or the name of the data elements on the LIGBLE CETEMENDATI's record perform to nameric blank. The COMPLETERENDATI NAT COMPLETERENDATI The COMPLETERENDATI NAT COMPLETERENDATI The completerend sequent must not be offered The COMPLETERENDATI NAT COMPLETERENDATI The completerend sequent must not be noted The COMPLETERENDATI NAT COMPLETERENDATI The completerend sequent must not be noted The COMPLETERENDATI NAT COMPLETERENDATI The completerend sequent must not be noted The COMPLETERENDATI NAT COMPLETERENDATI The completerend sequent must not be noted The COMPLETERENDATI NAT COMPLETERENDATI The completerend sequent must not be noted The	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	ELGERITY-OFTERMINANTS-ELGCOODS ELIGERITY-OFTERMINANTS-ELGCOODS ELIGERITY-OFTERMINANTS-ELGCOODS ELIGERITY-OFTERMINANTS-ELGCOODS ELIGERITY-OFTERMINANTS-ELGCOODS	ELG100-0003 ELG100-0004 ELG100-0005 Not Applicable ELG100-0006
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2 2 8 5	ELG100 ELG100 ELG100 ELG100	ELGBELTY-DETERMINANT-END-DATE ELGBELTY-DETERMINANT-END-DATE ELGBELTY-DETERMINANT-END-DATE ELGBELTY-DETERMINANT-END-DATE ELGBELTY-DETERMINANT-END-DATE	NR Applicable	NA Optional	2 complete, suid and date is not available or is unknown Laker blank, or space-BII Vale must be numeric. Vale must be numeric. Vale must be a valid date // and must be a must date // and must be a valid date // and	NA Applicable Na Applicable Na Applicable Na Applicable Na Applicable Na Applicable Na Applicable	8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017	ELICIBLE ELICIBLE ELICIBLE ELICIBLE ELICIBLE ELICIBLE	LUGELINY OFTENANANI'S ELCOODS ELCRELINY OFTENANANI'S ELCOODS ELCRELINY OFTENANANI'S ELCOODS ELCRELINY OFTENANANI'S ELCOODS ELCRELINY OFTENANANI'S ELCOODS ELCRELINY OFTENANANI'S ELCOODS	ELG100-0003 ELG100-0004 ELG100-0005 Not Applicable ELG100-0006 Not Applicable ELG100-0007
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1	ELG100 ELG100 ELG100 ELG100 ELG101 ELG101	LICERUY OFTENNANT FAC GATE LICERUY OFTENNANT FAC GATE STATE-ROTATION	Not Applicable	NA Optional NA	2 complete, valid end date is not available or is unknown/saker blank, or space-till Vale man be manner: Vale manner: Vale manner: Vale man be manner: Vale man be manner: Vale man be manner: Vale man	Nor Applicable	8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 9/23/2015	EUGIBLE	LUGELIYI OLTEXANANTS-ELCOOOS DOELLYI OLTEXANANTS-ELCOOOS LUGELIYI OLTEXANANTS-ELCOOOS LUGELIYI OLTEXANANTS-ELCOOOS LUGELIYI OLTEXANANTS-ELCOOOS LUGELIYI OLTEXANANTS-ELCOOOS LUGELIYI OLTEXANANTS-ELCOOOS	E.G100-0003 E.G100-0004 E.G100-0005 E.G100-0005 E.G100-0007 E.G101-0007 E.G101-0002
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- 2 3 3 5 5 5 7	ELG100 ELG100 ELG100 ELG100 ELG101 ELG101	ELGENUT/CETERNINANT ENG GATE LIGENUT/OFTERNINANT ENG GATE LIGENUT/OFTERNINANT ENG GATE LIGENUT/OFTERNINANT ENG GATE LIGENUT/OFTERNINANT ENG GATE LIGENUT/OFTERNINANT ENG GATE STATE-NOTATION STATE-NOTATION	Not Applicable Not Ap	NA Optional NA	A complete, vuldi end date is not available or is unknown/save blank, or space-till Vale mark to a market: Cale mark to a substitute A complete, vuldi end date is not available or is unknown/save blank, or space-till Vale mark to a substitute Vale mark Vale mark Vale mark Vale Vale	Nor Applicable	U/72637 U/72637 U/72637 U/72637 U/72637 U/72637 U/72637 U/72637 U/72637 U/72637 U/72637	EUGIBLE EUGIBLE EUGIBLE EUGIBLE EUGIBLE EUGIBLE EUGIBLE	LUGELITY OTTEMANANTS-ELCOODS ELGELITY OTTEMANANTS-ELCOODS	ELC100-0003 ELC100-0004 ELC100-0005 Not Applicable ELC100-0005 Not Applicable ELC100-0007 ELC100-0007 ELC101-0002 ELC101-0002 ELC101-0002
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lew Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE 4/30/2013	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
35	ELG105	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG105-0002
6	ELG105	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG105-0003
37	ELG106	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG106-0001
38	ELG106	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIG-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG106-0002
					application.					
139	ELG106	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	The STAN status is indicated where the solid accelule number is not known with a homework MES INDIVISION IN THE NUMBER OF A status is a strange of the STAN STAN STAN STAN STATUS IN THE STATUS INTERVENT IN THE STATUS INTERVENT IN THE STATUS INTERVENT IN THE STATUS INTERVENT IN THE	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG106-0003
					social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be socialated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated					
					with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social securit	,				
					number.					
									HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-	
40	ELG106	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number. Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	FLIGIBLE	HEALTH-HUME-SPA-PARTICIPATION-INFORMATION- ELG00006 HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-	ELG106-0004
	ELG106	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	ELG00006	Not Applicable
42	ELG106	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See TAMEE Guidance Document. "CMS Guidance: Reporting Shared MEE Identification Number" fo	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	Not Applicable
					See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than J year of age who share the same MSIS ID A childrecord segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY accordence)					
43	ELG106	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY ELG00002).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG106-0005
44	ELG107	HEALTH-HOME-SPA-NAME	A free-form text field for the name of the health home program approved by CMS. This name needs to be consistent across files to be used for linking.	Conditional	Left justify and right-fill unused bytes with spaces	Not Applicable	11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG107-0001
15	ELG107	HEALTH-HOME-SPA-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- FLG00006	ELG107-0002
46	ELG107	HEALTH-HOME-SPA-NAME	Not Applicable	NA	When this data element is not populated or used. States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG107-0003
17	ELG108	HEALTH-HOME-ENTITY-NAME	A field to identify the health home SPA in which an individual is enrolled. Because an identification numbering schema has not been established, the entities' names are being used instead.	Conditional	Required on every HEALTH-HOME-SPA-PARTICIPATION-INFORMATION record	Not Applicable	11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-	ELG108-0001
									ELG00006	
18	ELG108	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG108-0002
9	ELG108	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	Right-fill unused bytes if name is less than 100 bytes long	Not Applicable	4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG108-0003
0	ELG109	HEALTH-HOME-SPA-PARTICIPATION- EFF-DATE	The date on which the individual's participation in the Health Home Program started.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELGODOD6	ELG109-0001
			This date field is necessary when defining a unique row in a database table.							
1	ELG109	HEALTH-HOME-SPA-PARTICIPATION- EFF-DATE	Not Applicable	niA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG109-0003
2	ELG109	HEALTH-HOME-SPA-PARTICIPATION- EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG109-0004
3	ELG109	HEALTH-HOME-SPA-PARTICIPATION- EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	ELG00006 HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG109-0005
4	ELG109	HEALTH-HOME-SPA-PARTICIPATION- EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the HEALTH-HOME-SPA-PARTICIPATION record segment changes, a new record segment must be created The HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE must occur on or before the HEALTH-HOME- FAR DEPENDENT ADD DATE	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	Not Applicable
5	ELG109	HEALTH-HOME-SPA-PARTICIPATION- EFF-DATE	Not Applicable	NA	The HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE must occur on or before the HEALTH-HOME- SPA-PARTICIPATION-END-DATE	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELCODDO	ELG109-0006
6	ELG109	HEALTH-HOME-SPA-PARTICIPATION- EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG109-0008
7	ELG109	HEALTH-HOME-SPA-PARTICIPATION- EFF-DATE	Not Applicable	NA	and Constraints guidance document, not allowed for same the segment. For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file	Not Applicable	10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- FLG00006	ELG109-0009
		EFF-DATE			or be concurrent with the effective date of the parent the segment, where submitting state and the segment-specific identifying number match one another in both record segments.				ELGUUU6	
8	ELG110	HEALTH-HOME-SPA-PARTICIPATION-	The date on which the individual's participation in the Health Home Program ended.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-	ELG110-0001
.0		END-DATE							ELG00006	
	ELC110	UEALTH, UOME, CDA, DARTICIPATION,	Not Applicable	MA	If a complete usild and date is not available or is unknown leave black, or reace-fill	Not Anglicable	8/7/2017	SUCIDIE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-	ELC110-0002
		HEALTH-HOME-SPA-PARTICIPATION- END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable		ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG110-0003
50	ELG110	HEALTH-HOME-SPA-PARTICIPATION- END-DATE	Not Applicable	NA NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG110-0004
0	ELG110 ELG110	HEALTH-HOME-SPA-PARTICIPATION- END-DATE HEALTH-HOME-SPA-PARTICIPATION- END-DATE	Net Applicable Net Applicable Net Applicable	NA NA	Value must be numeric. Value must be a valid date	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG0006 HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG0006	ELG110-0004 ELG110-0005
0	ELG110	HEALTH HOME-SPA-PARTICIPATION- END-DATE HEALTH HOME-SPA-PARTICIPATION- END-DATE HEALTH HOME-SPA-PARTICIPATION- END-DATE		NA NA NA	Value must be numeric. Value must be a valid date If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" data	Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	HEALTH HOME-SPA-PARTICIPATION-INFORMATION- ELG00006 HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006 HEALTH-HOME-SPA-PARTICIPATION-INFORMATION- ELG00006	ELG110-0004 ELG110-0005 Not Applicabl
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V2.1	T-MSIS	Data	Dictionary

	MSISHDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number k not known and a temporary MSIS DENTIFICATION-NUM is used, the MSI-DENTIFICATION-NUM field should be populated with the temporary MSI-DENTIFICATION-NUM and the SSN bield should be apace field, or blank. When the social security number becomes known, the MSIS-DENTIFICATION-NUM field should be oppolated with the temporary MSIS-DENTIFICATION-NUM field should be oppolated.	Not Applicable	LAST UPDATE DATE 8/7/2017	EDGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0003
				temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be					
				social secontly number becomes known, the MSIS bent includion whom held should continue to be					
				with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security					
ļ				number.					
.G117	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0004
6117	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable
.G117	MSIS-IDENTIFICATION-NUM	Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable
				See T-MSIS Guidance Document. "CMS Guidance: Reporting Shared MSIS Identification Number" for					
				See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS identification Number" for information on reporting MSI ID for preparat women, unborn children, mothers, and their deemed newborns younger than J year of age who share the same MSIS ID A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-EUGIBILITY- B (CODDP)					
6117	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	deemed newborns younger than 1 year of age who share the same MSIS ID A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-FLIGIBILITY-	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0005
			[:						
.G118	HEALTH-HOME-SPA-NAME	A free-form text field for the name of the health home program approved by CMS. This name needs to be consistent across files to be used for linking.	Conditional	Left justify and right-fill unused bytes with spaces	Not Applicable	11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG118-0001
6118	UEALTH UCME SPA NAME	Not Applicable	MA	The field can contain any alphanemaric charactery dialty or pumbric except the "pipe" (1)	Not Applicable	8/7/2017	ELICIPLE	HEALTH HOME SPA-PROVIDERS & G00007	FLG118-0002
		no opproator.		The new can contain any adjustment of a sector, adjus or symbols except the paper (1).	in apprendie	5/7/2027	LINDEL		110110 0001
.G119	HEALTH-HOME-ENTITY-NAME	A field to identify the health home SPA in which an individual is enrolled. Because an identification numbering schema has not been established, the entities' names are being used instead.	Conditional	Required on every HEALTH-HOME-SPA-PARTICIPATION-INFORMATION record	Not Applicable	11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0001
.G119	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	If the value for STATE-SPEC-ELIG-GROUP is a valid, non-missing value, then DATE-OF-DEATH cannot	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0002
									FLG119-0003
.6119	HEALTH-HUME-ENTITY-NAME	Not Applicable	¹⁶⁴		Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0003
G119	HEALTH-HOME-ENTITY-NAME	Not Applicable	NA	When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe	Not Applicable	9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0004
				pipe" with nothing in between () on PSV files and space-filled on FLF files).					
.G120	HEALTH-HOME-PROV-NUM	A unique identification number assigned by the state to the individual's primary care manager for the Health Home in which the individual is enrolled.	Conditional	Required on every HEALTH-HOME-SPA-PROVIDERS record	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG120-0002
G120	HEALTH-HOME-PROV-NUM	Not Applicable	NA	Value must exist in the state's submitted provider information	Not Applicable	2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG120-0003
G121	HEALTH-HOME-SPA-PROVIDER-EFF-	The date on which the eligible individual's affiliation with the health home entity for the provision of	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0001
1	DATE								
		This date field is necessary when defining a unique row in a database table.							
.G121	HEALTH-HOME-SPA-PROVIDER-EFF-		NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0003
	DATE								
.G121	HEALTH-HOME-SPA-PROVIDER-EFF-	Not Applicable	NA	If an individual is eligible through the conception to birth option, then the CHIP-CODE must equal 13" (Individual was not Medicald-Expansion CHIP eligible, but was included in a concerta title 2001	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0004
				CHIP program).					
.G121	HEALTH-HOME-SPA-PROVIDER-EFF-	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0005
	DATE								
.G121	HEALTH-HOME-SPA-PROVIDER-EFF- DATE	Not Applicable	NA	The HEALTH-HOME-SPA-PROVIDER-EFF-DATE must occur on or before the HEALTH-HOME-SPA- PROVIDER-END-DATE	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0006
		Not Applicable	NA	Whenever the value in one or more of the data elements in the HEALTH-HOME-SPA-PROVIDERS	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable
	DATE			record segment changes, a new record segment must be created					
G121	HEALTH-HOME-SPA-PROVIDER-EFF-	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0008
		Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before.	Not Applicable	10/10/2013	FLIGIRIE	HEALTH-HOME-SPA-PROVIDERS-FLG00007	ELG121-0009
12121	DATE	Noc Appricable	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	or be concurrent with the effective date of the parent file segment, where submitting state and file	Not Appreadle	10/10/2013	ELIGIBLE	HEALTH-HOME-SPAPROVIDERS-ELG00007	203121-0009
ļ				segment-specific identifying number match one another in both record segments.					1
									FLG122-0001
.G122	HEALTH-HOME-SPA-PROVIDER-END- DATE	The date on which the eligible individual's affiliation with the health home entity for the provision of health home services ended.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0001
6122	HEALTH-HOME-SPA-PROVIDER-END-	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0003
	DATE		[:						
.G122	HEALTH-HOME-SPA-PROVIDER-END-	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0004
	DATE								FLG122-0005
.6122	HEALTH-HUME-SPA-PROVIDER-END- DATE	Not Applicable	¹⁶⁴		Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0005
G122	HEALTH-HOME-SPA-PROVIDER-END-	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable
1				(99991231)					
.G122	HEALTH-HOME-SPA-PROVIDER-END-	Not Applicable	NA	Whenever the value in one or more of the data elements on the HEALTH-HOME-SPA-PROVIDERS	Not Applicable	2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0006
.G122	UEALTH-UOME-CRA-BROMIDER-END.	Not Applicable	MA	The LEATTH UCANE, GDA. DOCUMPER. END, DATE must be created	Not Applicable	8/7/2017	ELICIPLE	HEALTH HOME SPARE ON IDERS & COODOZ	Not Applicable
	DATE								
.G122	HEALTH-HOME-SPA-PROVIDER-END-	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0007
	DATE			be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.					
.G123	HEALTH-HOME-ENTITY-EFF-DATE	The date on which the health home entity was approved by CMS to participate in the Health Home	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0001
									FLG123-0002
.G123	HEALTH-HOME-ENTITY-EFF-DATE		NA	Value must be a valid date.	Not Applicable	8/7/2017			
G123	HEALTH-HOME-ENTITY-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown,leave blank, or space-fill Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007 HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0004 ELG123-0005
.G123	HEALTH-HOME-ENTITY-EFF-DATE	Not Applicable	NA	Value must be equal to or less than START-OF-TIME-PERIOD.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0006
G124	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG124-0001
G124	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "p/a," "p.a," or leave	Not Applicable	9/23/2015	FLIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG124-0002
			[:	the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field		,,,			
				For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific compents, and right-pad the field with cover when the field down of the f					
				server a specific community, and ingre-paid one new with spaces when the new uses contain verbiage.					
.G125	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Not Applicable	9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG125-0001
ļ				twed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files. FILLER that is shown at the end of each record layout should be space-filled in					1
ļ				fixed-length files.					1
ļ									1
.G126	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the REIMARY	Required	Value must be equal to a valid value.	ELG00008	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG126-0003
		DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.							
G126	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG126-0001
G127	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data	Required		http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG127-0002
6127	SI IRMITTING-STATE		NA	Must be populated on every record	Not Anglicable	8/7/2017	FLIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	FLG127-0001
G127	SUBMITTING-STATE	Not Applicable	NA	value must be numeric	Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELGODOOB	
.G127	SUBMITTING-STATE		NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable ELG127-0003
.G128	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER. In conjunction with the RECORD-ID uniquely identifies a single record	Required	Must be numeric	Not Applicable	4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG128-0001
		within the submission file.							
.G128	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG128-0002
.G128	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG128-0002 ELG128-0003 ELG129-0001
.G129		A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required		Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	
G129	MSIS-IDENTIFICATION-NI IM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-FI GODOOR	ELG129-0002
			[The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS					
.G129	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS- IDENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be non-in-tend with the	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0003
				temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the	2				1
ļ				populated with the temporary MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be nonulated					1
				with the newly acquired social security number for at least one monthly submission of the Eligible					1
				number.					1
									1
G129	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0004
6129	MSIS-IDENTIFICATION-NUM	Not Anglicobla	NA	the eligible person's social security number. Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Anglicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable
N467	MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA	mon services must report unrefers values for MSB-IDENTIFICATION-NUM and SSN.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008 HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable Not Applicable
G129				See TAKSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Manufacture Manufacture for					
.G129									
.G129 1				Information on reporting MSIS ID for pregnant women, unborn children, mothers, and their					
G129 I	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSI ID for pregnant women, unborn children, mothers, and their deemed newborns younger that J year of age who share the same MSIS ID A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY- record).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0005
이러히 허리하러 취하 하는 것을 수 하는 것을 수 있는 것을 하는 것을 하는 것을 하는 것을 하는 것을 하는 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있 것 않아 수 있는 것 않아. 것 않아 같이 것 않아.		113 ELTHHOR 37 AUAR 113 ELTHHOR 37 AUAR 114 ELTHHOR 37 AUAR 115 ELTHHOR 2011 YUMAR 116 ELTHHOR 2011 YUMAR 117 ELTHHOR 2011 YUMAR 118 ELTHHOR 2011 YUMAR 119 ELTHHOR 2011 YUMAR 111 ELTHHOR 2011 YUMAR 112 ELTHHOR 2011 YUMAR 113 ELTHHOR 2011 YUMAR 114 ELTHHOR 2011 YUMAR 115 ELTHHOR 2014 PROVINGE FFF 111 ELTHHOR 2014 PROVINGE FFF 112 ELTHHOR 2014 PROVINGE FFF 113 ELTHHOR 2014 PROVINGE FFF 114 ELTHHOR 2014 PROVINGE FFF 115 ELTHHOR 2014 PROVINGE FFF 116 ELTHHOR 2014 PROVINGE FFF 117 ELTHHOR 2014 PROVINGE FFF 118 ELTHHOR 2014 PROVINGE FFF 119 ELTHHOR 2014 PROVINGE FFF 111 ELTHHOR 2014 PROVINGE FFF 112 ELTHHOR 2014 PROVINGE FFF 113 ELTHHOR 2014 PROVINGE FFF 114 ELTHHOR 2014 PROVING	De constant arrows files to be used for fishing. Extension De constant arrows files to be used for fishing. Extension De constant arrows files to be used for fishing. Extension A field to be optim the nonth town striking use indicer frame are being used without. Extension Extension Extension Extension Extension Extension Extension Extension Extension Extension Extension Extension Extension Extension Extension Extension Extensin and and and and and and and and and an	113 R.L.11HUDGE 397-MARE NA Applicable NA 113 R.L.11HUDGE 377-MARE Anleed to topolity the health home 598 in which an builded at even bed index distance and instruct. Advance 304 in which an builded at even bed index distance and instruct. Advance 304 in which an builded at even bed index distance and instruct. Advance 304 in which an builded at even bed index distance 304 instruct. NA 113 R.L.11HUDGE 5101TY MARE NG Applicable NA 113 R.L.11HUDGE 5101TY MARE NG Applicable NA 113 R.L.11HUDGE 5101TY MARE NG Applicable NA 113 R.L.11HUDGE 5101TY MARE NA applicable in biological explores the biological explores the biological explores of the biological explores	Image: Number of Nu	Simulay Source Assample of Source Assample	Image Marka Marka <th< td=""><td>Model<th< td=""><td>Measanie Measanie Measanie</td></th<></td></th<>	Model <th< td=""><td>Measanie Measanie Measanie</td></th<>	Measanie Measanie

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3141	ELG130	HEALTH-HOME-CHRONIC-CONDITION	The chronic condition used to determine the individual's eligibility for the health home provision.	Conditional	Value must be equal to a valid value.	A Mental bealth	DATE 11/3/2015	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG130-0001
						C Asthura Haute B Substance abuse C Asthura D Diabetes				
						D Diabets E Heart disease F Overweight (BMI of >25) G HIV/JDS H Other				
						G HIV/AIDS H Other				
3142	ELG130	HEALTH-HOME-CHRONIC-CONDITION	Not Applicable	NA	If value H (Other) is selected, identify the chronic condition in HEALTH-HOME-CHRONIC- CONDITION-OTHER-EXPLANATION.	Not Applicable	4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG130-0002
3143	ELG131	HEALTH-HOME-CHRONIC-CONDITION- OTHER-EXPLANATION	A free-text field to capture the description of the other chronic condition (or conditions) when value "H" (Other) appears in the HEALTH-HOME-CHRONIC-CONDITION.	Conditional	Conditional (required when value "H" (Other) appears in HEALTH-HOME-CHRONIC-CONDITION	Not Applicable	2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG131-0001
3144	ELG131	HEALTH-HOME-CHRONIC-CONDITION- OTHER-EXPLANATION	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG131-0002
3145	ELG132	HEALTH-HOME-CHRONIC-CONDITION-	The first day of the time span during which the values in all data elements on a HEALTH-HOME-	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0001
		EFF-DATE	The first day of the time span during which the values in all data elements on a HEALTH-HOME- CHRONG-CONDITIONS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)							
			This date field is necessary when defining a unique row in a database table.							
3146	ELG132	HEALTH-HOME-CHRONIC-CONDITION- EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown,leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0003
3147	ELG132	HEALTH-HOME-CHRONIC-CONDITION- EFF-DATE		NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0004
3148	ELG132	HEALTH-HOME-CHRONIC-CONDITION-	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELGODOOB	ELG132-0005
3149	ELG132	EFF-DATE HEALTH-HOME-CHRONIC-CONDITION-	Not Applicable	NA	The HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE must occur on or before the HEALTH-HOME- CHRONIC-CONDITION-END-DATE	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0006
3150	ELG132	LEALTH UNKECHRONIC CONDITION	Not Applicable	NA	CHRONIC-CONDITION-END-DATE Whenever the value in one or more of the data elements on the HEALTH-HOME-CHRONIC-	Not Applicable	2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0007
3151	ELG132	EFF-DATE HEALTH-HOME-CHRONIC-CONDITION-	Not Applicable		Whenever the value in one or more of the data elements on the HEALTH-HOME-CHRONIC- CONDITIONS record segment changes, a new record segment must be created		8/7/2017	ELIGIBLE		ELG132-0008
3152		EFF-DATE			Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	s Not Applicable			REALIN-HOME-CHRONIC-CONDITIONS-ECODOR	
3152	ELG132	HEALTH-HOME-CHRONIC-CONDITION- EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting table and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0009
					segment-specific identifying number match one another in both record segments.					
3153	ELG133	HEALTH-HOME-CHRONIC-CONDITION- END-DATE	The last day of the time span during which the values in all data elements on a HEALTH-HOME- CHRONG-CONDITIONS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0001
			understood to be at the time the record is created.)							
3154	ELG133	HEALTH-HOME-CHRONIC-CONDITION- END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0003
3155	ELG133	HEALTH-HOME-CHRONIC-CONDITION- END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0004
3156	ELG133	HEALTH-HOME-CHRONIC-CONDITION- END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0005
3157	ELG133	HEALTH-HOME-CHRONIC-CONDITION- END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date	Not Applicable	10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0006
3158	ELG133	END-DATE HEALTH-HOME-CHRONIC-CONDITION- END-DATE	Not Applicable	NA	(99991231) Whenever the value in one or more of the data elements on the HEALTH-HOME-CHRONIC- CONDITIONS record segment changes, a new record segment must be created	Not Applicable	10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0007
3159	ELG133	HEALTH-HOME-CHRONIC-CONDITION-	Not Applicable	NA	The HEALTH-HOME-CHRONIC-CONDITION-END-DATE must occur on or after the HEALTH-HOME-	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable
3160	ELG133	END-DATE HEALTH-HOME-CHRONIC-CONDITION-	Not andirable	NA	CHRONIC-CONDITION-EFF-DATE	Not Anglicable	8/7/2017	FLIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-FLG00008	FLG133-0008
5100	10155	END-DATE	nos repartatore	<u> </u>	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identiblying number match one another in both record segments.	no pprime.		LENGIDLE		110105 0000
3161	ELG134	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG134-0001
3162	ELG134	STATE-NOTATION	Not Applicable			Net Applicable	9/23/2015	CLICIDE C	HEALTH-HOME-CHRONIC-CONDITIONS-FLG00008	ELG134-0002
3102	200134	STATE-NOTATION	NOT Appricable	~	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.	d	7/23/2013	ELIGIBLE	REALIN-HOME-CHICAGE CONDITIONS-ECODOR	ELG134-0002
					Ear fixed-feagth files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	0				
3163	ELG135	DU 50	Int Applicable		For size definited files. Fill FR that is above at the and of each around in out is well-able as in te	Net Applicable	9/23/2015	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG135-0001
3163	ELG135	FILLER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to theol-length files and therefore should be ignored in pipe-delimited files. For theol-length files, FLER that is shown at the end of each record layout should be space-filed in theol-length files.	Not Appricable	9/23/2015	FLICIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELGODOD8	ELG135-0001
					fixed-length files.					
3164	ELG136	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The las 5 bytes are an integer with leading zeros. For example, the RECORD-to for the PRIMARY DEMOGRAPHYCE - ELIGBBLITY record segment to ELIGODO2.	Required	Value must be equal to a valid value.	ELG00009	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG136-0003
			DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.							
3165 3166	ELG136 ELG137	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009 LOCK-IN-INFORMATION-ELG00009	ELG136-0001 ELG137-0002
3167	ELG137	SUBMITTING-STATE	submitted the data. Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG137-0001
3168 3169	ELG137 ELG137		Not Applicable Not Applicable	NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009 LOCK-IN-INFORMATION-ELG00009	Not Applicable ELG137-0003
3170	ELG138	RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record	Required	Must be numeric	Not Applicable	4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG138-0001
			within the submission file.							
3171 3172	ELG138 ELG138	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	4/30/2013 2/25/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009 LOCK-IN-INFORMATION-ELG00009	ELG138-0002 ELG138-0003
3173	ELG139	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicald/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG139-0001
3174	ELG139	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG139-0002
					application.					
3175	ELG139	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS- DENTIFICATION-NUM is used, the MSI-DENTIFICATION-NUM field should be populated with the temporary MSIS-DENTIFICATION-NUM and the SSN Held should be space-filled, or blank. When the social security number becomes known, the MSIS-DENTIFICATION-NUM field should continue to be populated with the temporary MSIS-DENTIFICATION-NUM theid should continue to be populated.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG139-0003
					temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be					
					populated with the temporary MSIS-DEPTIFICATION-YOM and the Sam field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS-DENTIFICATION-YOM and the social security					
					number.	7				
3176	ELG139	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG139-0004
3177	ELG139 ELG139	MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009 LOCK-IN-INFORMATION-ELG00009	Not Applicable Not Applicable
31/6	200139	MOGHDENTIFICATION-NUM	and Adductions		See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" fo		0///201/	ELIGIBLE	LUCK-IN-INFORMATION-ELGODODY	Not Applicable
				1	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS identification Number' fo Information on reporting MSI ID for pregnant women, unborn children, mothers, and their deemed newborns younger than J year of age who share the same MSIS ID Achild record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY: arrowship)		1			
3179	ELG139	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY- ELG00002).	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG139-0005
3180	ELG140	LOCKIN-PROV-NUM	A unique identification number assigned by the state to a provider furnishing locked-in healthcare services to an individual.	Conditional	Valid formats must be supplied by the state in advance of submitting file data	Not Applicable	11/3/2015	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG140-0001
3181	ELG141	LOCKED-IN-SRVCS	The type(s) of service that are locked-in.	Conditional	 "Enter the TYPE-OF-SERVICE code that describes the services being locked-in." 	See Appendix A for listing of valid values.	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG141-0001
					Tenter the TYPE-OF-SERVICE code that describes the services being locked-in." Tenter one TYPE-OF-SERVICE code per LOCK-IN-INFORMATION-ELG00009 record segment." Tenter and the tenter of the tenter of the tenter of the tenter of tenter					
3182	ELG142	LOCKIN-EFF-DATE	The date on which the lock in period begins for an individual with a healthcare service/provider.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0001
			This date field is necessary when defining a unique row in a database table.				1			
3183	ELG142	LOCKIN-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0003
3184 3185	ELG142 ELG142	LOCKIN-EFF-DATE	Not Applicable Not Applicable	NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009 LOCK-IN-INFORMATION-ELG00009	ELG142-0004 ELG142-0005
3185 3186 3187	ELG142	LOCKIN-EFF-DATE	Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0006
	ELG142	LOCKIN-EFF-DATE	Not Applicable		The LOCKINE-IN-DATE IMJST OCCUT ON OF DEFORE the LOCKINE-IND-DATE Whenever the value in one or more of the data elements on the LOCK-IN-INFORMATION record segment changes, a new record segment must be created	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELGODOD9	Not Applicable
3188	ELG142	LOCKIN-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	s Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0007
3189	ELG142	LOCKIN-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting table and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0008
				1	segment-specific identifying number match one another in both record segments.					
3190	ELG143	LOCKIN-END-DATE	The date on which the lock in period ends for an individual with a healthcare service/provider.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0001
3191	ELG143	LOCKIN-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown,leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0003
3192	ELG143 ELG143		Not Applicable Not Applicable	NA	la a complete, sino che dale la lor avanable di la dividi dividi di antico di la dividi dividi di antico di anti- Value must be a valid date	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0004 ELG143-0005
3193 3194	ELG143 ELG143	LOCKIN-END-DATE	Not Applicable Not Applicable	NA	Value must be a valid date If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009 LOCK-IN-INFORMATION-ELG00009	ELG143-0005 Not Applicable
3195	ELG143	LOCKIN-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the LOCK-IN-INFORMATION record	Not Applicable	2/25/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0006
3196			Not Applicable	NA	segment changes, a new record segment must be created The LOCKIN-END-DATE must occur on or after the LOCKIN-EFF-DATE	Not Applicable	8/7/2017		LOCK-IN-INFORMATION-ELG00009	Not Applicable
		• ·		•			• •	•		

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3197	ELG143	LOCKIN-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		LAST UPDATE DATE 8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0007
					segment-specific identifying number match one another in both record segments.					
3198	ELG144	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG144-0001
3199	ELG144	STATE-NOTATION	Not Applicable	NA	For pipe-selimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field black (i.e. subplitted :s. "pipe pipe" with nothing in between (11)) when not using the field	Not Applicable	9/23/2015	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG144-0002
					to record specific comments.	d The second				
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.	D -				
3200	ELG145	FILLER	Not Applicable		For pipe-delimited files. FILLER that is shown at the end of each record layout is applicable only to	Net Andlashia	9/23/2015	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG145-0001
3200	ELG 145	nilek	носярлание		The paper destination lines, rules that is shown as the end of each record system is approached by fined-length files. And therefore should be light growed in pipe-delimited files. For fixed-length files, FLLER that is shown at the end of each record layout should be space-filled in fixed-length files.	NOC Appricable	7/23/2015	EDGIBLE	LOCK-IN-INFORMALI DIVELOUDUD7	210145-0001
					thed-length files.					
3201	ELG146	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last	Required	Value must be equal to a valid value.	ELG00010	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG146-0003
			An identifier assigned to each record asgment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading areas. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELICIBILITY record segment is ELG00002.							
3202 3203	ELG146 ELG147	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	ELG146-0001 ELG147-0002
3204 3205	ELG147 ELG147	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	ELG147-0001
3205 3206 3207	ELG147 ELG147 ELG148	SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER	Not Applicable	NA Required	Value must be numeric Value must be the same on all record segments. Must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017 4/30/2013	ELIGIBLE ELIGIBLE	MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	Not Applicable ELG147-0003 ELG148-0001
5207	20140	ALCOND HOMELK	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	licquirea		nos approatos.	1,00,2010	COULC.		10140 0001
3208 3209	ELG148 ELG148	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA NA	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	4/30/2013 2/25/2013	ELIGIBLE ELIGIBLE	MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	ELG148-0002 ELG148-0003
3210	ELG149	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG149-0001
3211	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS apolication.	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG149-0002
3212	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	PERFORMANCE IN THE ACCESS AND A REPORT OF	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG149-0003
					FIGST status is instances where the scale) encody number is not known and a transparary MEG- DINTRICATION HAVE to use of the MSS-EDINTRICATION HAVE the theolad be populated with the temporary MSS-EDINTRICATION HAVE and the SSN Reid should be space-filled, or blank. When the MSS-EDINTRICATION HAVE and the SSN Reid should be space-filled, or blank. When the MSS-EDINTRICATION HAVE and the SSN Reid should be space-filled, or blank. When with the newly acquired social security number for at lact one monthly submission of the Tiglibus to o buff-HSS-EDINTRICATION HAVE and the SSN Reid security submission of the Tiglibus to o buff-HSS-EDINTRICATION HAVE and the SSN Reid security acquired social security security of the SSN Reid security sumber for at lact one monthly submission of the Tiglibus to o buff-HSS-EDINTRICATION HAVE and the SSN Reid security acquired social security security of the SSN Reid security sumber for at lact one monthly submission of the Tiglibus to o buff-HSS-EDINTRICATION HAVE and the SSN Reid HSV Reid HAVE AVER and the Social security security of the SSN Reid HAVE AVER AVER AVER AVER AVER AVER AVER A	2				
					populated with the religiously installed in the structure of the structure of the structure of the Eligible with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security	v				
					number.					
3213	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG149-0004
3214	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	the eligible person's social security number. Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable
3215	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" fo	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable
3216	ELG149	MSIS-IDENTIFICATION-NUM	Not Applicable		See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS identification Number" fo Information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than J year of age who share the same MSIS ID A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS ELIGIBILITY	Not Applicable	8/7/2017	ELIGIBLE	MEP-INFORMATION-ELG00010	ELG149-0005
3210	ELG147	MEP-LIVES-WITH-FAMILY	A code indicating if the individual lives with his/her family or is not a participant in the MFP program.	Conditional	A child record segment most have a parent record segment (PRIMAR PDEMOGRAPPIC 3*ELGIBLE) P EG00002) Value must be equal to a valid value.	0 NO	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG150-0001
	10150		Concentrations in the manifold intervention and the name of the first a participant in the first program.	Contractorial	vanis, musis de capari de la vanis vanis.	2 No MFP Participation		COULC.		10110 0001
3218	ELG151	MFP-QUALIFIED-INSTITUTION	A code describing type of qualified institution at the time of transition to the community for an eligible	Conditional	Value must be equal to a valid value.	00 Default- No MFP Participation	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG151-0001
			MFP Demonstration participant.			01 Nursing Facility 02 ICF/IID (Intermediate Care Facilities for individuals with Intellectual Dissbiller)				
						UT Nuring sciency 20 K/F/ID (Intermediate Care Facilities for individuals with Intellectual Disabilities) 04 Hoo(n:Stution for Mental Diseases) 04 Hoo(n:Stution for Mental Diseases) 05 Other				
3219	ELG152	MFP-QUALIFIED-RESIDENCE	A code indicating the type of qualified residence.	Conditional	Value must be equal to a valid value.	00 Default - No MFP Participation 01 Home owned by participant	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG152-0001
						00 Bedual - No MFP Participation 50 Home owned by participant 02 Home owned by family member 03 Apartment leased by participant, not assisted living 04 Apartment leased by participant, assisted living 05 Group home on on one that and a people				
						05 Group home of no more than 4 people				
3220	ELG153	MFP-REASON-PARTICIPATION-ENDED	A code describing reason why individual's participation in the Money Follows the Person	Conditional	Value must be equal to a valid value.	00 Default - No MEP Participation	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG153-0001
			Demonstration ended.			01 Completed 365 days of participation 02 Suspended eligibility 03 Re-institutionalized				
						02 Suspended eligibility 03 Re-institutionalized 04 Died 05 Moved 06 Mo lower predet rendrar				
						06 No longer needed services 07 Other				
3221	ELG153	MFP-REASON-PARTICIPATION-ENDED	Not Applicable	NA	If an eligible individual's participation in MFP has ended, then MFP Enroliment End Date cannot be	Not Applicable	2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG153-0002
3222	ELG154	MFP-REINSTITUTIONALIZED-REASON	A code describing reason why individual was re-institutionalized after participation in the Money Follows the Person Demonstration.	Conditional	designated as not applicable Value must be equal to a valid value.		8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG154-0001
			Follows the Person Demonstration.			00 Default- No MFP Participation 01 Acute care hospitalization followed by long term rehabilitation 02 Deterioration in cognitive functioning 03 Deterioration in health				
						03 Deterioration in health 04 Deterioration in mental health 05 Loss of housing 06 Loss of personal care giver 07 By request of participant or guardian 08 Lack of sufficient community services				
						08 Lock of sufficient community services				
3223	ELG155	MFP-ENROLLMENT-EFF-DATE	The date on which the individual's participation in the Money Follows the Person Demonstration started.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG155-0001
			This date field is necessary when defining a unique row in a database table.							
3224 3225	ELG155 ELG155	MFP-ENROLLMENT-EFF-DATE MFP-ENROLLMENT-EFF-DATE	Not Applicable Not Applicable	NA NA	If a complete, valid effective date is not available or is unknown,leave blank, or space-fill Value must be numeric.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	ELG155-0003 ELG155-0004
3225 3226 3227	ELG155 ELG155	MFP-ENROLLMENT-EFF-DATE MFP-ENROLLMENT-EFF-DATE	Not Applicable Not Applicable	NA NA	Value must be a valid date. The MFP-ENROLLMENT-EFF-DATE must occur on or before the MFP-ENROLLMENT-END-DATE	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	ELG155-0005 ELG155-0006
3228	ELG155 ELG155	MFP-ENROLLMENT-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the MFP-INFORMATION record segment changes, a new record segment must be created	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	Not Applicable
3229	ELG155 ELG155	MFP-ENROLLMENT-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	s Not Applicable Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	ELG155-0007 ELG155-0008
3230	ELG155	MITT-ENRULLMENT-EFF-DATE	nor approache	r^	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	ник аррикаве	10/10/2013	ELIGIBLE	PERFORMATION-ELG00010	ELG155-0008
3231	ELG155	MFP-ENROLLMENT-EFF-DATE	Not Applicable	NA	If an individual's restricted benefits status indicated they are entitled to benefits under Money	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable
					Follows the Person (RESTRICTED-BENETTS-CODE = "D"), then he/she must have a corresponding MFP enrolment segment with effect and end dates that are within or the same as the effective and end dates of Eighbilty Determinant record segment.					
3232	ELG156	MFP-ENROLLMENT-END-DATE	The date on which the individual's participation in the Money Follows the Person Demonstration	Conditional	end cates or Ligibility Determinant record segment. Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG156-0001
3233	ELG156		ended. Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017		MFP-INFORMATION-ELG00010	ELG156-0003
3234 3235	ELG156 ELG156	MFP-ENROLLMENT-END-DATE	Not Applicable Not Ap	NA	Value must be numeric. Value must be a valid date Manuer and date not be a valid at the state of	Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	ELG156-0004 ELG156-0005
3236 3237	ELG156 ELG156	MFP-ENROLLMENT-END-DATE MFP-ENROLLMENT-END-DATE	Not Applicable Not Applicable	NA NA	There is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (19991231) Whenever the value in one or more of the data elements on the MFP-INFORMATION record	Not Applicable Not Applicable	8/7/2017 2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	Not Applicable ELG156-0006
3237	ELG156 ELG156		Not Applicable	NA	segment changes, a new record segment must be created The MEP-ENROLI MENT-END-DATE must occur on or after the MEP-ENROLI MENT-EEE-DATE	Not Applicable	2/25/2013 8/7/2017		MFP-INFORMATION-ELG00010 MFP-INFORMATION-ELG00010	ELG156-0006 Not Applicable
3239	ELG156	MFP-ENROLLMENT-END-DATE	Not Applicable Not Applicable	NA	The MMPENNOLIMENTENDEDATE must occur on an arter the MMPENNOLIMENTENTEDATE For parent and hold record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in hold record segments.	Not Applicable	8/7/2017 8/7/2017		MEP-INFORMATION-ELG00010 MEP-INFORMATION-ELG00010	ELG156-0007
3240	ELG156	MFP-ENROLLMENT-END-DATE	Not Applicable	NA	If an individual's restricted benefits :tatus indicated they are entitled to benefits under Money Follows the Person (RESTRICTED-BENEFITS-CODE = "DD"), then he/she must have a corresponding MPF eveniment segment with effect and end dates that are within or the same as the effective and	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable
					chi datero i eganti petermini record Agnete					
3241	ELG157	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	Not Applicable	8/7/2017	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG157-0001

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3242	ELG157	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field	Not Applicable	9/23/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG157-0002
					to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to					
					record specific comments, and right-pad the field with spaces when the field does contain verblage.					
3243	ELG158	FILLER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-ength files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILER that is shown at the end of each record layout should be space-filed in fixed-length files.	Not Applicable	9/23/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG158-0001
					For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.					
3244	ELG159	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last		Value must be equal to a valid value.	ELG00011	8/7/2017	FLIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG159-0003
3244	ELG159	RECORD-ID	An identifier assigned to each record segment. The first a characters identify the subject area. The iss 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00002.	tkequired	value must be equal to a valid value.	ELGOUII	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELGODOT1	ELG159-0003
3245 3246	ELG159 ELG160	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.pov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011 STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG159-0001 ELG160-0002
3247 3248	ELG160	SUBMITTING-STATE	submitted the data. Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG160-0001
3248 3249	ELG160 ELG160	SUBMITTING-STATE SUBMITTING-STATE		NA NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017		STATE-PLAN-OPTION-PARTICIPATION-ELG00011 STATE-PLAN-OPTION-PARTICIPATION-ELG00011 STATE-PLAN-OPTION-PARTICIPATION-FLG00011	Not Applicable ELG160-0003
3230	210101	RECORD NOMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMERE, In conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	ricequireu	MIGAL DE TRAINET R.	NOR Appricable	4/30/2013	EDGIBLE	DIATEPLANOPHONPARTICIPATIONEL00011	210101-0001
3251 3252	ELG161 ELG161	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA NA	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	4/30/2013 2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011 STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG161-0002 ELG161-0003
3253	ELG162	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0001
3254	ELG162	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SBN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0002
3255	ELG162	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS- DENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0003
					temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the zocial security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated.					
					appulated with the temporary MSIS-IDENTIFICATION-NUM and the SSN Held should be populated with the newly acquired social socurity number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security number.	,				
3256	ELG162	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.		8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0004
3257 3258	ELG162 ELG162	MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011 STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable Not Applicable
					See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for Information on reporting MSIS ID for pregnant women, unborn children, mothers, and their					
3259	ELG162	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Achild Galance and Achildren Ach	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0005
3260	ELG163	STATE-PLAN-OPTION-TYPE	This field specifies the State Plan Options in which the individual is enrolled. Use on occurrence for each State Plan Option enrollment.	Conditional	Value must be equal to a valid value.	00 Not Applicable 01 Community First Choice 02 1915(()	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG163-0001
						03 1915(j) 04 1932(a)				
						05 1915(a) 06 1937 (Alternative Benefit Plans)				
3261			Not Applicable			Not Apolicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG163-0003
3201	ELG163	STATE-PLAN-OPTION-TYPE	но, дракаше		Beneficiaries reported with ELIGIBILITY-GROUP="72", "73", "74", "75" are expected to be covered by an alternative benefit plan and should be reported with RESTRICTED-BENEFITS-CODE="7" and stat==P1 ab-OPTION-TYPE="10".	NOC Appricable	6/7/2017	EDGIBLE	STATE PLAY OF TOW PARTICIPATION PLODO II	ELG163-0003
3262	ELG164	STATE-PLAN-OPTION-TYPE STATE-PLAN-OPTION-EFF-DATE	The date on which the individual's participation in the State Plan Option Type began.	Conditional	STATE-PLAN-OPTION-TYPE="06" Date format is CCYYMMIDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0001
3263	ELG164	STATE-PLAN-OPTION-EFF-DATE	This date field is necessary when defining a unique row in a database table. Not Applicable	NA	If a complete, valid effective date is not available or is unknown,leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0003
3264 3265 3266	ELG164 ELG164 ELG164	STATE-PLAN-OPTION-EFF-DATE STATE-PLAN-OPTION-EFF-DATE STATE-PLAN-OPTION-EFF-DATE	Not Applicable Not Applicable	NA NA	Value must be numeric. Value must be a valid date. The STATE-PLAN-OPTION-EFF-DATE must occur on or before the STATE-PLAN-OPTION-END-DATE	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017		STATE-PLAN-OPTION-PARTICIPATION-ELG00011 STATE-PLAN-OPTION-PARTICIPATION-ELG00011 STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0004 ELG164-0005 ELG164-0006
3260	ELG164	STATE-PLAN-OPTION-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the STATE-PLAN-OPTION-	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable
3268	ELG164	STATE-PLAN-OPTION-EFF-DATE	Not Applicable	NA	PARTICIPATION record segment changes, a new record segment must be created Overlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Constraints suidance document) not allowed for same file segment.	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0008
3269	ELG164	STATE-PLAN-OPTION-EFF-DATE	Not Applicable	NA	and Constraints guidance document) not allowed for same file segment For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting tate and file segment-specific identifying number match one another in hooth record segments.	Not Applicable	10/10/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0009
					or be concurrent with the elective case of the parent me segment, where submitting state and ne segment-specific identifying number match one another in both record segments.					
3270 3271	ELG165 ELG165	STATE-PLAN-OPTION-END-DATE STATE-PLAN-OPTION-END-DATE	The date on which the individual's participation in the State Plan Option Type ended. Not Applicable	Conditional	Date format is CCYYMMDD (National Data Standard). If a complete, valid end date is not available or is unknown,leave blank, or space-fill	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011 STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0001 ELG165-0003
3272 3273	ELG165 ELG165		Not Applicable Not Applicable	NA NA	Value must be numeric.	Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011 STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0004 ELG165-0005
3274	ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable
3275	ELG165 ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA	Meenver the value in one or more of the data elements on the STATE-PLAN-OPTION- PARTICIPATION record segment changes, a new record segment must be created The STATE-PLAN-OPTION-END-DATE must occur on or after the STATE-PLAN-OPTION-EFF-DATE	Not Applicable	2/25/2013 8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011 STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0006
3270	ELG165	STATE-PLAN-OPTION-END-DATE	Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable ELG165-0007
					For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.					
3278	ELG166	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG166-0001
3279	ELG166	STATE-NOTATION	Not Applicable			Nek Angliabla	9/23/2015	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG166-0002
3279	ELG166	STATE-NOTATION	Not Applicable	NA	for nice-skillmited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.	Not Applicable	9/23/2015	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELGODOT1	ELG166-0002
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.	,				
3280	ELG167	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filed in	Not Applicable	9/23/2015	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG167-0001
					fixed-length files.					
3281	ELG168	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last	t Required	Value must be equal to a valid value.	ELG00012	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG168-0003
			S bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.							
3282 3283	ELG168 ELG169	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012	ELG168-0001 ELG169-0002
3284	ELG169 ELG169	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record. Value must be numeric	Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012	ELG169-0001 Not Applicable
3285 3286 3287	ELG169 ELG169 ELG170	SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER	Not Applicable Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record	NA Required	Value must be rounder (every record). Value must be the same on all record segments. Must be numeric	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELGOD012 WAIVER-PARTICIPATION-ELGOD012 WAIVER-PARTICIPATION-ELGOD012	Not Applicable ELG169-0003 ELG170-0001
			within the submission file.							
3288 3289 3290	ELG170 ELG170	RECORD-NUMBER RECORD-NUMBER MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA NA	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	4/30/2013 2/25/2013	ELIGIBLE ELIGIBLE ELIGIBLE	WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012	ELG170-0002 ELG170-0005 ELG171-0001
3290	ELG171 ELG171	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system. Not Apolicable	NA	INSERTION TRANSPORTATION NUM must be reported to despect where a same a submission MSI-DENTRECATION NUM must be reported For non-SSN states, this field must contain a unique identification number assigned by the state.	Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012	ELG171-0001 ELG171-0002
				l"	The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.					
3292	ELG171	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, in instances where the social security number is not known and a temporary MSIS- DENTFICATION-NUM is used, the MSIS-DENTIFICATION-NUM field should be populated with the temporary MSIS-DENTIFICATION-NUM and the SSN indext exosit has one addited with the second state of the second state of	Not Applicable	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG171-0003
					For SSN tables, In Indicates where the social recording number is not income and a temporary MISIS DENTIFICATION-NAM is used, the MISIS CONTRECTION-NAM (and its should be populated with the temporary MISIS DENTIFICATION-NAM and the SSN tell should be space filled, or Blank. When the populated within the temporary MISIS DENTIFICATION-NAM and the SSN tell should be populated with the revely agained social social terms from the MISIS and Should be space filled to solid social social social terms from the MISIS tell should be control to the Eligible terms and a social social terms from the MISIS tell should be social socially and the social social social terms from the MISIS tell should be social socially to so that I-MISIS and associated the terms and y MISIS DENTIFICATION-NAM and the Social sociality					
	1				The source is income acquired social security manual for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security number.	1				
3293	ELG171	MSIS-IDENTIFICATION-NUM	Not Applicable		For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.		8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG171-0004

v Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
5	ELG171	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" fo	Not Applicable	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicabl
6	ELG171	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	Information on reporting MSIs ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIs ID A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY: B (200002).	Not Applicable	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG171-0005
-	ELG172	WAIVER-ID	Teld and the sector of a sector which with a land as much face a data. These the sector is	in the second se	ECODOD2: ECODOD2: Create as many WAIVER-PARTICIPATION (ELG00012) record segments as necessary to record all	Not Applicable	11/3/2015	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG172-0001
			the approved, full federal value (TI number acsigned during the state submission and CMS approval process. The categories of demonstration and waiver programs induced: PSIS(01);1 915(16)(2); 1915(16)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.		walvers that are applicable.					
	ELG172 ELG172	WAIVER-ID WAIVER-ID	Not Applicable Not Applicable	NA	Report the full federal walver identifier. Value must correspond to the WAIVER-TYPE	Valid values are supplied by the state. Not Applicable	11/9/2015 10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012	ELG172-0002 ELG172-0003
	ELG173	WAIVER-TYPE	Not Applicable Code for specifying waiver types under which the eligible individual is covered during the month.	Conditional	Value must correspond to the WAIVER-TYPE Enter the WAIVER-TYPE assigned	Valid values are supplied by the state. Not Applicable See Appendix A for listing of valid values.	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG172-0003 ELG173-0002
	ELG173 ELG173	WAIVER-TYPE WAIVER-TYPE	Not Applicable Not Applicable	NA	Value must correspond to associated WAIVER-ID If individual was eligible for Medicaid or CHIP but not eligible for a waiver, 8-fill, leave blank, or space-fill	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012	Not Applicabl ELG173-0003
	ELG173	WAIVER-TIPE WAIVER-ENROLLMENT-EFF-DATE	Date an individual's enrollment under a particular waiver began.		a mandidaal waa engibie ion medikaalo or chin balt not engibie ion a waaven, ohin, isave baank, or space-fill Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG173-0003
			This date field is necessary when defining a unique row in a database table.	Conditional						
	ELG174 ELG174	WAIVER-ENROLLMENT-EFF-DATE WAIVER-ENROLLMENT-EFF-DATE	Not Applicable Not Applicable	NA NA	If a complete, valid effective date is not available or is unknown,leave blank, or space-fill Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012	ELG174-0003 ELG174-0004
	ELG174 ELG174	WAIVER-ENROLLMENT-EFF-DATE WAIVER-ENROLLMENT-EFF-DATE	Not Applicable Not Applicable	NA NA	Value must be a valid date. Whenever the value in one or more of the data elements on the WAIVER-PARTICIPATION record segment changes, a new record segment must be created	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012	ELG174-0005 Not Applicabl
	ELG174	WAIVER-ENROLLMENT-EFF-DATE	Not Applicable	NA	segment changes, a new record segment must be created The WAIVER-ENROLLMENT-EFF-DATE must occur on or before the WAIVER-ENROLLMENT-END-DATI	Not Applicable	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-000
	ELG174	WAIVER-ENROLLMENT-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	Not Applicable	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-000
	ELG174	WAIVER-ENROLLMENT-EFF-DATE	Not Applicable	NA	The contraining gatamic backmany nos innered of amine increasing inter- for parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting table and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-000
	ELG175 ELG175	WAIVER-ENROLLMENT-END-DATE WAIVER-ENROLLMENT-END-DATE	Date an individual's enrollment under a particular waiver ended.	Conditional	Date format is CCYYMMDD (National Data Standard). If a complete, valid end date is not available or is unknown,leave blank, or space-fill	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE	WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012	ELG175-000 ELG175-000
	ELG175 ELG175	WAIVER-ENROLLMENT-END-DATE WAIVER-ENROLLMENT-END-DATE	Not Applicable Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012 WAIVER-PARTICIPATION-ELG00012	ELG175-0004 ELG175-0005
	ELG175	WAIVER-ENROLLMENT-END-DATE	Not Applicable	NA	If there is no end value (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicab
	ELG175	WAIVER-ENROLLMENT-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the WAIVER-PARTICIPATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG175-000
	ELG175	WAJVER-ENROLLMENT-END-DATE	Not Applicable	NA	The WAIVER-ENROLLMENT-END-DATE must occur on or after the WAIVER-ENROLLMENT-EFF-DATE	Not Applicable	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applica
	ELG175	WAJVER-ENROLLMENT-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG175-000
	ELG176	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([].	Not Applicable	8/7/2017	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG176-000
		STATE-NOTATION		-					WAIVER-PARTICIPATION-ELG00012	ELG176-000
	ELG176	STATE-NOTATION	Not Applicable	NA	For also definited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank [i.e., submitted a "spice pipe" with nothing in between ([]]) when not using the field is corred genetic comments. Stard field field states are started as the STATE-NOTATION field when not using the field is thand specific comments, and right spice that the STATE-NOTATION field when not using the field is used specific comments, and right spice that while space much much field disc could be what we have a specific could be spice that the state of the spice o	voc Appirative	9/23/2015	ELIGIBLE	WAIVEN-PARTICIPATION-ELGUUUTZ	ELG176-000
	ELG177	FILLER	Not Applicable	NA	For pipe-delinited fless, FILLER that is shown at the end of each record Jayout is applicable only to fleed-english fless and therefore should be ignored in pipe-delinited files. For fleed-english flees, FLLER that is shown at the end of each record Jayout should be space-filled in fleed-english files.	Not Applicable	9/23/2015	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG177-000
	ELG178	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The las 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELGIBIENT record segment is ELGODO2.	t Required	Value must be equal to a valid value.	ELG00013	8/7/2017	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG178-000
	ELG178 ELG179	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has	NA	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	LTSS-PARTICIPATION-ELG00013 LTSS-PARTICIPATION-ELG00013	ELG178-000 ELG179-000
	ELG179	SUBMITTING-STATE	Not Apolicable	inciduar co	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG179-000
	ELG179 ELG179 ELG179	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	Not Applicable	NA	Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017	ELIGIBLE	LTSS-PARTICIPATION-ELG00013 LTSS-PARTICIPATION-ELG00013 LTSS-PARTICIPATION-ELG00013	Not Applica ELG179-000
	ELG199	RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be the same on all record segments. Must be numeric	Not Applicable	4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG180-000
	ELG180 FLG180	RECORD-NUMBER RECORD-NUMBER	Not Applicable	NA	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013 2/25/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG180-000
	ELG181	MSIS-IDENTIFICATION-NUM	Not Applicable A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable Not Applicable	8/7/2017	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG181-000
	ELG181	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS	Not Applicable	8/7/2017	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG181-000
	ELG181	MSE-IDENTERCATION-NUM	Net Applicable	NA	explication. Instances where the social accurity number is not known and a temporary MSE- transport table, in the social accurity number is not known and a temporary MSE- transport of the social accurity number is not the SN field should be space-time, of a Jane, When the doct accurity number accurate income, the NSE SN field should be space-time, or a Jane, When the social accurity number accurate income, the NSE SN field should be space-time, or a Jane, When the social accurity number accurate income, the NSE SN field should accurate the MSE should contain the SN with the newly acquired accid accurity number for at lead one meeting ubmission of the Tiglible in the newly acquired accid accurity number for at lead one meeting ubmission of the Tiglible method.	Net Applicable	8/7/2017	ELIGIBLE	ETSS-PARTICIPATION-ELGOOD13	ELG181-00
	ELG181	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.		8/7/2017	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG181-000
	ELG181 ELG181	MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	LTSS-PARTICIPATION-ELG00013 LTSS-PARTICIPATION-ELG00013	Not Applica Not Applica
	1	1		1	see 1-Msts Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" fo Information on reporting MSIS ID for pregnant women, unborn children, mothers, and their			ELIGIBLE		
					deemed newborns younger than 1 year of age who share the same MSIS ID				LTSS-PARTICIPATION-ELG00013	ELG181-00
	ELG181	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CNS Guidance: Reporting Shared MSIS Identification Number" for Information on reporting MSIS DF or pregnark women, whom children, mothers, and their dented networknow page that is 1 year of age who dark the team MSIS D and the state of the state State of the state of the Network more the state of t	Not Applicable	8/7/2017	ELICIPLE	TES-PARTICIPATION-ELCODO12	
	ELG181 ELG182	MSIS-IDENTIFICATION-NUM	The level of care provided to the individual by the long term care facility.	NA Conditional	Value must be equal to a valid value.		8/7/2017 8/7/2017	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG182-00
		LTSS-LEVEL-CARE		Conditional Conditional	Value must be equal to a valid value. Valid formats must be supplied by the state in advance of submitting file data	1 Skilled Care 2 Intermediate Care		ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG182-00 ELG183-00
	ELG182	LTSS-LEVEL-CARE	The level of care provided to the individual by the long term care facility. Auxiliare identification number angless by the date to the long term care facility furniding. The date on which the holdsdard (capitality for long term can nursing home arenets legan. (This field add use the one of the off to 15% eighting the long term can nursing home arenets legan. (This field add use the one-term can be the 15% eighting the long term can nursing home arenets legan. (This field	Conditional Conditional	Value must be equal to a valid value.	1 Skilled Care 2 Intermediate Care 3 Custodial Care	8/7/2017	ELIGIBLE		ELG183-00
	ELG182 ELG183	LTSS-EEVEL-CARE LTSS-PROV-NUM LTSS-ELIGIBLITY-EFF-DATE	The level of care provided to the individual by the long term care facility. Auslicate identification number assigned by the taste to the long term care facility furnishing healthcare excises to the individual of glightly for long term care running bonne service began. (This field hadd so can be care due of the STS singlebility priority and the service gual.) the cate of the service system when diffing a submit of an of the service gual.)	Conditional Conditional	Value must be equal to a valid value. Valid formats must be supplied by the state in advance of submitting file data Date format is CCYMMADD (National Data Standard).	1 Added dates 2 hoteroscialar Care 3 costodial Care Violi values are supplied by the state. Net Applicable	8/7/2017 11/3/2015 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE	1TSS-PARTICIPATION-ELGODO13 1TSS-PARTICIPATION-ELGODO13	ELG183-00 ELG184-00
	ELG182 ELG183	LTSS-LEVEL-CARE LTSS-PROV-NUM LTSS-EUGBLITY-EFF-DATE LTSS-EUGBLITY-EFF-DATE LTSS-EUGBLITY-EFF-DATE	The level of care provided to the individual by the long term care facility. A utigate identification number adapted by the state to the long term care facility furnishing healthcare services to the individual. The date on which the individual is digitally for long term care numing tome service began. (This field should use the const date of the LTS exitplicity period and not the service began.) This date the difference you when defining a unique row in a distabase table. Net Applicable Net Applicable	Conditional Conditional	Taken mut be equal to a valid value. Valid formali in mut be supplied by the state in advance of submitting the data Date formal in CCYMMADD (Deteonal Data Standard), F a complete, subdimentificiation of available or is unknown-base blank, or space-fill state mut be matteria.	s Salidel Gale Selectional dar Care D costoolad Care Valid valuers are supplied by the state. Net Applicable Van Applicable Net Applicable	8/7/2017 11/3/2015 8/7/2017 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE	1155-PARTICIPATION-ELCOD013 1155-PARTICIPATION-ELCOD013 1155-PARTICIPATION-ELCOD013 1155-PARTICIPATION-ELCOD013	ELG183-00 ELG184-00 ELG184-00 ELG184-00
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							LAST LIDDATE			
New Row # 3357	DE NO ELG186	DATA ELEMENT NAME STATE-NOTATION	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT for pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank [i.e., submitted as "pipe pipe" with nothing in between ([])) when not using the field	VALID VALUES Not Applicable	LAST UPDATE DATE 9/23/2015	FILENAME	FILE SEGMENT (with RECORD-ID) LTSS-PARTICIPATION-ELG00013	CR NO ELG186-0002
					to record specific comments.	d				
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage	D -				
3358					Free sizes of all within 1 Mars 1711 PD Mark is a barrier at the send of such assessed in cost is a sufficient as		9/23/2015	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG187-0001
5358	ELG187	FILLER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-ength files and therefore should be ignored in pipe-delimited files. For fixed-ength files, FILER that is shown at the end of each record layout should be space-filled in fixed-ength files.	Not Applicable	9/23/2015	ELIGIBLE	LISS-PARTICIPATION-ELGODD13	ELG187-0001
					fixed-length files.					
3359	ELG188	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The las	t Required	Value must be equal to a valid value.	ELG00014	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0003
			An identifier assigned to each record segment. The first 3 characters identify the subject area. The las 5 bytes are an integer with leading zeros. For example, the RECORD-to for the PRIMARY DEMOGRAPHERS - ELIGIBILITY record segment to ELIGODO2.	1 ·						
3360 3361	ELG188 ELG189	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014 MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0001 ELG189-0002
3362	ELG189	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG189-0001
3363 3364	ELG189 ELG189	SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER	Not Applicable Not Applicable	NA NA	Value must be numeric Value must be the same on all record segments. Must be numeric	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 4/30/2013	ELIGIBLE ELIGIBLE ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014 MANAGED-CARE-PARTICIPATION-ELG00014 MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable ELG189-0003 ELG190-0001
3303	210170	RECORD-WOMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	required	Micsi de Indifierie	NOT Appricable	4/30/2013	ELIGIBLE	MANAGED CARE PARTICIPATION ELGODO 14	213190-0001
3366	ELG190 ELG190	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013 2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014 MANAGED-CARE-PARTICIPATION-ELG00014	ELG190-0002 ELG190-0003
3367 3368	ELG191	MSIS-IDENTIFICATION-NUM	and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0001
3369	ELG191	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0002
3370	ELG191	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	application. For SSN states, in instances where the social security number is not known and a temporary MSIG- DENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0003
					temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When th	e				
					accus security institute security institute and accused in the security of the security institute security i					
					Hie so that 1-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social securit number.	y				
8371	ELG191	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0004
372 373	ELG191 ELG191	MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014 MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable Not Applicable
					see T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for Information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIS ID	e				
374	ELG191	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	deemed newborns younger than 1 year of age who share the same MSIS ID A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY ELG0002).	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0005
375	ELG192	MANAGED-CARE-PLAN-ID	The managed care plan identification number under which the eligible individual is enrolled. Use the state's own identifier. If the state uses the national health plan identifier as its internal number, enter that value in this field as well as the NATIONAL HEALTH-CARE-ENTITY-ID field.	Conditional	Al Source, Must be populated on every record	Not Applicable	11/3/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0001
			that value in this field as well as the NATIONAL-HEALTH-CARE-ENTITY-ID field.							
376	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0002
3377	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	f individual is not enrolled in any managed care plan, do not report record segment for the individual.	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0003
378	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	If the MANAGED-CARE-PLAN-ID field is not applicable, then MANAGED-CARE-PLAN-TYPE must be designated as not applicable	Not Applicable	10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0004
379	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	The value reported in this data element must match a STATE-PLAN-ID-NUM value reported on the managed care file and a MANAGED-CARE-PLAN-ID reported on daims files.	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0005
380	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed-Care-Plan-II in the Eligible File"	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0006
381	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Preliminary guidance for Primary Care Case Management Reporting"	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0007
382	ELG192	MANAGED-CARE-PLAN-ID	Not Applicable	NA	A record segment should be reported for each managed care plan ID in which the beneficiary is enrolled	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0008
3383	ELG193	MANAGED-CARE-PLAN-TYPE	A model of health care delivery organized to provide a defined set of services.	Conditional	Must be populated on every record segment	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0001
3384	ELG193	MANAGED-CARE-PLAN-TYPE	Not Applicable							
				NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0002
	ELG193	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA NA	Value must be equal to a valid value. If individual is not enrolled in any managed care plan, do not report record segment for the individual.	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0003
				NA NA	E individual is not enrolled in any managed care plan, do not report record segment for the individual. The value reported in this data element should match the MANAGED CARE-PLAN-TIPE value reported on the Managed Care Plan file and claims file for the corresponing managed care plan					
386	ELG193	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA NA NA	Is Individual Is not enrolled In any managed care plan, do not report record segment for the individual. The evaluation reported in this class element should match the MANACED-CARE-RAN-TYPE culture reported on the Managed Care Plan Tile and claims file for the corresponding managed care plan number IS – TMSIS Culture Doumnert, "CM California Ren France for Reporting MANAGED CARE- E + TMSIS Culture Doumnert, "CM California Ren France for Reporting MANAGED CARE-	Not Applicable	8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0003
3386 3387			Not Applicable Not Applicable	NA NA NA NA	E individual is not enrolled in any managed care plan, do not report record segment for the individual. The value reported in this data element should match the MANACIC CARE-FAN-TPF value reported and the should care that the out claims file the face corresponding managed care plan one 1-MB foldback Document, "VMG Guidence Best Particle for Reporting MANACIC CARE- FAN-TYPE in the TASI Managed Care III."	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014 MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0003 ELG193-0006
3385 3386 3387 3388	ELG193 ELG193 ELG193	MANAGED-CARE-PLAN-TYPE MANAGED-CARE-PLAN-TYPE MANAGED-CARE-PLAN-TYPE	Not Applicable Not Applicable Not Applicable Not Applicable	NA NA NA NA		Net Applicable Net Applicable Net Applicable Net Applicable	8/7/2017 8/7/2017 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	MANAGED CARE PARTICIPATION ELGODO14 MANAGED CARE PARTICIPATION ELGODO14 MANAGED CARE PARTICIPATION ELGODO14 MANAGED CARE PARTICIPATION ELGODO14	ELG193-0003 ELG193-0006 ELG193-0007 Not Applicable
3386 3387	ELG193 ELG193	MANAGED-CARE-PLAN-TYPE MANAGED-CARE-PLAN-TYPE	Not Applicable Not Applicable Not Applicable Not Applicable	NA NA NA NA	Endeduction in our involved in any managed care plan, do not report record segment for the holdward. The value reported in this data denotes though data the MAMACED CARE FAIN-TYPE value reported on the Managed care if an lise data data. The SMAMCED CARE FAIN-TYPE value reported on the Managed care in Fain and card results for the corresponding managed care plan author and the FAINS Caldance Bocument, "CMC Guidance Best Practice for Reporting MAMACED CARE to PAINS Caldance Bocument, "CMC Guidance Best Practice for Reporting MAMACED CARE Address of the Managed Care Caldance Best Practice for Reporting MAMACED CARE Address of the Managed Care Caldance Best Practice for Reporting Managed Care and the Caldance Bocument, "CMC Guidance Best Practice for Reporting Managed Care and the Caldance Bocument, "CMC Guidance Best Practice for Reporting Managed Care and the Caldance Bocument, "CMC Guidance Best Practice for Reporting Managed Care and the Caldance Bocument, "CMC Guidance Best Practice for Reporting Managed Care and the Caldance Bocument, "CMC Guidance Best Practice for Reporting Managed Care and the Caldance Bocument, "CMC Guidance Best Practice for Reporting Managed Care and the Caldance Bocument, "CMC Guidance Best Practice for Reporting Managed Care and the Caldance Bocument, The Caldance Best Practice for Reporting Managed Care and the Caldance Bocument, The Caldance Best Practice Best Practice and the Caldance Bocument, The Caldance Best Practice and the Caldance Bocument, the Caldance and the Caldance a	Net Applicable Net Applicable Net Applicable Net Applicable	8/7/2017 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014 MANAGED-CARE-PARTICIPATION-ELG00014 MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0003 ELG193-0006 ELG193-0007
3386 3387 3388 3389	ELG193 ELG193 ELG193 ELG194	MANAGED CARE-PLAN-TYPE MANAGED CARE-PLAN-TYPE MANAGED CARE-PLAN-TYPE NATIONAL-HEALTH-CARE-ENTITY-ID	NET Applicable NET Applicable NET Applicable NET Applicable NET Applicable The adduct and provide and the Applicable The adduct and provide and the Applicable and the Applicable and the Applicable The Adduct and the Applicable and the Applicable and the Applicable and the Applicable The Adduct and the Applicable and the Applicable and the Applicable and the Applicable Applicable and the Applicable and the App	NA NA NA NA NA	E ridebiati, in out enrolled in any managed care plan, do not report record segment for the holdwale. The value reported in this data demonst backd mutch the MAMACED-CARE FAAN-TYPE value reported on the Managed care if an lise data demonst life for the corresponding managed care plan mutcher in FAAST calculates becoment, "CAR calculates list IP watches for Reporting MAMACED-CARE: for FAAST calculates becoment, "CAR calculates list IP watches for Reporting MAMACED-CARE: data for the MAMACED-CARE: and the managed care plane of the Managed care plane in the MAMACED-CARE: the FAAST calculates becoment, "CAR calculates list IP watches for Reporting MAMACED-CARE: data for the MAMACED CARE: data for the MAMACED CARE: the MAMACED CARE of the Calculates list IP watches for Reporting MAMACED-CARE: data for the MAMACED CARE of the MAMACED CARE in the MAMACED CARE data for the MAMACED CARE of the MAMACED CARE and the MAMACED CARE of the Calculates and the MAMACED CARE and the MAMACED CARE of the Calculates and the MAMACED CARE data managed and the MAMACED CARE of the Calculates and the MAMACED CARE data managed and the MAMACED CARE of the Calculates and the MAMACED CARE data managed and the MAMACED CARE of the Calculates and the MAMACED CARE data managed and the MAMACED CARE of the Calculates and the MAMACED CARE data managed and the MAMACED CARE of the Calculates and the MAMACED CARE data managed and the MAMACED CARE of the Calculates and the MAMACED CARE data managed and the MAMACED CARE of the Calculates and the MAMACED CARE data managed and the MAMACED CARE of the Calculates and the MAMACED CARE data managed and the	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable	8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017	ELICIBLE ELICIBLE ELICIBLE ELICIBLE	MANALEI CAR FARTERATION LEODOIA MANALEI CAR FARTERATION LEODOIA MANALEI CAR FARTERATION LEODOIA MANALEI CAR FARTERATION LEODOIA MANALEI CAR FARTERATION LEODOIA	ELG193-0003 ELG193-0006 ELG193-0007 Not Applicable ELG194-0001
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	DE NO	DATA ELEMENT NAME		NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
New Row # 3414	ELG198	STATE-NOTATION	DEFINITION A free text field for the submitting state to enter whatever information it chooses.	Optional	CODING REQUIREMENT The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	VALID VALUES Not Applicable	DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID) MANAGED-CARE-PARTICIPATION-ELG00014	ELG198-0001
3415	ELG198	STATE-NOTATION	Not Applicable	NA	For pipe delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record record for compared to compare the pipe of the state of the stat	Not Applicable	9/23/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG198-0002
					Ear fixed-length files states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.					
					record specific comments, and right-pad the field with spaces when the field does contain verblage.					
3416	ELG199	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Not Applicable	9/23/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG199-0001
					For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fitsed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fitsed-length files.					
3417	ELG200	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	ELG00015	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG200-0003
3418	ELG200	RECORD-ID	DEMOGRAPHICS - ELGIBLITY record segment is ELG00002.				8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG200-0001
3418	ELG200	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has pubmitted the data.	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELGODO15	ELG200-0001 ELG201-0002
3420 3421	ELG201 ELG201	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015 ETHNICITY-INFORMATION-ELG00015	ELG201-0001 Not Applicable
3422 3423	ELG201 ELG202	SUBMITTING-STATE RECORD-NUMBER	Not Applicable	NA	Value must be the same on all record segments. Must be numeric	Not Applicable Not Applicable	8/7/2017 4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015 ETHNICITY-INFORMATION-ELG00015	ELG201-0003 ELG202-0001
5425		RECORD HOMEEN	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	incigani ca	There are the the the	nos appresion.	1,00,1010	LIGHTLL		10101 0001
3424 3425	ELG202 ELG202	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA NA	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	4/30/2013 2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015 ETHNICITY-INFORMATION-ELG00015	ELG202-0002 ELG202-0003
3426	ELG203	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG203-0001
3427	ELG203	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG203-0002
3428	ELG203	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	application. For SSN states, in instances where the social security number is not known and a temporary MSIS-	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG203-0003
					For SSN states, in instances where the social security number is not known and a temporary MSIS- DENTIFICATION-NUM is used, the MSI-DENTIFICATION-NUM field should be populated with the temporary MSIS-DENTIFICATION-NUM and the SSN Held should be paper-filled, or blank. When the social security number becomes known, the MSIS-DENTIFICATION-NUM field should continue to be populated with the temporary MSIS-DENTIFICATION-NUM and the SSN Held should be populated.					
					File so that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security number.	1				
3429	ELG203	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG203-0004
3430 3431	ELG203 ELG203	MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015 ETHNICITY-INFORMATION-ELG00015	Not Applicable Not Applicable
					See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" fo	r				
3432	ELG203	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger that J year of age who share the same MSIS ID A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY: erroroex)	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG203-0005
3433	ELG204	ETHNICITY-CODE	A code indicating that the individual's ethnicity is Hispanic, Latino/a, or Spanish.	Conditional	ELG00002). Value must be equal to a valid value.		8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG204-0001
5455		LINNEIT CODE	e concentrationing states one international a section by the magnetice, satisfied as on openation.	Conditional	Tank, must be equal to a varie value.	0 Not of Hispanic or, Latino/a, or Spanish origin 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican	5,7,2027	LIGHTLL		110104 0001
						3 Cuban 4 Another Hispanic, Latino, or Spanish origin 5 Hispanic or Latino Unknown 6 Ethnicity Unspecified				
						6 Ethnicity Unspecified				
3434	ELG204	ETHNICITY-CODE	Not Applicable	NA	ETHNICITY-CODE clarifications:	Not Applicable	9/23/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG204-0002
					 If state has beneficiaries coded in their database as "Hispanic" or "Latino," then code them in T- MSIS as "Hispanic or Latino Unknown" (valid value "5"). DO NOT USE "Another Hispanic, Latino, or Spanish Origin," "Ethnicity Unknown" or "Ethnicity Unspecified." 					
					spanins (ongit, Eminicity Unixiowi or Echnicity Unipediate). NOTE 1: The "Ethnicity Unixpedified" category in T-MSIS (valid value "6") should be used with an individual who explicitly did not provide information or refused to answer a question.					
					Individual who explicitly did not provide information or refused to answer a question. NOTE 2: The "Ethnicity Unknown" category in T-MSIS (valid value "9") should be used when there is					
					NOTE 2: The "Ethnicity Unknown" category in T-MSIS (valid value "9") should be used when there is no information contained / available in the state database about a person's race, ethnicity, or other category.					
3435	ELG204	ETHNICITY-CODE	Not Applicable	NA	Use this code to indicate if the eligible's demographics include an ethnicity of Hispanic or Latino	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG204-0002
3436	ELG204	ETHNICITY-CODE	Not Anolicable	NA	This determination is independent of indication of BACE-CODE	Not Applicable	2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG204-0003
3437	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Code for specifying the type of waiver under which the eligible individual is covered during the coverage period.	NA	The ETHNICITY-DECLARATION-EFF-DATE must occur on or before the ETHNICITY-DECLARATION- END-DATE	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0006
3438	ELG205	ETHNICITY-DECLARATION-EFF-DATE	The first day of the time span during which the values in all data elements on an ETHNICITY- INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Conditional	Date format is CCYYMMIDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0001
			understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.							
3439	ELG205	ETHNICITY-DECLARATION-EFF-DATE		NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0003
3440 3441	ELG205 ELG205	ETHNICITY-DECLARATION-EFF-DATE ETHNICITY-DECLARATION-EFF-DATE	Not Applicable	NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015 ETHNICITY-INFORMATION-ELG00015	ELG205-0004 ELG205-0005
3442	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the ETHNICITY-INFORMATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0007
3443	ELG205	ETHNICITY-DECLARATION-EFF-DATE		NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment		8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0008
3444	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0009
3445	ELG206	ETHNICITY-DECLARATION-END-DATE	The last day of the time span during which the values in all data elements on an ETHNICITY- INFORMATION record segment are in effect [i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0001
3446	ELG206	ETHNICITY-DECLARATION-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown,leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0003
3447 3448	ELG206 ELG206	ETHNICITY-DECLARATION-END-DATE ETHNICITY-DECLARATION-END-DATE	Not Applicable	NA NA	Value must be numeric. Value must be a valid date	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE	ETHNICITY-INFORMATION-ELG00015 ETHNICITY-INFORMATION-ELG00015	ELG206-0004 ELG206-0005
3449	ELG206		Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0006
3450	ELG206		Not Applicable	NA	Whenever the value in one or more of the data elements on the ETHNICITY-INFORMATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0007
3451	ELG206		Not Applicable	NA	The ETHNICITY-DECLARATION-END-DATE must occur on or after the ETHNICITY-DECLARATION-EFF- DATE		8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable
3452	ELG206	ETHNICITY-DECLARATION-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0008
										1
3453	ELG207	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG207-0001
3454	ELG207	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave	Not Applicable	9/23/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG207-0002
					the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.	1				
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	2				1
3455	ELG208	FILLER	Not Applicable	NA	For pipe-delimited tiles, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in	Not Applicable	9/23/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG208-0001
					For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.					
3456	ELG209	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with heading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILTY record segment is ELG00002.	Required	Value must be equal to a valid value.	ELG00016	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG209-0003
3457	ELG209	RECORD-ID	DVCGRAPHICS - ELIGIBILITY record segment is ELG00002.	NA	Must be populated on every record segment	Not Annicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG209-0001
3457 3458	ELG209	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016 RACE-INFORMATION-ELG00016	ELG209-0001 ELG210-0002
3459 3460	ELG210	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016 RACE-INFORMATION-ELG00016	ELG210-0001
3460 3461 3462	ELG210 ELG210	SUBMITTING-STATE	Not Applicable Not Applicable	NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable ELG210-0003
3462	ELG211	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	required	Must be numeric	Not Applicable	4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG211-0001
										1
3463	ELG211	RECORD-NUMBER	Not Applicable	NA	Must be populated on every record RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016 RACE-INFORMATION-ELG00016	ELG211-0002 ELG211-0005

N Row #	DE NO ELG212	DATA ELEMENT NAME MSIS-IDENTIFICATION-NUM	DEFINITION A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	NECESSITY Required	CODING REQUIREMENT MSIS-IDENTFICATION-NUM must be reported	VALID VALUES	LAST UPDATE DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID) RACE-INFORMATION-ELG00016	CR NC ELG212-0001
6	ELG212	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS application.	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0002
,	ELG212	MSISHDENTIFICATION-NUM	Not Applicable	NA	CSR Data: In Initiation: Initiation in Initiation in Initiation Initiatio Initiation Initiation Initiation Initiatio Initiation Initiatio In		8/7/2017	ELIGIBLE	RACE-INFORMATION-ELGODO16	ELG212-0003
8	ELG212	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the eligible person's social security number.		8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0004
))	ELG212 ELG212	MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable Not Applicable	NA NA	Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016 RACE-INFORMATION-ELG00016	Not Applicabl Not Applicabl
					See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for preparent women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIS ID A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY-	c				
	ELG212	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	ELGODOUZ).		8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-000
2	ELG213	RACE	A code indicating the individual's size either is accordance with requirements of SociBio 4302 of the Adhered de Care Act claudifications	Conditional	Value must be in the set of valid values	Der Welle Der Konnen Herrichen Der Auf dem Herrichen Der Auf dem Herrichen Der Auf dem Herrichen Der Auf dem Herrichen Der Filterichen Der Offentenen Der Offentenen	8/7/2017	EUGIBLE	NACE INFORMATION ELCODOLA	ELG213-000:
	ELG213	RACE	Not Applicable	NA	RACE code clarifications:	Not Applicable	9/23/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG213-000
					 If state baseful sciences code in their database as 74x4m³ with no additional detail. Then code is in 14 x148 as 74 x140 k140 k140 k140 k140 k140 k140 k140 k					
_	ELG214	RACE-OTHER	A freeform field to document the race of the beneficiary when the beneficiary identifies themselves as Other Asian, Other Pacific Islander (race codes 010 or 015).	Conditional	Use this field only if the RACE is reported as Other Asian (race code 010) or Other Pacific Islander (race code 015).	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG214-000
	FIG214	RACE-OTHER	Not Applicable	MA	leave blank or space-fill if not otherwise populated. The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG214-000
	ELG214	AMERICAN-INDIAN-ALASKAN-NATIVE- INDICATOR	You appricate "American Indian or Alaska Native" means any individual defined at 25 USC 1603(13), 1603(28), or 1679(a), or who has been determined eligible as an indian, pursuant to 42 CFR § 136.12. This means the individual:	run Canadibianasi	Value must be equal to a valid value.	O Individual does not meet the definition of an American Indian/Alaskan	8/7/2017	ELICIBLE	RACE-INFORMATION-ELG00016	ELG21+000
			The individual: The individual: It is a method with the individual of the individu							
	ELG216	RACE-DECLARATION-EFF-DATE	The first day of the time span during which the values in all data elements on a RACE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the fine the record is created).	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-000
			time the record is created). This date field is necessary when defining a unique row in a database table.							
	ELG216	RACE-DECLARATION-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0
	ELG216 ELG216	RACE-DECLARATION-EFF-DATE RACE-DECLARATION-EFF-DATE	Not Applicable Not Applicable Not Applicable	NA NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016 RACE-INFORMATION-ELG00016	ELG216-0 ELG216-0
	ELG216	RACE-DECLARATION-EFF-DATE RACE-DECLARATION-EFF-DATE	Not Applicable		The RACE-DECLARATION-EFF-DATE must occur on or before the RACE-DECLARATION-END-DATE Whenever the value in one or more of the data elements on the RACE-INFORMATION record	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016 RACE-INFORMATION-ELG00016	ELG216-
	ELG216 ELG216	RACE-DECLARATION-EFF-DATE	Not Applicable Not Applicable		segment changes, a new record segment must be created	Not Applicable	2/25/2013 8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016 RACE-INFORMATION-ELG00016	ELG216-
	ELG216	RACE-DECLARATION-EFF-DATE	Not Applicable	NA	Deverlapping coverage for a given combination of key fields (as specified in the Record Segment Keys and Constraints guidance document) not allowed for same file segment. For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment specific identifying number must not an another in both record segment.	Not Applicable	10/10/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216
	ELG217	RACE-DECLARATION-END-DATE	The last day of the time span during which the values in all data elements on a RACE-INFORMATION record segment are in effect [i.e., the values accurately reflect reality as it is understood to be at the time the record is created].	Londitional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-
	ELG217	RACE-DECLARATION-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0
	ELG217 ELG217 ELG217	RACE-DECLARATION-END-DATE RACE-DECLARATION-END-DATE RACE-DECLARATION-END-DATE	Not Applicable Not Applicable	NA NA	Value must be numeric. Value must be a valid date If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date	Not Applicable Not Applicable	8/7/2017 8/7/2017 2/25/2013	ELIGIBLE ELIGIBLE FLIGIBLE	RACE-INFORMATION-ELG00016 RACE-INFORMATION-ELG00016 RACE-INFORMATION-ELG00016	ELG217- ELG217- ELG217-
			nor Approate		(99991231)	nvox expensable	[····			
	ELG217	RACE-DECLARATION-END-DATE	Not Applicable	NA .	Whenever the value in one or more of the data elements on the RACE-INFORMATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-
	ELG217 ELG217	RACE-DECLARATION-END-DATE RACE-DECLARATION-END-DATE	Not Applicable Not Applicable	NA NA	The RACE-DECLARATION-END-DATE must occur on or after the RACE-DECLARATION-EFF-DATE For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE	RACE-INFORMATION-ELG00016 RACE-INFORMATION-ELG00016	Not App ELG217-
	ELG218	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional		Not Applicable	8/7/2017	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG218-
	ELG218	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n a " or leave	Not Applicable	9/23/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG218-
					Explore definition flag, states can populate the STATE MONATION Red with "not," "h.a." or know the field black (i.e., states indust and specific population of the state of the state of the state of the states indust in the field the the states of the states indust space-fill the STATE MONATION Red when not using the field to near specific comments, and right pad the Red with spaces when the field does contain vertilinge.	D -				
	ELG219	FILLER	Not Applicable	NA	For pipe-delimited flics, FILLER that is shown at the end of each record layout is applicable only to fitted-length files and therefore should be ignored in pipe-delimited files. For fitted-length files, FLLER that is shown at the end of each record layout should be space-filled in fitted-length files.	Not Applicable	9/23/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG2194

w Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR
w Row # 76	DE NO ELG220	RECORD-ID	DEFINITION DEFINITION DEFINITION An identifier assigned to each record segment. The first 3 characters identify the subject area. The last b types are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELIGODO2.		CODING REQUIREMENT Value must be equal to a valid value.	VALID VALUES	DATE 8/7/2017	ELIGIBLE	FILE SEGMENT (with RECORD-ID) DISABILITY-INFORMATION-ELG00017	ELG220-00
	ELG220	RECORD-ID		NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG220-00
	ELG221	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG221-00
	ELG221 ELG221	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017 DISABILITY-INFORMATION-ELG00017	ELG221-00 Not Applic
	ELG221 FLG222	SUBMITTING-STATE RECORD-NUMBER	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017 DISABILITY-INFORMATION-ELG00017	ELG221-00 ELG222-00
	605222	RECORD-NUMBER	A requestial number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Kequirea	Musz be numeric	Not Applicable	4/30/2013	EDGIBLE	DISABILITY-INFORMATION-ELG00017	ELG222-00
	ELG222 ELG222	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA	Must be populated on every record. RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	4/30/2013 2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017 DISABILITY-INFORMATION-ELG00017	ELG222-0 ELG222-0
	ELG223	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG223-
	ELG223	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG223-
	ELG223	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	dependences, In Indiances above the Secold Incorbin panels is not losses and a longuage MSE DATERCATENT MAIN MAIN is accel, the MSES DATERCATENT MAIN MAIN feed back date is populated with the temporary MSES DISTINGATION NAIM and the SIN Heid Incold be space-filled or blank. When the date for the MSES DISTINGATION NAIM and the SIN Heid Incold and MSE for a blank. When the main second seco	Not Applicable e	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG2234
	ELG223	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with		8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG223-
	ELG223	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	the eligible person's social security number. Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not App
	ELG223	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	See T-MSIS Guidance Document "CMS Guidance: Reporting Shared MSIS Identification Number" fo	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not App
	ELG223	MSIS-IDENTIFICATION-NUM	Not Applicable		Information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIS ID Achild record segment must have a parent record segment (RBIMARY-DEMOGRAPHICS-ELIGIBILITY	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG223
	ELG224	DISABILITY-TYPE-CODE	A code to identify disability status in accordance with requirements of Section 4302 of the Affordable		ELGODO2). Must be populated on every record	Not Applicable	11/3/2015	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG224
		DISABILITY-TYPE-CODE	Care Act.	Conditional	Must be populated on every record Value must be equal to a valid value.				DISABILITY-INFORMATION-ELG00017	ELG224-
	ELG224		Net Applicable	NA		Si bididadi i dadi na serioa diffuality ibarite, go hadia di la didi na serioa diffuality constrainti, senia deve when weating go hadia di la dia serioa diffuality constrainti, senia deve when weating serio diffuality constrainti, senia diffuality constrainti, legislatica di disclata baserioa diffuality constrainti, and the serioa diffuality diffuality of the series of the series of the series of short hadia and series and the series and the series of the diffuality diffuality of the series of the series of the series and series developed of the series of the series of the series of the diffuality diffuality of the series of the series of the series of the diffuality diffuality of the series of the series of the series of the diffuality of the series of a physicil, metric the embodies developed diffuality of the series of a physicil, metric the embodies developed diffuality of the series of a physicil, metric the embodies developed diffuality of the series of a physicil, metric the embodies developed diffuality of the series of a physicil, metric the embodies developed diffuality of the series of the series of the series of the series of the diffuality of the series of the series of the series of the series of the diffuality of the series of the series of the series of the series of the diffuality of the series of the series of the series of the series of the diffuality of the series of the se		ELIGIBLE		
	ELG224	DISABILITY-TYPE-CODE	Not Applicable	NA	Create as many DISABILITY-INFORMATION (ELG00017) record segments as necessary to report all that apply.	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG224-0
	ELG225	DISABILITY-TYPE-EFF-DATE	The first day of the time span during which the values is all data elements on a DEABULTY- INVERMANTION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table. Not Addicated	Conditional	Date format is CCYYMMIDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-
	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill Value must be numeric.	Not Applicable Not Applicable	B/7/2017 B/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-
	ELG225 ELG225	DISABILITY-TYPE-EFF-DATE DISABILITY-TYPE-EFF-DATE	Not Applicable Not Applicable	NA	Value must be a valid date. The DISABILITY-TYPE-EFF-DATE must occur on or before the DISABILITY-TYPE-END-DATE	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017 DISABILITY-INFORMATION-ELG00017	ELG225- ELG225-
	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the DISABILITY-INFORMATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225
	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	s Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225
	ELG225	DISABILITY-TYPE-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	10/10/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225
	ELG226	DISABILITY-TYPE-END-DATE	The last day of the time span during which the values in all data elements on a DISABLITY- INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG226
	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG226
	ELG226 ELG226	DISABILITY-TYPE-END-DATE DISABILITY-TYPE-END-DATE	Not Applicable Not Applicable	NA NA	Value must be numeric. Value must be a valid date	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017 DISABILITY-INFORMATION-ELG00017	ELG226 ELG226
	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG220
	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements on the DISABILITY-INFORMATION record segment changes, a new record segment must be created	Not Applicable	2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG22
	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	The DISABILITY TYPE-END-DATE must occur on or other the DISABILITY TYPE-EEC DATE	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Ap
	ELG226	DISABILITY-TYPE-END-DATE	Not Applicable	NA	The constant of the factor better many because of a data of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG22
	ELG227	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG223
	ELG227	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ([])) when not using the field	Not Applicable	9/23/2015	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG22
					to record specific comments. Eor fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage	D -				
	ELG228	FILLER	Not Applicable	NA	For pipe-delimited Hics, FILLER that is shown at the end of each record is population of the more single Hits and Enroches should be granter in pipe-delimited Hiss. The single Hits and Enroches should be granter in pipe-delimited Hiss. Hard-length Hiss.		9/23/2015	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG228
	ELG229	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELGIBLEIT record segment IE ELGODOGE.	required	Value must be equal to a valid value.	ELG00018	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229
		RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018 1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229 ELG230
	ELG229 ELG230					Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG230
_			submitted the data.	NA				FLIGIBLE	Participation and the second s	
	ELG230 ELG230	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric Voluments to the numeric	Not Applicable	8/7/2017		1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Ap
	ELG230	SUBMITTING-STATE	Not Applicable Not Applicable Not Applicable	NA NA Required	Must be populated on every record. Value must be numeric Value must be the same on all record segments. Must be numeric	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 4/30/2013	ELIGIBLE ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018 1115A-DEMONSTRATION-INFORMATION-ELG00018 1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Ap ELG230 ELG231
	ELG230 ELG230	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER	Not Applicable Not Applicable	NA NA Required	Valae must be numeric Valae must be the same on all record segments. Must be numeric	Not Applicable Not Ap		ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018 1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG23
	ELG230 ELG230 ELG230 ELG231 ELG231 ELG231	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable Not Applicable to Applicable to Applicable to Applicable to Applicable to Applicable to Applicable	NA NA Required NA NA	Vale must be numeric Vale must be numeric Mast be numeric Mast be numeric Mast be populated on every record (COSDP)(DISCORD NUMERI combinations should be unlease within a state's submission.	Not Applicable Not Applicable Not Applicable	8/7/2017 4/30/2013 4/30/2013 2/25/2013	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELGODOIB 1115A-DEMONSTRATION-INFORMATION-ELGODOIB 1115A-DEMONSTRATION-INFORMATION-ELGODOIB 1115A-DEMONSTRATION-INFORMATION-ELGODOIB	ELG23 ELG23 ELG23
	ELG230 ELG230 ELG230 ELG231 ELG231	SUBMITING-STATE SUBMITING-STATE SUBMITING-STATE RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER MSIS-IDENTFICATION-NUM	Les Agricultats Net Agricultats Net Agricultats Net Agricultats Net Agricultats Net Agricultats Net Net Agricultats Net Agricultats Ne	NA NA Required NA Required NA	Vale must be numeric Vale must be transmit: Mad te numeric Mad te population every record ECGED 10.RECED 10.MEMBER combations should be unique within a state's submission.	Not Applicable Not Applicable	8/7/2017 4/30/2013 4/30/2013	ELIGIBLE	1115A-DEMONSTRATION ##FORMATION EL CODOIS 1115A-DEMONSTRATION ##FORMATION EL CODOIS 1115A-DEMONSTRATION #WORMATION EL CODOIS 1115A-DEMONSTRATION #WORMATION EL CODOIS 1115A-DEMONSTRATION #WORMATION EL CODOIS	ELG23 ELG23 ELG23 ELG23
	ELG230 ELG230 ELG230 ELG231 ELG231 ELG231 ELG231 ELG232 ELG232	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER MSB-IDENTFICATION-NUM MSB-IDENTFICATION-NUM	Nor Agelication Nor Agelication Nor Agelication Nor Agelication Nor Agelication Agelication Agelication Agelication Nor Agelication Nor Agelication N	NA NA Required NA Required NA Required	Visian must be numeric Visian must be the numeric all record segments. Must be numeric Visian be populated on every record VISION DIVECTION HAMMING combinations should be unique within a state's administor. MISS EXEMPTERATION NAME must be reported The non-rank patters this field must contain a unique MontPleation number antigree by the state. Sequences of the SES EXEMPTERATION NAME has applied to calle within the state's MSS sequences.	Ne Applicable Ne Applicable Ne Applicable Ne Applicable Net Applicable	8/7/2017 4/30/2013 4/30/2013 2/25/2013 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	1111-010000000000000000000000000000000	ELG23 ELG23 ELG23 ELG23 ELG23
	ELG230 ELG230 ELG230 ELG231 ELG231 ELG231 ELG231 ELG232	SUBMITING-STATE SUBMITING-STATE SUBMITING-STATE RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER MSIS-IDENTFICATION-NUM	Les Agricultats Net Agricultats Net Agricultats Net Agricultats Net Agricultats Net Agricultats Net Net Agricultats Net Agricultats Ne	NA NA Required NA Required NA NA	Vale must be numeric Vale must be transmit: Mad te numeric Mad te population every record ECGED 10.RECED 10.MEMBER combations should be unique within a state's submission.	Ne Applicable Ne Applicable Ne Applicable Ne Applicable Net Applicable	4/30/2013 4/30/2013 2/25/2013 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	1115A-DEMONSTRATION ##FORMATION EL CODOIS 1115A-DEMONSTRATION ##FORMATION EL CODOIS 1115A-DEMONSTRATION #WORMATION EL CODOIS 1115A-DEMONSTRATION #WORMATION EL CODOIS 1115A-DEMONSTRATION #WORMATION EL CODOIS	ELG231 ELG231 ELG231 ELG232 ELG232
	ELG230 ELG230 ELG230 ELG231 ELG231 ELG231 ELG231 ELG232 ELG232 ELG232	SUBNITING STATE LUBNITING STATE EUROPENNIER RECERPINIER RECERPINIER RECERPINIER RECERPINIER RECERPINIER RECERPINIER RECERPINIER RESERVICE RECERPINIER	Net Ageicable Ver Ageicable Net Ageicable Net Ageicable Net Ageicable Net Ageicable Net Ageicable Net Ageicable Net Ageicable Net Ageicable Net Ageicable	NA NA NA Required NA NA NA NA NA NA NA	Viain must be numeric Viain must be numeric in Anal be number the same on all record segments. Anal be numeric Mark be populationed on every record segments and the same of the same of the same of the same of the same segments and the same of the same of the same of the same of the same same of the same of the same same of the same of the same same of the same of the same same of the same of the same of the same of the same of the same of the sam	Nex Applicable	8/7/2037 4/30/2013 4/30/2013 2/32/013 8/7/2017 8/7/2017 8/7/2017	EUGBLE ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	1134 DEMONSTRATION & VEGRATION EL COOSE	Not Apj ELG230 ELG231 ELG231 ELG231 ELG232 ELG232 ELG232
	ELG230 ELG230 ELG230 ELG231 ELG231 ELG231 ELG231 ELG232 ELG232	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER MSB-IDENTFICATION-NUM MSB-IDENTFICATION-NUM	Nor Agelication Nor Agelication Nor Agelication Nor Agelication Nor Agelication Agelication Agelication Agelication Nor Agelication Nor Agelication N	NA NA NA NA NA NA NA NA	Visian must be numeric Visian must be the numeric all incost segments. Nada be numeric Visian that be populated on every record RECEGNITY RECENTLY AND RECENTLY AND AND AND AND AND AND AND AND BEAMINGTON THAT HAN AND AND AND AND AND AND AND AND AND AND AND AND AND AND AND AND AND AND AND	Ne Applicable Ne Applicable Ne Applicable Ne Applicable Net Applicable	8/7/2017 4/30/2013 4/30/2013 2/25/2013 8/7/2017 8/7/2017	ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE ELIGIBLE	1111-010000000000000000000000000000000	ELG231 ELG231 ELG231 ELG232 ELG232

N N Normal Mathematical State of the section of the sectin of the secting the secting the sectin of the section o	New Row # 8549	DE NO ELG232	DATA ELEMENT NAME	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY ELGCODO2).	VALID VALUES	LAST UPDATE DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID) 1115A-DEMONSTRATION-INFORMATION-ELG00018	CR NO ELG232-0005
No. No. <td></td> <td></td> <td></td> <td>Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicald Innovation (CMMI) demonstration.</td> <td>Conditional</td> <td></td> <td>Not Applicable</td> <td></td> <td></td> <td></td> <td>ELG233-0001</td>				Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicald Innovation (CMMI) demonstration.	Conditional		Not Applicable				ELG233-0001
No.	8551	ELG233	1115A-DEMONSTRATION-IND	Not Applicable	NA	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG233-0002
M D <thd< th=""> <thd< th=""> <thd< th=""> D D</thd<></thd<></thd<>	1552	ELG234	1115A-EFF-DATE	for Medicare and Medicald Innovation demonstration.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0001
Matrix	1553	ELG234	1115A-EFF-DATE		NA	Value must be a valid date.	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0002
Matrix	8554	ELG234			NA	If individual is NOT enrolled in a CMMI 1115A, do not report the segment for the individual				1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0003
M M				Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill Value must be numeric	Not Applicable				ELG234-0004 ELG234-0005
Physical Physical Physica	8557	ELG234	1115A-EFF-DATE	Not Applicable	NA	The 1115A-EFF-DATE must occur on or before the 1115A-END-DATE	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0006 ELG234-0007
NAME NAME <t< td=""><td></td><td></td><td></td><td></td><td>NA</td><td>For parent and child file segments, the effective date of a child record segment must occur before</td><td></td><td></td><td></td><td></td><td>ELG234-0008</td></t<>					NA	For parent and child file segments, the effective date of a child record segment must occur before					ELG234-0008
Desc Desc <thdesc< th=""> Desc Desc <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<></thdesc<>											
Min Min <td>1560 1561</td> <td>ELG235 ELG235</td> <td></td> <td></td> <td>Conditional NA</td> <td>Value must be a valid date</td> <td>Not Applicable Not Applicable</td> <td>8/7/2017 8/7/2017</td> <td></td> <td></td> <td>ELG235-0001 ELG235-0002</td>	1560 1561	ELG235 ELG235			Conditional NA	Value must be a valid date	Not Applicable Not Applicable	8/7/2017 8/7/2017			ELG235-0001 ELG235-0002
IM	8562	ELG235 ELG235	1115A-END-DATE 1115A-END-DATE	Not Applicable	NA	If individual is NOT enrolled in 1115A, do not report segment for the individual	Not Applicable	8/7/2017			ELG235-0003 ELG235-0004
Matrix		ELG235	1115A-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0005 ELG235-0006
Mod Mod Math Part						(99991231)					Not Applicable
Matrix Matri	1567		1115A-END-DATE	Not Applicable	NA	Ine 1115A-END-DATE must occur on or after the 1115A-EH-DATE Whenever the value in one or more of the data elements on the 1115A-DEMONSTRATION record			ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELGOU018 1115A-DEMONSTRATION-INFORMATION-ELGOU018	ELG235-0007
Math Math <t< td=""><td>1568</td><td>ELG235</td><td>1115A-END-DATE</td><td>Not Applicable</td><td>NA</td><td>For parent and child record segments, the end date of a child record segment must occur before or</td><td>Not Applicable</td><td>8/7/2017</td><td>ELIGIBLE</td><td>1115A-DEMONSTRATION-INFORMATION-ELG00018</td><td>ELG235-0008</td></t<>	1568	ELG235	1115A-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or	Not Applicable	8/7/2017	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0008
Main Additional and antipal and antipal and antipal and antipal and antipal a											ELG236-0001
No. Since					Optional						
No. No. <td>1570</td> <td>ELG236</td> <td>STATE-NOTATION</td> <td>Not Applicable</td> <td>NA</td> <td>To record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to</td> <td>Not Applicable</td> <td>9/23/2015</td> <td>ELIGIBLE</td> <td>1115A-DEMONSTRATION-INFORMATION-ELG00018</td> <td>ELG236-0002</td>	1570	ELG236	STATE-NOTATION	Not Applicable	NA	To record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to	Not Applicable	9/23/2015	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG236-0002
No	8571	ELG237	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record inyout is applicable only to file-d-length files and therefore should be ignored in pipe-delimited files. For finest-length files, FILLER that is shown at the end of each record layout should be space-filled in	Not Applicable	9/23/2015	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG237-0001
Main Matrix Matrix <thmatrix< th=""> Matrix Matrix<td></td><td></td><td></td><td></td><td></td><td>naeurengan mes.</td><td></td><td></td><td></td><td></td><td></td></thmatrix<>						naeurengan mes.					
MM Mode Matrix Matri		ELG238	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-D for the PRIMARY DEMOGRAPHICS - ELIDIBILITY record segment is ELG00002.	Required		ELG00020				0 ELG238-0003
N N Normal Marka Name					nen land		Nex reportations				0 ELG239-0002
NM Model Markation Markatiintententing Markation <t< td=""><td></td><td></td><td></td><td></td><td>Required</td><td></td><td>http://www.census.gov/geo/reference/ansi_statetables.html</td><td></td><td></td><td></td><td></td></t<>					Required		http://www.census.gov/geo/reference/ansi_statetables.html				
NUM Series Analysis A	8575	ELG239	SUBMITTING-STATE		NA					HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 ELG239-0001
No. Solution Solution <th< td=""><td>8576</td><td>ELG239</td><td>SUBMITTING-STATE</td><td></td><td>NA</td><td></td><td></td><td></td><td></td><td>HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002</td><td>0 Not Applicable</td></th<>	8576	ELG239	SUBMITTING-STATE		NA					HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 Not Applicable
No. No. <td>8577</td> <td>ELG239</td> <td>SUBMITTING-STATE</td> <td>Not Applicable</td> <td>NA</td> <td>Value must be the same on all record segments.</td> <td>Not Applicable</td> <td>8/7/2017</td> <td>ELIGIBLE</td> <td>HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002</td> <td>0 ELG239-0003</td>	8577	ELG239	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 ELG239-0003
Sime Control Control <thc< td=""><td></td><td>ELG240</td><td>RECORD-NUMBER</td><td>within the submission file.</td><td>Required</td><td>Must be numeric</td><td></td><td></td><td></td><td>HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002</td><td>0 ELG240-0001</td></thc<>		ELG240	RECORD-NUMBER	within the submission file.	Required	Must be numeric				HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 ELG240-0001
Image: Section (Section					NA						
Image Image <th< td=""><td></td><td></td><td></td><td></td><td>NA</td><td></td><td></td><td></td><td></td><td></td><td>0 ELG240-0003</td></th<>					NA						0 ELG240-0003
No. No. <td>1581</td> <td></td> <td></td> <td>A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.</td> <td>Required</td> <td></td> <td></td> <td>8/7/2017</td> <td></td> <td></td> <td></td>	1581			A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required			8/7/2017			
Number Numer Numer Numer <td>3582</td> <td></td> <td></td> <td></td> <td>NA</td> <td>apprication.</td> <td></td> <td>8/7/2017</td> <td></td> <td></td> <td>0 ELG241-0002</td>	3582				NA	apprication.		8/7/2017			0 ELG241-0002
No. No. <td>1583</td> <td>ELG241</td> <td>MSIS-IDENTIFICATION-NUM</td> <td>Net Applicable</td> <td>NA</td> <td>temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated</td> <td>Net Applicable</td> <td>8/7/2017</td> <td>ELIGIBLE</td> <td>HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002</td> <td>0 ELG241-0003</td>	1583	ELG241	MSIS-IDENTIFICATION-NUM	Net Applicable	NA	temporary MSIS-IDENTIFICATION-NUM and the SSN field should be space-filled, or blank. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated	Net Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 ELG241-0003
Bit Call Replication Viai Replication Replication Viai Replication </td <td>1584</td> <td>ELG241</td> <td>MSIS-IDENTIFICATION-NUM</td> <td>Not Applicable</td> <td>NA</td> <td>For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the adjubble second coupled association washes</td> <td>Not Applicable</td> <td>8/7/2017</td> <td>ELIGIBLE</td> <td>HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002</td> <td>0 ELG241-0004</td>	1584	ELG241	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with the adjubble second coupled association washes	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 ELG241-0004
No. N	1585	ELG241	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	the eligible person's social security number. Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 Not Applicable
IDM IDM IDM Ide Application Ide A	1586	ELG241	MSIS-IDENTIFICATION-NUM	Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 Not Applicable
Math Math <th< td=""><td></td><td></td><td></td><td></td><td></td><td>See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIS ID</td><td></td><td></td><td></td><td></td><td></td></th<>						See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Number" for information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIS ID					
Image: Single	1587				NA	ELGODOUZ).					
Image: Rule models: Rule model: Rule mode: Rule mode: Rule	1588		HEALTH-HOME-CODE	community based care.	Conditional		002 Principal Islahilise 002 Principal Islahilise 005 Denkepenyati Ilahilise 005 Denkepenyati Ilahilise 005 Denkepenyati Ilahilise 008 Principal Islahilise 008 Principal Islahilise 008 Principal Islahilise 009 Tenchologi Pependent or Medically Fragle 001 Disahes (ether)				0 ELG242-0001
Main	3589			condition. This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMDD (National Data Standard).		8/7/2017			0 ELG243-0001
372 L24 Sci 4000 CONSTINUENT Nr Applicable Nr An muth be valid date. Nr Applicable Sci 4000 CONSTINUENT Nr Applicable Sci 4000 CONSTINUENT Sci 40000 CONSTINUENT <	8591		HEALTH-HOME-EFF-DATE	Not Applicable	NA	If a complete, valid effective date is not available or is unknown,leave blank, or space-fill		8/7/2017			D Not Applicable
SEG3 EEG3 (SC GROUP CONSTINUES) Sectoplication (SC GROUP CONSTINUES) Value (S	1592	ELG243		Not Applicable	NA	Value must be a valid date.	Not Applicable	2/25/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 ELG243-0002
Image: Note the state of the stat	8593	ELG243		Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 ELG243-0003
M M	8594	ELG243	HEALTH-HOME-EFF-DATE HCBS-CHRONIC-CONDITION-NON-	Not Applicable	NA	and Constraints guidance document) not allowed for same file segment The HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE must occur on or before the HCBS-		8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 Not Applicable
Not N	8595	ELG243	HCRS-CHRONIC-CONDITION-NON-	Not Applicable	NA	CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE		10/10/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 ELG243-0004
Note	1596	FIG244	HCRS-CHRONIC-CONDITION-MON	The last date on which the state considers the eligible nerves to how the choose condition	Conditional			8/7/2017	FLIGIBLE	HCRS-CHRONIC-CONDITIONS-MON-JEAN TH-MOME FLC0000	0 ELG244-0001
No. No. <td></td> <td></td> <td>HEALTH-HOME-END-DATE</td> <td></td> <td>annersolited</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			HEALTH-HOME-END-DATE		annersolited						
Mathematical control Mathematical control <td></td> <td></td> <td>HEALTH-HOME-END-DATE</td> <td></td> <td>[</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			HEALTH-HOME-END-DATE		[
No. RES_000000000000000000000000000000000000			HEALTH-HOME-END-DATE								0 Not Applicable
Mail Rest - GRID CONTONNENT Mail Protect Table Science Control Approx Mail M		ELG244	HEALTH-HOME-END-DATE		NA			8/7/2017			0 ELG244-0002
202 ELGA HES ORDER CONTON-NON ME Applicable NA THE HES ORDER CONTON-NON-ME ATHINGS OF DATE mat scar on after the HES MERCENCE on a start the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scar on after the HES MERCENCE ORDER CONTON-NON-METATHINGS OF DATE mat scare order CONTON-NON-METATHINGS OF DATE MAT AFTER THE HES MERCENCE ORDER CO		ELG244			NA	(99991231)		8/7/2017			0 Not Applicable
X02 K1244 K25 HORDSY CONDITIONNOM ML Applicable No The HER HORDSY CONDITIONNOM Plant Threedow (no or shr the HEB) ML Applicable U/7.2017 LUGAL HES HORDSY CONDITIONNOM Plant Threedow (no or shr the HEB) ML Applicable U/7.2017 LUGAL HES HORDSY CONDITIONNOM Plant Threedow (no or shr the HEB) ML Applicable U/7.2017 LUGAL HES HORDSY CONDITIONNOM Plant Threedow (no or shr the HEB) ML Applicable U/7.2017 LUGAL HES HORDSY CONDITIONNOM Plant Threedow (no or shr the HEB) ML Applicable U/7.2017 LUGAL HES HORDSY CONDITIONNOM Plant Threedow (no or shr the HEB) ML Applicable U/7.2017 LUGAL HES HORDSY CONDITIONNOM Plant Threedow (no or shr the HEB) ML Applicable U/7.2017 LUGAL HES HORDSY CONDITIONNOM Plant Threedow (no or shr the HEB) ML Applicable U/7.2017 LUGAL HES HORDSY CONDITIONNOM Plant Threedow (no or shr the HEB) ML Applicable U/7.2017 LUGAL HES HORDSY CONDITIONNOM Plant Threedow (no or shr threedow (no or shreedow (no or shr threedow (no	8601	ELG244	HCBS-CHRONIC-CONDITION-NON- HEALTH-HOME-END-DATE	Not Applicable	NA			8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 Not Applicable
	8602	ELG244	HCBS-CHRONIC-CONDITION-NON- HEALTH-HOME-END-DATE	Not Applicable	NA	The HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE must occur on or after the HCBS- CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG0002	0 Not Applicable

w Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID)	CRM
03	ELG244	HCBS-CHRONIC-CONDITION-NON- HEALTH-HOME-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number math one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	20 ELG244-000
	ELG245	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	20 ELG245-000
	ELG245	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave	Not Applicable	9/23/2015	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	20 ELG245-000
					the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.					
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	D -				
	ELG246	FILLER	Not Applicable		For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Nak Analiashia	9/23/2015	ELIGIBLE	HCRS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	000000000000000000000000000000000000000
	ELG240	HLER	Not Appricable		fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in	Not Appreade	7/23/2015	EDGIBLE	RESIGNATION CONDITIONS NON PEAL INFOME FEDDOUZ	20 210240-000
					fixed-length files.					
	ELG247	SEQUENCE-NUMBER	To enable states to convertible number files when related follows on files are necessary (i.e. undate	Required	Field is required on all 'C', 'U', and 'R' SUBMISSION-TRANSACTION-TYPE record files.	Not Applicable	8/7/2017	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG247-000
		SEQUENCE NOMBER	To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	required		nos approatos.	5,7,2027	COMPLE		110147 000
	ELG247	SEQUENCE-NUMBER	Not Applicable	NA	Must be numeric and > 0	Not Applicable	10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG247-00
	ELG248	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELGIBIENT record segment is ELGODO2.	Required	Value must be equal to a valid value.	ELG00021	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG248-00
	ELG248	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG248-00
	ELG249	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021 ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-00
	ELG249 ELG249	SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	10/10/2013 8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-00
	ELG249 ELG250	SUBMITTING-STATE RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record	NA Required	Value must be the same on all record segments. Must be populated on every record	Not Applicable Not Applicable	8/7/2017 10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021 ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-00 ELG250-00
	ELC250	RECORD-NUMBER	within the submission file. Not Applicable	NA	Must be numeric	Not Applicable	10/10/2012	ELICIPLE	ENDOLIMENT.TIME.CRAN.SEGMENT.ELC00071	8.6250.00
	ELG250	RECORD-NUMBER RECORD-NUMBER	Not Applicable	NA	Duplicate record number should not exist with in same file RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELGO0021 ENROLLMENT-TIME-SPAN-SEGMENT-ELGO0021	ELG250-00
	ELG251	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-00
	ELG251	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain a unique identification number assigned by the state. The format of the state MSIS-IDENTIFICATION-NUM must be supplied to CMS with the state's MSIS	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-00
	ELG251	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	application. For SSN states, in instances where the social security number is not known and a temporary MSIS- DENTIFICATION-NUM is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS-DENTIFICATION-NUM and the SSN field should be gaze-filled, or blain. When the	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-00
					populated with the temporary MSIS-IDENTIFICATION-NUM and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibia files on that T-MSIS can associated the temporary MSIS-IDENTIFICATION-NUM and the social security is social security and the social security of the social security and the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security of the social security o					
					ne so trac i musi can associatea tre temporary instruction much formioni and the social security number.	y				
					For SSN states, the MSIS-IDENTIFICATION-NUM and SSN fields should match and be populated with					
	ELG251	MSIS-IDENTIFICATION-NUM	Not Applicable	NA NA	For sort states, the Misis DEMITIRATION MOM and SAM feeds should match and be populated with the eligible person's social security number. Non-SSN states must report different values for MSIS-IDENTIFICATION-NUM and SSN.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-00
	ELG251	MSIS-IDENTIFICATION-NUM	Not Applicable	NA		Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELGODO21	Not Applic
	l I				See T-MSIS Guidance Document, "CMS Guidance: Reporting shared MSIS Identification Number" fo Information on reporting MSIS ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the same MSIS ID	e				
	ELG251	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	A child record segment must have a parent record segment (PRIMARY-DEMOGRAPHICS-ELIGIBILITY- ELG00002).	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0
	ELG252	ENROLLMENT-TYPE	Identify the type of enrollment that the eligible person has been enrolled into as either Medicaid/Medicaid Expansion CHIP or Separate CHIP.	Required	Value must be equal to a valid value.	1 Medicaid or Medicaid Expansion CHIP 2 Separate Title XXI CHI P	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG252-0
	ELG252	ENROLLMENT-TYPE	Not Applicable	NA	This data element must be completed for every individual enrolled in the State's Medicaid or CHIP program.	Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG252-0
	ELG252	ENROLLMENT-TYPE	Not Applicable	NA	A beneficiary reported with a CHIP-CODE value of "1" or "2" should be reported with an ENROLLMENT-TYPE of "1" for the same period of enrollment.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG252-0
	ELG252	ENROLLMENT-TYPE ENROLLMENT-EFF-DATE		NA	A beneficiary reported with a CHIP-CODE value of "3" should be reported with an ENROLLMENT- TYPE of "2" for the same period of enrollment. Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	FLIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELGODOZ1	ELG252-0
	ELG253	ENROLIMENT-EFF-DATE	In the ENROLLMENT-TIME-SPAN-SEGMENT record segment.	kequired	Late format is CCTTMMILU (National Lata Standard).	Not Applicable	8/7/2017	ELICIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELGODUZ1	ELG253-0
	ELG253	ENROLLMENT-EFF-DATE	This date field is necessary when defining a unique row in a database table. Not Applicable	NA	If a complete, valid effective date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applic
	ELG253 ELG253	ENROLLMENT-EFF-DATE ENROLLMENT-EFF-DATE	Not Applicable Not Applicable	NA NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021 ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0 ELG253-0
	ELG253	ENROLLMENT-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the ENROLLMENT-TIME-SPAN- SEGMENT record segment changes, a new record segment must be created.	Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-01
	ELG253	ENROLLMENT-EFF-DATE	Not Applicable	NA	Overlapping coverage for a given combination of key fields (as specified in the Record Segment Key and Constraints guidance document) not allowed for same file segment	s Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Appli
	ELG253 ELG253	ENROLLMENT-EFF-DATE ENROLLMENT-EFF-DATE	Not Applicable Not Applicable	NA NA	The ENROLLMENT-EFF-DATE must occur on or before the ENROLLMENT-END-DATE For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021 ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0 Not Appli
					or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.					
	ELG254	ENROLLMENT-END-DATE	The last day of enrollment for the ENROLLMENT-TYPE and MSIS-IDENTIFICATION-NUM being reported in the ENROLLMENT-TIME-SPAN-SEGMENT record segment.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG254-0
	ELG254 ELG254	ENROLLMENT-END-DATE ENROLLMENT-END-DATE	Not Applicable	NA	f a complete, valid end date is not available or is unknown,leave blank, or space-fill Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021 ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Appli ELG254-0
	ELG254 ELG254 ELG254	ENROLLMENT-END-DATE ENROLLMENT-END-DATE ENROLLMENT-END-DATE	Not Applicable	NA NA	value must be availed date If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date	Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021 ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021 ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG254-0 Not Appli
	ELG254	ENROLLMENT-END-DATE		NA .			8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELGODO21	
	ELG254	ENROLLMENT-END-DATE	Not Applicable Not Applicable	NA	The ENROLIMENT-END-DATE must occur on or after the ENROLLMENT-EFF-DATE Whenever the value in one or more of the data elements in the ENROLLMENT-TIME-SPAN- SEGMENT record segment changes, a new record segment must be created.	Not Applicable Not Applicable	10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Appli ELG254-0
	ELG254	ENROLLMENT-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Appli
	ELG255	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG255-0
	ELG255	STATE-NOTATION	Not Applicable	NA	for pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field	Not Applicable	9/23/2015	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG255-0
					to record specific comments.					
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	D -				
	ELG256	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Not Applicable	9/23/2015	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG256-0
					The lege destinates in the end of the shown at the end of each record layout should be space-filled in fixed-length files. FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.					
	1				nineurengun mes.					
	MCR001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last	Required	Value must be equal to a valid value.	MCR00001	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR001-
			of neminine assigned to both record signifier. The first S character's behaviory the subject area. The ass 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.							
	MCR001 MCR002	RECORD-ID DATA-DICTIONARY-VERSION	Not Applicable A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	NA Required	Must be populated on every record segment. Use the version number specified on the Cover Sheet of the data dictionary	Not Applicable Not Applicable	8/7/2017 8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR001- MCR002-
_	MCR003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR003
	MCR003	SUBMISSION-TRANSACTION-TYPE FILE-ENCODING-SPECIFICATION	a resubmission of a previously submittee me, or corrections of eait rejects. Not Applicable A data element to denote whether the file is in fixed length line format or delimited format.	NA	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR003
	MCR004 MCR005		A data element to denote whether the file is in fixed length line format or delimited format.	Required	Value must be equal to a valid value. Use the version number specified on the title page of the data mapping document	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format. Not Applicable	8/7/2017 8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR004
	MCR005 MCR006	DATA-MAPPING-DOCUMENT-VERSIO		Required	Use the version number specified on the title page of the data mapping document Must be populated on every record	Not Applicable Not Applicable	8/7/2017 4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR005
		The TRAPIC	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e. Eligible. Third-party Liability, Provider, Managed Care Plan Information, IP calims, IF, claims, Rx claims, or OT claims, I.	-codmined	Innue de population UT CHELY FOLUTO	nos reponsible	1'30/2013	-INGLICARE	ALL INCODER TRECORD THAT AND ED CARE-MERCOUDD1	MILKUU6-
						MNGDCARE Managed Care Plan Information file	10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR006-
	MCR006	FILE-NAME		NA	Value must be equal to a valid value.					
	MCR006 MCR007	FILE-NAME SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Required	Value must be equal to a valid value. Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR007-1
	MCR007 MCR007 MCR007	FILE-NAME SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has	NA Required NA NA	Value must be equal to a valid value. Must be populated on every record. Value must be numeric	nivodovale invaligeo care nali intoritudori ne http://www.cesus.gov/reor/eference/and_statetables.html Not Applicable Not Applicable		MNGDCARE MNGDCARE MNGDCARE	RLE-HEADER-RECORD-MANAGED-CARE-MCR00001 RLE-HEADER-RECORD-MANAGED-CARE-MCR00001 RLE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR007-0 MCR007-0 MCR007-0 Not Applic

	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID)	c
Ν	ICR008	DATE-FILE-CREATED	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008
N 1	ACROOB ACROOB	DATE-FILE-CREATED DATE-FILE-CREATED	Not Applicable	NA NA	Date format is CCYYMMDD (National Data Standard). Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013 B/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008
	4CR009	START-OF-TIME-PERIOD	Not Applicable Beginning date of the time period covered by this file.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009
	4CR009 4CR009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable	NA	Must be populated on every record Value must be a valid date	Not Applicable	4/30/2013 8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR005 MCR005
N N	4CR009 4CR009	START-OF-TIME-PERIOD	Not Applicable Not Applicable	NA NA	Value must occur before END-OF-TIME-PERIOD	Not Applicable Not Applicable	8/7/2017 8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not App
N	4CR009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable	NA	Value must be equal to or less than the date in the DATE-FILE-CREATED field.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009
N	4CR009	START-OF-TIME-PERIOD	Not Applicable Last date of the reporting period covered by the file to which this Header Record is attached.	NA	Value must occur on or before the current date. Must be nonulated on every record	Not Applicable Not Applicable	8/7/2017	MAUCIDICAIDE	THE HEADER RECORD MANAGER CARE MERODOOM	MCR009
N	4CR010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Not Applicable	NA	Must be populated on every record Value must be a valid date Date format is CCYMMHDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017 2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR01 MCR01
N	4CR010 4CR010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	2/25/2013 8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR01 MCR01
					Date format is CCYMMDD (National Data Standard). Value for the Date in the End of Time Period (last 2 bytes of the value) must equal "30" in April, June, September, or Nevember; "31" in January, March, May, July, August, October, or December, and "28" or "29" in February.					
~	4CR010 4CR010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Not Applicable	NA	Date must be less than current date Value must be equal or less than DATE-FILE-CREATED.	Not Applicable Not Applicable	8/7/2017 8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR01 Not Ap
N	4CR010	END-OF-TIME-PERIOD	Not Applicable			Not Applicable	2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR01
N	4CR011 4CR011	FILE-STATUS-INDICATOR FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records. A code to indicate whether the records in the file are test or production records.	Required	Must be populated on every record Value must be equal to a valid value.	Not Applicable P. Production File	4/30/2013 8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR01 MCR01
	4CR011	FILE-STATUS-INDICATOR	Not Applicable	NA	The dataset name and the value in this field must be consistent (i.e. the production dataset name	T Test File	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not App
					cannot have a FILE-STATUS-INDICATOR = 'T'				FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	
N	4CR012	ALLER	Not Applicable	NA	cannot have a FILE STATUS HIRDCATOR = T free design file FILE That is shown at the end of each record layout is applicable only to fitsel ength files and filterefore should be ignored in spe-definited files. It is a file of the shown at the end of each record layout should be space filled in flue-dength files.	Noz Applicable	9/23/2015	MNGDCARE		MCR013
N	4CR013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required	Value must be an integer with no commas.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR013
N	4CR013	TOT-REC-CNT STATE-NOTATION	Not Applicable A free text field for the submitting state to enter whatever information it chooses.	NA	Value must equal the sum of all records excluding the header record. The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017 8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001 FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR01 MCR01
N	6CR014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional		Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR01
P.	4CR014	STATE-NOTATION	Not Applicable	NA	For pice delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the fiel to record specific comments.	Not Applicable	9/23/2015	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR01
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage	d 0				
N	4CR016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBLITY record segment is ELG00002.	Required	Value must be equal to a valid value.	MCR00002	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR01
N	4CR016 4CR017	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002 MANAGED-CARE-MAIN-MCR00002	MCR01 MCR01
	100017	SURMITTING STATE	submitted the data.					MAICDCARE		
N	4CR017 4CR017	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002 MANAGED-CARE-MAIN-MCR00002	MCR01 MCR01
- 6	4CR017 4CR017	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR01
N	4CR018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR01
	4CR018	RECORD-NUMBER	Not Applicable	NA	Must be numeric	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR0
N	ACR018	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR0:
-	4CR019 4CR019	STATE-PLAN-ID-NUM STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity. Not Applicable	Required	Must be populated on every record STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment	Not Applicable	4/30/2013 8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002 MANAGED-CARE-MAIN-MCR00002	MCR01 MCR01
				[
~	4CR019	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL- HEALTH-CARE-ENTITY-ID field. If not available, enter the state's internal plan ID.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR0:
			Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Preliminary guidance for Primary Care Case	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR0
N	4CR019 4CR020	STATE-PLAN-ID-NUM MANAGED-CARE-CONTRACT-EFF-	The short data of the second area explored and with the state	Completed	See I-Mois Guidance Document, "LMS Guidance: Presiminary guidance for Primary Care Case Management Reporting" Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
r i	%LN020	MANAGED-CARE-CONTRACT-EFF- DATE	The start date of the managed care contract period with the state.	Required	Must be populated on every record					
-		MANAGED-CARE-CONTRACT-EFF-	Not Applicable	NA		Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Ap
N	4CR020 4CR020	DATE MANAGED-CARE-CONTRACT-EFF-	Not Applicable	NA	Value must be numeric. Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
		DATE					[
N	4CR020	MANAGED-CARE-CONTRACT-EFF- DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
-	4CR020	MANAGED-CARE-CONTRACT-EFF-	Not Applicable	NA	The MANAGED-CARE-CONTRACT-EFF-DATE must occur on or before the MANAGED-CARE- CONTRACT-END-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Ap
	102021	DATE MANAGED-CARE-CONTRACT-END-	The expiration date of the managed care contract period with the state.	Required	CONTRACT-END-DATE Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
ľ		DATE		required						
N	4CR021	MANAGED-CARE-CONTRACT-END- DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Ap
-	4CR021	DATE MANAGED-CARE-CONTRACT-END- DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Ap
1		DATE		<u> </u>	(99991231)					
N	4CR021	MANAGED-CARE-CONTRACT-END- DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
N	4CR021	MANAGED-CARE-CONTRACT-END-	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
	4CR021	DATE	Nak Applicable			hisk Ameliankia	8/7/2017	ANCOCADE		MCR02
ľ		MANAGED-CARE-CONTRACT-END- DATE	ток мритацие	¹⁴	Value must be a valid date	nor Appreable		MNGDCARE	PURINAUELP-CARE-MAIN-MLR00002	
N	4CR021	MANAGED-CARE-CONTRACT-END-	Not Applicable	NA	The MANAGED-CARE-CONTRACT-END-DATE must occur on or after the MANAGED-CARE- CONTRACT-EFF-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
N	4CR022	MANAGED-CARE-NAME	The name of the managed care entity under contract with the State Medicaid Agency. The name should be as it appears on the contract.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
	4022		should be as it appears on the contract.				8/7/2017	MNCDCARE	MANAGED-CARE-MAIN-MCRODOD2	MCR02
N	%022	MANAGED-CARE-NAME	Not Applicable	NA .	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	riot Applicable	8/7/2017	MNGDCARE	PROVIDED CALL PART INCRODUZ	MCR02
-	4CR023	MANAGED-CARE-PROGRAM MANAGED-CARE-PROGRAM	The state program through which a managed care plan is approved to operate. Not Applicable	Required	Must be populated on every record Value must be equal to a valid value.	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002 MANAGED-CARE-MAIN-MCR00002	MCR02
Ň	4CR023	MANAGED-CARE-PROGRAM	Not Applicable	NA	Value must be equal to a valid value.	Not Applicable 1 Medicaid State Plan 2 CHIP State Plan 3 Both Medicald and CHIP	4/30/2013 10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02 MCR02
N	4CR024	MANAGED-CARE-PLAN-TYPE	The type of managed care plan that corresponds to the STATE-PLAN-ID-NUM.	Required	Must be populated on every record	Not Apolicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCRO
- A	4CR024	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
-	4CR024	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	Left fill with zeros if number is less than 2 bytes long	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCRO
ſ			Not Applicable	NA	Assign plan type value "15" for plans that primarily cover non-emergency medical transportation (NEMT)	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
N	4CR024	MANAGED-CARE-PLAN-TYPE	Not Applicable	NA	(NEMT) See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Non-Emergency Medical Transportation (NEMT) Prepaid Ambulatory Health Plans (PAHPs) in the T-MSIS Managed Care File"	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCRO
-	4CR024	MANAGED-CARE-PLAN-TYPE	Not Applicable			Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
1	4CR024	MANAGED-CARE-PLAN-TYPE		¹⁴	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting MANAGED-CARE- PLAN-TYPE in the T-MSIS Managed Care File"					
- IN			Not Applicable	NA	PLAN-TYPE in the T-MSIS Managed Care File" The value reported in this data element should match the MANAGED-CARE-PLAN-TYPE value reported on the Filipkie file for the corresponding managed care plan number Must be populated on every record Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
	4CR024 4CR025	MANAGED-CARE-PLAN-TYPE REIMBURSEMENT-ARRANGEMENT	A code indicating the how the managed care entity is reimbursed.	Required	reported on the Eligible file for the corresponding managed care plan number Must be populated on every record	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
N		REIMBURSEMENT-ARRANGEMENT	Not Applicable	NA	Value must be equal to a valid value.	19 Bit-based Capitation, no incentives or ridio-charing 20 Bit-based Capitation with incentive Arrangements 03 Bit-based Capitation with other risk-sharing Arrangements 04 Non-Risk Capitation 05 Feet-or-Service 06 Primary Care Case Management Payment	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR02
N	4CR025					07 Other 08 Primary Care Case Management Payment plus Fee-For-Service				
N	4CR025			namina'		08 Primary Care Case Management Payment plus Fee-For-Service	1000017			
N N N	4CR025 4CR026 4CR026	MANAGED-CARE-PROFIT-STATUS	A code denoting the profit status of managed care entity.	Required	Mart be populated on every record Value must be equal to a valid value.	of Other Def Primary Care Case Management Payment plus Fee-For-Service Def Primary Care Case Management Payment plus Fee-For-Service Net Applicable 0.5 S012(0) NON-PROFIT 0.5 S012(0)	4/30/2013 8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002 MANAGED-CARE-MAIN-MCR00002	MCR026

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
3728	MCR027	CORE-BASED-STATISTICAL-AREA-CODE	A code signifying whether the Managed Care Organization's (MCO) service area fails into one or more i	Required	Must be populated on every record	Not Applicable	DATE 8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR027-0001
3729	MCR027	CORE-BASED-STATISTICAL-AREA-CODE	Not Applicable	NA	Value must be equal to a valid value.	1 The MCO's service area fails partially or entirely inside one or more metropolitan areas.	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR027-0002
						metropolitan areas. 2 The MCO's service area fails partially or entirely inside one or more micropolitan areas, but not within any metropolitan areas. 3 The MCO's service area fails entirely outside of all metropolitan and micropolitan areas.				
3730	MCR027	CORE-BASED-STATISTICAL-AREA-CODE	Not Applicable	NA	Whenever a service area straddles two types of areas (e.g., metropolitan & micropolitan, metropolitan & non-CBSA area) classify the service area based on the denser classification.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR027-0003
3731	MCR028	PERCENT-BUSINESS	The percentage of the managed care entity's total revenue that is derived from contracts with Medicare (Purt C and D) is the state and State Medicald approx contract(c) prior calend a way. Include	Required	Enter a percent of 0 through 100.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR028-0001
			The percentage of the managed care entity's total revenue that is derived from contracts with Medicare (Part C and D) in the state and State Medicaid agency contract(s) prior calendar year. Include Medicaid and Medicare in calculation of percentage of business in public programs for IRS health insure tax exemption as required in ACA.							
3732	MCR028		Not Applicable Identifies the geographic unit under which the managed care entity is under contract to provide	NA	Must be numeric	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR028-0002
3733	MCR029 MCR029	MANAGED-CARE-SERVICE-AREA	services.	Required	Must be populated on every record Value must be equal to a valid value.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002 MANAGED-CARE-MAIN-MCR00002	MCR029-0001 MCR029-0002
3/34	MCR029	MANAGED-CARE-SERVICE-AREA	Not Applicable	NA	value must be equal to a value value.	1 Statewide – The managed care entity provides services to beneficiaries throughout the entire state. 2 County – The managed care entity provides services to beneficiaries in	10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR029-0002
						2 County - The managed care entity provides services to beneficiaries in specified counties. 3 City - The managed care entity provides services to beneficiaries in constitued there.				
						4 Region - The managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state				
						specified cities. 4 Region - The managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state 52 (2006 - The managed care entity program provides services to beneficiaries in specified sign codes. 0 Chter - The managed care entity provides services to beneficiaries in				
						6 Other - The managed care entity provides services to beneficiaries in "other" area(s), not Statewide, County, City, or Region.				
3735	MCR029	MANAGED-CARE-SERVICE-AREA	Not Applicable	NA	The value reported in MANAGED-CARE-SERVICE-AREA should represent the geographical unit of the values reported in the MANAGED-CARE-SERVICE-AREA-NAME	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR029-0003
3736			Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting MANAGED-CARE- SERVICE-AREA in the Managed Care File"	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR029-0004
3737	MCR029 MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Application The first day of the time span during which the values in all data elements in the MANAGED CARE- MAN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be all the time the record is created).	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR030-0001
			This date field is necessary when defining a unique row in a database table.							
3738			Not Applicable	NA		Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable
3739	MCR030 MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	Value must be numeric. Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR030-0002
3740	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting tate and file segment-specific identifying number match one another in hooth record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable
					or be concurrent with the elective date of the parent ne segment, where submitting state and ne segment-specific identifying number match one another in both record segments.					
3741	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the MANAGED-CARE-MAIN record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable
3742	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR030-0003
3743	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	Not Applicable	NA	The MANAGED-CARE-MAIN-REC-EFF-DATE must occur on or before the MANAGED-CARE-MAIN- REC-END-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR030-0004
3744	MCR031	MANAGED-CARE-MAIN-REC-END- DATE	The last day of the time span during which the values in all data elements in the MANAGED-CARE- MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0001
3745	MCR031		the time the record is created). Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0002
3746	MCR031	DATE MANAGED-CARE-MAIN-REC-END-	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0003
3747	MCR031	DATE MANAGED-CARE-MAIN-REC-END-	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable
3748	MCR031	DATE MANAGED-CARE-MAIN-REC-END-	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable
3749	MCR031	DATE MANAGED-CARE-MAIN-REC-END-	Not Applicable	NA	(99991231) The MANAGED-CARE-MAIN-REC-END-DATE must occur on or after the MANAGED-CARE-MAIN-REC- EFF-DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0004
3750	MCR031	MANAGED-CARE-MAIN-REC-END- DATE	Not Applicable	NA	Overlapping coverage not allowed for same Submitting state & Plan ID	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0005
3751	MCR031	MANAGED-CARE-MAIN-REC-END- DATE	Not Applicable	NA	Managed Care coverage dates must be within Managed Care Contract Date	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0006
3752	MCR032	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR032-0001
3753	MCR032	STATE-NOTATION	Not Applicable	NA	For pipe-delimited flag, styles sup possible the STATE-MOTATION field with "p(s, " "p, s," or jewa	Not Anglichia	9/23/2015	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR032-0002
5755			no approate.		For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ([])) when not using the field to record specific comments.	d	1/1015	MINUDOWL		MCN001 0001
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.	D				
3754	MCR033	FILLER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to their length files and therefore should be ignored in pipe-delimited files. For third-length files, FILER that is shown at the end of each record layout should be space-filed in their length files.	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR033-0001
					For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.					
3755	MCR034	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS = ELIGIBIEUT record segment is ELGODO2.	Required	Value must be equal to a valid value.	MCR00003	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	3 MCR034-0003
3756	MCR034	RECORD-ID	DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002. Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	03 MCR034-0001
3757	MCR035	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	3 MCR035-0002
3758	MCR035	SUBMITTING-STATE	submitted the data. Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	03 MCR035-0001
3759	MCR035	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	03 MCR035-0003
3760	MCR035	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	03 MCR035-0004
3761	MCR036	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record	Required	Must be populated on every record	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	3 MCR036-0001
3762	MCR036	RECORD-NUMBER	Not Applicable	NA	Must be numeric	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	3 MCR036-0002
3762	MCR036	RECORD-NUMBER	Not Applicable	NA	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	
3763	MCR036 MCR037	STATE-PLAN-ID-NUM	NOT Applicable	Required	RELORD-ID/RELORD-NUMBER combinations should be unique within a state's submission. Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000 MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	
3765	MCR037	STATE-PLAN-ID-NUM	Concaris che lo number die state issued to che manageo care enorg.	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	
3765	MCR037	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	
3767	MCR037	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL- HEALTH-CARE-ENTITY-ID Held. If not available, enter the state's internal plan ID.		8/7/2017	MNGDCARE	MANAGED CARE-LOCATION AND CONTACT-INFO-MCR0000	
3768	MCR038	MANAGED-CARE-LOCATION-ID		Required	Health Carl Fentitive The deliver and a validable, enter the state's internal plan ID. Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	
3769	MCR038		A field to differentiate a managed care entity's service locations through adding a sequential number In this data element identifier field. Not Applicable	NA	Each of an managed care entity's locations must have a unique MANAGED-CARE-LOCATION-ID	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	
3770	MCR038		Not Applicable	NA	This data element should be populated if MANAGED-CARE-ADDR-TYPE is 3 (Managed care entity's service location address)		2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	
3771	MCR038	MANAGED-CARE-LOCATION-ID	Not Applicable	NA	service location address) Use sequential numbers to indicate additional services locations	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR0000	3 MCR038-0004
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No. Acts 2788 MCS 2789 MCS 2789 MCS 2789 MCS 2797 MCS 2797 MCS 2797 MCS 2797 MCS 2797 MCS 2798 MCS 2799 MCS 2797 MCS 2798 MCS 2799 MCS 2799 MCS 2799 MCS 2797 MCS 2798 MCS 2799 MCS <td>ER040 ER040 ER040 ER040 ER041 ER041 ER042 ER042 ER042 ER042</td> <td>MANAGED CARE LOCATION AND CONTACT-1990 DATE MANAGED CARE LOCATION AND CONTACT-1990 DATE MANAGED CARE LOCATION AND CONTACT-1990 DATE MANAGED CARE LOCATION AND CONTACT-1990 DATE MANAGED CARE ADDR-1199 MANAGED CARE ADDR-1199 MANAGED CARE ADDR-1199</td> <td>Nor Applicable Nor Applicable Nor Applicable Nor Applicable A code to difficulty version addresses that a managed care entity may have. Nor Applicable</td> <td>NA NA NA Required NA</td> <td>AMAGED CARE LOCATION HAD CONTACT HM OF IF CARE Descripting date gauge and based one test for sign combination of statistystate plan ID/Sociation DiAddress / yee gaugent and cline (record segment); the end date of a child record segment must accur before or segment systexific, listenting muster multich one another in holds more segment. Achter SMACED CARE MANI record multich one another in holds carbon contained in the current adminision for scalar load with JMAMAEED CARE/COCOTIAN-BOC/CARE/COCOTION-BOC/CARE/COCOTIAN-BOC/CARE/COCOTION-BOC/CARE/COCOTIAN-BOC/CAR</td> <td>Net Applicable Net Applicable</td> <td>10/10/2013 8/7/2017</td> <td>MNGDCARE</td> <td></td> <td></td>	ER040 ER040 ER040 ER040 ER041 ER041 ER042 ER042 ER042 ER042	MANAGED CARE LOCATION AND CONTACT-1990 DATE MANAGED CARE LOCATION AND CONTACT-1990 DATE MANAGED CARE LOCATION AND CONTACT-1990 DATE MANAGED CARE LOCATION AND CONTACT-1990 DATE MANAGED CARE ADDR-1199 MANAGED CARE ADDR-1199 MANAGED CARE ADDR-1199	Nor Applicable Nor Applicable Nor Applicable Nor Applicable A code to difficulty version addresses that a managed care entity may have. Nor Applicable	NA NA NA Required NA	AMAGED CARE LOCATION HAD CONTACT HM OF IF CARE Descripting date gauge and based one test for sign combination of statistystate plan ID/Sociation DiAddress / yee gaugent and cline (record segment); the end date of a child record segment must accur before or segment systexific, listenting muster multich one another in holds more segment. Achter SMACED CARE MANI record multich one another in holds carbon contained in the current adminision for scalar load with JMAMAEED CARE/COCOTIAN-BOC/CARE/COCOTION-BOC/CARE/COCOTIAN-BOC/CARE/COCOTION-BOC/CARE/COCOTIAN-BOC/CAR	Net Applicable Net Applicable	10/10/2013 8/7/2017	MNGDCARE		
No. Acts 2788 MCS 2789 MCS 2789 MCS 2789 MCS 2797 MCS 2797 MCS 2797 MCS 2797 MCS 2797 MCS 2798 MCS 2799 MCS 2797 MCS 2798 MCS 2799 MCS 2799 MCS 2799 MCS 2797 MCS 2798 MCS 2799 MCS <td>ER040 ER040 ER040 ER040 ER041 ER041 ER042 ER042 ER042 ER042</td> <td>CONTRACT/REPORTING CONTRACTION AND CONTRACT PRO CERE CONTRACTION AND CONTRACT PRO CERE CONTRACT, AND CON</td> <td>Nor Applicable Nor Applicable Nor Applicable Nor Applicable A code to difficulty version addresses that a managed care entity may have. Nor Applicable</td> <td>NA NA Required NA</td> <td>For parent and child record segments, the end date of a child record segment must accord theory or be concurrent with the could be of the parent end concerning status and record agreest expects' betrifting muster must one auditor in balance and expensition. Acthe MANACED CARE MARK record must exit in 11-MARK databases or contained in the current statusminan for each record with MANACED CARE CONTINUE AND CONTECT AND segment Memory the value in soor more of the data elements in the MANACED CARE CARDINARY OF CONTECT AND segment And the value in soor more of the data elements in the MANACED CARE CARDINARY CONTECT AND segment And the value in soor more of the data elements in the MANACED CARE CARDINARY CONTECT AND segments and the value in soor more of the data elements in the MANACED CARE CARDINARY CONTECT AND segments and the value in soor more of the data elements in the MANACED CARE CARDINARY CONTECT AND CONTECT AND segments and the value in soor more of the data elements in the MANACED CARE CARDINARY And contect the value in soor more of the data elements in the MANACED CARE CARDINARY AND contect and the value in the v</td> <td>Not Applicable</td> <td>8/7/2017</td> <td>MNGDCARE</td> <td></td> <td></td>	ER040 ER040 ER040 ER040 ER041 ER041 ER042 ER042 ER042 ER042	CONTRACT/REPORTING CONTRACTION AND CONTRACT PRO CERE CONTRACTION AND CONTRACT PRO CERE CONTRACT, AND CON	Nor Applicable Nor Applicable Nor Applicable Nor Applicable A code to difficulty version addresses that a managed care entity may have. Nor Applicable	NA NA Required NA	For parent and child record segments, the end date of a child record segment must accord theory or be concurrent with the could be of the parent end concerning status and record agreest expects' betrifting muster must one auditor in balance and expensition. Acthe MANACED CARE MARK record must exit in 11-MARK databases or contained in the current statusminan for each record with MANACED CARE CONTINUE AND CONTECT AND segment Memory the value in soor more of the data elements in the MANACED CARE CARDINARY OF CONTECT AND segment And the value in soor more of the data elements in the MANACED CARE CARDINARY CONTECT AND segment And the value in soor more of the data elements in the MANACED CARE CARDINARY CONTECT AND segments and the value in soor more of the data elements in the MANACED CARE CARDINARY CONTECT AND segments and the value in soor more of the data elements in the MANACED CARE CARDINARY CONTECT AND CONTECT AND segments and the value in soor more of the data elements in the MANACED CARE CARDINARY And contect the value in soor more of the data elements in the MANACED CARE CARDINARY AND contect and the value in the v	Not Applicable	8/7/2017	MNGDCARE		
3789 ACS 3789 ACS 3797 ACS 3001 ACS 3002 ACS 3003 ACS 3004 ACS 3005 ACS 3004 ACS 3005 ACS	ER040 ER040 ER041 ER041 ER042 ER042 ER042 ER042	CONTACT WE END DATE	 Not Applicable A code to distinguish various addresses that a managed care entity may have. Not Applicable	NA NA Required	Active MANAGED CARE-MAIN record must exit in T-MSS database or contained in the current submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment Memory the value in one or more of the data element in the MANAGED-CARE-LOCATION-AND- CONTACT-INFO read segment changes, a new record segment must be craded.				Indiale One coordinate and contract the orienteed	
27974 403 37974 405 37974 405 37974 405 37974 405 37975 405 37976 405 37977 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3797 405 3798 405 3799 405 3799 405 3799 405 3799 405 3799 405 3790 405	CR040 CR041 CR041 CR042 CR042 CR042 CR043	CONTACT-INFO-END-DATE	 Not Applicable A code to distinguish various addresses that a managed care entity may have. Not Applicable	NA Required NA	submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment Whenever the value in one or more of the data elements in the MANAGED-CARE-LOCATION-AND- CONTACT-INFO record segment changes, a new record segment must be created.		8/7/2017	MNGDCARE		
3771 475 3772 475 3773 475 3774 475 3775 475 3774 475 3777 475 3778 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3777 475 3778 475 3797 475 3797 475 3797 476 3797 476 3797 476 3797 476 3797 476 3797 476 <td>CR041 CR041 CR042 CR042 CR043</td> <td>MANAGED-CARE-ADDR-TYPE</td> <td>A code to distinguish various addresses that a managed care entity may have. Not Applicable</td> <td>NA Required NA</td> <td>Whenever the value in one or more of the data elements in the MANAGED-CARE-LOCATION-AND- CONTACT-INFO record segment changes, a new record segment must be created. This data element must be populated on every MANAGED-CARE-LOCATION-AND-CONTACT-INFO record.</td> <td>Not Applicable</td> <td></td> <td></td> <td>MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003</td> <td>MCR040-0008</td>	CR041 CR041 CR042 CR042 CR043	MANAGED-CARE-ADDR-TYPE	A code to distinguish various addresses that a managed care entity may have. Not Applicable	NA Required NA	Whenever the value in one or more of the data elements in the MANAGED-CARE-LOCATION-AND- CONTACT-INFO record segment changes, a new record segment must be created. This data element must be populated on every MANAGED-CARE-LOCATION-AND-CONTACT-INFO record.	Not Applicable			MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0008
3772 XCB 3783 XCE 3784 XCB 3774 XCB 3776 XCB 3777 XCB 3778 XCB 3777 XCB 3778 XCB 3777 XCB 3778 XCB 3779 XCB 3779 XCB 3770 XCB 3600 XCB 3601 XCB 3602 XCB 3603 XCB 3604 XCB 3605 XCB 3605 XCB	DR041 DR042 DR042 DR043	MANAGED-CARE-ADDR-TYPE	Not Applicable	Required	This data element must be populated on every MANAGED-CARE-LOCATION-AND-CONTACT-INFO record.		2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR040-0009
2793 463 2794 468 2795 463 2796 463 2797 463 2797 463 2797 463 2797 463 2797 463 2797 463 2000 565 3001 463 3002 463 3003 463 3004 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3005 463 3054 463	CR042 CR042 CR043			NA		Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR041-0001
3774 MCS 3775 MCB 3776 MCB 3776 MCB 3778 MCB 3779 MCB 3779 MCB 3600 MCB 3801 MCB 3802 MCB 3803 MCB 3804 MCB 3805 MCB 3804 MCB	DR042 DR043	MANAGED-CARE-ADDR-LN1 MANAGED-CARE-ADDR-LN1	The managed care entity's address listed on the contract with the state.		Value must be equal to a valid value.	1 MGO's corporate address and contact information 2 MGO's conjugaders: 3 MGO's conjugaders: 4 MGO's Billing address and contact information 5 CEO's address and contact information 6 CFO's address and contact information 7 Other	10/10/2013	MNGDCARE	MANAGED CARE-LOCATION-AND CONTACT-INFO-MCR00000	3 MCR041-0002
3793 MCB 3795 MCB 3796 MCB 3797 MCB 3797 MCB 3797 MCB 3797 MCB 3600 MCB 3801 MCB 3802 MCB 3803 MCB 3804 MCB 3805 MCB	DR042	MANAGED-CARE-ADDR-LN1		Required	Line 1 is required. Lines 2 through 3 can be blank.	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR000003	3 MCR042-0001
3797 MCB 3798 MCB 3799 MCB 3800 MCB 3801 MCB 3803 MCB 3804 MCB 3805 MCB	DR043	1	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR042-0002
3797 MCB 3798 MCB 3799 MCB 3800 MCB 3801 MCB 3803 MCB 3804 MCB 3805 MCB	2042	MANAGED-CARE-ADDR-LN2	The managed care entity's address listed on the contract with the state.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR043-0001
3778 MCR 3779 MCR 3800 MCR 3801 MCR 3802 MCR 3803 MCR 3803 MCR 3804 MCR 3805 MCR	L-+U+3	MANAGED-CARE-ADDR-LN2	Not Applicable	NA	Line 1 is required. Lines 2 through 3 can be blank.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR043-0002
3759 MCB 3800 MCB 3801 MCB 3803 MCB 3804 MCB 3805 MCB	ER043	MANAGED-CARE-ADDR-LN2	Not Applicable	NA	When this data element is not populated or used, States must completely 8-fill, 9-fill, space-fill, or	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR000003	3 MCR043-0003
3759 MCB 3800 MCB 3801 MCB 3803 MCB 3804 MCB 3805 MCB					When this data element is not populated or used. States must completely & fill, 9-fill, space-fill, or blank-fill these elements in accordance to the S2TM Addendum C. In both filed-length and pipe- delinated files.					
3800 MCR 3801 MCR 3802 MCR 3803 MCR 3804 MCR 3805 MCR 3806 MCR	CR044	MANAGED-CARE-ADDR-LN3	The managed care entity's address listed on the contract with the state.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR000003	3 MCR044-0001
3802 MCR 3803 MCR 3804 MCR 3805 MCR 3806 MCR	ER044	MANAGED-CARE-ADDR-LN3	Not Applicable	NA	Line 1 is required. Lines 2 through 3 can be blank.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR044-0002
3802 MCR 3803 MCR 3804 MCR 3805 MCR 3806 MCR	DR044	MANAGED-CARE-ADDR-LN3	Not Applicable	NA	When this data element is not populated or used, States must completely & fill, 9-fil, space-fill, or blank-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe- delimited files	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR044-0003
3803 MCR 3804 MCR 3805 MCR 3805 MCR	CR045	MANAGED-CARE-CITY	The city of the managed care entity's address as listed on the contract with the state.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR045-0001
3804 MCR 3805 MCR 3806 MCR	CR045	MANAGED-CARE-CITY	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR045-0002
3805 MCR 3806 MCR	CR046	MANAGED-CARE-STATE	The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code of the of the managed care entity's address as listed on the contract with the state.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR046-0001
3806 MCR	CR047	MANAGED-CARE-ZIP-CODE	The zip code of the managed care entity as it appears in the address listed on the contract with the state.	Required	Must be populated on every record	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR047-0001
3806 MCR	CR047	MANAGED-CARE-ZIP-CODE	Not Applicable	NA	The value must consist of digits 0 through 9 only	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR047-0002
2007	CR047	MANAGED-CARE-ZIP-CODE	Not Applicable	NA	First 5 bytes (i.e., the 5-digit zip code) is required	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 Not Applicable
3807 Mick	CR047	MANAGED-CARE-ZIP-CODE	Not Applicable	NA	HTR 5 Dytes (i.e., the 3-digit zip code) is required if the four-digit extension is available, that may be filled in using the last four byes. Otherwise, if the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as '0000'.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR047-0003
3808 MCR	DR048	MANAGED-CARE-COUNTY	The ANSI County numeric code for the county or county equivalent.	Required	10000". Must be populated on every record	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR048-0001
3809 MCR	CR048	MANAGED-CARE-COUNTY	Not Applicable	NA	Value must be numeric.	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR048-0002
3810 MCR	DR048	MANAGED-CARE-COUNTY	Not Applicable	NA	Value must be equal to a valid value.		8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR048-0003
	CR048	MANAGED-CARE-COUNTY	Not Applicable	NA	One county code should be captured for each of a managed care entity's locations (MANAGED-	http://www.census.gov/geo/reference/codes/countylookup.html Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR048-0004
	CR049	MANAGED-CARE-TELEPHONE		Optional	CARE-LOCATION-IDs). Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR049-0001
	DR049	MANAGED-CARE-TELEPHONE	The telephone number, including area code, of the managed care entity as listed on the contract with the state. Not Applicable	NA	Must be numeric	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR049-0002
	CR049	MANAGED-CARE-TELEPHONE	Not Applicable	NA	Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR049-0003
3815 MCR	CR050	MANAGED-CARE-EMAIL	The email address of the managed care entity as listed on the contract with the state.	Optional	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR050-0001
3816 MCR	DR050	MANAGED-CARE-EMAIL	Not Applicable	NA	Must contain @	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR050-0002
3817 MCR	DR050	MANAGED-CARE-EMAIL	Not Applicable	NA	Must have 3000(@YYYY.ZZZ format	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR050-0003
3818 MCR	DR051	MANAGED-CARE-FAX-NUMBER	A fax number, including area code, as listed on the contract with the state	Optional	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR051-0001
	DR051	MANAGED-CARE-FAX-NUMBER	Not Applicable	NA	Must be numeric	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR051-0002
	DR051	MANAGED-CARE-FAX-NUMBER	Not Applicable	NA	Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	
	DR052	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	
							· · ·			
3822 MCR	DR052	STATE-NOTATION	Nor Applicable	NA	Exclude schulter Higs static can populate the STATE-NOTATION field with "You," "n.a." or leave the field table is, cubanited as "people" with nothing in between (11) when not using the Higd method table is the state should space-fill the STATE-NOTATION field when not using the Higd table state and specific commands. The state should be the state of the state of the state should be higd to people delimited files, states should space-fill the STATE-NOTATION field when not using the Higd to people delimited files, states should space with the begin of each record layout it supplicable only to	Not Applicable	9/23/2015 9/23/2015	MNGDCARE		3 MCR052-0002 3 MCR053-0001
3823 MCR	D052	DILER		Required	For pipe-delimited these, FILLER that is shown at the end of each record law to applicable only to be the first of the first shown at the end of each record layout should be space-filled in field-length files. Value must be equal to a valid value.	http://www.oppenaulite	8/7/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	3 MCR053-0001
	CR053	RILLER	Its identifier arringed to each record rearment. The first 0 shows the identification in the		reans, musis se, cipital 10 al Valliti, Valliti,		a, // 201/	HINGLICANE	THE REPORT OF THE PARTY OF THE	
3825 MCR 3826 MCR	DR053	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS = ELIGIBILITY record segment is ELGODO2.			1			1	
	DR054	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the BECORD-D for the PRIMARY DEMOGRAPHCE - LIGIBILITY record segment is LIGOROGIC. Not Applicable The AMR numeric state rode for the 115 state. territory or the Dirivit of Columbia that has	NA Required	Must be populated on every record segment. Value must be equal to a valid value	Not Applicable http://www.cepsus.em/geo/reference/ansi_statetables.html	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004 MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0001
3828 MCR			In dentifier assigned to sait-neard segment. The first 3 characters identify the subject area. The last bytes: are an integrative this lasting areas for example, the EUCRAD For the PRMARY EURODOM/HKG = LIXOBERTY record segments is EURODOM. Provide PRMARY to A applicable the AVR primetry take code for the U.S. state, ternitory, or the District of Columbia that has the A Additional the AVR primetry take code for the U.S. state, ternitory, or the District of Columbia that has the A Additional AVR Add	NA Required	Must be populated on every record segment. Value must be equal to a valid value. Must be populated on every record.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html Not Applicable	8/7/2017 8/7/2017 8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR000004	

Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE	FILENAME	FILE SEGMENT (with RECORD-ID)	
	MCR055			NA	Value must be the same on all record segments.	Not Applicable	LAST UPDATE DATE 8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR000004	MCRO
	MCR056 MCR056	RECORD-NUMBER RECORD-NUMBER	Not Applicable Beginning date of the time period covered by this file. Not Applicable	Required NA	Must be populated on every record Must be numeric	Not Applicable Not Applicable	8/7/2017 4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004 MANAGED-CARE-SERVICE-AREA-MCR00004	MCRO
	MCR056 MCR057	RECORD-NUMBER STATE-PLAN-ID-NUM	Not Applicable Contains the ID number the state issued to the managed care entity.	NA Required	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. Must be populated on every record	Not Applicable Not Applicable	8/7/2017 4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004 MANAGED-CARE-SERVICE-AREA-MCR00004	MCR0 MCR0
	MCR057	STATE-PLAN-ID-NUM	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCRO
	MCR057	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR0
	MCR057	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL- HEALTH-CARE-ENTITY-ID field. If not available, enter the state's internal plan ID.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR000004	MCRO
_	MCR058	MANAGED-CARE-SERVICE-AREA-	The specific identifiers for the counties, cities, regions, zip codes and/or other geographic areas that the managed care entity serves.	Required	Value must be equal to a valid value	http://www.census.gov/geo/reference/ansi.html	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCRO
	100000	NAME MANAGED CARE SERVICE AREA.	the managed care entity serves. Not Applicable		E Managed-care-service-area is 2.3, 4, 5, or 6 create/submit a MANAGED-CARE-SERVICE-AREA record for each service area.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCRO
	inclusio	NAME MANAGED-CARE-SERVICE-AREA-			record for each service area.		2/25/2013	MNGDCARE	MANAGED CARE-SERVICE-AREA-MCROOODA	MCRO
	MCR058	NAME	Not Applicable	NA	Use ANSI county codes when service area is defined by counties or cities.	Not Applicable	2/25/2013			
	MCR058	MANAGED-CARE-SERVICE-AREA- NAME	Not Applicable	NA	Put each zip code, city, county, region, or other area descriptor on a separate record.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCRO
	MCR058	MANAGED-CARE-SERVICE-AREA- NAME	Not Applicable	NA	Use 5 digit zip codes when service area definition is zip code based.	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
	MCR058	MANAGED-CARE-SERVICE-AREA-	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR000004	MCRO
	<u> </u>	MANAGED-CARE-SERVICE-AREA-	Not Applicable	NA	The value reported in MANAGED-CARE-SERVICE-AREA should represent the geographical unit of the	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCRO
	MCR058	NAME	Not Applicable		values reported in the MANAGED-CARE-SERVICE-AREA-NAME	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
_	MCR058 MCR059	MANAGED-CARE-SERVICE-AREA- NAME MANAGED-CARE-SERVICE-AREA-EFF-	The first day of the time span during which the values in all data elements in the MANAGED-CARE-		See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting MANAGED-CARE- SERVICE-AREA in the Managed Care File"		4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
	MCRUSY	DATE	SERVICE-AREA record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
_	MCR059	MANAGED-CARE-SERVICE-AREA-EFF- DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
	MCR059	DATE MANAGED-CARE-SERVICE-AREA-EFE-	Not Analicable	MA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
		DATE								
	MCR059	MANAGED-CARE-SERVICE-AREA-EFF- DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
	MCR059	MANAGED-CARE-SERVICE-AREA-EFF- DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not
-	MCR059	MANAGED-CARE-SERVICE-AREA-EFF- DATE	Not Applicable	NA	The MANAGED-CARE-SERVICE-AREA-EFF-DATE must occur on or before the MANAGED-CARE- GENALS AND DATE	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR000004	Not /
_	MCR059	DATE MANAGED-CARE-SERVICE-AREA-EFF-	Not Applicable	NA	SERVICE-AREA-END-DATE Whenever the value in one or more of the data elements in the MANAGED-CARE-SERVICE-AREA	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
_	MCR060	DATE		Required	record segment changes, a new record segment must be created. Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
		DATE	 The last day of the time span during which the values in all data elements in the MANAGED-CARE- SERVICE-AREA record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). 	required	Private des programmenta una evera y recursa	nos opposable	ny 2012013	MINGLICANE	PINS WILELFLARE SERVICE AREA-MUNUUU4	MCR
	MCR060	MANAGED-CARE-SERVICE-AREA-END-	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
_	MCR060	DATE MANAGED-CARE-SERVICE-AREA-END-		NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
_		MANAGED-CARE-SERVICE-AREA-END- DATE MANAGED-CARE-SERVICE-AREA-END-		<u> </u>	value must be numeric. If a complete, valid end date is not available or is unknown leave blank, or space-fill			MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	
	MCR060	DATE		NA		Not Applicable	8/7/2017			Not
	MCR060	MANAGED-CARE-SERVICE-AREA-END- DATE		NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231)	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not
	MCR060	MANAGED-CARE-SERVICE-AREA-END-	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
	MCR060	MANAGED-CARE-SERVICE-AREA-END-	Not Applicable	NA	The MANAGED-CARE-SERVICE-AREA-END-DATE must occur on or after the MANAGED-CARE-	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR000004	MCR
_	MCR060	DATE MANAGED-CARE-SERVICE-AREA-END- DATE	Not Applicable	NA	SERVICE-AREA-EFF-DATE Overlapping date spans should not exist for a given combination of state/state plan ID/Service Area	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
_	100000	DATE MANAGED-CARE-SERVICE-AREA-END-	Not Applicable		Name	Net Analisekie	0 (7 (2047	MICDOADE		1400
	includo i	DATE			For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	тос протыли.	uy), 2021	MICOORE		
	MCR060	MANAGED-CARE-SERVICE-AREA-END- DATE	Not Applicable	NA	Active MANAGED-CARE-MAIN record must exist in T-MSIS database or contained in the current submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
	MCR060	MANAGED-CARE-SERVICE-AREA-END- DATE		NA	Whenever the value in one or more of the data elements in the MANAGED-CARE-SERVICE-AREA record segment changes, a new record segment must be created	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
	MCR061	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
	MCR061	STATE-NOTATION	Not Apol(cable		For jpe-delimited fleg, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (11)) when not using the field		9/23/2015	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR
	MGR062	ALLER	Net Applicable	NA	to record specific comments. For fixed length files, states should space fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.		9/23/2015	MNGDCARE	MANAGED CARE SERVICE AREA MCR00004	MCR
	MCR063	RECORD-ID								
			An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY	Required	Value must be equal to a valid value.	MCR00005	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR
		accost in	DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required						
	MCR063 MCR064	RECORD-ID SUBMITTING-STATE	DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002. Not Applicable The ANSI numeric state code for the U.S. state. territory, or the District of Columbia that has	Required NA Required	Value must be equail to a valid value. Must be populated on every record segment. Value must be equal to a valid value.	MCR00005 Not Applicable http://www.comus.gov/peo/reference/ansi.statetables.html	8/7/2017 8/7/2017 8/7/2017	MNGDCARE MNGDCARE MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005 MANAGED-CARE-OPERATING-AUTHORITY-MCR00005 MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR
	MCR064	SUBMITTING-STATE	DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002. Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	MNGDCARE MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005 MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCS
	MCR064 MCR064 MCR064	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	DEMOGRAPHICS - ELIGIBLITY record segment is ELGODOD2. Not Applicable The ANN numeric state code for the U.S. state, tentiony, or the District of Columbia that has applicable Not Applicable Not Applicable	Required NA Required NA NA	Must he populated on every record segment. Value must he equal to a valid value. Mast he populated on every record. Value must he numeric	Not Applicable http://www.cessus.gov/geo/reference/and_statetables.html Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017 8/7/2017	MNGDCARE MNGDCARE MNGDCARE MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005 MANAGED-CARE-OPERATING-AUTHORITY-MCR00005 MANAGED-CARE-OPERATING-AUTHORITY-MCR00005 MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR MCR MCR
	MCR064 MCR064 MCR064 MCR064 MCR065	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER	DEMOGRANGS - EUGBILITY record segment is EUGDOD2. Mer Applicable The And Imputer, Edite code for the U.S. state, terrifory, or the Dilatest of Calumbia that has been Applicable Net Appli	Required NA Required NA NA Required	Mart be populated on every record organiset. Visite must be equal to a valid value. Visite must be equal to a valid value. Visite mark to be the user record. Visite mark to be the user out in ecode regeneres. Mart be populated on every record.	Nice Applicable Nice Applicable Nice Applicable Nice Applicable Nice Applicable Nice Applicable Nice Applicable	8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2013	MNGDCARE MNGDCARE MNGDCARE MNGDCARE MNGDCARE MNGDCARE	MANAGED CARE OPERATING AUTHORITY MCIB00005 MANAGED CARE OPERATING AUTHORITY MCIB00005 MANAGED CARE OPERATING AUTHORITY MCIB00005 MANAGED CARE OPERATING AUTHORITY MCIB00005 MANAGED CARE OPERATING AUTHORITY MCIB00005	MCR MCR MCR MCR MCR
	MCR064 MCR064 MCR064	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	EXPCOUNDERS = 1L/DBUT PT code argument is LCODOX. EXPCOUNDERS = 1L/DBUT PT code argument is LCODOX. An Applicable the Applicable Appli	Required NA Required NA NA Required NA NA NA NA	wait be populated on every record argument. Value must be equal to a valid value. Mate be populated on every record. Value must be must on all record regements. Value be populated on every record Value be populated on every record	Mither Appricable Mither Appricable Net Appricable Net Appricable Net Appricable Net Appricable Net Appricable Net Appricable	8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017	MNGDCARE MNGDCARE MNGDCARE MNGDCARE MNGDCARE	MANAGE D CARE-OPERATING AUTHORITY-MCR00005 MANAGE D CARE-OPERATING AUTHORITY-MCR00005 MANAGED CARE-OPERATING AUTHORITY-MCR00005 MANAGED CARE-OPERATING AUTHORITY-MCR00005 MANAGED CARE-OPERATING AUTHORITY-MCR00005	MCS MCS MCS MCS MCS
	MCR064 MCR064 MCR064 MCR064 MCR065 MCR065 MCR065 MCR066	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER STATE-FLAN-IN-NUM	DEMOGRAPHICS - FLUGBLET record segment is ELGODOD. DEMOGRAPHICS - FLUGBLET record segment is ELGODOD. The Avian provide class code for the U.S. state, territory, or the Dilater of Calumbia that has the Aviant Segment of the Calumbia segment of the Dilater of Calumbia that has the Aviant Segment of the Calumbia segment of the Dilater of Calumbia segment rough segment rough segment rough the Dilater of Calumbia segment rough segment rough the Dilater of Calumbia segment rough segme	NA Required NA NA Required NA NA	Mat be populated on every record segment. Visite must be equal to a valid value. Visite must be equal to a valid value. Visite must be the users record. Visite must be the users and a record segments. Mat be populated on every record Mat be populated on every record Mat be populated on every record Mat be comment.	in Argenzales Bin Argenzales	8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 4/30/2013 4/30/2013 8/7/2017 4/30/2013	MINGDCARE MINGDCARE MINGDCARE MINGDCARE MINGDCARE MINGDCARE MINGDCARE MINGDCARE	NANACED CARE-OPERATING-AUTHORITY-MCIB0005 NANACED CARE-OPERATING-AUTHORITY-MCIB0005 NANACED CARE-OPERATING-AUTHORITY-MCIB0005 MARACED CARE-OPERATING-AUTHORITY-MCIB0005 MARACED CARE-OPERATING-AUTHORITY-MCIB0005 NANACED CARE-OPERATING-AUTHORITY-MCIB0005 NANACED CARE-OPERATING-AUTHORITY-MCIB0005 NANACED CARE-OPERATING-AUTHORITY-MCIB0005	MG MG MG MG MG MG MG MG
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Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR N
	MCR070	MANAGED-CARE-OP-AUTHORITY-	DEFINITION The date that the state authority to operate their managed care program ends. For active managed care programs, the value reported in this field is established as the future end date in the operating authority documents.	Required	Must be populated on every record.	Not Applicable	LAST UPDATE DATE 8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-000
		END-DATE	care programs, the value reported in this field is established as the future end date in the operating authority documents.							
	MCR070	MANAGED-CARE-OP-AUTHORITY- END-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-000
	MCR070	MANAGED-CARE-OP-AUTHORITY- END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	Not Applicabl
	MCR070	MANAGED-CARE-OP-AUTHORITY- END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-000
	MCR070	MANAGED-CARE-OP-AUTHORITY-	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-000
	MCR070	END-DATE MANAGED-CARE-OP-AUTHORITY-	Not Applicable	NA	The MANAGED-CARE-OP-AUTHORITY-END-DATE must occur on or after the MANAGED-CARE-OP-	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-ALITHORITY-MCR00005	MCR070-00
	MCR070	END-DATE MANAGED-CARE-OP-AUTHORITY-	Not Applicable		AUTHORITY-EF-DATE For active managed care programs without end date, the value reported in this field should be	Not Applicable	8/7/2017	MNGDCARE	MANAGED CARE-OPERATING-AUTHORITY-MCR00005	Not Applica
		END-DATE		-	"99991231".					
	MCR070	MANAGED-CARE-OP-AUTHORITY- END-DATE	Not Applicable	NA	Overlapping date spans should not exist for a given combination of state/state plan ID/Operating Authority/Walver ID	Not Applicable	10/10/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-00
	MCR070	MANAGED-CARE-OP-AUTHORITY- END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-00
					be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.					
	MCR070	MANAGED-CARE-OP-AUTHORITY-	Not Applicable	NA	Active MANAGED-CARE-MAIN record must exist in T-MSIS database or contained in the current submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-00
		END-DATE			submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment					
	MCR070	MANAGED-CARE-OP-AUTHORITY- END-DATE	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting MANAGED-CARE-OP-	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-00
	MCR070	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting MANAGED-CARE-OP- AUTHORITY-EFF/END-DATE in the T-MSIS Managed Care File" The field can contain any alphanumeric characters, digits or symbols except the "pipe" []].	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR071-00
	MCR071	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR071-00
					to record specific comments.					
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.					
	MCR072	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fund-layout files, and therefore chould be impered in pipe-delimited files.	Not Applicable	9/23/2015	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR072-00
					For pipe definition much refer which a moment of the other technic technic of the other functions of the sand therefore should be ignored in pipe-definition of these For fixed-length files, FILER that is shown at the end of each record layout should be space-filed in fixed-length files.					
	MCR073	RECORD-ID	An identifier science to each record company. The Next Coherentee identify the sch	Required	Value must be equal to a valid value.	MCR00004	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR073-00
		nuconono	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-to for the PRIMARY DEMOGRAPHERS - ELIGBIEITY record segment to ELIGODO2.	- sequired	vanse maas se Cijilali tii a Valitii Valitii.	processory	w // 201/	MINUDLAKE	CR00006	
	MCR073	RECORD-ID	DEMOGRAPHICS - ELIGIBILITY record segment is ELIGUUUU2. Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR073-00
				Described		http://www.anapus.com/ana/adapus.com/ana/_adaptick/as.html				
	MCR074	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	unace and a second purport of the test of the second	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0
	MCR074	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0
	MCR074	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0
	MCR074	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0
	MCR075	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR075-0
			tile. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.							
	MCR075	RECORD-NUMBER	Not Applicable	NA	Must be numeric	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR075-00
	MCR075	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR075-0
	MCR076	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR000066	MCR076-00
	10007/	STATE-PLAN-ID-NUM			The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([].			MUCDCART		1000076 00
	MCR076		Not Applicable	NA		Not Applicable	4/30/2013	MNGDLARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0
	MCR076	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0
	MCR076	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL- HEALTH-CARE-ENTITY-ID field. If not available, enter the state's internal plan ID.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0
	MCR077	MANAGED-CARE-PLAN-POP	The eligibility group(s) the state is authorized to enroll in managed care plans by its operating	Required	Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-0
	MCR077	MANAGED-CARE-PLAN-POP	authority. Not Applicable	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-00
	MCR077	MANAGED-CARE-RI AN-ROR	Not Applicable		Must be numeric	Not Applicable	4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-00
	MCR077	MARAGED CAREPLANPOP		144	Mich de Hallielik	Not Appreable				
										11101077-00
	MCRO77	MANAGED-CARE-PLAN-POP	Not Applicable	NA	Submit a separate record segment for each eligibility group that can be enrolled in the managed care program in which the managed care plan is participating.	Not Applicable	8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-00
	MCR078		The date from which the authorized populations can be enrolled in managed care plans contracted	NA Required	Submit a separate record segment for each eligibility group that can be enrolled in the managed care program in which the managed care plan is participating. Must be populated on every record	Not Applicable Not Applicable	8/7/2017 8/7/2017	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006 MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-00
	MCR078			NA Required				MNGDCARE MNGDCARE		MCR077-00
		MANAGED-CARE-PLAN-POP-EFF-DATE	The date from which the authorized populations can be enrolled in managed care plans contracted under the managed care program. This date field is necessary when defining a unique row in a database table.	NA Required	Must be populated on every record	Not Applicable	8/7/2017		MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-00 MCR078-00
	MCR078 MCR078		The date from which the authorized populations can be enrolled in managed care plans contracted under the managed care program. This date field is necessary when defining a unique row in a database table.	NA Required NA	Must be populated on every record Sate format is CCYMMMOD (National Data Standard).			MNGDCARE MNGDCARE MNGDCARE		MCR077-00
		MANAGED-CARE-PLAN-POP-EFF-DATE	The date from which the authorized populations can be enrolled in managed care plans contracted under the managed care program. This date field is necessary when defining a unique row in a database table.	NA Required NA	Must be populated on every record Sate format is CCYMMMOD (National Data Standard).	Not Applicable	8/7/2017		MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-00 MCR078-00
		MANAGED-CARE-PLAN-POP-EFF-DATE	The date from which the authorized populations can be enrolled in managed care plans contracted under the managed care program. This date field is necessary when defining a unique row in a database table.	NA Required NA	Must be populated on every record	Not Applicable	8/7/2017		MANACED CARE PLAN POPULATION ENROLLED MCR00006	MCR077-00 MCR078-00
		MANAGED-CARE-PLAN-POP-EFF-DATE	The date from which the authorized populations can be enrolled in managed care plans contracted and/or the managed care program. We date their the necessary when defining a unique row in a database table. Not Applicable	NA Required NA NA	Must be populated on every record Sate format is CCYMMMOD (National Data Standard).	Not Applicable Not Applicable Not Applicable	8/7/2017 2/25/2013 8/7/2017		MANACED CARE PLAN POPULATION ENROLLED MCR00006	MCR077-00 MCR078-00
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	MCR078 MCR078 MCR078 MCR078	MANAGED CARE PLAN POP IFF-DATE MANAGED CARE PLAN POP IFF-DATE MANAGED CARE PLAN POP IFF-DATE MANAGED CARE PLAN POP IFF-DATE MANAGED CARE PLAN POP IFF-DATE	me das fen mon klaft fra sardovrato kooslantinos can be errolled in managed care plans contracted weder fra managed care plans contracted Tols date field is necessary when defining a unique row in a diabase table. Net Applicable Net Applicable Net Applicable	NA Required NA NA NA	Skat be populated on every record Suite formul is CCYMMED (National Data Standard), For generated tabl Alls segments, the effective bare of addition and segment metal-scat-barbier generate scatch Calcellaria and the effective barrier file segment, when submitting scatz and the generate scatch Calcellaria and the analysis of the sector file segment, when submitting scatz and the generate scatch Calcellaria and the analysis of the sector file segment. Walk must be numeric. Table Manufactor Calle FANA PROFER SAIE must accur on or before the MANACED CARE FANA POP Detail Call.	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 2/25/2013 8/7/2017 8/7/2017 8/7/2017	MNGDCARE MNGDCARE MNGDCARE MNGDCARE	MANALED CARE FLAN FORLLEIN FINGLED MERODOS Nanalez Care Flan Forlland y Naciona Manalez Care Flan Forland y Naciona Manalez Care Flan Forland y Naciona Manalez Care Flan Forland y Naciona	MCR077-0C MCR078-0C MCR078-0C Not Applica MCR078-0C
	MCR078 MCR078 MCR078 MCR078 MCR078	MANAGED CASE PLAN POP IFF-DATE MANAGED CASE PLAN POP IFF-DATE	The date from high the authorited populations can be enrolled in managed care plans contracted with the services of services. Not date field is necessary when defining a unique row in a database table. Not Applicable Not Applicable Not Applicable Not Applicable	NA Required NA NA NA NA	Start be populated on every record Start be populated on every record Start formal is CCYMMED (National Data Standard). Register and child the againestic, the effective data of child record againest must occur before genered specific, locativity number match one another in both record segments. Value must be municir. The MANAGED CARE FANN FOR HIT SAIT must occur on or before the MANAGED CARE FANN PMPARCHAT. Whenever the value in our or more of the data demonst in the MANAGED CARE FANN PMPARCHAT.	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 2/25/2013 8/7/2017 8/7/2017 8/7/2017 8/7/2017	MINGDCARE MINGDCARE MINGDCARE MINGDCARE MINGDCARE	MANAGED CARE FLAN FORLISTICH EINIGLED HORIOOS MANAGED CARE FLAN FORLISTICH EINIGLED HORIOOS	MCR077-0C MCR078-0C MCR078-0C Not Applica Not Applica
	MCR078 MCR078 MCR078 MCR078	MANAGED CARE PLAN POP IFF-DATE MANAGED CARE PLAN POP IFF-DATE MANAGED CARE PLAN POP IFF-DATE MANAGED CARE PLAN POP IFF-DATE MANAGED CARE PLAN POP IFF-DATE	The date from high the authorited populations can be enrolled in managed care plans contracted with the services of services. Not date field is necessary when defining a unique row in a database table. Not Applicable Not Applicable Not Applicable Not Applicable	NA Required NA NA NA NA NA	Skat be papelield on every month Easte format is CCMMARCE (Neithout Data Standard), papers and child file argument, the effective date of a child record argument must occur before or be concerner with the effective date of the parent file argument, where submitting ustatu and file argument specific beating number multi-one another in both record segment. Calve must be numeric. The MARAUET CALL PLAY FILE FILE and the argument is the MARKED CALL PLAY. The MARAUET CALL PLAY FILE FILE data determines in the MARKED CALL PLAY.	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 2/25/2013 8/7/2017 8/7/2017 8/7/2017	MNGDCARE MNGDCARE MNGDCARE MNGDCARE	MANALED CARE FLAN FORLLEIN FINGLED MERODOS Nanalez Care Flan Forlland y Naciona Manalez Care Flan Forland y Naciona Manalez Care Flan Forland y Naciona Manalez Care Flan Forland y Naciona	MCR077-00 MCR078-00 MCR078-00 Not Applica Not Applica Not Applica
	MCR078 MCR078 MCR078 MCR078 MCR078	NANAGED CARE FLAN HOF HAT AN MANAGED CARE FLAN HOF HAT AN	The data from high the authorited populations cannot be enrolled in managed care plans contracted where the managed care provides a series of the series of	NA Required NA NA NA NA NA NA NA Required	Start be populated on every record Start be populated on every record Start formal is CCYMMED (National Data Standard). Register and child the againestic, the effective data of child record againest must occur before genered specific, locativity number match one another in both record segments. Value must be municir. The MANAGED CARE FANN FOR HIT SAIT must occur on or before the MANAGED CARE FANN PMPARCHAT. Whenever the value in our or more of the data demonst in the MANAGED CARE FANN PMPARCHAT.	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	8/7/2017 2/25/2013 8/7/2017 8/7/2017 8/7/2017 8/7/2017	MINGDCARE MINGDCARE MINGDCARE MINGDCARE MINGDCARE	MANAGED CARE FLAN FORLISTICH EINIGLED HORIOOS MANAGED CARE FLAN FORLISTICH EINIGLED HORIOOS	MCR078-00 MCR078-00 MCR078-00 Not Applica MCR078-00 Not Applica Not Applica
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	502071 502071 502071 502071 502071 502077 502077 502077 502077 502077 502077 502077 502077 502077 502077 502077 502077 502077 50207 502077	NAMAGED CARE FLAN NOF DIP CAT NAMAGED CARE FLAN NOF DIP CARACED CARE FLA	me date from validat the sardported reportation can be enrolled in managed care plans contracted where the name of energy and an enrolled in managed care plans contracted sardported from the sardported population cannot be enrolled in managed care plans contracted where Applicable Not Applicable	KA NA NA NA NA NA NA NA NA NA NA NA NA NA	Skat be populated an every record Safe formal is CCYMARCO (National Cala Standard). The parent and CARE Mis againest, the effective date of a SMM record segment must occur before and the concentre with the effective date of the parent file granced segment must occur before and the concentre with the effective date of the parent file granced segment must occur before the concentre with the effective date of the parent file granced segment must occur before the concentre with the effective date of the parent file granced segment. Wate neutrols and the segments, the effective date of a SMM record segment with the numeric. Wate neutrols and segment charges, a new record segment must be crusted. Mark the papabilities in our parent file data determines in the MANACED CARE FAAN- PCPLAD TRANSPORT CARE MAN PCP SMD CARE insular record on parent must be crusted. Mark the papabilities in our parent of the data determines in the MANACED CARE FAAN- PCPLAD TRANSPORT CARE MAN PCP SMD CARE insular record segment must be crusted. Mark the papabilities in our parent data data the value reported in this field SMDACED Faar must be a varied data: The anomplex, unliked mark in our parent data file value reported in this field SMDACED CARE FAAN PCP- Mark must be a varied data: The anomplex and data: The anomplex and data: The anomplex and data: The anomplex and SMDACED CARE FAAN PCP-DED CARE from the coard of segments. Addie MANACED CARE MAN PCP END CARE from the coard or or after the MANACED CARE FAAN PCP- Mark must be a varied data: The anomplex and data: The anomplex and SMDACED CARE from the coard or or after the MANACED CARE FAAN PCP- Mark must be a varied data: The anomplex and SMDACED CARE from the coard or particle file segment. Addie MANACED CARE MAN PCP END CARE from the coard or and regioned segments. Addie MANACED CARE MAN PCP END CARE for the the anomplex anomplex anomplex and the second segments. Addie MANACED CARE MAN PCP END CARE for the the anomplex anomplex anomplex anomplex the "page" (Not Applicable Not Ap	0.772017 2725/2013 8/772017 8/772017 8/72017 8/72017 8/72017 8/72017 8/72017 8/72017 8/72017 8/72017 8/72017 8/72017 8/72017 8/72017 8/72017 8/72017	MICICIAE MICICAE MICICAE MICICAE MICICAE MICICAE MICICAE MICICAE MICICAE MICICAE MICICAE MICICAE MICICAE MICICAE MICICAE MICICAE	MANAGED CARE FLAN FORULTION ENKLIED MEDICOG MANAGED CARE FLAN FORULTION ENKLIED MEDICOG	КСК277-67 КСС277-67 КСС277-67

Row #	DE NO	DATA ELEMENT NAME	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT Must be populated on every record segment.	VALID VALUES	LAST UPDATE DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID) MANAGED- CARE-ACCREDITATION-ORGANIZATION-	MCR08
	MCR062					Not Appreable			MCR00007	
	MCR083	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCR08
	MCR083	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCR08
	MCR083	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric	Not Applicable	8/7/2017	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCR08
	MCR083	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-	MCR08
	MCR084	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission	Required	Must be populated on every record	Not Applicable	10/10/2013	MNGDCARE	MCR00007 MANAGED- CARE-ACCREDITATION-ORGANIZATION-	MCR08
	1		A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.						MCR00007	
	MCR084	RECORD-NUMBER	Not Applicable	NA	Must be numeric	Not Applicable	4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCRO
	MCR084	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-	MCRO
	MCR085	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required	Must be populated on every record	Not Applicable	4/30/2013	MNGDCARE	MCR00007 MANAGED- CARE-ACCREDITATION-ORGANIZATION-	MCRO
				required					MCR00007	
	MCR085	STATE-PLAN-ID-NUM	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	MNGDCARE	MANAGED CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCRO
	MCR085	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment	Not Applicable	8/7/2017	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCRO
	MCR085	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL-	Not Applicable	8/7/2017	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-	MCRO
	MCR086	ACCREDITATION-ORGANIZATION	Identify the accreditation awarded to the managed care entity.	Conditional	HEALTH-CARE-ENTITY-ID field. If not available, enter the state's internal plan ID. Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	MCR00007 MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCR0
				Conditional					MCR00007 MANAGED: CARE-ACCREDITATION-ORGANIZATION-	
	MCR086	ACCREDITATION-ORGANIZATION	Net Applicate		Vake must be equal to a valid vake.	Si National committee for quality assurance - excellent Advanced committee for quality assurance - commondable Si National committee for quality assurance - providenced Si National committee for quality assurance - assurance Si National committee for quality assurance - assuranced Si National committee for quality assurance - advanced Si National committee for quality assurance - devided	9/23/2015	MNGDCARE	MCR80007	MCRO
	MCR087	DATE-ACCREDITATION-ACHIEVED	The date the organization achieved accreditation.	Conditional	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCRO
	MCR087	DATE-ACCREDITATION-ACHIEVED	This date field is necessary when defining a unique row in a database table. Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-	MCRO
				[``					MCR00007	
	MCR087	DATE-ACCREDITATION-ACHIEVED	Not Applicable	NA	The date must be a valid date.	Not Applicable	4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCR
-	MCR087	DATE-ACCREDITATION-ACHIEVED	Not Applicable	NA	Date must be less than current date	Not Applicable	8/7/2017	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCRI
	MCR087	DATE-ACCREDITATION-ACHIEVED	Not Applicable	NA	Date must be equal to or less than DATE-ACCREDITATION-END	Not Applicable	8/7/2017	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-	MCR
	MCR08 ⁹	DATE-ACCREDITATION-END	The date when organization's accreditation ends.	Conditional	Must be consisted on every record	Not Applicable	11/3/2015	MNGDCARE	MCR00007 MANAGED- CARE-ACCREDITATION-ORGANIZATION-	1.000
	**********	DATE ACCREDITATION END		conditional	enses de population de créty récurd			MINULARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MIC NO
	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Date format is CCYYMMIDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCR
-	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCRI
	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Date must be equal to or less than DATE-ACCREDITATION-ACHIEVED	Not Applicable	8/7/2017	MNGDCARE	MCR00007 MANAGED- CARE-ACCREDITATION-ORGANIZATION-	MCRO
	MCR088	DATE-ACCREDITATION-END	Not Applicable				10/10/2013	MNGDCARE	MCR00007 MANAGED- CARE-ACCREDITATION-ORGANIZATION-	MCRO
				na -	Overlapping date spans should not exist for a given combination of state/state plan ID/accreditation organization	Not Applicable			MCR00007	
	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Coverage span date must be fully contained within in the set of effective date spans of all active parent records	Not Applicable	4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCRO
	MCR088	DATE-ACCREDITATION-END	Not Applicable	NA	Active MANAGED-CARE-MAIN record must exist in T-MSIS database or contained in the current	Not Applicable	8/7/2017	MNGDCARE	MANAGED CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCR
	MCR089	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	MENDOU/	MCR
	MCR089	STATE-NOTATION	Not Applicable	NA	See give definition of large, states can apposite the STATE MODATION Reld with " $n_{\rm eff}^{-1}$ " n_{\rm eff}^{-1} is an even the fold built (i.e., and states data and the individual (i.e., the states data) states and st	Not Applicable	9/23/2015	MNGDCARE	MANAGED CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCRO
	MCR090	FILLER	Not Applicable	NA	For appendiment lines, FILLER that is shown at the end of each record layout is applicable only to applicable only the start the start of the start	Not Applicable	9/23/2015	MNGDCARE	MANAGED: CARE-ACCREDITATION-ORGANIZATION- MCR00007	MCR0
	MCR091	RECORD-ID	La december assigned to each record regement. The first 3 Advances Sembly the subject area. The last before are an integration floating resort. For each regement, the RECORD to be the PBMABY DEMOGRAPHICS - ELIGBILITY record regement is ELICODOD2.	NA	Vision must be equal to a valid value. MUTE: Adoption of the national health gain (dentifiers (MUTE)) and other entry (dentifiers (OUD)) MUTE: Adoption of the national health gain (dentifiers (MUTE)) and other entry (dentifiers (OUD)) MUTE: Adoption of the NATION OUT (ADD ADD ADD ADD ADD ADD ADD ADD ADD AD	MCROOODI	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE ENTITY-ID-INFO-MCR00008	MCRO
_	MCR091	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCRO
_	MCR092	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NĂ	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCRO
	MCR092	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
-	MCR092 MCR092	SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER	Not Applicable Not Applicable	NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
	MCR093		A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMERE, In conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	NA	Must be populated on every record	Not Applicable Not Applicable	10/10/2013			MCR
_	MCR093 MCR093	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	2/25/2013 8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
	MCR093 MCR094	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. Must be populated on every record The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]].	Not Applicable Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
_	MCR094	STATE-PLAN-ID-NUM	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
	MCR094	STATE-PLAN-ID-NUM	Not Applicable	NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
	MCR094	STATE-PLAN-ID-NUM	Not Applicable	NA	If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID	The national health plan identifier(s) or other entity identifier(s) assigned to a managed care entity in accordance with 45 CFR 162 Subpart E. All of the entity's national health care entity identifiers should be reported using the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO and CHRD-SHPID-RELATIONSHIPS record segments.	NA	If the National Health Plan Identifier Is available, enter the number in this field and the NATIONAL- HEALTH-CARE-ENTITY-0 field. If not available, enter the state's internal plan ID. Implementation of 45 CFR 162 Subgart E regarding the requirement for large and small health plans to obtain national health plan Identifiers was delayed indefinitely as of 10/31/2014.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID	recora segments. Not Applicable	MA	The field can contain any alphanumeric charactery, disits as workeds account the Fab. 1973	Not Analizable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCRI
_					The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable				
	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	This field is required for all managed care plans that are covered entities on or after the mandated dates above.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCRO
-	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	NA	dates above. National identifiers in the eligible file must match either a controlling health plan (CHP) identifier or	Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
	MCR096	NATIONAL HEALTH CARE ENTITY IS	The MATIONAL-UEALTU-CARE-ENTITY-ID-TVPE distionuicher "controlline" hestik also identifiere	MA		1 Controlling Havith Rive (CHR) ID	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCRO
		TYPE	The NATIONAL-HEALTH-CARE-ENTITY-ID-TIPE distinguishes "controlling" health plan identifiers [CHPDD], "subhealth" health plan identifiers (SHPDD), and other entity identifiers (OEIDs) from one another. See 45 CFR 162 Subpart E. http://www.gpo.gov/fdsys/plg/FR-2012-09-05/pdf/2012- 21238.pdf		sourceur pair (SHY) reserved in the low mark gene Carle source Lifes. In professional and the CFR 162 source Part Regarding the requirement for large and small health plans to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.	1 Controlling Health Plan (CHP) ID 2 Subhealth Plan (SHP) ID 3 Other Entity Identifier (OEID)	N, 7/2017	MINUDCARE	NAME AND A DESCRIPTION OF	MLR
-	MCR097	NATIONAL-HEALTH-CARE-ENTITY-	The legal name of the health care entity identified by the corresponding value in the NATIONAL-	NA	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
	MCR097	NAME NATIONAL-HEALTH-CARE-ENTITY-	HEALTH-CARE-ENTITY-ID field. Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
		NATIONAL-HEALTH-CARE-ENTITY- NAME	The Paperson	m	the new sensestiant any application characters, digits or symbols except the "pipe" (]).	no opposible		MINULCARE	CONTRACTOR CONTRACTOR CONTRACTOR	MCR
	MCR097	NATIONAL-HEALTH-CARE-ENTITY-	Not Applicable	MA	Use the descriptive name assigned by the state as it exists in the state's MMIS.	Not Applicable	9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
		NAME								
	MCR097	NATIONAL-HEALTH-CARE-ENTITY- NAME	Not Applicable	NA	If there is no name associated with the NATIONAL-HEALTH-CARE-ENTITY-ID in the state's MMIS, the field should be space-filled, or blank.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
	incho //	NATIONAL-HEALTH-CARE-ENTITY-ID-	The first day of the time span during which the values in all data elements in the NATIONAL-HEALTH- CARE-ENTITY-ID-NEC record comment are in effect (i.e. the values accurately cellect reality or it is	NA	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR
	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-					1	1	1	
		NATIONAL-HEALTH-CARE-ENTITY-ID- INFO-EFF-DATE	CARE-ENTITY-ID-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.							
	MCR098	INFO-EFF-DATE	This date field is necessary when defining a unique row in a database table.	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCRODODR	MCRO
		NATIONAL-HEALTH-CARE-ENTITY-ID- INFO-EFF-DATE		NA	Date format is CCYMMIDD (National Data Standard). Vake must be numeric	Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008 NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCRI

ew Row #	DE NO MCR098	DATA ELEMENT NAME	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT Value must be a valid date.	VALID VALUES Not Applicable	LAST UPDATE DATE 8/7/2017	FILENAME MNGDCARE	FILE SEGMENT (with RECORD-ID) NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	CR NO MCR098-0004
002	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-	Not Applicable	NA	The NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE must occur on or before the NATIONAL- HEALTH-CARE-ENTITY-ID-INFO-END-DATE	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0006
03	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID- INFO-EFF-DATE	Not Applicable	NA	First Information in the effective date of a child record segment must occur before for parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	Not Applicable
04	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID- INFO-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the NATIONAL-HEALTH-CARE-ENTITY- DE-NFD record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0007
05	MCR099		The first day of the time span during which the values in all data elements in the NATIONAL-HEALTH- CARE-ENTITY-ID-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	NA	ID-INFO record segment changes, a new record segment must be created. Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0001
6	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-	understood to be at the time the record is created). Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0002
7	MCR099	INFO-END-DATE NATIONAL-HEALTH-CARE-ENTITY-ID-	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0003
08	MCR099	INFO-END-DATE NATIONAL-HEALTH-CARE-ENTITY-ID- INFO-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0004
19	MCR099	NFO-END-DATE NATIONAL-HEALTH-CARE-ENTITY-ID- INFO-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	Not Applicable
10	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID- INFO-END-DATE	Not Applicable	NA	For active managed care programs without end date, the value reported in this field should be "99991231".	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	Not Applicable
11	MCR099		Not Applicable	NA	The NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE must occur on or after the NATIONAL- HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0005
12	MCR099	INFO-END-DATE	Not Applicable	NA	Overlapping date spans should not exist for a given combination of state/state plan ID/ National Health Care Entity ID/National Health Care Entity ID type	Not Applicable	10/10/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0006
3	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID- INFO-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0007
14	MCR099	INFO-END-DATE	Not Applicable	NA	Active MANAGED-CARE-MAIN record must exist in T-MSIS database or contained in the current submission for each record with a MANAGED-CARE-LOCATION-AND-CONTACT-INFO segment	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0008
15	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID- INFO-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the NATIONAL-HEALTH-CARE-ENTITY- ID-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0009
16	MCR100	STATE-NOTATION	Not Applicable	NA	Excited calmined fligs, states can populate the STATE-NOTATION field with "ng," "na," as "or leave the field black (i.e., usualited as "spip pipe" with nothing in between []]) when not using the field to record specific comments. Excited States that states should space-fill the STATE-NOTATION field when not using the field record specific comments, and right-pad the field with spaces when the field does contain verblage.	Not Applicable	9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR100-0002
17	MCR100	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR100-0001
18	MCR101	FILLER	Not Applicable		For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Not Applicable	9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR101-0001
18	MCR101			NA	For pipe-delimited thes, FILLER that is shown at the end of each record layout is applicable only to finde-dength files and therefore should be goved in pipe-delimited files. For finde length files, FILLER that is shown at the end of each record layout should be space-filled in finde-frength files.	Not Applicable	9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR101-0001
19	MCR102	RECORD-ID	So identifies adapted to ach record aggment. The first 3 Autorators identify the subject area. The Las before area in length indication areas. The many strength is the CODE of the PBMANY DEMOGRAPHICS - LUGBUTY record aggment is ELCODOD.	NA	Viain must be equal to a valid value. The Andron of the value of value of value of value of value of value events, the value of	MCR00009	8/7/2017	MNGDCARE	CHPID-SHPID-RELATION SHIPS-MCR00009	MCR102-0003
120	MCR102	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the LLS state, territory, or the District of Columbia that has	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009 CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR102-0001
	MCR103		submitted the data.	NA	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	MNGDCARE		MCR103-0002
22 23 24	MCR103 MCR103	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	MNGDCARE MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009 CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR103-0001 MCR103-0003
8	MCR103 MCR104	SUBMITTING-STATE RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file: The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	NA NA	Value must be the same on all record segments. Must be populated on every record	Not Applicable Not Applicable	8/7/2017 10/10/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009 CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR103-0004 MCR104-0001
26 27	MCR104 MCR104	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA NA	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	2/25/2013 8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009 CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR104-0002 MCR104-0003
28 29 30	MCR105 MCR105	STATE-PLAN-ID-NUM STATE-PLAN-ID-NUM STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity. Not Applicable	NA NA	Must be populated on every record The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([].	Not Applicable Not Applicable	2/25/2013 2/25/2013	MNGDCARE MNGDCARE MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009 CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0001 MCR105-0002
30	MCR105 MCR105	STATE-PLAN-ID-NUM	Not Applicable	NA NA	STATE-PLAN-ID-NUM must match a STATE-PLAN-ID-NUM on the MANAGED-CARE-MAIN segment If the National Health Plan Identifier is available, enter the number in this field and the NATIONAL-	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0003 MCR105-0004
32	MCR105	CURID	A data element to capture the Controlling Health Plan Identifier (CHPID) on the CHPID-SHPID-		HEALTH-CARE-ENTITY-ID field. If not available, enter the state's internal plan ID. Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0004
			RELATIONSHIPS record. The CHPID-SHPID-RELATIONSHIPS record links a controlling health plan with its associated sub-health plans. (Sub-health plans are identified by SHPIDs.)							
3	MCR106	CHPID	Not Applicable	NA	Every CHPID must have an associated active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO segment.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR106-0002
84	MCR107	SHPID	A data element to capture the Subhealth Plan Identifier (SHPID) on the CHPID-SHPID-BELATIONSHIPS record. The CHPID-SHPID-RELATIONSHIPS records link controlling health plans with their associated sub- health plans. (Controlling health plans are Identified by CHPID-L)	NA	Must be populated on every record	Not Applicable	11/3/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR107-0001
85	MCR107	SHPID	Not Applicable	NA	Every SHPID must have an associated active NATIONAL-HEALTH-CARE-ENTITY-ID-INFO segment.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR107-0002
6	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	The find day that the table submitting the CHPO-SHPD-RELATIONSHPS record segment considers the data therein to be valid and active. The purpose of the effective and end dates on the CHPO-SHPD-RELATIONSHPS record segment is to permit the submitting table boxed boxed on the CHPO-SHPD-RELATIONSHPS record segment is to permit the submitting table boxed	NA	Must be populated on every record	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONISHIPS-MCR000009	MCR108-0001
37	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0002
8	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0003
9	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0004
0	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the CHPID-SHPID-RELATIONSHIPS record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable
41	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	For parent and the first of the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable
42	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	NA	The CHPID-SHPID-RELATIONSHIP-EFF-DATE must occur on or before the CHPID-SHPID- RELATIONSHIP-END-DATE	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0006
3	MCR109	CHPID-SHPID-RELATIONSHIP-END- DATE	The last day that the state submitting the CHPID-SHPID-RELATIONSHIPS record segment considers the data therein to be valid and active. The purpose of the relative & end dates on the CHPID-SHPID-RELATIONSHIPS record segment is to per additionality to be valid.	NA	PaLAT UNRAME PARA DATE	Not Applicable	11/3/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0001
14	MCR109	CHPID-SHPID-RELATIONSHIP-END-	Not Applicable	NA	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0002
5	MCR109	DATE CHPID-SHPID-RELATIONSHIP-END-	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0003
	MCR109	DATE CHPID-SHPID-RELATIONSHIP-END-	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0004
46	MCR109	DATE CHPID-SHPID-RELATIONSHIP-END-	Not Applicable	NA	The CHPID-SHPID-RELATIONSHIP-END-DATE must occur on or after the CHPID-SHPID- THE ATLANCING ET. DATE	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0005
		DATE CHPID-SHPID-RELATIONSHIP-END-	Not Applicable	NA	RELATIONSHIP-EFF-DATE Overlapping date spans should not exist for a given combination of state/state plan ID/CHPID/SHPID	Not Applicable	10/10/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0006
46 47 48	MCR109	DATE							1	MCR109-0007
47	MCR109 MCR109	DATE CHPID-SHPID-RELATIONSHIP-END- DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	
8		DATE	Net Applicable	NA NA	For gareers and thild record expensions, the end date of a child record segment must occur before a becomment with the end date of the parent record segment, they are submitting state and record segment separation. It is the end of the parent record segment, they are submitting state and record segment separation. It is the second segment segment segment and the second segments. Each segment segment, and the second segment segment segment segment segment segment segment.	Not Applicable	8/7/2017 8/7/2017	MNGDCARE MNGDCARE	CHPID-SHPID-RELATIONISHIPS-MICR00009 CHPID-SHPID-RELATIONISHIPS-MICR00009	MCR109-0008

# I MCR	DE NO	DATA ELEMENT NAME	DEFINITION A free text field for the submitting state to enter whatever information it chooses.	NECESSITY	CODING REQUIREMENT The field can contain any alphanumeric characters, digits or symbols except the "pipe" (1).	VALID VALUES	LAST UPDATE DATE 8/7/2017	FILENAME	FILE SEGMENT (with RECORD-ID) CHPID-SHPID-RELATIONSHIPS-MCR00009	CR MCR110-0
MCR	110	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ([])) when not using the field to record specific comments.	Not Applicable	9/23/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR110-0
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to	2				
					record specific comments, and right-pad the field with spaces when the field does contain verblage.					
MCR	111	FILLER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to fixed-ength files and therefore should be ignored in pipe-delimited files. For third-length files, FILER that is shown at the end of each record layout should be space-filed in fixed-length files.	Not Applicable	9/23/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR111-
					For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.					
MCR	112	SEQUENCE-NUMBER	To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required	Field is required on all 'C', 'U', and 'R' SUBMISSION-TRANSACTION-TYPE record files.	Not Applicable	8/7/2017	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR112-
MCR		SEQUENCE-NUMBER			Must be numeric and > 0			MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR112-
PRVC	001	RECORD-ID	Not Applicable An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBLITY record segment is ELGODO2. Net and include	NA Required	Must be numeric and > 0 Value must be equal to a valid value.	Not Applicable PRV00001	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV001-0
PRVC	001	RECORD-ID		NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV001-
	002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required	Use the version number specified on the Cover Sheet of the data dictionary	Not Applicable	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV002
PRVC	003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV003-
PRVC	003 004	SUBMISSION-TRANSACTION-TYPE FILE-ENCODING-SPECIFICATION	Not Applicable A data element to denote whether the file is in fixed length line format or delimited format.	NA Required	Must be populated on every record Value must be equal to a valid value.	Not Applicable FLF - The file follows a fixed length format.	4/30/2013 8/7/2017	PROVIDER PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV003- PRV004-
PRVC	005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required	Use the version number specified on the title page of the data mapping document	PSV - The file follows a pipe-delimited format. Not Applicable	2/25/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRVDOS
PRVC	006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission	Required	Required on every file header record	Not Applicable	4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV006
			ftle should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP daims, LT claims, Rx daims, or OT claims).							
PRVC	006	FILE-NAME	Not Applicable	NA	Value must be equal to a valid value.	PROVIDER - Provider file	4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV006
PRVC	307	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has	Required	Value must be equal to a valid value.	http://www.census.pov/geo/reference/ansi_statetables.html	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007
PRVC	007	SUBMITTING-STATE	submitted the data. Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007
PRVC	007	SUBMITTING-STATE	Not Applicable	NA NA	Value must be numeric Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017	PROVIDER PROVIDER PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007 PRV007 PRV007
PRVC	306	DATE-FILE-CREATED DATE-FILE-CREATED	Not Applicable The date on which the file was created. Not Applicable	Required	Value must be availed out all records segments. Date format is CCYMMDD (National Data Standard). Value must be a valid date	Not Applicable Not Applicable Not Applicable	4/30/2013 8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007 PRV008 PRV008
PRVC	800	DATE-FILE-CREATED DATE-FILE-CREATED	Not Applicable Not Applicable	NA NA	Value must be a Value date Required on every file header Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017	PROVIDER PROVIDER PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008
PRVC	009	START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Beginning date of the time period covered by this file. Not Applicable	Required NA	Date format de capar d'or neter miner de date checce an encercia en encercia en encercia de la construcción de Date format de capar de la construcción de la Construcción de la construcción de la constru	Not Applicable Not Applicable	8/7/2017 4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009 PRV009
PRVC		START-OF-TIME-PERIOD START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable	NA	Volue must be a valid date	Not Applicable	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009
PRVC		START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable Not Applicable Not Applicable	NA NA	Value must be a whole RND-OF-TIME-PERIOD Value must be equal to or less than the date in the DATE-FILE-CREATED field. Value must because no or before the current date.	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009 PRV009 PRV009
	010	END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached.	Required	Value must be a valid date	Not Applicable	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010
PRVC	010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Not Applicable	NA	Date format is CCYYMMDD (National Data Standard). Must be populated on every record	Not Applicable Not Applicable	2/25/2013 4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010 PRV010
PRVC	010	END-OF-TIME-PERIOD	Not Applicable	NA	Date must be less than current date Value must be equal or less than DATE-FILE-CREATED.	Not Applicable	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010
PRVC		END-OF-TIME-PERIOD END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Not Applicable Not Applicable	NA NA	Value must be equal to res than DATEPTEPCREATED. Value must be equal to or greater than START-OF-TME-PERIOD. Value for the Date in the End of Time Period (Jast 2 bytes of the value) must equal "30" in April,	Not Applicable Not Applicable Not Applicable	8/7/2017 4/30/2013 8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001	Not App PRV010- Not App
	510	LAD OF THE PERIOD	нос аррикари.		June, September, or November; "31" in January, March, May, July, August, October, or December, and "28" or "29" in February.	ins approxime.		- NOVIDER		inor opp
PRVC	011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required	Value must be equal to a valid value.	P Production File T Test File	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV011
PRVC	011	FILE-STATUS-INDICATOR FILE-STATUS-INDICATOR	Not Applicable Not Applicable	NA	Must be populated on every record The dataset name and the value in this field must be consistent (i.e., the production dataset name	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001 FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV011 PRV011
PRVC		FILLER	Not Applicable	NA .	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to		9/23/2015	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV012
		THE R	нос аррикари.		twed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in	ins approxime.	,,1015	- NOVIDER		
					fixed-length files.					
PRVC	013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control	Required	Value must be an integer with no commas.	Not Applicable	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV013
PRV	013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission. Not Applicable	NA		Not Applicable	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRVD13
PRVC	014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	Value must equal the sum of all records excluding the header record. The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV014
PRVC	014	STATE-NOTATION	Not Applicable	NA	Eer ploe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ([])) when not using the field	Not Applicable	9/23/2015	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV014
					to record specific comments.	1				
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	2				
PRVC	016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-D for the PRIMARY DEMOGRAPHER 5 ELIGIBILITY record segment is ELIGODO2.	Required	Value must be equal to a valid value.	PRV00002	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV016
PRVC		RECORD-ID		NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV016
PRVC		SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV017
PRVC	017	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV017- PRV017-
PRVC	017 018	SUBMITTING-STATE RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record	NA Required	Value must be the same on all record segments. Must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV017 PRV018
			within the submission file.							
PRVC	018 019	RECORD-NUMBER SUBMITTING-STATE-PROV-ID	Not Applicable The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	NA Required	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. Must be populated on every record	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRVD18 PRVD19
									PROV-ATTRIBUTES-MAIN-PRV00002	
PRVC		SUBMITTING-STATE-PROV-ID PROV-ATTRIBUTES-EFF-DATE	Not Applicable The first day of the time soan during which the values in all data elements in the PROV-ATTRIBUTES -	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting SUBMITTING-STATE- PROVIDER: D in the T-MSIS Provider File" Date format is CCYPMMDD (Institutional Data Standard).	Not Applicable	8/7/2017 2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV019-
PRVC	320	PROV-ATTRIBUTES-EFF-DATE	The misd day of the time span during which the values in all data elements in the PKUV-AT INBUTES- MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	kequirea	Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV020
			This date field is necessary when defining a unique row in a database table.							
PRVC		PROV-ATTRIBUTES-EFF-DATE PROV-ATTRIBUTES-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV020
PRVC		PROV-ATTRIBUTES-EFF-DATE PROV-ATTRIBUTES-EFF-DATE PROV-ATTRIBUTES-EFF-DATE	Not Applicable Not Applicable Not Applicable	NA NA	Must be populated on every record Value must be numeric. The PROV-ATTRIBUTES-EPF-DATE must occur on or before the PROV-ATTRIBUTES-END-DATE	Not Applicable Not Applicable Not Applicable	4/30/2013 8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV020- PRV020-
PRVC	020	PROV-ATTRIBUTES-EFF-DATE PROV-ATTRIBUTES-EFF-DATE	Not Applicable	NA		Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	Not App Not App
					segment-specific identifying number match one another in both record segments.			1		
PRVC	020	PROV-ATTRIBUTES-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-ATTRIBUTES-MAIN record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV020
PRVC	021	PROV-ATTRIBUTES-END-DATE	The last day of the time span during which the values in all data elements in the PROV-ATTRIBUTES- MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Segment changes, a new record segment most de created. Date format is CCYYMMDD (National Data Standard).	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV021
		PROV-ATTRIBUTES-END-DATE	the time the record is created).		Ketter ment be a collidate	Net Available	0/7/0017	2001025	PROV-ATTRIBUTES-MAIN-PRV00002	
PRVC		PROV-ATTRIBUTES-END-DATE PROV-ATTRIBUTES-END-DATE	Not Applicable Not Applicable	NA NA	Value must be a valid date If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231" [end-of-time].	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV021 Not App
PRVC		PROV-ATTRIBUTES-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not App
PRVC	021	PROV-ATTRIBUTES-END-DATE PROV-ATTRIBUTES-END-DATE	Not Applicable Not Applicable	NA NA		Not Applicable Not Applicable	4/30/2013 8/7/2017	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV021- PRV021-
PRVC		PROV-ATTRIBUTES-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-ATTRIBUTES-MAIN record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV021
PRVC	021	PROV-ATTRIBUTES-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not App
					expresses species internarying number match one whother in both record segments.			PROVIDER		PRV021
	021	PROV-ATTRIBUTES-END-DATE	Not Applicable		Overlapping coverage not allowed for same Submitting state, Submitting state provider ID, and	Not Applicable	8/7/2017		PROV-ATTRIBUTES-MAIN-PRV00002	

ew Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE	FILENAME	FILE SEGMENT (with RECORD-ID)	c
22 P	RV022	PROV-DOING-BUSINESS-AS-NAME	The provider's name that is commonly used by the public when the "doing-business-as" () name is different than the legal name. DBA is an abbreviation for "doing business as." Registering a DBA is required to operate a business under a name that differs from the company's legal name.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	Not Applicable	LAST UPDATE DATE 8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV022-
P	RV022	PROV-DOING-BUSINESS-AS-NAME	Not Applicable	NA	is we the field empty when the DBA name equals the legal name (i.e. submitted or "nine nine"	Not Applicable	9/23/2015	PROVIDER	BROM ATTRIBUTES AAAIN, BRADDOOD2	PRV022-
[84022	PROV-DOING-BUSINESS-AS-NAME	Not Applicable		Leave the field empty when the DBA name equals the legal name (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filed on FEF files). When this data element is not populated or used, States must leave blank or space-fill these	Not Applicable	8/7/2017	PROVIDER	PROVATIRIBUTES-MAIN-PRVDDD2	PRVD22-
ľ	RV022	PROVIDUING-BOSINESS-NS-NAME	Not Appricable	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	NOR Appricable	6/7/2017	PROVIDER	PROVALINBOTES-MAIN PRODUCZ	PRV0221
F	RV023	PROV-LEGAL-NAME	The name as it appears on the provider agreement between the state and the entity. Both persons and other entities can have a legal name.	Required	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV023-
P	RV023	PROV-LEGAL-NAME	and other entities can nave a legal name. Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV023-
P	RV023	PROV-LEGAL-NAME	Not Applicable	NA	Every provider is expected to have a legal name. When the data element is not populated or used, the data element should be left blank (i.e., submitted as "pipe pipe" with nothing in between () on PSV files and space-filled on IFV files).	Not Applicable	9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV023-
P	RV023	PROV-LEGAL-NAME	Not Applicable	NA	un ray mes and space-mice un rur mes). When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV023
F	RV024	PROV-ORGANIZATION-NAME	The name of the provider when the provider is an organization.	Required	Mart be populated on mero record	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV024
P	RV024	PROV-ORGANIZATION-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV024
P	RV024 RV024	PROV-ORGANIZATION-NAME PROV-ORGANIZATION-NAME	Not Applicable Not Applicable	NA NA	Provider Organization Name should be same as last name when provider is an individual Enter the first 60 characters if the provider organization name exceeds 60 characters Enter the first 35 characters if the last name exceeds 35 bytes	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV02 PRV02
-	RV024	PROV-ORGANIZATION-NAME	Not Applicable	NA	Use PROV-LAST-NAME when the provider is an individual.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV02
P	RV024	PROV-ORGANIZATION-NAME	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV02
	RV025 RV025	PROV-TAX-NAME PROV-TAX-NAME	The name that the provider entity uses on IRS filings. Not Applicable	Required	Must be populated on every record. The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable Not Applicable	9/23/2015 8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV02 PRV02
	RV025	PROV-TAX-NAME	Not Applicable	NA		Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV02
ĺ		FACILITY-GROUP-INDIVIDUAL-CODE	A code to identify whether the SUBMITTING-STATE-PROV-ID is assigned to an individual, a group of providers, or a facility.		When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files. Value must be equal to a valid value.			NOVIDER .	PROV-ATTRIBUTES-MAIN-PRV00002	PRV02
	NVU26			kequirea	vaue muit de equal to a vale vaue.	In Forliny - The cettly identified by the associated SUBMITTING-STATE- PROVID is a facility identified by the associated SUBMITTING-STATE- PROVID is a group of individual practitioners. D0 individual - The entity identified by the associated SUBMITTING-STATE- PROVID is an individual practitioner.	4/30/2013	PROVIDER		
P	RV026 RV026	FACILITY-GROUP-INDIVIDUAL-CODE FACILITY-GROUP-INDIVIDUAL-CODE	Not Applicable Not Applicable	NA NA	Must be populated on every record Every SUBMITTING-STATE-PROV-ID must be classified using the codes in the valid values list	Not Applicable Not Applicable	4/30/2013 2/25/2013	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV02
F	RV027	TEACHING-IND	A code indicating if the provider's organization is a teaching facility.	Conditional	Value must be equal to a valid value.	0 No 1 Yes	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV02
	RV027	TEACHING-IND	Not Applicable	NA	TEACHING-IND should be reported with a value of "0" if the provider is an individual or a practice	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Ap
F	RV027	TEACHING-IND PROV-FIRST-NAME	Not Applicable The first name of the nonvider when the nonvider is a nerson	NA	group. Must be populated on every record	Not Applicable Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV02
P	RV028			Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().		8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV021
	RV028 RV028	PROV-FIRST-NAME PROV-FIRST-NAME	Not Applicable Not Applicable	NA	Leave blank when the provider is not an individual. Enter the first 35 characters if the first name exceeds 35 bytes	Not Applicable Not Applicable	8/7/2017 2/25/2013	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV021 PRV021
	RV029	PROV-MIDDLE-INITIAL	Not Applicable The middle initial of the provider when the provider is a person.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV02
P	RV029	PROV-MIDDLE-INITIAL	Not Applicable	NA	Leave blank if not available	Not Applicable	2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV02
P	RV029 RV030	PROV-MIDDLE-INITIAL PROV-LAST-NAME	Not Applicable The last name of the provider when the provider is a person. Use PROV-ORGANIZATION-NAME when the provider is an organization.	NA Conditional	Leave blank when the provider is not an individual. The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([]).	Not Applicable Not Applicable	2/25/2013 8/7/2017	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV02 PRV03
F	RV030	PROV-LAST-NAME PROV-LAST-NAME	Not Applicable	NA	Leave blank when the provider is not an individual. Enter the first 35 characters if the first name exceeds 35 bytes	Not Applicable Not Applicable	8/7/2017 2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV03
	RV030	PROV-LAST-NAME	Not Applicable	NA	The provide san organization, populate the provider organization name using the PROV- ORGANIZATION-NAME data element	Not Applicable	8/7/2017	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRVD3
P	RV031	SEX	The individual's biological sex.	Conditional	If populated, the value must be in the list of valid values.	F Female M Male U Unknown	4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV031
P	RV031 RV032	SEX OWNERSHIP-CODE	Not Applicable A code denoting the ownership interest and/or managing control information. The valid values list is a Medicare standard list.	NA Required	Must be populated when provider is an individual Value must be equal to a valid value.	Not Applicable 01 Voluntary - Non-Profit - Religious Organizations 02 Voluntary - Non-Profit - Other	4/30/2013 10/10/2013	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV031 PRV032
P						Di Volatari, mutaje coveri Di Volatari, mutaje coveri Di Projectori, - Calcona di Covernetti - Stata di Cov		Penvinre		
P	RV032 RV033	OWNERSHIP-CODE PROV-PROFIT-STATUS	Not Applicable A code denoting the profit status of the provider.	NA Required	Must be populated on every record Value must be equal to a valid value.	Not Applicable 01 S01(C)(3) NON-PROFIT 02 FOR-PROFIT, CLOSELY HELD	4/30/2013 8/7/2017	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV032 PRV033
						88 N/A - The individual only practices as part of a group	1		1	
	1914024	DATE-DE-BIRTH	Data of high-of-the encoder. Applicable to individual encoders only	Conditional		·····	4/30/2012	PPOMIDEP	PPOM ATTRIPUTES, MAIN, PPUDDDD2	DD1/222
P	RV034 RV034	DATE-OF-BIRTH DATE-OF-BIRTH	Date of birth of the provider. Applicable to individual providers only. Not Applicable	Conditional NA	Must be populated when provider is an individual Date format is CCYMMOD (National Data Standard).	88 IV/A - The individual only practices as part of a group Not Applicable Not Applicable	4/30/2013 2/25/2013	PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRVD3 PRVD3
P	RV034	DATE-OF-BIRTH DATE-OF-BIRTH DATE-OF-BIRTH DATE-OF-DEATH	Date of birth of the provider. Applicable to individual providers only. Net Applicable Net Applicable Date of doubt of the provider; if applicable to individual providers only.	Conditional NA NA Conditional	Must be populated when provider is an individual	Not Applicable		PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV03
P	RV034 RV034	DATE-OF-BIRTH DATE-OF-BIRTH DATE-OF-DEATH	Not Applicable	NA	Seat Skr oppulation kalen genolder IV an Holdsbud Date formul is Controlleded (National Date Standard), Date must be leas than or regul to current date Date formul is CONHINGD (National Data Standard),	Not Applicable Not Applicable Not Applicable	2/25/2013 4/30/2013 2/25/2013	PROVIDER PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV03 PRV03 PRV03
P P P	RV034 RV034 RV035 RV035 RV035	DATE-OF-BIRTH DATE-OF-BIRTH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH	Net Applicable Net Applicable Date of death of the provider; if applicable. Applicable to individual providers only. Net Applicable Net Applicable	NA	Mad be oppulated when previder is an Individual State format & CCYMMROD (Vallman Usus Standard), State format & ExcYMMROD (Vallman Usus Standard), State format Re is still and or equal to current date State format is a stall date. The date must be a valled state.	Nel Apricable Nel Apricable Nel Apricable Nel Apricable Nel Apricable Nel Apricable	2/25/2013 4/30/2013 2/25/2013 4/30/2013 4/30/2013	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002	PRV03 PRV03 PRV03 PRV03 PRV03 PRV03
P P P P P	RV034 RV034 RV035 RV035 RV035 RV035 RV035	DATE-OF-BIRTH DATE-OF-BIRTH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH	Not Application biok Applicable biok Applicable biok Applicable to Individual providers only. biok Applicable to Individual providers only. biok Applicable bi	NA	Auf the papartited when pendeter is an Individual Start formal is COMMARCE National Data Standards Start most be host Shara or equal to commend date Dete most be CoMMON National Data Standards). The date most be a valid date. Date most be a valid date. Date most be a valid date.	Net Applicable	2/25/2013 4/30/2013 2/25/2013 4/30/2013 4/30/2013 8/7/2017 8/7/2017	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002 PROV-ATTRIBUTES-MAIN-PRV00002 RROV-ATTRIBUTES-MAIN-PRV00002 RROV-ATTRIBUTES-RAIN-PRV00002 RROV-ATTRIBUTES-RAIN-PRV00002 RROV-ATTRIBUTES-RAIN-PRV00002 RROV-ATTRIBUTES-RAIN-PRV00002 RROV-ATTRIBUTES-RAIN-PRV00002 RROV-ATTRIBUTES-RAIN-PRV00002 RROV-RROV-RROV-RROV-RROV-RROV-RROV-RROV	PRV03 PRV03 PRV03 PRV03 PRV03 PRV03 PRV03
P P P P P	RV034 RV034 RV035 RV035 RV035 RV035 RV035 RV035 RV035	DATE-OF-BIRTH DATE-OF-BIRTH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH	Ned Applicable Ned Applicable Det of dash of the provider, if applicable. Applicable to Individual providers only. Ned Applicable Ned Applica	NA	And the peopletical when perioder is as Individual State formal is CCYMMODE (National State Standard). State must be too that are equal to convert data State formal is CCYMMODE (National Data Standard). State of Convert is CCYMMODE (National Data Statedard). State of Convert is CCYMMODE (National Data Statedard). State of Convert is CCYMMODE (National Data Statedard). State of Convert is convert data State of Convert is convert data	Ner Applicable Ner Applicable Ner Applicable Ner Applicable Ner Applicable Ner Applicable Ner Applicable Ner Applicable Ner Applicable	2/25/2013 4/30/2013 2/25/2013 4/30/2013 4/30/2013 8/7/2017 8/7/2017 8/7/2017 4/30/2013	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	PROVATTREUTS NAME PROXO22 PROVATTREUTS NAME PROXO22 PROVATTREUTS NAME PROX022 PROVATREUTS NAME P	PRV03 PRV03 PRV03 PRV03 PRV03 PRV03 PRV03 PRV03
P P P P P P P P P	RV034 RV034 RV035 RV035 RV035 RV035 RV035 RV035 RV035	DATE-OF-BIRTH DATE-OF-BIRTH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH	Nex Applicable Nex Applicable Nex Applicable Providers only. Providers	NA	Sale the population have populate to an Moldidual Date Remark in ControlMeD (Nutlema) Date Readwed). Date must be less than or equal to current date Date format is a ControlMeD (Nutlema) Date Readwed). The date must be a valid date. Date in the band DATE of 48471 ApproXef with a "date of 48471 ApproXef with a "date of dates in the extension should not be listed as a lockin provider for an eighter band date.	Net Applicable Net Ap	2/25/2013 4/30/2013 2/25/2013 4/30/2013 4/30/2013 8/7/2017 8/7/2017 8/7/2017 4/30/2013 4/30/2013	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	PROVATTERUTS-MARK PRODODCI PROVATTERUTS-MARK PRODODCI PROVATTERUTS-MARK PRODODCI PROVATTERUTS-MARK PRODODCI PROVATTERUTS-MARK PRODODCI PROVATTRUTS-MARK PROVADCI PROVATTRUTS-MARK PROVADCI PROVATRUTS-MARK PROVADCI PRO	PRV03
P P P P P P P P P	RV034 RV034 RV035 RV035 RV035 RV035 RV035 RV035 RV035	DATE-OF-BIRTH DATE-OF-BIRTH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH	Ned Applicable Ned Applicable Det of dash of the provider, if applicable. Applicable to Individual providers only. Ned Applicable Ned Applica	NA	Must be populated when pender is an Individual State format is CCYMM-ROD National State Standards). State must be format in CCYMM-ROD National State Standards). The date must be a valid date. State of the format is CCYMM-ROD National State Standards). The date must be a valid date. State of the must be a valid date. State of the must be a valid date.	Net Applicable Net Applicable	2/25/2013 4/30/2013 2/25/2013 4/30/2013 4/30/2013 8/7/2017 8/7/2017 8/7/2017 4/30/2013	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	PROVATTREUTS NAME PROXO22 PROVATTREUTS NAME PROXO22 PROVATTREUTS NAME PROX022 PROVATREUTS NAME P	PRV03
р Р Р Р Р Р Р Р Р Р	RV034 RV034 RV035 RV035 RV035 RV035 RV035 RV035 RV035	DATE-OF-BIRTH DATE-OF-BIRTH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH DATE-OF-DEATH	Nex Applicable Nex Applicable Deter of dash of the provider, if applicable. Applicable to Individual providers only. Nex Applicable	NA	Aut be paparited when pender is an Individual Start formal is CXYMMARD Huttoral Data Standard). Start formal is CXYMMARD Huttoral Data Standard). The date much be shall are equal to convert date the formal is CXYMMARD Huttoral Data Standard). The date much be a valid date. Date of Data much be shall date the shall be shall be shall be shall be shall be provider for an eligible shall and the shall be shall	Net Applicable Net Ap	2/25/2013 4/30/2013 2/25/2013 4/30/2013 8/7/2017 8/7/2017 4/30/2013 4/30/2013 4/30/2013 4/30/2013	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	ROV ATTREETS ANALY PRODOD2 PROV ATTREETS ANALY PRODOD2	PRV03
р Р Р Р Р Р Р Р Р Р	RV034 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035	CATL OF BRETH DATL OF BRETH DATL OF BRETH DATL OF BRETH DATL OF GREAT SATL OF CREAT DATL OF CREAT	Net Applicable Net Applicable Set Applicable Net Applicable	NA NA Conditional Conditional NA NA NA NA NA NA NA NA NA Required	Must be populated when pender is an Individual Date format is CCYMM-ROD National Data Standards). Sate must be for this or equal to correct date Date must be set than or equal to correct date Date formats (CYMM-ROD National Data Standards). The date must be a valid date. Date of the format is CYMM-ROD National Data Standards). The date must be a valid date. Date of the format is CYMM-ROD National Data Standards. Date of the format is CYMM-ROD National Data Standards Date of the format is CYMM-ROD National Data National Data of the format is constrained for the submittained should not be listed as a focks provider for an eighter bedrokaut. Date must be require to a valid value. The field can contain any algebrainment characters, digits or symbolic except the "pipe" (1).	Net Applicable Net Ap	2/25/2013 4/30/2013 2/25/2013 4/30/2013 4/30/2013 8/7/2017 8/7/2017 8/7/2017 4/30/2013 10/10/2013 10/10/2013	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	ROV ATTREUTS - MAIL PRODOD2 POV ATTREUTS - MAIL PRODOD2	PRV03 PRV03 PRV03 PRV03 PRV03 PRV03 PRV03 PRV03 PRV03 PRV03 PRV03 PRV03 PRV03
р Р Р Р Р Р Р Р Р	RV034 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035	БАТ-С-ФИКРН ОАТ-	Net Applicable Vet Applicable	NA NA Conditional Conditional NA NA NA NA NA NA NA NA NA Required	And the populated when perioder is as Mehddadd Date formal is CrYMMROF (National San Standard). Califormate is CrYMMROF (National San Standard). Califormate is CrYMMROF (National San Standard). Califormate is the san standard date. Califormate is the san standard. Date of Least and the same standard date. Califormate is equal to a valif value. The field califormate and valiformate: Challe must be equal to a valif value. The field califormate is a date date. The field califormate is and valiformate is the standard special califormate is a lockin provider for even standard date. The field califormate is and valiformate is the standard special califormate is a lockin provider for even standard califormate is a lockin provider for a standard date. The field califormate is and valiformate is the standard special califormate is a lockin provider for even califormate is a standard date.	Net Applicable Net Ap	2/25/2013 4/30/2013 2/25/2013 4/30/2013 4/30/2013 8/7/2017 4/30/2013 4/30/2013 10/10/2013 8/7/2017 4/30/2013 8/7/2017	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	ROYATTIBUTS-SAMP REX0022	PRV03
P P P P P P P P P P P P P P P P	RV034 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035 RV035	БАТ-С-ФИКРН ОАТ-	Net Applicable Vet Applicable	NA NA Conditional Conditional NA NA NA NA NA NA NA NA NA Required	Must be populated when pender is an Individual Date format is CCYMM-ROD National Data Standards). Sate must be for this or equal to correct date Date must be set than or equal to correct date Date formats (CYMM-ROD National Data Standards). The date must be a valid date. Date of the format is CYMM-ROD National Data Standards). The date must be a valid date. Date of the format is CYMM-ROD National Data Standards. Date of the format is CYMM-ROD National Data Standards Date of the format is CYMM-ROD National Data National Data of the format is constrained for the submittained should not be listed as a focks provider for an eighter bedrokaut. Date must be require to a valid value. The field can contain any algebrainment characters, digits or symbolic except the "pipe" (1).	Net Applicable Net Ap	2/25/2013 4/30/2013 2/25/2013 4/30/2013 4/30/2013 8/7/2017 4/30/2013 4/30/2013 10/10/2013 8/7/2017 4/30/2013 8/7/2017	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	ROYATTIBUTS-SAMP REX0022	PRV03

174 PRW 175 PRW 176 PRW 177 PRW 178 PRW 179 PRW 180 PRW 181 PRW 183 PRW 183 PRW 184 PRW	DE NO V039 V039 V040 V040 V040 V044 V044 V044	DATA ELEMENT NAME RECORD-ID SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	DEFINITION destiller ausgined to each record segment. The first 3 characteris destilly the subject area. The last betra area integer with leading series. For example, the RECORD-D for the RNAMAPY wave applicational characteristic and the subject area. The last destillation of the subject area in the subject area in the subject area. The ANSI numeric that code for the U.S. state, territory, or the Dideict of Columbia that has subjected the data.	NECESSITY Required	CODING REQUIREMENT Value must be equal to a valid value. Must be populated on every record segment.	VALID VALUES PRV00003	LAST UPDATE DATE 8/7/2017	PROVIDER	FILE SEGMENT (with RECORD-ID) PROV-LOCATION-AND-CONTACT-INFO-PRV00003	CR NO PRV039-0001
177 PRVI 178 PRV 179 PRV 180 PRV 181 PRV 181 PRV 183 PRV 183 PRV	1V040 1V040 1V040 1V040 1V041	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA	Must be populated on every record segment.					
177 PRVI 178 PRV 179 PRV 180 PRV 181 PRV 181 PRV 183 PRV 183 PRV	1V040 1V040 1V040 1V040 1V041	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	195					PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV039-0002
778 PRV 179 PRV 180 PRV 181 PRV 182 PRV 183 PRV 183 PRV 184 PRV	IV040 IV040 IV041	SUBMITTING-STATE		Required	Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROVEDCATION AND CONTACT INFO PRV000003 PROVEDCATION AND CONTACT INFO PRV000003	PRV039-0002 PRV040-0001
179 PRV 180 PRV 181 PRV 182 PRV 183 PRV 183 PRV	IV040 IV041	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV000003	PRV040-0002
181 PRVI 182 PRVI 183 PRVI 184 PRVI			Not Applicable Not Applicable	NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV040-0003 PRV040-0004
182 PRV 183 PRV 184 PRV	W041	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Must be numeric	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV041-0001
183 PRV		RECORD-NUMBER SUBMITTING-STATE-PROV-ID	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV041-0002 PRV042-0001
184 PRV	19042	SUBMITTING-STATE-PROV-ID	Not Applicative The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHP goods or services to the state's Medicaid/CHP enrolless should be reflected in the TMSIS provider data set.	kequired	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PKV042-0001
184 PRV 185 PRV	1V043	PROV-LOCATION-ID	A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, +LT, -OT,	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV043-0001
184 PRV 185 PRV			and -RX record segments							
	IV043	PROV-LOCATION-ID PROV-LOCATION-ID	Not Applicable Not Applicable	NA NA	Must be populated on every record Each of a provider entity's locations must have a unique PROV-LOCATION-ID	Not Applicable Not Applicable	4/30/2013 2/25/2013	PROVIDER PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV043-0002 PRV043-0003
	1V043	PROV-LOCATION-ID	Not Applicable	NA	If a particular license is applicable to all locations, use the value '000' value to represent 'all' locations.	Not Appricable	9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV000003	PRV043-0004
187 PRV	1V044	PROV-LOCATION-AND-CONTACT- INFO-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-LOCATION- AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0001
			This date field is necessary when defining a unique row in a database table.							
188 PRV	1V044	PROV-LOCATION-AND-CONTACT- INFO-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0002
189 PRV	1V044	INFO-EFF-DATE PROV-LOCATION-AND-CONTACT-	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0003
190 PRV	W044	INFO-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0004
191 PRW	W044	PROV-LOCATION-AND-CONTACT- INFO-EFF-DATE PROV-LOCATION-AND-CONTACT-	Not Apolicable	NA	Must be equal to or less than end date	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0005
	19044	INFO-EFF-DATE PROV-LOCATION-AND-CONTACT-	Not Apolicable	N/A		Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable
	19044	INFO-EFF-DATE PROV-LOCATION-AND-CONTACT-	Not Analizable	NA	AND-CONTACT-INFO-END-DATE	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRVDDDD3	Not Applicable
175 1960	19044	INFO-EFF-DATE	Not Appricable		For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	носярикане	6/7/2017	PROVIDER	PROPERCY INCOMPANY CONTACT INFO PRODUCTS	Not Applicable
		PROV-LOCATION-AND-CONTACT- INFO-EFF-DATE PROV-LOCATION-AND-CONTACT-	Not Applicable		Whenever the value in one or more of the data elements in the PROV-LOCATION-AND-CONTACT- NFO record segment changes, a new record segment must be created. Date format is COTMMIDD (National Data Standard).	Not Applicable	2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0006
L95 PRV	1V045	PROV-LOCATION-AND-CONTACT- INFO-END-DATE	The last day of the time span during which the values in all data elements in the PROV-LOCATION- AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	required	uate format is CCYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PRUV-LUCATION-AND-CONTACT-INFO-PRV000003	PRV045-0001
196 PRV	1V045	PROV-LOCATION-AND-CONTACT- INFO-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0002
197 PRV	1V045	PROV-LOCATION-AND-CONTACT-	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231" (end-of-time).	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable
198 PRV	1V045	INFO-END-DATE PROV-LOCATION-AND-CONTACT-	Not Applicable	NA	(end-of-time). If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable
I PRV	10045	INFO-END-DATE PROV-LOCATION-AND-CONTACT-	Not Apolicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRVD0003	PRVD45-0003
200 PRV	W045	INFO-END-DATE PROV-LOCATION-AND-CONTACT-	Not Apolicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0004
	10045	INFO-END-DATE PROV-LOCATION-AND-CONTACT-	Not Apolicable	N/A		Not Apolicable	2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0005
	1045	INFO-END-DATE PROV-LOCATION-AND-CONTACT-	Not Applicable		NFO record segment changes, a new record segment must be created. The PROV-LOCATION-AND-CONTACT-INFO-END-DATE must occur on or after the PROV-LOCATION-	Not Applicable	8/7/2017	PROVIDER	PROVIDCATION-AND-CONTACT-INFO-PRVDDDD3	PRV045-0006
	10045	PROV-LOCATION-AND-CONTACT- PROV-LOCATION-AND-CONTACT-	Not Applicable		The PROVIDENTION AND CONTRACT ON THE OWNER AND ALL THIS OCCUR OF OWNER AND CONTRACT INFO EFFORT OWNER AND CONTRACT ON THE	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0008
		PROV-LOCATION-AND-CONTACT- INFO-END-DATE PROV-LOCATION-AND-CONTACT-		NA	Overlapping coverage not allowed for same submitting state & Prov ID, Location ID, Address Type Active PROV-ATTRIBUTES-MAIN record should exist in T-MSIS database or contained in the current	Not Applicable		PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0007 PRV045-0008
	1V045	INFO-END-DATE	Not Applicable	NA	submission		8/7/2017		PROV-LOCATION-AND-CONTACT-INFO-PRV00003	
205 PRV	1V045	PROV-LOCATION-AND-CONTACT- INFO-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of a parent record segment, where submitting state and record segment-specific identifying number match near another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRVD45-0009
206 PRV		ADDR-TYPE	The type of address that is stored in the remaining address fields.		Value must be equal to a valid value.		2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV046-0001
			The data demonth is the RPDV102ATON-NMC CONTEXT-INFO record are intended to capture the physical address and the contact information related to a profile relation RPOV-102ATON-NMC CONTACT-RPD record represents the set of contact information for a single provider location.			j Billing Frovider 2 Provider Marting 3 Provider Partice 4 Provider Service Location				
207 PRV	1V046	ADDR-TYPE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV046-0002
206 PRV	1/1046	ADDR-TYPE	Not Applicable	NA	The size deviation of the TYTER of control control is formation (i.e. multiple RRM/ALGCHIDMAND CONTROL RRM CONTROL IS A CONTROL RESEARCH TO A CONTROL RESEARCH OF THE ADDR describes the type of contact information on that particular record (i.e., provider service location, movider billing address, etc.). The RRM/CONTROL RESEARCH OF THE ADDR STORE CONTROL RESEARCH OF THE ADDR STORE SERVICE ADDR STORE ADDR STORE ADDR CONTROL RESEARCH OF THE ADDR STORE ADDR STORE ADDR STORE ADDR STORE CONTROL RESEARCH OF THE ADDR STORE ADDR STORE ADDR STORE ADDR STORE CONTROL RESEARCH ADDR STORE A	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV046-0003
209 PRV	1V047	ADDR-LN1	The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	10/10/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV047-0001
10 000	1047	ADDR-LN1	Not Applicable		Must be populated on every record	Not Applicable	4 (20 (2012	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV047-0002
211 PRV	IV047	ADDR-LN1 ADDR-LN1	Not Applicable	NA	Vide the populated on every record Line 1 is required and the other two lines can be blank. The field can contain any alohanumeric characters, digits or symbols except the "pipe" (1).	Not Applicable	2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV047-0002 PRV047-0003
		ADDIT CITE	The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	CONDICIONAL	The next can contain any approximation considerers, signs or symbolic except the pipe (1)-	nos reprisans.	u, // 101/	I NOVIDER		1 1000 0001
PRV	1V048	ADDR-LN2	Not Applicable	NA	The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0002
214 PRV	1V048	ADDR-LN2	Not Applicable	NA	Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0003
215 PRV	1V048	ADDR-LN2	Not Applicable	NA	The provide balance to actuate the second se	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRVD48-0004
216 PRV	1V048	ADDR-LN2	Not Applicable	NA	When this data element is not populated or used, States must leave blank or space-fill these elements in accordance to the S2TM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0005
217 PRV	1000	ADDR-LN3		Conditional I	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([]).	Nat Analizable	0 (7 (2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	070-00-00-0
PRV	IV049	maren 1983	The street address, including the street name, street number, and room/sulte number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	controonal	The new service that any application characters, digits or sympols except the "pipe" ().	Not Applicable	8/7/2017	- ADVIDEN	NOT SOCIETION AND CONTACT INFO PRODUDUS	PRV049-0001
218 PRV	1V049	ADDR-LN3	Not Applicable	NA	The third line of the address must not be the same as the first or second line of the address (if applicable)	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0002
219 PRV	IV049	ADDR-LN3	Not Applicable	NA		Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0003
20 PRV	IV049	ADDR-LN3	Not Applicable	NA	Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0004
221 PRV	1V049	ADDR-LN3	Not Applicable	NA	single provider location. The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND- CONTACT-INPO records) as it considers necessary. The value selected for the ADDR-TYPE field	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0005
					describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATIONED differentiates one PROV-LOCATION-AND- CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.					
222 PRV	1V049	ADDR-LN3	Not Applicable	NA	When this data element is not populated or used. States must leave blank or space-fill these elements in accordance to the SZTM Addendum C, in both fixed-length and pipe-delimited files.	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0006
123 PRV	1V050	ADDR-CITY	The city name for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0001
24 PRV	1V050	ADDR-CITY	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0002
225 PRV	1V050	ADDR-CITY	Not Applicable	NA	The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0003
26 PRV	1V050	ADDR-CITY	Not Applicable	NA	physical address and other contact information related to a provider. Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0004
27 PRV	1V050	ADDR-CITY	Not Applicable	NA	single provider location.	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0005
					The state can enter as many sets of contact information (i.e., multiple RR04/U.GATIRON-AND- CONTACT-NNO recorded as it considers necessary. The value sets contact of the tADDAT PTRF field describes the type of contact information on that particular record (i.e., provider service location, provider billing address, etc.). In the RP04/CONTON'S differentiations on RP04/CACINCHAND- CONTACT-NNO record from another when the ADDAT THE value on both records is the same.					

New Row #	DE NO PRV051	ADDR-STATE	The two letter ANSI state numeric code for each U.S. state, territory, and the District of Columbia for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required	CODING REQUIREMENT Must be populated on every record	VALID VALUES Not Applicable	LAST UPDATE DATE 4/30/2013	PROVIDER	FILE SEGMENT (with RECORD-ID) PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0001
			the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.							
	PRV051	ADDR-STATE					10/10/2013	PROVIDER	BROMUCCATION-AND-CONTACT-INEO-BRADOOC2	PRV051-0002
229 230	PRV051 PRV051	ADDR-STATE ADDR-STATE	Not Applicable Not Applicable	NA NA	Value must be equal to a valid value. The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.	http://www.census.gov/geo/reference/ansi_statetables.html Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0002 PRV051-0003
231	PRV051	ADDR-STATE	Not Applicable	NA	Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0004
232	PRV051	ADDR-STATE	Not Applicable	NA		Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0005
					The dates can enter as many sets of control information (L.e., multiple MDV4/DCATID04AND- COMMACT-MPC record) as it consider necescary. The value selected for the ADDR-TYPE field describes the type of control information on that particular record (e.g., provider service location, provider billing address, etc.). The PMOV IOCATIONHO differentiates con PROVIO-ACATION-ADM- CONTACT-MPC record from another when the ADDR-TYPE value on both records is the same.					
1233	PRV052	ADDR-ZIP-CODE	The Zip Code for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required	Value must be numeric	Not Applicable	9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV052-0001
234	PRV052	ADDR-ZIP-CODE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV052-0002
235	PRV052	ADDR-ZIP-CODE	Not Applicable	NA	Must be populated on every record If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as "0000".	Not Applicable	9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV052-0003
236	PRV053	ADDR-TELEPHONE	The telephone number for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record	Optional	Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0001
237 238	PRV053 PRV053	ADDR-TELEPHONE ADDR-TELEPHONE	Not Applicable Not Applicable	NA NA	Must be populated on every record Value must be numeric	Not Applicable Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0002 PRV053-0003
239 240	PRV053 PRV053	ADDR-TELEPHONE ADDR-TELEPHONE	Not Applicable Not Applicable	NA	Enter 10-digit telephone number (includes area code) If unknown,leave blank or space-fill	Not Applicable Not Applicable	2/25/2013 8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRVD53-0004 PRVD53-0005
241	PRV054	ADDR-EMAIL	Not Applicable The email address of the provider for the location being captured on the PROV-LOCATION-AND- CONTRCT-INFO record	Optional	Must contain @	Not Applicable Not Applicable	11/3/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV000003	PRV054-0001
242	PRV054	ADDR-EMAIL	Not Applicable	NA	Must have X000K@YYYY.ZZZ format	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV054-0002
243	PRV055	ADDR-FAX-NUM	The fax number of the provider for the location being captured on the PROV-LOCATION-AND- CONTACT-INFO record.	Optional	Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)	Not Applicable	11/3/2015	PROVIDER	PROVIDEATION AND CONTACT INFO PRV00003	PRV054-0002 PRV055-0001
244	PRV055	ADDR-FAX-NUM	Not Applicable	NA	Value must be numeric	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0003
245	PRV055	ADDR-FAX-NUM	Not Applicable	NA	Valid fax number including the area code.	Not Applicable	2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0004
246 247	PRV055 PRV056	ADDR-FAX-NUM ADDR-BORDER-STATE-IND	Not Applicable A code indicating that the location is outside of state boundaries for the location being captured on	NA Required	If unknown,leave blank or space-fill Value must be equal to a valid value	Not Applicable 0 No	8/7/2017 9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0005 PRV056-0001
			A code indicating that the location is outside of state boundaries for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)			1 Yes 8 State does not distinguish "border state providers".				
248	PRV056	ADDR-BORDER-STATE-IND	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV056-0002 PRV056-0003
249 250	PRV056	ADDR-BORDER-STATE-IND ADDR-BORDER-STATE-IND	Not Applicable Not Applicable	NA NA	Value must be numeric If unknown,leave blank or space-fill	Not Applicable Not Applicable	4/30/2013 8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV056-0004
251	PRV057	ADDR-COUNTY	The ANSI county code for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/codes/countylookup.html	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV057-0001
252 253	PRV057 PRV057	ADDR-COUNTY ADDR-COUNTY	Not Applicable Not Applicable	NA NA	Must be populated on every record Value must be numeric	Not Applicable Not Applicable	10/10/2013 4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003 PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV057-0002 PRV057-0003
254	PRV058	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV058-0001
255	PRV058	STATE-NOTATION	Nat Angliadda		Paulas della della della stata ana analyticata	Net Avellechie	9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV058-0002
255	PRV058	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.	Not Applicable	9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV058-0002
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage	2 -				
256	PRV059	FILLER	Not Applicable	NA	For pipe-delimited files, FILER that is shown at the end of each record layout is applicable only to inace length files and therefore should be ignored in pipe-delimited files. For fixed-regnt files, FILER that is shown at the end of each record layout should be space-filed in nace-length files.	Not Applicable	9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRVD59-0001
257	PRV060	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.	Required	Value must be equal to a valid value.	PRV00004	8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV060-0001
158 159	PRV060 PRV061	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004	PRV060-0002 PRV061-0001
		SUBMITTING-STATE	submitted the data. Not Applicable			Nat Applicable		PROVIDER	PROVI I CENSING-INFO-PRV00004	PRVD61-0002
260 261	PRV061 PRV061	SUBMITTING-STATE	Not Applicable	NA NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV061-0003
263	PRV061 PRV062	SUBMITTING-STATE RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	NA Required	Value must be the same on all record segments. Value must be an 11-digit integer with no commas.	Not Applicable Not Applicable	8/7/2017 4/30/2013	PROVIDER PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004	PRV061-0004 PRV062-0001
264 265 266	PRVD62 PRVD62 PRVD63 PRVD64	RECORD-NUMBER RECORD-NUMBER SUBMITTING-STATE-PROV-ID PROV-LOCATION-ID	Not Applicable Not Applicable The state assigned unique identifier for the provider entity. Note that all individuals, practice groups, Facilities, and other entities that provide Medicaid/CHIP goods or services that all individuals, practice groups, enrollees should be reflected in the T-MSIS provider data set.	NA NA Conditional	Must be numeric EGCORD-ID/EGCORD-NUMBER combinations should be unique within a state's submission. Must be populated on every record The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013 4/30/2013 11/3/2015 8/7/2017	PROVIDER PROVIDER PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004	PRVD62-0002 PRVD62-0003 PRVD63-0001 PRVD64-0001
207	PRV00+	PROVEDCATIONED	A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and -RX record segments	Conditional	The next can contain any aprantiment characters, tights of symbols except the pipe ().	Not Applicable	6/7/2017	PROVIDER	PROVID CENSING INFO PRIVIDUO V	PRV064-0001
68	PRV064	PROV-LOCATION-ID	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV064-0002
69 70	PRV064 PRV064	PROV-LOCATION-ID PROV-LOCATION-ID	Not Applicable Not Applicable	NA NA	Each of a provider entity's locations must have a unique PROV-LOCATION-ID If a particular license is applicable to all locations, use the value '000' value to represent 'all'	Not Applicable Not Applicable	2/25/2013 9/23/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004	PRV064-0003 PRV064-0004
71	PRVD65	PROV-LICENSE-EFF-DATE	Beginning date of the time period covered by this file.	Conditional	locations. Date format is CCYYMIDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV065-0001
72	PRV065 PRV065	PROV-LICENSE-EFF-DATE PROV-LICENSE-EFF-DATE	Not Applicable Not Applicable	NA	Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004	PRVD65-0002 PRVD65-0003
273 274	PRV065	PROV-LICENSE-EFF-DATE	Not Applicable	NA	Must be populated on every record Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV065-0004
75	PRV065 PRV065	PROV-LICENSE-EFF-DATE PROV-LICENSE-EFF-DATE	Not Applicable Not Applicable	NA NA	The PROV-LICENSE-EFF-DATE must occur on or before the PROV-LICENSE-END-DATE for parent and child file segments, the effective date of a child record segment must occur before on the concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004	PRVD65-0005 Not Applicable
277	PRV065	PROV-LICENSE-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	Not Applicable	4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV065-0006
278	PRV066	PROV-LICENSE-END-DATE	The last day of the time span during which the values in all data elements in the PROV-LICENSING-	Conditional	segment changes, a new record segment must be created. Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0001
			The last day of the time span during which the values in all data elements in the PROV-UCENSING- INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created)							
79 80	PRV066 PRV066	PROV-LICENSE-END-DATE PROV-LICENSE-END-DATE	Not Applicable Not Applicable	NA	Value must be a valid date If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231"	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004	PRVD66-0002 Not Applicable
81	PRVD66	PROV-LICENSE-END-DATE		NA	If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231" (end-of-time). If a committee valid end date is not available or is unknown leave blank or space-till		8/7/2017	PROVIDER	PROVI ICENSING-INFO-PRV00004	
81 82 83	PRV066	PROV-DEENSE-END-DATE PROV-LICENSE-END-DATE PROV-LICENSE-END-DATE	Not Applicable Not Ap	NA NA	If a complete, valid and date is not available or is unknown,leave blank, or space fill Must be populated on every record Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record	Not Applicable Not Applicable	4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004	Not Applicable PRV066-0003 PRV066-0004
	PRV066		Not Applicable		Whenever the value in one or more of the data elements in the PROV-UCENSING-INFO record segment changes, a new record segment must be created. The PROV-UCENSE-END-DATE must occur on or after the PROV-UCENSE-EFF-DATE	Not Applicable	2/25/2013	PROVIDER		PRV066-0004 PRV066-0005
284 285	PRV066 PRV066	PROV-LICENSE-END-DATE PROV-LICENSE-END-DATE	Not Applicable Not Applicable	NA NA	The PROV-LICENSE-END-DATE must occur on or after the PROV-LICENSE-EF-DATE Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, License Type, License issuing Entity ID	Not Applicable Not Applicable	8/7/2017 4/30/2013	PROVIDER PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004	PRVD66-0005 PRVD66-0006
186	PRV066	PROV-LICENSE-END-DATE	Not Applicable	NA	License issuing Entity ID For parent and child record segments, the end date of a child record segment must occur before on be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0007
87	PRV066	PROV-LICENSE-END-DATE	Not Applicable	NA	Active PROV-ATTRIBUTES-MAIN and PROV-LOCATION-AND-CONTACT-INFO record should exist in T-	Not Applicable	8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0008
288	PRV060 PRV067	UCENSE-TYPE		Conditional	ACINE PROVINCE INSIDE 25 Mark allo PROVIDCIA TOPOROCONTRECHTRO RECIT STOLIA EXECUTION MISIS database or contained in the current submission Value must be equal to a valid value.		11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV060-0003
ast			A code to identify the kind of license or accorditation number that is captured in the LICENSE-OR- ACCREDITATION-NUMBER data element.			1 State, county, or manifopality professional or business license 2 DEA license 3 Professional society accreditation 4 CLIA accreditation 5 Other				
	PRV067 PRV067	UCENSE-TYPE UCENSE-TYPE	Not Applicable Not Applicable	Conditional	Must be populated on every record Required whenever a Medicaid/CHIP provider is required by the state's Medicaid/CHIP agency	Not Applicable Not Applicable	11/3/2015 2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV00004	PRV067-0002 PRV067-0003
		LICENSE-TYPE	Not Applicable	NA	Procesue population on every record Required Whenever's Medicald/CHIP provider is required by the state's Medicald/CHIP agency requires one in order to be a Medicald/CHIP provider.	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV067-0004
289 290	PRV067	LICENSE-ISSUING-ENTITY-ID	A free text field to capture the identity of the entity issuing the license or accreditation.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0001
290 291 292	PRV068		Not Applicable	NA	(Enter the applicable state code, county code, municipality name, "DEA", professional society's	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0002
290 291 292 293	PRV067 PRV068 PRV068	LICENSE-ISSUING-ENTITY-ID			name, or the CLIA accreditation body's name.)					
290 291 292	PRV068	LICENSE-ISSUING-ENTITY-ID LICENSE-ISSUING-ENTITY-ID	Not Applicable	NA	name, or the CIJA accreditation body's name.) Required whenever a value is captured in the LICENSE-OR-ACCREDITATION-NUMBER data element.	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0003
290 291 292 293	PRV068 PRV068			NA NA	name, or the CLIA accreditation body's name.) Required whenever a value is captured in the LICENSE-OR-ACCREDITATION-NUMBER data element. If LICENSE-TYPE = 1 (state, county, or municipality professional or business license) and the license- lisarine entity is state, then enter the applicable AVISI state numeric code.		2/25/2013 2/25/2013	PROVIDER PROVIDER	PROV-LICENSING-INFO-PRV00004 PROV-LICENSING-INFO-PRV000004	PRVD68-0003 PRVD68-0004
290 291 292 293 294	PRV068 PRV068 PRV068	LICENSE-ISSUING-ENTITY-ID	Not Applicable	NA NA	name, or the CLIA accreditation body's name.) Required whenever a value is captured in the LICENSE-OR-ACCREDITATION-NUMBER data element. If LICENSE-TYPE = 1 (state, county, or municipality professional or business license) and the license- turing entity is a state, then enter the applicable AVSI state numeric code.					

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4297	PRV068	LICENSE-ISSUING-ENTITY-ID	Not Applicable	NA	If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license- scuing entity is a municipality, then enter a text string with the name of the municipality.	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0006
4798		UCENSE-ISSUING-ENTITY-ID	Not Apolicable		If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRVD0004	PRV068-0007
4298	PRV068	LICENSE-ISSUING-ENTITY-ID	Not Applicable	NA	If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license- issuing entity is a municipality, then enter a text string with the name of the municipality.	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0007
4299	PRV068	LICENSE-ISSUING-ENTITY-ID	Not Applicable	NA	f LICENSE-TYPE = 2 (DEA license), then enter the text string "DEA".	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0008
	PRV068	LICENSE-ISSUING-ENTITY-ID	Not Applicable	NA	If LICENSE-TYPE = 3 (Professional society accreditation), then enter the text string identifying the professional society issuing the accreditation	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0009
4301	PRV068	LICENSE-ISSUING-ENTITY-ID	Not Applicable	NA	If LICENSE-TYPE = 4 (CLIA accreditation), then enter the text string identifying the CLIA accreditation body's name	Not Applicable	2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0010
4302	PRV069	LICENSE-OR-ACCREDITATION- NUMBER	A data element to capture the license or accreditation number issued to the provider by the licensing entity or accreditation body identified in the LICENSE-ISSUING-ENTITY-ID data element.	Conditional	Required whenever the LICENSE-TYPE and LICENSE-ISSUING-ENTITY-ID data elements are populated	Not Applicable	11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV069-0001
4303	PRV069	UCENCE OF ACCREDITATION.			The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV069-0002
4303		NUMBER	Not Applicable	NA				PROVIDER	PROV-LICENSING-INFO-PRV00004	
4304	PRV070	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV070-0001
4305	PRV070	STATE-NOTATION	Not Applicable	NA	For sine-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record second.comments.	Not Applicable	9/23/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV070-0002
					the field blank (Le., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.					
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.					
4306	PRV071	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Not Applicable	9/23/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV071-0001
					For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-iength files and therefore should be ignored in pipe-delimited files. For fixed-iength files, FILLER that is shown at the end of each record layout should be space-filled in fixed-iength files.					
4307	PRV072	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last	Required	Value must be equal to a valid value.	PRV00005	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRVDDDDS	PRV072-0001
			An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHER - ELIGIBILITY record segment is ELIGODO2.							
4308 4309	PRV072	RECORD-ID		NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV072-0002
	PRV073	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV073-0001
4310 4311	PRV073 PRV073	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROV-IDENTIFIERS-PRV00005 PROV-IDENTIFIERS-PRV00005	PRV073-0002 PRV073-0003 PRV073-0004
4312 4313	PRV073 PRV074	SUBMITTING-STATE RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER. In conjunction with the RECORD-ID. unjouely identifies a single record	NA	Value must be the same on all record segments. Value must be an 11-digit integer with no commas.	Not Applicable	8/7/2017 4/30/2013	PROVIDER PROVIDER	PROV-IDENTIFIERS-PRV00005 PROV-IDENTIFIERS-PRV00005	PRV073-0004 PRV074-0001
-010	1 10/4	ALCOND HOMALK	file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	- Coquined	vanie misse be an 12 eige meest with no commut.	ны аракана.	1,00,2025	I NOVIDER		111014 0001
4314	PRV074	RECORD-NUMBER	Not Applicable	NA	Must be numeric	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV074-0002
4315 4316	PRV074 PRV075	RECORD-NUMBER SUBMITTING-STATE-PROV-ID	Not Applicable The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrolless should be reflected in the T-MSIS provider data set.	NA Required	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. Must be populated on every record	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER PROVIDER	PROV-IDENTIFIERS-PRV00005 PROV-IDENTIFIERS-PRV00005	PRV074-0003 PRV075-0001
4317	PRV076	PROV-LOCATION-ID	A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT,	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0001
4318		PROV-LOCATION-ID	and -RX record segments Not Applicable					PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0002
4318	PRV076 PRV076	PROV-LOCATION-ID PROV-LOCATION-ID	Not Applicable	NA NA	Must be populated on every record Each of a provider entity's locations must have a unique PROV-LOCATION-ID	Not Applicable Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005 PROV-IDENTIFIERS-PRV00005	PRV076-0002 PRV076-0003
4320	PRV076	PROV-LOCATION-ID	Not Applicable	NA	If a particular license is applicable to all locations, use the value '000' value to represent 'all' locations.	Not Applicable	9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0004
4321	PRV077	PROV-IDENTIFIER-TYPE	A code to identify the kind of provider identifier that is captured in the PROV-IDENTIFIER data element.	Required	Value must be equal to a valid value.	1 State-specific Medicaid Provider ID 2 NPI	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV077-0001
						3 Medicare ID 4 NCPDP ID				
						2 NH 3 Medicare ID 4 Nctrop D 5 Nctrop D 6 Nctrop D 6 State Tax ID 7 SSN 8 Other 8 Other				
						8 Other				
4322 4323	PRV077 PRV077	PROV-IDENTIFIER-TYPE PROV-IDENTIFIER-TYPE	Not Applicable Not Applicable	NA	Required whenever a value is captured in the PROV-IDENTIFIER data element. The state should provide the identifiers associated with the provider for identifier types 1 through 7	Not Applicable	8/7/2017 2/25/2013	PROVIDER PROVIDER	PROV-IDENTIFIERS-PRV00005 PROV-IDENTIFIERS-PRV00005	PRV077-0002 PRV077-0003
					whenever it is applicable to the provider		2/23/2015	I NOVIDER		787077 0005
4324 4325	PRV077 PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable A free text field to capture the identity of the entity that issued the provider identifier in the PROV- IDENTIFIER data element.	Required	The state should submit updates to T-MSIS whenever an identifier is retired or issued. The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]].	Not Applicable Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005 PROV-IDENTIFIERS-PRV00005	PRV077-0004 PRV078-0001
4326	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable	NA	Required whenever a value is captured in the PROV-IDENTIFIER data element.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0002
4327	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 1 (State-specific Medicaid Provider ID), then enter the applicable ANSI	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0003
4328	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Anolicable		state numeric code.	Not Annicable	8/7/2017	PROVIDER	BROW IDENTIFIERS BRUDDODS	PRV078-0004
4329	PRV078	PROVIDENTIFIERISSOING-ENTITI-ID			I PROV-IDENTIFIER'I TPE = 2 (Medicare). Then enter "CMS"			PROVIDER	PROVIDENTIFIERSPRY00005	PRV078-0004
	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable	NA		Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	
4330	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 4 (NCPDP ID) then enter "NCPDP"	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0006
4331	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 5 (Federal Tax ID), then enter the text string "IRS".	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0007
4332	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 6 (State Tax ID), then text string of the name of the state's taxation division	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0008
4333	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 7 (SSN), then enter the text string "SSA".	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable
4334	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable	NA	If PROV-IDENTIFIER-TYPE = 8 (Other), then enter the name of the entity.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0009
4335	PRV079	PROV-IDENTIFIER-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-IDENTIFIERS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0001
			record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).							
			This date field is necessary when defining a unique row in a database table.							
4336	PRV079	PROV-IDENTIFIER-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0002
4338	PRV079 PRV079	PROV-IDENTIFIER-EFF-DATE PROV-IDENTIFIER-EFF-DATE	Not Applicable Not Applicable	NA NA	Must be populated on every record Value must be numeric.	Not Applicable	4/30/2013 8/7/2017	PROVIDER PROVIDER	PROV-IDENTIFIERS-PRV00005 PROV-IDENTIFIERS-PRV00005	PRV079-0003 PRV079-0004
4339	PRV079	PROV-IDENTIFIER-EFF-DATE	Not Applicable	NA	Value must be numeric. For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting tatle and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable
					segment-specific identifying number match one another in both record segments.					
4340	PRV079	PROV-IDENTIFIER-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-UCENSING-INFO record segment changes, a new record segment must be created. The PROV-IDENTIFIER-EFF-DATE must occur on or before the PROV-IDENTIFIER-END-DATE Date format is CCYTIMIDD [National Data Standard].	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0005
4341	PRV079	PROV-IDENTIFIER-EFF-DATE PROV-IDENTIFIER-END-DATE	Not Applicable	NA	The PROV-IDENTIFIER-EFF-DATE must occur on or before the PROV-IDENTIFIER-END-DATE	Not Applicable Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0006
4342	PRV080	PROV-IDENTIFIER-END-DATE	Net Applicable The last day of the time span during which the values in all data elements in the PROV-IDENTIFIERS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the fine the record is created.)	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0001
4343	PRV080	PROV-IDENTIFIER-END-DATE	time the record is created.) Not Apolicable	NA	Value must be a valid date	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0002
4343 4344 4345	PRV080 PRV080	PROV-IDENTIFIER-END-DATE PROV-IDENTIFIER-END-DATE	Not Applicable	NA		Not Applicable Not Applicable	4/30/2013 8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005 PROV-IDENTIFIERS-PRV00005	PRV080-0003 PRV080-0004
4345 4346	PRV080 PRV080	PROV-IDENTIFIER-END-DATE PROV-IDENTIFIER-END-DATE	Not Applicable Not Applicable	NA	Value must be numeric. If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231" lend-of-time).	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROV-IDENTIFIERS-PRV00005 PROV-IDENTIFIERS-PRV00005	Not Applicable
4347	PRV080	PROV-IDENTIFIER-END-DATE	Not Applicable	NA	If a complete unlid and date is not available or is unknown leave blank, or reace-fill	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable
4348	PRV080	PROV-IDENTIFIER-END-DATE	Not Applicable	NĂ	Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0005
4349	PRV080	PROV-IDENTIFIER-END-DATE PROV-IDENTIFIER-END-DATE	Not Applicable Not Applicable	NA	segments changes, a new record segment must be created. The PROV-IDENTIFIER-ND-TATE must occur on or after the PROV-IDENTIFIER-EFF-DATE Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, Prov Identifier Type. Prov Identifier	Not Applicable Not Applicable	8/7/2017 4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005 PROV-IDENTIFIERS-PRV00005	PRV080-0006
4350					Type, Providentifier					20000000/
4351	PRV080	PROV-IDENTIFIER-END-DATE	Not Applicable	NA .	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0008
4352	PRV080	PROV-IDENTIFIER-END-DATE	Not Applicable	NA	Active PROV-ATTRIBUTES-MAIN and PROV-LOCATION-AND-CONTACT-INFO record should exist in T- MSIS database or contained in the current submission	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0009
4353	PRV081	PROV-IDENTIFIER	A data element to capture the various ways used to distinguish providers from one another on claims and other interactions between providers and other entities. The specific type of identifier is shown in the corresponding value in the IDENTFIRET/VTP data element.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([].	Not Applicable	9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV081-0001
										PRV081-0002
					The value in the PROV-IDENTIFIER data element should be a valid value in the enumeration entity's			PROVIDER	PROV-IDENTIFIERS-PRV00005	
4354	PRV081 PRV081	PROV-IDENTIFIER	Not Applicable	NA	The value in the PROV-IDENTIFIER data element should be a valid value in the enumeration entity's identification schema. The state should submit updates to T-MSIS whenever an identifier is retired or issued	Not Applicable	4/30/2013	PROVIDER	PROVIDENTIFIERS-PRV00005	PRV081-0002

ow #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	
	PRV081	PROV-IDENTIFIER	Not Applicable	NA	The state should provide the identifiers associated with the provider for identifier types 1 through 7 whenever it is applicable to the provider Conditions When CMS Expects a PROV-DENTFIER Value: 5 State-specific Medical Provider (D the state should supply this identifier for every provider, since it is the state listed that is using the identifier in its MMG.] > MP (the state hould supply this lister ther for every provider who is issued an NPI).	7 Not Applicable	2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRVDB
					 State-specific Medicaid Provider ID (the state should supply this identifier for every provider, since it is the state itself that is using the identifier in its MMIS.) 					
					 NPI (the state should supply this identifier for every provider who is issued an NPI). Medicare ID (the state should supply this identifier for every provider who is issued a Medicare 					
					ID) • NCPDP ID (The state should supply this for every pharmacy.) • Federal Tax ID (the state should supply this identifier for every provider who uses a federal TIN as					
						5				
					s scatter and the state should supply this identifier for every provider who uses a state TIN as its identifier with the state tax authority.) SSN (the state should supply this identifier for every provider who uses a social security number					
					Denner with the state tax autonomy.) = 55N (the state should supply this identifier for every provider who uses a social security number as his/her identifier with the IRS and/or the state tax authority.) = Other (whenever the state uses an identifier type other than those listed above that it believes nould be useful to analysts using the state's Medicald/CHIP data.)					
					would be useful to analysts using the state's Medicaid/CHIP data.)					
	PRV081	PROV-IDENTIFIER	Not Applicable	NA	The PROV-IDENTIFIER data element must be populated whenever the PROV-IDENTIFIER-TYPE is populated	Not Applicable	4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRVD
	PRV081	PROV-IDENTIFIER	Not Applicable	NA	One record should be reported on the PROV-IDENTIFIERS-PRV00005 file segment with the SUBMITING-STATE-PROV-ID value reported in the PROV-IDENTIFIER field and a PROV-IDENTIFIER- TYPE='1'.	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRVD
	PRV082	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([).	Not Applicable	8/7/2017	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRVD
_	PRV082	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," na," or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field	Not Applicable	9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRVD
					to record specific comments.					
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage					
	PRV083	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Not Applicable	9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRVD
					tixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in					
					fixed-length files.					
	PRV084	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00002.	t Required	Value must be equal to a valid value.	PRV00006	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
	PRV084	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
	PRV085	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
	PRV085 PRV085	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA	Must be populated on every record. Value must be numeric	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006 PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
	PRV085	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
	PRV086	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be an 11-digit integer with no commas.	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
	PRV086 PRV086	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006 PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
	PRV087	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicald/CHIP goods or services to the state's Medicaid/CHIP	Required	RECORD-10 RECORD-NOVMER Containations should be unique wronin a state's satimisation. Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
	PRV088	PROV-CLASSIFICATION-TYPE	enrollees should be reflected in the T-MSIS provider data set. A code to identify the schema used in the PROV-CLASSIFICATION-CODE field to categorize providers.	Regulard	Value must be equal to a valid value.	1. Twopomy code	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
			r cole to recently the actions date in the FROM COLE in the Cole into to encode at provide a	incidure of	Variou minus of, expansion a variou variou.	1 Taxonomy code 2 Provider speciality code 3 Provider type code 4 Authorized category of service code	0772027	I NOVIDER		
	0014080	PROV-CLASSIFICATION-TYPE	Nat Analishia		Required on every PROV-TAXONOMY-CLASSIFICATION record		2 (25 (2012)	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
_	PRV088 PRV088	PROV-CLASSIFICATION-TYPE PROV-CLASSIFICATION-TYPE	Not Applicable Not Applicable	NA	Provide a value for all 4 provider classification types. Each provider should have a separate PROV- TRADUCT of the second secon	Not Applicable Not Applicable	2/25/2013 10/10/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006 PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
					Provide a value for all 4 provider classification types. Each provider should have a separate PROV- TAXONOMY-CLASSIFICATION-PRV00006 record segment for each of the values – Taxonomy Code, Provider Specialty Code, Provider Type Code, & Authorized Category of Service Code – unless one of the values is not applicable to that provider.					
	PRV088	PROV-CLASSIFICATION-TYPE	Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting PROV- CLASSIFICATION-TYPE and PROV-CLASSIFICATION-CODE in the T-MSIS Provider File"	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
_	PRVD88		Not Applicable	NA	A provider may be reported with multiple active record segments with the same PROV- CLASSIFICATION-YYPE if different PROV-CLASSIFICATION-CODE values apply Dependent value must be equal to a valid value.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
	PRV088 PRV089	PROV-CLASSIFICATION-TYPE PROV-CLASSIFICATION-CODE	The code values from the categorization schema identified in the PROV-CLASSIFICATION-TYPE data element. Valid value lists for each PROV-CLASSIFICATION-TYPE code are listed.	Required	Dependent value must be equal to a valid value.	See Appendix A for listing of valid values.	9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
			Note: States should apply these classification schemas consistently across all providers.							
	PRV089	PROV-CLASSIFICATION-CODE	Not Applicable		Residual de aussi 2000 (TAXONOLO / CLEOTICATION company	Not Applicable	10/10/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
	PRV089	PROV-CLASSIFICATION-CODE	Not Applicable	NA	Required on every PROV-TAXIONOMY-CLASSIFICATION segment. The value in the PROV-CLASSIFICATION-CODE data element must correspond to the valid values set identified in the PROV-CLASSIFICATION-TYPE data element.	Not Applicable	2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
			Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting PROV- CLASSIFICATION-TYPE and PROV-CLASSIFICATION-CODE in the T-MSIS Provider File"	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
	PRV089 PRV090	PROV-CLASSIFICATION-CODE PROV-TAXONOMY-CLASSIFICATION- EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-TAXONOMY- CLASSIFICATION record segment are in effect (i.e., the values accurately reflect reality as it is	Required	CLASSIFICATION-TYPE and PROV-CLASSIFICATION-CODE in the T-MSIS Provider File* Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
		EFF-DATE	CLASSIFICATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).							
			This date field is necessary when defining a unique row in a database table.							
	PRV090	PROV-TAXONOMY-CLASSIFICATION- EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
	PRV090	PROV-TAXONOMY-CLASSIFICATION- EFF-DATE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
	PRV090	PROV-TAXONOMY-CLASSIFICATION- EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
	PRV090	PROV-TAXONOMY-CLASSIFICATION- EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not /
	PRV090	PROMITAYON/OMV/CLASSID/CATION-	Net Analizable	NA		Not Applicable	2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
	PRV090	PROV-TAXONOMY-CLASSIFICATION- EFF-DATE PROV-TAXONOMY-CLASSIFICATION-	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created. The PROV-TAXONOMY-CLASSIFICATION-EFF-DATE must occur on or before the PROV-TAXONOMY-	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006 PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV0
	PRV091	EFF-DATE PROV-TAXONOMY-CLASSIFICATION-	The last day of the time span during which the values in all data elements in the PROV-TAXONOMY-	Required	CLASSIFICATION-END-DATE Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
		END-DATE	CLASSIFICATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).							
	PRV091 PRV091	PROV-TAXONOMY-CLASSIFICATION- END-DATE PROV-TAXONOMY-CLASSIFICATION-	Not Applicable Not Applicable	NA	Value must be a valid date Must be populated on every record	Not Applicable	8/7/2017 4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006 PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
		END-DATE								
	PRV091	PROV-TAXONOMY-CLASSIFICATION- END-DATE	Not Applicable	NA.	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
	PRV091	PROV-TAXONOMY-CLASSIFICATION- END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231" (end-of-time).		8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not A
	PRV091	PROV-TAXONOMY-CLASSIFICATION- END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not /
	PRV091	PROV-TAXONOMY-CLASSIFICATION- END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVC
	PRV091	PROV-TAXONOMY-CLASSIFICATION- END-DATE	Not Applicable	NA	The PROV-TAXONOMY-CLASSIFICATION-END-DATE must occur on or after the PROV-TAXONOMY- CLASSIFICATION-EFF-DATE	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
-	PRV091	PROV-TAXONOMY-CLASSIFICATION- END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same Submitting state & Prov ID, Classification Type, Classification Code	Not Applicable	4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
	PRV091	PROV-TAXONOMY-CLASSIFICATION- END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVO
	PP1/PO1	PROV-TAXONOMY-CLASSIFICATION-	New Applicable		segment-specific identifying number match one another in both record segments. Active PROV-ATTRIBUTES-MAIN record should exist in T-MSIS database or contained in the current		0/7/0047	000045-55		
	PRV091 PRV092	PROV-TAXONOMY-CLASSIFICATION- END-DATE STATE-NOTATION	Not Applicable A free text field for the submitting state to enter whatever information it chooses.	Ontional	Active PROV-ATTRIBUTES-MAIN record should exist in T-MSIS database or contained in the current submission The field can contain any alphanumeric characters, digits or symbols except the "pipe" (1).	Not Applicable	8/7/2017	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD
				- provide						
	PRV092	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.	Not Applicable d	9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVC
		1			to record spectre comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.					
								1	1	
	PRV093	FILLER	Not Applicable	NA	For app-definited files, FILEB that is shown at the end of each record ayout is applicable only to the benefinited. Here, and therefore should be governed in pape-definited files. For files/ength files, FILEB that is shown at the end of each record ayout should be space-filed in files/ength files.		9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRVD

	DE NO PRV094	DATA ELEMENT NAME RECORD-ID	DEFINITION An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading cores. For example, the RECR0F.10 for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELIGODO2.	NECESSITY Required	CODING REQUIREMENT Value must be equal to a valid value.	VALID VALUES	LAST UPDATE DATE 8/7/2017	FILENAME PROVIDER	FILE SEGMENT (with RECORD-ID) PROV-MEDICAID-ENROLLMENT-PRV00007	CF PRVD94-0
	PRV094	RECORD-ID	DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002. Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV094-0
P	PRV095	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV095-0
F	PRV095	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007	PRV095-
-	PRV095 PRV095	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER	PROV-MEDICALE-ENROLLMENT-PRV00007 PROV-MEDICALE-ENROLLMENT-PRV00007	PRV095-
P	PRV096	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required	Value must be an 11-digit integer with no commas.	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV096-
-	PRV096 PRV096	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA NA	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007	PRVD96- PRVD96-
P	PRV097	SUBMITTING-STATE-PROV-ID	Not Applicable The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required	Must be populated on every record	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007	PRV096 PRV097
P	PRV098	PROV-MEDICAID-EFF-DATE	The first day of the firme gaan during which the values in all data elements on a PROV-MEDICARD record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-
F	PRV098 PRV098	PROV-MEDICAID-EFF-DATE PROV-MEDICAID-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017 8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007	Not App PRV098
- P	PRV098 PRV098	PROV-MEDICAID-EFF-DATE	Not Applicable Not Applicable	NA NA	Value must be a valid date. Must be populated on every record	Not Applicable Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098
P	PRV098	PROV-MEDICAID-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-MEDICAID-ENROLLMENT record segment changes, a new record segment must be created.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not App
P	PRV098	PROV-MEDICAID-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not App
	PRV098 PRV099	PROV-MEDICAID-EFF-DATE PROV-MEDICAID-END-DATE	Not Applicable The last day of the time span during which the values in all data elements on a PROV-MEDICAID record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	NA Required	The PROV-MEDICAID-EFF-DATE must occur on or before the PROV-MEDICAID-END-DATE Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098 PRV099
	0014000	PROV-MEDICAID-END-DATE	record is created). Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	OPCN/IDEP	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099
-	PRV099 PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICALD-ENROLLMENT-PRV00007	PRV099
P	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231" (end-of-time).	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not App
-	PRV099 PRV099	PROV-MEDICAID-END-DATE PROV-MEDICAID-END-DATE	Not Applicable Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill The PROV-MEDICAID-END-DATE must occur on or after the PROV-MEDICAID-EFF-DATE	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007	Not App PRV099
F	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same Submitting state & Prov ID, Enrollment Status Code	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRVD99
P	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment specific likentifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099
F	PRV099	PROV-MEDICAID-END-DATE	Not Applicable	NA	Active PROV-ATTRIBUTES-MAIN record should exist in T-MSIS database or contained in the current submission	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRVD99
P	PRV100	PROV-MEDICAID-ENROLLMENT- STATUS-CODE	A code representing the provider's Medicald and/or CHIP enrollment status for the time span specified by the PROV-MEDICAID-EFF-DATE and PROV-MEDICAID-END-DATE data elements. Note: The STATE-PLAN-ENROLIMENT data element identities whether the provider is enrolled in Medicaid, CHIP,	Required	Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100
_	PRV100	PROV-MEDICAID-ENROLLMENT- STATUS-CODE	or both. Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100
	PRV100	STATUS-CODE PROV-MEDICAID-ENROLLMENT-	Not Applicable	NA		Not Applicable	4/30/2013	PROVIDER	PROV-MEDICAID-ENROLIMENT-PRV00007	PRV100
[STATUS-CODE			A health home provider must be active to be an eligible individual's primary care manager for the health home in which the individual is enrolled.					
	PRV100 PRV100	PROV-MEDICAID-ENROLLMENT- STATUS-CODE PROV-MEDICAID-ENROLLMENT- STATUS-CODE	Not Applicable Not Applicable	NA NA	A lockin provider must be active to be a provider furnishing locked-in healthcare services to an individual. A LTSS provider must be active to be a long term care facility furnishing healthcare services to an individual.	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100 PRV100
-+	PRV101	STATE-PLAN-ENROLLMENT	The state plan with which a provider has an affiliation and is able to provide services to the state's fee	Required	Value must be equal to a valid value.	1 Medicaid	10/10/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV101
			for service enrollees.			2 CHIP 3 Both Medicald and CHIP 4 Not state plan affiliated				
P	PRV102	PROV-ENROLLMENT-METHOD	Process by which a provider was enrolled in Medicald or CHIP.	Required	Value must be equal to a valid value.	4 Not state plan attiliated 1 Erondet through use of Medicare enrolment system (State did not require used provider subart application, Rather Provider is active Medicare provider built provider subart application, Rather Provider is active Medicare provider participate as state Medicald provider.) 2 Errorled through use of state-based provider application 3 Other	e 10/10/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV102-
F	PRV103	APPL-DATE	The date on which the provider applied for enrollment into the State's Medicaid and/or CHIP program.	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103
- P										
	PRV103 PRV103	APPL-DATE APPL-DATE	Not Applicable Not Applicable	NA NA	The date must be a valid date. Must be populated on every record	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007	
P		APPL-DATE APPL-DATE APPL-DATE STATE-NOTATION	Not Applicable Not Applicable Not Applicable A free text filed for the submitting state to enter whatever information it chooses.	NA NA NA Optional		Not Applicable Not Applicable Not Applicable Not Applicable				PRV103 PRV103
P	PRV103 PRV103	APPL-DATE APPL-DATE	Not Applicable Not Applicable	NA NA Optional NA	Must be populated on every record MPR DAT throad the benes than PRFVAHDICAD EFF-DATE The fields can contain any alphanemic characters, digiter or symbolic except the "pipe" []]. The fields can contain any alphanemic characters, digiter or symbolic except the "pipe" []]. the field bury (Le., submitted as y pipe pipe" with nothing in between []]]) when not using the field in exceed specific comments.	Not Applicable Not Applicable Not Applicable Not Applicable	4/30/2013 8/7/2017	PROVIDER PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103- PRV103- PRV104-
P	PRV103 PRV103 PRV104 PRV104	APPLOATE APPLOATE STATE-NOTATION STATE-NOTATION	Nex Applicable PA Applicable A First Ion I find for the submitting state to enter whatever Information II chooses. Nex Applicable	NA NA Optional NA	Note the population on every record MAR to population on every record MAR CART Road on the set that an MOV-ARDCARD-EFF-GAT The field can existan any adjustmentic characteris, digits or unimode except the "spipe" (1). The field can be added and the set of can appropriate the STATE SOUTHON ROAd with "sout" "say," "say," or low- ter and souther set of the set of can appropriate the set of the set of the set of the set of the record specific comments.	Ner Applicable Ner Applicable Ner Applicable Ge Applicable of Applicable	4/30/2013 8/7/2017 8/7/2017 9/23/2015	PROVIDER PROVIDER PROVIDER PROVIDER	PROV-MEDICAR-DARCLINENT-PRV00007 PROV-MEDICAR-DARCLINENT-PRV00007 PROV-MEDICARD-BARCLINENT-PRV00007 PROV-MEDICARD-ENROLLMENT-PRV00007	PRV103- PRV103- PRV103- PRV104- PRV104-
P	PRV103 PRV103 PRV104	APPL-DATE APPL-DATE STATE-NOTATION	Your Applicable Your Applicable A first toor Hold for the submitting state to enter whatever Information II chooses. Nex Applicable Nex Applicable	NA NA Optional NA	Must be populated on every record MPR DAT throad the benes than PRFVAHDICAD EFF-DATE The fields can contain any alphanemic characters, digiter or symbolic except the "pipe" []]. The fields can contain any alphanemic characters, digiter or symbolic except the "pipe" []]. the field bury (Le., submitted as y pipe pipe" with nothing in between []]]) when not using the field in exceed specific comments.	Ner Applicable Ner Applicable Ner Applicable Ge Applicable of Applicable	4/30/2013 8/7/2017 8/7/2017	PROVIDER PROVIDER PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007 PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103- PRV103- PRV104-
P P P	PRV103 PRV103 PRV104 PRV104	PPPE ANT PPF ONT STATE NOTATION STATE NOTATION FILER RECORD-10	Nex Applicable Nex Applicable A rest lead Hold for the submitting state to enter whatever information it chooses. Nex Applicable Nex Appli	NA NA Optional NA NA Required	Must be populated on every recent PAR CAIT the doal on the set than HPO-CAIT CAIL SET AND THE SET AND THE Red CAIT Cail and and the set than HPO-CAIL CAIL SET AND THE Red CAIL CAIL CAIL SET AND THE SET AND THE SET AND THE SET AND THE SET AND THE SET AND THE SET AND THE SET AND THE SET AND THE THE SET AND THE SET AND THE THE SET AND THE SET AND T	Ner Applicable Ner Applicable Ner Applicable Ge Applicable of Applicable	4/30/2013 8/7/2017 8/7/2017 9/23/2015	PROVIDER PROVIDER PROVIDER PROVIDER	PROV-MEDICAR-DRACLINENT-PRV00007 PROV-MEDICAR-DRACLINENT-PRV00007 PROV-MEDICARD-BARCLINENT-PRV00007 PROV-MEDICARD-ENROLLMENT-PRV00007	PRV103 PRV103 PRV104 PRV104 PRV105
P P P	PRV103 PRV103 PRV104 PRV104 PRV104	PAPE-DATE PAPE-DATE STATE-NOTATION STATE-NOTATION STATE-NOTATION FILLER	Nex Applicable PA Applicable A Free tool food for the submitting state to enter whatever Information II chooses. Nex Applicable Nex Applicable A dentifier a subject to enter record segment. The first 3 characters dentify the subject area. The far to a dentifier a subject to enter record segment. The first 3 characters dentify the subject area. The far to a dentifier a subject to be only record segment. The first 3 characters dentify the subject area. The far to a dentifier a subject to be only record segment. The first 3 characters dentify the subject area. The far to a dentifier a subject with badding series. For councils, the RECORD 40 to the PREMARY adding and the record segment is blocked.	NA NA Optional NA NA Required NA Required	Note the population on every record WPR CNRT thoudown to be less than HROVAENDEAD EFF.CART The Red con contain any adjuturentic churacteric, digits or methods except the "spice" (II). The red contains any adjuturentic churacteric, digits or methods except the "spice" (II). The red contains that can can populate the STRT MONTAINO feed with "No.2" "Ca.2" or bare the feed that i.e., advanted as "spice gives" with nothing in tentement. For fluid depending the states and upper less with nothing in tentement (III) when not using the field that depending the states and upper less with nothing in tentement to that does can alway wellight for pipe-delimited fluids. The states and upper less with the did with spaces when the field dees can alway wellight for pipe-delimited fluids. FILEE that is shown at the end of each record layout is supplicable only to meet length fluids.	Ner Apprizabe Ner Apprizabe Ner Apprizabe Ner Apprizabe	4/30/2013 8/7/2017 8/7/2017 9/23/2015 9/23/2015	PROVIDER PROVIDER PROVIDER PROVIDER	ROY MELCAD BROLINEN PRY00007 PROY MELCAD BROLINEN PRY00007 PROY MELCAD BROLINEN PRY00007 PROY MELCAD BROLINEN PRY00007 PROY MELCAD BROLINEN PRY00007	PRV103 PRV103 PRV104 PRV104 PRV104 PRV105 PRV105
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Row #	DE NO		DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE		FILE SEGMENT (with RECORD-ID)	CF
	RV112	DATA ELEMENT NAME PROV-AFFILIATED-GROUP-END-DATE		Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	LAST UPDATE DATE 8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRVD0008	PRV112-0
I			The last day of the time span during which the values in all data elements in the PROV-AFFILATED- GROUPS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).							
P	RV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0
F	RV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Must be populated on every record	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0
F	RV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0
	RV112		Not Applicable		If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231"		8/7/2017	PROVIDER		
		PROVAPHDATEDGROOPENDDATE			(end-of-time).	Not Applicable			PROVAPILIATED GROOPS PROUDUB	Not Appli
P	RV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Appli
P	RV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-AFFILIATED-GROUPS record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0
P	RV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	The PROV-AFFILIATED-GROUP-END-DATE must occur on or after the PROV-AFFILIATED-GROUP-EFF-	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-
	RV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same state & Prov ID, Prov ID of Affiliated Entity	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-
	RV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	MA			8/7/2017	PROVIDER	PROV-AFRILIATED-GROUPS-PRVDDDDR	PRV112
ĺ			The opposition		For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	ты прокать		- ROVIDER		
F	RV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	Active PROV-ATTRIBUTES-MAIN record should exist in T-MSIS database or contained in the current	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112
i	RV112	PROV-AFFILIATED-GROUP-END-DATE	Not Applicable	NA	submission See T-MSIS Guidance Document. "CMS Guidance: Reporting T-MSIS Data Pursuant to SHO #16-002	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Ap
[[See T-MSIS Guidance Document, "CMS Guidance: Reporting T-MSIS Data Pursuant to SHO #16-002 [Federal Funding for Services "Received Through" an IHS/Tribal Facility and Furnished to Medicaid- Eligible American Indiars and Alaxia Natives"					
F	RV113	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-GROUPS-PRVD0008	PRV113
-	RV113	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a," or leave	Not Applicable	9/23/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV113
					for give definited Biss, states can populate the \$73TH-907AT00H field with "ng." "In a." or know the field black (k.u. unkinetid as "pipe pipe" with nothing in between ()) when not using the fiel to record specific comments, and the states should space thill the \$73TH-907AD Hidd when between record specific comments, and right-pad the field with spaces when the field does contain verblage					
	RV114	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Not Applicable	9/23/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV114-
ľ		T TALK	nor opprision.		For pipe-delimited flics, FILLER that is shown at the end of each record layout is applicable only to flixed-implify flics and therefore should be ignored in pipe-delimited flics. For find-flipsh flike, FILLER that is shown at the end of each record layout should be space-filled in flied-implify flics.	The opposition	112020	NOVIDER .		
-	RV115	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last	Required	Value must be equal to a valid value.	PRV00009	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV115
			An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHER 5 - ELIGIBITY record segment is ELIGODO2.							
-	RV115	RECORD-ID		NA	Must be populated on every record segment.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV115
P	RV116	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116
	RV116	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116
	RV116 RV116	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017		PROV-AFFILIATED-PROGRAMS-PRV00009 PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116 PRV116
F	RV110	RECORD-NUMBER	NOT Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record	Required	Value must be an 11-digit integer with no commas.	Not Applicable	4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV113
			within the submission nie.							
	RV117 RV117	RECORD-NUMBER RECORD-NUMBER	Not Applicable	NA	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	4/30/2013 4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009 PROV-AFFILIATED-PROGRAMS-PRV00009	PRV117 PRV117
	RV117 RV118	RECORD-NUMBER SUBMITTING-STATE-PROV-ID	Not Applicable The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups,	NA Conditional	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission. Must be populated on every record	Not Applicable Not Applicable	4/30/2013 11/3/2015	PROVIDER PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009 PROV-AFFILIATED-PROGRAMS-PRV00009	PRV117 PRV118
	RV119	ACTIVATED-DOOCDAM-TVDE	facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set. A code to identify the category of program that the provider is attiliated.	Conditional	Value must be equal to a valid value.	1 Health Plan (NHP-ID) - The value in the AFFILIATED-PROGRAM-ID data element contains the National Health Plan Identifier of health plan in which	8/7/2017	PROVIDER		PRV119
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р р р р р р р р р р р р р р р р р р р	<pre>%V120 %V120 %V120 %V120 %V120 %V120 %V120 %V120 %V120 %V121 %V121 %V121 %V121 %V121 %V121 %V121 %V121</pre>	MULTER PROGRAM D MULTER PROGRAM D	A faits demonstration to definitly the Medicald CHIP programs, valees and demonstrations in which the provider park (Jusci). Nat Application Nat Applica	NA	FAITURED PROCESSAN THY - space, then APELINTEPROCESSAND must be -space. The Red can contain any aphanenes churacter, digits or symbolic except the "gape" (I). FAITURED PROCESSAND IS - Seasoning data to other the share (I). FAITURED PROCESSAND IS - Seasoning data to other the share (I). FAITURED PROCESSAND IS - Seasoning data to other the share (I). FAITURED PROCESSAND IS - Seasoning data to other the share PROCESSAND IS - Seasoning data to other the share to APELINE PROCESSAND IS - Seasoning data to other the share PROCESSAND IS - Seasoning data to other the share the APELINE PROCESSAND IS - Seasoning data to other the share the APELINE PROCESSAND IS - Seasoning data to other the share the APELINE PROCESSAND IS - Seasoning data to other the share the APELINE PROCESSAND IS - Seasoning data to other the share the APELINE PROCESSAND IS - Seasoning data to other the share the APELINE PROCESSAND IS - Seasoning data to other the share the APELINE PROCESSAND IS - Seasoning data to the APELINE PROCESSAND IS - Seasoning data to the APELINE PROCESSAND IS - Seasoning data to APELINE PROCESSA	ar identifie for constraing obser than a facatity plan, wasker, or health Noore entry V Net Applicable Net Appl	11.72833 11.72833 11.72833 11.72833 11.72833 11.72837 12.7283 12.7283 12.7283 12.7283 12.7283 12.7283 12.7283 12.7283 12.7283 12.7283 12.7283 12.728	ROWDER REVUER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	REVY FULLED RECEIVER PROCESSO REVY AFFLIATED RECEIVER PROCESSO REVY AFFL	PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12 PRV12
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V2.1 T-MSIS Data Dictionary

lew Row # 515		DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
	DE NO PRV122	PROV-AFFILIATED-PROGRAM-END- DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	DATE 8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0008
		DATE			be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.					
516	PRV122	PROV-AFFILIATED-PROGRAM-END- DATE	Not Applicable	NA	Active PROV-ATTRIBUTES-MAIN record should exist in T-MSIS database or contained in the current	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0009
517	PRV123	DATE STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	submission The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([].	Not Applicable	8/7/2017	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV123-0001
18	PRV123	STATE-NOTATION	Not Applicable	NA			9/23/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV123-0002
.10			пос прилакот.		Excepted-definited files, states can apoulate the STATE-NOTATION filed with "no, * "na," or to exe- the field black (ks. submitted as "pipe pipe" within nothing in between ((())) when not using the field to record specific comments. Rear filed elegith files, states should space fill the STATE-NOTATION filed when not using the field record specific comments, and right-pad the field with spaces when the field does contain verbiage.	ros riporaum.	//13/1013	I NOVIDER		11110001
19	PRV124	FILLER	Not Applicable	NA	For planutalimited flar. EILER that is shown at the and of each record lawyst is applicable only to	Not Applicable	9/23/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV124-0001
					thed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILER that is shown at the end of each record layout should be space-filled in fixed-length files.					
20	PRV125	RECORD-ID	An identifier assigned to each record exagment. The first 3 characters identify the subject area. The las 5 bytes area integer with leading serze. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELIGIBILITY record segment is ELGO0002.	Required	Value must be equal to a valid value.	PRV00010	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV125-0001
21 22	PRV125 PRV126	RECORD-ID SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV125-0002 PRV126-0001
23	PRV126	SUBMITTING-STATE	submitted the data. Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV126-0002
	PRV126 PRV126	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable	NA	Value must be numeric Value must be the same on all record segments.	Not Applicable Not Applicable	B/7/2017 B/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV126-0003 PRV126-0004
26	PRV127	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER in conjunction with the RECORD-ID, uniquely identifies a single record	Required	Value must be an 11-digit integer with no commas.	Not Applicable	4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV127-0001
			The second							
18	PRV127 PRV127	RECORD-NUMBER RECORD-NUMBER	Not Applicable Not Applicable	NA	Must be numeric RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable Not Applicable	4/30/2013 4/30/2013	PROVIDER PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV127-0002 PRV127-0003
19	PRV128	SUBMITTING-STATE-PROV-ID PROV-LOCATION-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medical/CHIP goods or services to the state's Medicaid/CHII enrollees should be reflected in the T-MSIS provider data set.	Conditional	Must be populated on every record	Not Applicable	11/3/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV128-0001
30	PRV129	PROV-LOCATION-ID	An other and an experiment of the transfer of the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and -RX record segments Not Applicable	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ([). Must be populated on every record	Not Applicable Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV129-0001
2	PRV129 PRV129 PRV129	PROV-LOCATION-ID PROV-LOCATION-ID PROV-LOCATION-ID	Not Applicable Not Applicable	NA	Musc de populateo de l'energy recordu Each of a provider entity's locations must have a unique PROV-LOCATION-ID If a particular license is applicable to all locations, use the value '000' value to represent 'all'	Not Applicable Not Applicable	9/23/2013 9/23/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV129-0002 PRV129-0003 PRV129-0004
				NA	locations.					
4	PRV130	BED-TYPE-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-BED-TYPE-INFC record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMIDD (National Data Standard).	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRVD0010	PRV130-0001
5	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV130-0002
5 6 7	PRV130 PRV130	BED-TYPE-EFF-DATE BED-TYPE-EFF-DATE	Not Applicable Not Applicable	NA	Must be populated on every record Must be populated on every record The BED-TYPE-EFF-DATE must occur on or before the BED-TYPE-END-DATE	Not Applicable Not Applicable	4/30/2013 8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV130-0003 PRV130-0004
3	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	The BED-TYPE-EH-DATE must occur on or before the BED-TYPE-END-DATE. Value must be numeric. For parent and child file segments, the effective date of a child record segment must occur before.	Not Applicable Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV130-0005
9	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRVD0010	Not Applicable
0	PRV130	BED-TYPE-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the PROV-BED-TYPE-INFO record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV130-0006
ı			Not Applicable	NA		Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV130-0007
:	PRV130 PRV131	BED-TYPE-EFF-DATE BED-TYPE-END-DATE	The last day of the time span during which the values in all data elements in the PROV-BED-TYPE-INFC	Conditional	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Provider Bed Information in the T-MSIS Provider File" Date format is CCYMMDO [National Data Standard].	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0001
			record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).							
	PRV131 PRV131	BED-TYPE-END-DATE BED-TYPE-END-DATE	Not Applicable Not Applicable	NA	Value must be a valid date Must be populated on every record	Not Applicable Not Applicable	8/7/2017 4/30/2013	PROVIDER PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV131-0002 PRV131-0003
	PRV131	BED-TYPE-END-DATE	Not Applicable Not Applicable	NA	The BED-TYPE-END-DATE must occur on or after the BED-TYPE-EFF-DATE	Not Applicable Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0004
5	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	(end-of-time).	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable
1	PRV131 PRV131	BED-TYPE-END-DATE BED-TYPE-END-DATE	Not Applicable Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable Not Applicable	8/7/2017 10/10/2013	PROVIDER PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	Not Applicable PRV131-0005
				NA	Whenever the value in one or more of the data elements in the PROV-BED-TYPE-INFO record segment changes, a new record segment must be created.		1 · ·			
	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, Bed Type Code	Not Applicable	10/10/2013	PROVIDER	PROV-BED-TYPE-INFO-PRVD0010	PRV131-0006
	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRVD0010	PRV131-0007
1	PRV131	BED-TYPE-END-DATE	Not Applicable	NA	Active PROV-ATTRIBUTES-MAIN and PROV-LOCATION-AND-CONTACT-INFO record should exist in T- MSIS database or contained in the current submission	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0008
2			Not Applicable	NA	See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Provider Bed Information Into T-MSIS Provider File"	Not Applicable	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0009
3	PRV131 PRV134	BED-TYPE-END-DATE BED-TYPE-CODE	A code to classify beds available at a facility.	Conditional	Information in the T-MSS Provider File" Value must be equal to a valid value.	1 Intermediate Care Facility for the Intellectually Disabled 2 Inpatient 3 June 2 Inpatient 3 June 2 International Content of Content of Content 4 TBE 18 Skilled Nursing Facility (T18 SNF)	8/7/2017	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV134-0001
54	PRV134	BED-TYPE-CODE								
5	PRV134	BED-TYPE-CODE	Not Applicable	NA	Must be populated on every record	Not Applicable	2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRVD0010	PRV134-0002
	PRV134		Not Applicable Not Applicable Not Applicable	NA NA NA	Report all that bed types that apply.	Not Applicable Not Applicable Not Applicable	2/25/2013 8/7/2017 8/7/2017	PROVIDER PROVIDER PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV134-0002 PRV134-0003 PRV134-0004
		BED-TYPE-CODE RED-COLINIT	Not Applicable Not Applicable	NA NA NA	Report all that bed types that apply. See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Provider Bed Information in the T-MSIS Provider File"	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV134-0003 PRV134-0004
	PRV134 PRV135	BED-COUNT	Not Applicable Not Applicable A count of the number of beds available at the facility for the category of bed identified in the BED- TYPE-CODE data element.	NA NA NA Conditional	Report all that bed types that apply.	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 11/3/2015	PROVIDER PROVIDER PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV134-0003 PRV134-0004 PRV135-0001
			Not Applicable Not Applicable	NA NA NA Conditional NA NA	Report all that bed types that apply. See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Provider Bed Information in the T-MSIS Provider File"	Not Applicable Not Applicable	8/7/2017 8/7/2017	PROVIDER PROVIDER	PROV-BED-TYPE-INFO-PRV00010 PROV-BED-TYPE-INFO-PRV00010	PRV134-0003 PRV134-0004
	PRV135 PRV135	BED-COUNT BED-COUNT	Not Applicable Not Applicable A count of the number of bods available at the facility for the category of bed identified in the BED- TYPE COOL data determent. Not Applicable Not Applicable	NA NA Conditional NA NA NA NA	Report all final bed types that pays, be privide final bed types that pays, be privide final bed to be provided or field what must be than area. Due to be some than area. Due to be some than area. Due to be to constrain the final to be to long.	Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable Net Applicable	8/7/2017 8/7/2017 11/3/2015 8/7/2017 2/25/2013 8/7/2017	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	ROV BED TYPE-INFO-PRV00010 PROV BED TYPE-INFO-PRV00010	PRV134-0003 PRV134-0004 PRV135-0001 PRV135-0002 PRV135-0003 PRV135-0004
	PRV135 PRV135 PRV135 PRV135 PRV135	BED-COUNT BED-COUNT BED-COUNT BED-COUNT	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	NA NA NA Conditional NA NA NA	Report all final bed types that pays, be privide final bed types that pays, be privide final bed to be provided or field what must be than area. Due to be some than area. Due to be some than area. Due to be to constrain the final to be to long.	Nor Applicable Nor Applicable Nor Applicable Nor Applicable Nor Applicable Nor Applicable Nor Applicable Nor Applicable	8/7/2017 8/7/2017 11/3/2015 8/7/2017 2/25/2013 8/7/2017 8/7/2017 8/7/2017	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	PROV BED TYPE-INFO PRV00010 PROV BED TYPE-INFO PRV00010	PRV134-0003 PRV134-0004 PRV135-0001 PRV135-0002 PRV135-0003 PRV135-0004 PRV135-0005
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	PRV135 PRV135 PRV135 PRV135 PRV135	BED-COUNT BED-COUNT BED-COUNT BED-COUNT	Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable	NA NA Conditional NA NA NA NA Diptional	Report all final field figures that apply. The PANES clashes counser, "Wolf Sudakones: Rest Practice for Reporting Provider Bed Professional in the T-ASIS Provider Hier Mark to be to this provider Hier Mark to be to this provider to the state of the State Ing Bod should be Tradeal Hields that States Ing Bod should be counted have under different bed types. The Final Galaxies counser, "Wolf calabone the Parks for Reporting Provider Bed Provider States Ingent States Ingent States Ingent States Ingent Brief Red an contain any applications (Characters, digits or symbolic except the "pipe" (II). The Red an contain any applications (Characters, digits or symbolic except the "pipe" (II). The Red and Balaxies Ingent States Ingent States Information (III) when not using the Bode In second procedic councils.	Net Applicable Net Applicable Net Applicable Ver Applicable Ver Applicable Net Applicable Net Applicable Net Applicable	8/7/2017 8/7/2017 11/3/2015 8/7/2017 2/25/2013 8/7/2017 8/7/2017 8/7/2017	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	PROV BED TYPE-INFO PRV00010 PROV BED TYPE-INFO PRV00010	PRV134-0003 PRV134-0004 PRV135-0001 PRV135-0002 PRV135-0003 PRV135-0004 PRV135-0005
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8 9 0 1 2 3 4 4 4 8 9 7 7 8 9 9 0 0 1 2 2 3 3 4	PRV133 PRV135 PRV135 PRV135 PRV135 PRV135 PRV138 PRV138 PRV138 PRV138 PRV138 TRO01 TRO01 TRO01 TRO01 TRO01 TRO01 TRO04 TRO04	BIC-COUNT BIC-COUNT BIC-COUNT BIC-COUNT BIC-COUNT BIC-COUNT BIC-COUNT STATE-NOTATION STATE-NOTATION STAT	Not Applicable Account of the number of bolds available at the facility for the category of bold dentified in the BED Prof Cool data dentified in the BED Prof Applicable Are face face face face in the BED Prof Applicable Pro enable tables to enable the BED Prof Applicable Pro enable tables to enable the BED Prof Applicable Pro enable tables to enable the BED Prof Applicable Pro enable tables to enable the BED Prof Applicable Prof Prof Prof Prof Prof Prof Prof Prof	NA t Required NA Required	Report all mate being provided in the second second based based on the second second based	Nex Applicable Nex Ap	8/7/8017 8/7/2013 11/2/8013 2/7/2013 2/7/2013 2/7/2013 8/7/2	PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER PROVIDER	REQUIRE THE NECK REGISTER RELEASER RECORD FRUNCER REVOCOULD RELEASER RECO	PKV134-6003 PKV134-6001 PKV134-6001 PKV134-6001 PKV135-6001 PKV135-6001 PKV135-6001 PKV135-6001 PKV135-6001 PKV135-6001 PKV135-6001 PKV136-6001 PK-600-6001 PK-600-6001 PK-600-6001 PK-600-6001 PK-600-6001 PK-600-6001 PK-600-6001 PK-600-6001

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4577	TPL007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL007-0002
4578 4579 4580	TPLO07 TPLO07	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable Not Applicable Not Applicable	NA NA	Must be populated on every record. Value must be numeric Value must be hasme on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017	TPL TPL	FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001	TPL007-0001 Not Applicable Not Applicable
4581	TPLOO7 TPLOO8	SUBMITTING-STATE DATE-FILE-CREATED	The date on which the file was created.	NA Required	Date format is CCYYMMDD (National Data Standard)	Not Applicable Not Applicable	8/7/2017 2/25/2013	TPL TPL	FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0001
4582 4583	TPLOO8 TPLOO8	DATE-FILE-CREATED DATE-FILE-CREATED	Not Applicable Not Applicable Not Applicable	NA NA	Value must be a valid date Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	Vec Applicable Vec Applicable Vec Applicable Vec Applicable Vec Applicable Vec Applicable Nec Applicable Nec Applicable Nec Applicable Nec Applicable Vec Ap	4/30/2013 2/25/2013	TPL TPL	FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0002 TPL008-0003
4382 4583 4584 4585 4586	TPLOOB TPLOO9	DATE-FILE-CREATED DATE-FILE-CREATED DATE-FILE-CREATED START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable Beginning date of the time period covered by this file. Not Applicable	NA Required	Required on every file header record Date format Is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable Not Applicable	4/30/2013 8/7/2017	TPL TPL	FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0003 TPL008-0004 TPL009-0001 Not Applicable
4587	TPL009 TPL009	START-OF-TIME-PERIOD	Not Applicable Not Applicable Not Applicable	NA NA	Must be populated on every record Value must be a valid date	Not Applicable Not Ap	8/7/2017 8/7/2017	TPL TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0002
4588 4589 4590	TPLO09 TPLO09	START-OF-TIME-PERIOD START-OF-TIME-PERIOD	Not Applicable Not Applicable	NA NA	Value must our a value date Value must occur before END-OF-TIME-PERIOD Value must be equal to or less than the date in the DATE-FILE-CREATED field.	Not Applicable Not Applicable	8/7/2017 8/7/2017	TPL TPL	FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0004 Not Applicable
4590 4591	TPLO09 TPLO10	START-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Last date of the reporting period covered by the file to which this Header Record is attached. Not Applicable	NA Required	Value must occur on or before the current date. Date format is CCYYMMDD (National Data Standard)	Not Applicable Not Applicable	8/7/2017 4/30/2013	TPL TPL	FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable Not Applicable TPL010-0001
4591 4592 4593	TPL010 TPL010	END-OF-TIME-PERIOD END-OF-TIME-PERIOD	Not Applicable Not Applicable	NA NA	Value must be a valid date Value for the Date in the End of Time Period (last 2 bytes of the value) must equal "30" in April, June, September, or November; "31" in January, March, May, July, August, October, or December, and "28" or "29" in February.	Not Applicable Not Applicable	2/25/2013 10/10/2013	TPL TPL	FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0002 TPL010-0003
4594	TPL010	END-OF-TIME-PERIOD	Not Applicable Not Applicable	NA	Value must be equal or less than the DATE-FILE-CREATED	Not Applicable Not Applicable	4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0004
4595 4596 4597	TPLO10 TPLO10	END-OF-TIME-PERIOD END-OF-TIME-PERIOD END-OF-TIME-PERIOD FILE-STATUS-INDICATOR	Not Applicable Not Applicable	NA NA	Value must be equal to or greater than START-OF-TIME-PERIOD. Date must be less than current date	Not Applicable Not Applicable P Production File T Test File	8/7/2017 8/7/2017	TPL TPL	FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable TPL010-0005 TPL011-0001
	TPL011		Not Applicable Not Applicable A code to indicate whether the records in the file are test or production records.	Required	Date must be less than current date Value must be equal to a valid value.	P Production File T Test File	8/7/2017			
4598 4599	TPLO11 TPLO11	FILE-STATUS-INDICATOR FILE-STATUS-INDICATOR	Not Applicable Not Applicable	NA NA	Must be populated on every record The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = T	Not Applicable Not Applicable	8/7/2017 4/30/2013	TPL TPL	FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable TPL011-0002
4600	TPL012	SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required	cannot have a FILE-STATUS-INDICATOR = 'T' Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER	8/7/2017	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL012-0001
4601	TPL012	SSN-INDICATOR	Identification number as the unique, unchanging eligible person identifier.	NA	A state's SSN/Non-SSN designation on the eligibility file should match on the TPL file.	1 State uses SSN as MSIS-IDENTIFICATION-NUMBER Not Applicable	8/7/2017	TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable
4602	TPL012	SSN-INDICATOR	Not Applicable	NA	A state's SSN/Non-SSN designation on the eligibility file should match on the TPL file. For non-SSN states, the SSN-NOICATOR in the Header record must be set to 0 and the MSIS identification number must be reported in the MSIS-IDENTFF(ATON-NUMBER field, if the MSIS- DENTFICATION-NUMBER is not known then this field should be 9-filled, left blank or space-filled.	Not Applicable	8/7/2017	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL012-0002
4603	TPL013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required	Value must be an integer with no commas.	Not Applicable	8/7/2017	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL013-0001
4604	TPL013	TOT-REC-CNT STATE-NOTATION		NA	Value must equal the sum of all records excluding the header record. The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable Not Applicable	8/7/2017	TPL	FILE-HEADER-RECORD-TPL-TPL00001 FILE-HEADER-RECORD-TPL-TPL00001	TPL013-0002 TPL014-0001
4605	TPL014		Not Applicable A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().		8/7/2017	TPL		
4606	TPL014	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments.	Not Applicable	9/23/2015	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL014-0002
					to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	3				
4607	TPL015	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Not Applicable	9/23/2015	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL015-0001
					flued-length flies and therefore should be (poered in pipe-delimited flies. For fund-length flies, FLLER that is shown at the end of each record layout should be space-filled in flued-length flies.					
4608	TPL016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHER'S - ELGIBILITY record segment is ELGIOD02.	Required	Value must be equal to a valid value.	TPL00002	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0001
			DEMOGRAPHICS - ELIGIBILITY record segment is ELG00002.				8/7/2017			TPI 016-0003
4610	TPL016 TPL017	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Required	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable http://www.census.gov/geo/reference/ansi_statetables.html	8/7/2017 8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0003
4611	TPL017	SUBMITTING-STATE SUBMITTING-STATE	Not Applicable	NA	Value must be numeric Must be populated on every record.	Not Applicable Not Applicable	8/7/2017 8/7/2017	TPL.	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable TPL017-0001
4613	TPL017 TPL017 TPL018	SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER		NA NA	Value must be the same on all record segments.	Not Applicable Not Applicable	8/7/2017 8/7/2017 2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL017-0001 TPL017-0003 TPL018-0001
4014	IPL018	RELUKU-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMERE, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	kequirea	Must be populated on every record	Not Applicable	2/25/2013	IPL	IPE-MEDICAID-EDGIBLE-PERSON-MAIN-IPL00002	IPL018-0001
4615	TPL018	RECORD-NUMBER	Not Applicable Not Applicable	NA	Must be numeric RECORD-ID/RECORD-NUIMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	TPL.	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL018-0002
4615 4616 4617 4618	TPL019 TPL019	RECORD-NUMBER MSIS-IDENTIFICATION-NUM MSIS-IDENTIFICATION-NUM	Not Applicable	NA	MSIS-IDENTIFICATION-NUM must be reported	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL018-0003 TPL019-0005 TPL019-0002
4619	TPIO19	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	NA	For non-SSN states, this field must contain an identification number assigned by the state. The format of the State ID numbers must be supplied to CMS.	Not Applicable	8/7/2017	10	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPI 019-0003
					To SSN takes, Twin Earlin most consolin the argingtic insolidational's Gold recently Newhork. If the SRI is without a strength of the strength of the SRI is the SRI is the SRI is the SRI IS					
4620	TPL020	TPL-HEALTH-INSURANCE-COVERAGE- IND	A flag to indicate that the Medicaid/CHIP eligible person has some form of third party insurance coverage.	Conditional	Value must be equal to a valid value.	0 Medicald/CHIP eligible individual has no TPL insurance coverage 1 Medicald/CHIP eligible individual does have TPL insurance coverage	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL020-0001
4621	TPI020	TPL-HEALTH-INSURANCE-COVERAGE-	Not Applicable	NA	If TPI-HEALTH-INSTIGANCE-COVERAGE-IND equals "1 " then there must be one or more instances.	Not Applicable	8/7/2017	TPI	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL020-0002
		ND			ETPL-HEALTH-INSURANCE-COVERAGE-IND equals "1," then there must be one or more instances where the eligible person has some form of third party insurance coverage. The records for this coverage and end where in the T-MBS disabase or be on one or more TFM-MERCADE LAIGUEE- NEURANCE-COVERAGE-INFO record segments in the current TFU file submission.					
4622	TPL021	TPL-OTHER-COVERAGE-IND	A flag to indicate that the Medicaid/CHIP eligible person has some other form of third party funding besides insurance coverage.	Conditional	Value must be equal to a valid value.	O Medicaid/CHIP eligible individual has no other TPL funding available 1 Medicaid/CHIP eligible individual does have other TPL funding available	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL021-0001
4623	TPL022	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL022-0001
4624 4625	TPL023 TPL023	ELIGIBLE-MIDDLE-INIT ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided. Not Applicable	Conditional NA	Leave blank if not available The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable Not Applicable	8/7/2017 11/3/2015	TPL TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable TPL023-0001
4626	TPL024	ELIGIBLE-LAST-NAME	The last name of the individual to whom the services were provided.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL024-0001
4627	TPL025	ELIG-PRSN-MAIN-EFF-DATE	The first day of the time span during which the values in all data elements in the ELIG-PRSN-MAIN-EFF- DATE record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0001
			DATE record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.							
4628	TPL025 TPL025	ELIG-PRSN-MAIN-EFF-DATE ELIG-PRSN-MAIN-EFF-DATE	Not Applicable	NA	Value must be numeric. Value must be a valid date.	Not Applicable Not Applicable	8/7/2017 8/7/2017	TPL.	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0002 TPL025-0003
4630	TPL025	ELIG-PRSN-MAIN-EFF-DATE	Not Applicable Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable
4631	TPL025	ELIG-PRSN-MAIN-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGBLE-PERSON- MAIN record segment changes, a new record segment must be created. The ELIG-PRSN-MAIN-EFF-DATE must occur on or before the ELIG-PRSN-MAIN-END-DATE	Not Applicable	2/25/2013	TPL.	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0004
4632 4633	TPL025 TPL025	ELIG-PRSN-MAIN-EFF-DATE ELIG-PRSN-MAIN-EFF-DATE	Not Applicable Not Applicable	NA	The ELIG-PRSN-MAIN-EFF-DATE must occur on or before the ELIG-PRSN-MAIN-END-DATE The ELIG-PRSN-MAIN-EFF-DATE must occur on or before the eligible individual's DATE-OF-DEATH as	Not Applicable Not Applicable	8/7/2017 8/7/2017	TPL.	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0005 TPL025-0006
4633	TPI026	ELIG-PRSN-MAIN-ENF-DATE		Required	INF ELIC-PRON-MOUNTER- UNITE INVESTIGATION OF DEFORE THE ELIC-PRON-MAUNE-NUC-DATE THE ELIC-PRON-MAUNE-EFF-ORTE MUST COCUM ON OF DEFORE THE eligible individual'S DATE-OF-DEATH as reported in the Eligibility file. Date format is CCYMMIDD (National Data Standard).	Not Applicable	8/7/2017	TPI	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0006
		CONTRACTOR OF CASE	The last day of the time span during which the values in all data elements in the EUC-PROVMAR-EF- DATE record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).		and the second sec					
4635	TPL026	ELIG-PRSN-MAIN-END-DATE ELIG-PRSN-MAIN-END-DATE	Not Applicable Not Applicable	NA	Value must be numeric.	Not Applicable Not Applicable	8/7/2017 8/7/2017	TPL.	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL026-0002 Not Applicable
					Value must be numeric. for sourcest and hist record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting data and record segment-specific identifying number match one another in both record segments.					
4637	TPL026	ELIG-PRSN-MAIN-END-DATE	Not Applicable	NA	If the time span is open-ended (i.e., there is no end date), then populate the field with "99991231" (end-of-time).	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable
4638 4639	TPL026 TPL026	ELIG-PRSN-MAIN-END-DATE ELIG-PRSN-MAIN-END-DATE	Not Applicable Not Applicable	NA	ff a complete, valid end date is not available or is unknown,leave blank, or space-fill Value must be a valid date	Not Applicable Not Applicable	8/7/2017 8/7/2017	TPL TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable TPL026-0003
4640	TPL026	ELIG-PRSN-MAIN-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON- MAIN record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL026-0004
4641 4642	TPL026 TPL027	ELIG-PRSN-MAIN-END-DATE STATE-NOTATION	Not Applicable A free text field for the submitting state to enter whatever information it chooses.	NA Optional	The ELIG-PRSN-MAIN-END-DATE must occur on or after the ELIG-PRSN-MAIN-EFF-DATE The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable Not Applicable	8/7/2017 8/7/2017	TPL TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable TPL027-0001
4643	TPL027	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (11)) when not using the field	Not Applicable	9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL027-0002
					the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field to record specific comments. For <u>fixed-length files</u> , states should space-fill the STATE-NOTATION field when not using the field trie record specific comments, and right-pad the field with spaces when the field does contain verbiage.	2				

New Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR NO
4644	TPL028	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fund-length files and therefore should be imported in pipe-delimited files.	Not Applicable	9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL028-0001
					For fuel-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.					
4645	TPL029	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The las 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELGIBERLY record segment to ELGDOOC.	t Required	Value must be equal to a valid value.	TPL00003	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL029-0003
4646	TPL029	RECORD-ID	DEMOGRAPHICS – ELIGIBILITY record segment is ELG00002. Not Applicable	NA	Must be populated on every record segment.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL029-0001
4647	TPL030	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has	Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi-statetables.html	8/7/2017	TPL	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL030-0002
4648	TPL030	SUBMITTING-STATE	submitted the data. Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	TPL	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL030-0001
4649	TPL030	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	Not Applicable
4650	TPL030	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	TPL	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL030-0003
4651	TPL031	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record	Required	Must be populated on every record	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL031-0001
4452	TPL031	RECORD-NUMBER	Inter the RECORDINISTIES of The Conjunction with the RECORD-TD, and they defaultes a single record within the submission file.		Must be numeric	Not Apolicable	8/7/2017		TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL031-0002
4653	TPL031	RECORD-NUMBER	Not Applicable	NA .	Must be numeric BECORD-ID/RECORD-NUMBER combinations should be unjoise within a state's submission	Not Applicable	8/7/2017	172	TPL-MEDICALD-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICALD-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL031-0002
4654	TPL032	MSIS-IDENTIFICATION-NUM	Not Applicable		RECORD-TO/RECORD-NOMBER Combinations should be dirigte within a state's submission.	Not Applicable	8/7/2017	175	COVERAGE-INFO-TPL00003	TPL032-0005
4655	TPL032	MSIS-IDENTIFICATION-NUM	Not Appricable A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual	Required	For non-SSN states, this field must contain an identification number assigned by the state. The	Not Applicable	8/7/2017	TPI	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL032-0003
4656	TPL032	MSIS-IDENTIFICATION-NUM	and any claims submitted to the system. Not Applicable	NA	format of the State ID numbers must be supplied to CMS.		8/7/2017	TPI	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL032-0003
				[unknown and a temporary number is assigned, this field will contain temporary MSIS identification number. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field				COVERAGE-INFO-TPL00003	
					For SSN tates, this field must contain the eligible individual's Social Social The Social Soc					
					the Eligibility file.					
1657	TPL033	INSURANCE-CARRIER-ID-NUM	The state's internal identification number of the Third Party Liability (TPL) Insurance carrier.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL033-0001
658	TPL033	INSURANCE-CARRIER-ID-NUM	Not Applicable	NA	Field is required on all record segments.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	Not Applicable
659	TPL033	INSURANCE-CARRIER-ID-NUM	Not Applicable	NA	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL033-0002
660	TPL034	INSURANCE-PLAN-ID	The ID number issued by the insurance carrier providing third party liability insurance coverage to beneficiaries. Typically the Plan ID/Plan Number is on the beneficiaries' insurance card.	Conditional	Enter the insurance plan identification number assigned by the state.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL034-0001
661	TPI034	INSURANCE-PLAN-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013	TPI	TPI-MEDICAID-FI ICIBI F-PERSON-HEAI TH-INSURANCE-	TPI 034-0002
1662	TPL034	INSURANCE-PLAN-ID	Not Apolicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL034-0003
663	TPL035	GROUP-NUM	The group number of the TPL health insurance policy.	Conditional	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	TPI	COVERAGE-INFO-TPL00003 TPI-MEDICAID-FI IGIBLE-PERSON-HEALTH-INSURANCE-	TPL035-0001
	TPL035	GROUP-NUM	Not Apolicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	4/30/2013	TPI	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL035-0002
1665	TPL035	GROUP-NUM	Not Applicable	MA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	TO	COVERAGE-INFO-TPL00003	TPL035-0003
	TPL035	GROUP-NUM	Not Applicable	NA	If this field is not applicable, leave blank or space-fill	Not Applicable	8/7/2017	TPI	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL035-0004
1667	TPL036	MEMBER-ID	Member identification number as it appears on the card issued by the TPL insurance carrier.	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	11/3/2015	TO	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL036-0001
668	TPL036	MEMBER-ID	Not Applicable	NA	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	TDI	COVERAGE-INFO-TPL00003	TPL036-0002
***	TPI036	MEMBER-ID	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	TPI	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL036-0003
670	191027	INSURANCE-PLAN-TYPE	Code to classify the type of insurance plan providing TPL coverage.	Conditional	In the next surger participated in Elizability where or spaces.	Not Applicable	11/3/2015	TDI	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL037-0001
1671	10007	INSURANCE-PLAN-TYPE	Not Applicable	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013		COVERAGE-INFO-TPL00003	TPL037-0002
671	TPI038	ANNUAL-OFFICETRIE-AMT	Annual amount paid each year by the enrollee in the plan before a health plan benefit begins.	Conditional	The value must consist of digits 0 through 9 only	Not Applicable	11/3/2015	TRI	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICAID-FLICIBLE-PERSON-HEALTH-INSURANCE-	TPL037-0002
673	TPI044	POLICY-OWNER-FIRST-NAME	The first name of the owner of the insurance policy. For example, the policy owner may be the diradiate of the backforder.	Conditional		Not Applicable	8/7/2017	TDI	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPI 044-0001
		COLL OT ALL THOMAL	Medicald/CHIP beneficiary.	Conditional	Policy owner information is not applicable if the TPL insurance is noted as an "other" type of TPL insurance. If TPL insurance is reported under TYPE-OF-OTHER-THIRD-PARTY-LABILITY on the TPL- MEDICAID-ELICIBE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION segment, 8-fill, blank-fill, or pascefill POLICY-OWNER-FIRST-MAME.	nos appresas.			COVERAGE-INFO-TPL00003	11 2044 0001
1674	TPI044	POLICY-OWNER-FIRST-NAME	Not Applicable	MA	space-fill POLICY-OWNER-FIRST-NAME. The field can contain any alphanumeric characters, digits or symbols except the "pipe" ()).	Not Applicable	8/7/2017	TDI	TRI MEDICAIDEI ICIDI E DEDCONLUEAI TULINGI RANCE.	TPI 044-0003
4675	TPL044	POLICY-OWNER-FIRST-NAME	Not Applicable	NA	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	TPI	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL044-0004
1676	TPL044	POLICY-OWNER-FIRST-NAME	Not anolicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	TPI	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPI 044-0005
1677	TPL045	POLICY-OWNER-LAST-NAME	The last name of the owner of the insurance policy. For example, the policy owner may be the	Conditional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (1).	Not Applicable	8/7/2017	TPI	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL045-0001
1678	TPL045	POLICY-OWNER-LAST-NAME	Medicald/CHIP beneficiary. Not Applicable	NA	Left-fill any unused bytes with spaces.	Not Applicable	8/7/2017	TPI	COVERAGE-INFO-TPL00003	TPL045-0002
1679	TPL045	POLICY-OWNER-LAST-NAME	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL045-0003
1680	TPL045	POLICY-OWNER-LAST-NAME	Not Applicable	NA	If the TPL-HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	Not Applicable	8/7/2017	TPL	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL045-0004
681	TPL045	POLICY-OWNER-LAST-NAME	Not Applicable	NA	Bolicy owner, information is not applicable if the TB(inpurance is noted as an "other" type of TB)	Not Applicable	8/7/2017	TPL	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL045-0005
					Next Section 2015 Control 1995 Control 2015				COVERAGE-INFO-TPL00003	
1682	TPL046	POLICY-OWNER-SSN	The policy owner's social security number.	Conditional	If known, this field is to be populated with numeric digits.	Not Applicable	11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL046-0001
683	TPL046	POLICY-OWNER-SSN	Not Applicable	NA	If the TPL-HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	Not Applicable	8/7/2017	TPL	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL046-0002
684	TPL046	POLICY-OWNER-SSN	Not Applicable	NA		Not Applicable	8/7/2017	TPL	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL046-0003
					Policy owner information is not applicable if the TPL insurance is noted as an "other" type of TPL insurance. If TPL insurance is reported under TYPE-OF-OTHER-THIRD-PARTY-LABILITY on the TPL- MEDICAID-ELIGIBE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION segment, 8-fill, blank-fill, or space-fill POLICY-OWNER-SSN.				COVERAGE-INFO-TPL00003	
685	TPL047	POLICY-OWNER-CODE	This code identifies the relationship of the policy holder to the Medicaid/CHIP beneficiary.	Conditional	space-ini Polici-Downer-ssic	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL047-0001
					Policy owner information is not applicable if the TPL insurance is noted as an 'other' type of TPL busance. If the liserance is reported under TPE-OF-OTHER-THROPARTYLABULTY on the TPL- MED/CAD-ELICOBE-OTHER 'THRO-PARTYLCOVERAGE-INFORMATION segment, 8-fill, blank-fill, or saac-fill POLICY-OWNER-CODE.				COVERAGE-INFO-TPL00003	
686	TPL047	POLICY-OWNER-CODE	Not Applicable	NA	Value must be equal to a valid value.	01 Self	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL047-0002
						02 Spouse 03 Custodial Parent			COVERAGE-INFO-TPL00003	
						04 Noncustodial Parent (Child Support Enforcement in effect) 05 Noncustodial Parent without child support enforcement in effect 06 Grandparent				
						07 Guardian 08 Domestic Partner 09 Other				
						07 OLIA				
687	TPL048	INSURANCE-COVERAGE-EFF-DATE	The first day of the time span during which the Medicaid enrollee is covered under the policy.	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL048-0001
			This date field is necessary when defining a unique row in a database table.							
688	TPL048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL048-0002
589	TPL048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL048-0003
690	TPL048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON- HEALTH-INSURANCE-COVERAGE-INFO record segment changes, a new record segment must be	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL048-0004
691	TPL048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	created. The INSURANCE-COVERAGE-EFF-DATE must occur on or before the INSURANCE-COVERAGE-END-	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL048-0005
671	TPI048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	NA	If the TPL-HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	Not Applicable	8/7/2017	TPI	COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL048-0005
692	TPL048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable	MA	The INFLIGANCE-CONEDAGE-SEE-DATE must occur on or before the aliable individually DATE-DE-	Not Applicable	8/7/2017	TDI	TPL-MEDICALD-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TRL-MEDICALD-ELIGIBLE-REPSON-LIEALTH-INSURANCE-	TPL048-0006
593 594	TPL048	INSURANCE-COVERAGE-EFF-DATE	Not Applicable The last day of the time span during which the Medicald enrollee is covered under the policy.	Conditional	The INSURANCE-COVERAGE-EFF-DATE must occur on or before the eligible individual's DATE-OF- DEATH as reported in the Eligibility file. Date format is CCYYMMDD (National Data Standard).	Not Applicable Not Applicable	8/7/2017 8/7/2017	TR	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL048-0007 TPL049-0001
694	TPL049	INSURANCE-COVERAGE-END-DATE	The last day of the time span during which the Medicaid enrollee is covered under the policy. Not Applicable	Conditional	Date format is CCYYMMDD (National Data Standard). Value must be numeric.	Not Applicable	8/7/2017	10	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL049-0001 TPL049-0002
695	TPL049	INSURANCE-COVERAGE-END-DATE	Not Applicable	NA	value must be numeric. Value must be a valid date	Not Applicable	2/25/2013	TPI	TPC-MEDICALD-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICALD-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL049-0002 TPL049-0003
	TPL049	INSURANCE-COVERAGE-END-DATE	Not Applicable	MA	value must be a valud date If a complete, valid end date is not available or is unknown.leave blank, or space-fill	Not Applicable	8/7/2013	TDI	TPL-MEDICALD-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003 TPL-MEDICALD-ELIGIBLE-PERSON-HEALTH-INSURANCE-	Not Applicable
		CONTRACTOR CONTRACTOR DUPLATE	[17	 a subjects, take one one of not analyzed or a differently barry barry, or space infi 	l	F		COVERAGE-INFO-TPL00003	nor opplicative
4697	TPL049	INSURANCE-COVERAGE-END-DATE	Not Applicable		If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date	Mak Annilashia	2/25/2013	TRE	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL049-0004

w Row #	DE NO TPL049	DATA ELEMENT NAME	DEFINITION Not Applicable	NECESSITY	CODING REQUIREMENT Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELICIBLE-PERSON-	VALID VALUES	LAST UPDATE DATE 2/25/2013	FILENAME	FILE SEGMENT (with RECORD-ID) TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	CR N0 TPL049-0005
					HEALTH-INSURANCE-COVERAGE-INFO record segment changes, a new record segment must be created.				COVERAGE-INFO-TPL00003	
	TPL049	INSURANCE-COVERAGE-END-DATE	Not Applicable	NA	If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, leave blank or space-fill the field.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL049-0006
	TPL049	INSURANCE-COVERAGE-END-DATE	Not Applicable	NA	If the TPL-HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL049-0007
	TPL049	INSURANCE-COVERAGE-END-DATE	Not Applicable	NA	The INSURANCE-COVERAGE-END-DATE must occur on or after the INSURANCE-COVERAGE-EFF-DATE		8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	Not Applicable
	TPL049	INSURANCE-COVERAGE-END-DATE	Not Applicable	NA	INSURANCE-PLAN-ID, GROUP-NUM, and MEMBER-ID.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL049-0008
	TPL049	INSURANCE-COVERAGE-END-DATE	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL049-0010
	TPL050	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL050-0001
	TPL050	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field	Not Applicable	9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL050-0002
					to record specific comments. For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.					
,	TPL051	FILLER	Not Applicable	NA		Not Applicable	9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-INFO-TPL00003	TPL051-0001
					For meenength miles, HILLEN that is shown at the end or each record layout should be space-filled in filled-length files.					
	TPL052	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - LEGIBILITY record segment is ELG00002. Not Amiliante	Required	Value must be equal to a valid value. Must be populated on every record segment.	TPL00004	8/7/2017	TPL	TPI-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-CATEGORIES-TPL00004 TPI-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL052-0003
	TPL052	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state. territory, or the District of Columbia that has	NA .	Must be populated on every record segment. Value must be equal to a valid value.	Not Applicable	8/7/2017	114	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL052-0001 TPL053-0002
			The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data. Not Applicable	Required		http://www.census.gov/geo/reference/ansi_statetables.html		TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	
	TPL053	SUBMITTING-STATE		NA	Must be populated on every record.	Not Applicable	8/7/2017	TPL	COVERAGE-CATEGORIES-TPL00004	TPL053-0001
	TPL053	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-CATEGORIES-TPL00004	Not Applicabl
	TPL053 TPL054	SUBMITTING-STATE RECORD-NUMBER	Not Applicable A sequential number assigned by the submitter to identify each record segment row in the submission file, The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record	NA Required	Value must be the same on all record segments. Must be populated on every record	Not Applicable Not Applicable	8/7/2017 2/25/2013	TPL TPL	TPI-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-CATEGORIES-TPI.00004 TPI-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-CATEGORIES-TPI.00004	TPL053-0003 TPL054-0001
	TPL054	RECORD-NUMBER	within the submission file. Not Applicable	NA	Must be numeric	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL054-0002
	TPL054	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	TPL	COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL054-0003
	TPLOSS	INSURANCE-CARRIER-ID-NUM	The state's internal identification number of the TPL Insurance carrier.	Required	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	TPL	COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL055-0001
	TPL055	INSURANCE-CARRIER-ID-NUM	Not Apolicable	NA	He new can concarn any apriantment characters, togets or symbols except the pipe ()). Field is required on all record segments.	Not Applicable	4/30/2013	TPL	COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL055-0001
_	TPLOSS	INSURANCE-CARRIER-ID-NUM	Not Applicable	NA	Heid is required on all record segments.	Not Applicable	8/7/2017	TPI	COVERAGE-CATEGORIES-TPLOD004	Not Applicabl
	TPL055	INSURANCE-PLAN-ID	The ID number issued by the Insurance carrier providing third party liability insurance coverage to beneficiaries. Typically the Plan ID/Plan Number is on the beneficiaries' insurance card.	Required	Lettrin any disaded bytes must spaces. Enter the insurance plan identification number assigned by the state.	Not Applicable	8/7/2017	TPL	COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE- COVERAGE-CATEGORIES-TPL00004	TPL056-0001
	TPL056	INSURANCE-PLAN-ID	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL056-0002
	TPL056	INSURANCE-PLAN-ID	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	TPL	COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL056-0003
	TPL057	INSURANCE-PLAN-TYPE	Code to classify the entity providing TPL coverage.	Optional	Values must correspond to associated INSURANCE-PLAN-ID.	Not Applicable	11/3/2015	TPL	COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL057-0001
	TPL057	INSURANCE-PLAN-TYPE	Not Applicable	NA	Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	TPL	COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL057-0002
	TPL058	COVERAGE-TYPE	Code indicating the level of coverage being provided under this policy for the insured by the TPL	Conditional	Value must be equal to a valid value.	See Appendix A for listing of valid values.	11/3/2015	TPL	COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL058-0001
	TPL059	INSURANCE-CATEGORIES-EFF-DATE	carrier. The first day of the time span during which the values in all data elements in the TPL-MEDICAID-	Conditional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	TPL	COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL059-0001
			ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.						COVERAGE-CATEGORIES-TPL00004	
	TPL059	INSURANCE-CATEGORIES-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL059-0002
	TPI059	INSURANCE-CATEGORIES-FEE-DATE	Net Annirable	NA	Value must be a valid date	Not Applicable	8/7/2017	TPI	COVERAGE-CATEGORIES-TPL00004 TPI-MEDICAID-FLIGIRI F-PERSON-HEAI TH-INSURANCE-	TPI 059-0003
	TPI059	INSURANCE-CATEGORIES-EFF-DATE	Net Annicable	NA	For narent and child file segments: the effective date of a child record segment must occur before	Not Applicable	8/7/2017	TPI	COVERAGE-CATEGORIES-TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	Not Applicabl
		INSURANCE-CATEGORIES-FEE-DATE		<u> </u>	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.				COVERAGE-CATEGORIES-TPL00004	
	TPL059							TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL059-0004
		INSURANCE-CATEGORIES-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPI-MEDICAID-ELIGIBLE-PERSON- HEALTH-INSURANCE-COVERAGE-CATEGORIES record segment changes, a new record segment must he created.	Not Applicable	2/25/2013		COVERAGE-CATEGORIES-TPL00004	
	TPL059	INSURANCE-CATEGORIES-EFF-DATE	Not Applicable	NA NA	be created. The INSURANCE-CATEGORIES-EFF-DATE must occur on or before the INSURANCE-CATEGORIES-EFF-	Not Applicable Not Applicable	2/25/2013 8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-	TPL059-0005
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		INSURANCE-CATEGORIES-EFF-DATE	Not Applicable	NA NA Conditional NA	pe created. The INSURANCE-CATEGORIES-EFF-DATE must occur on or before the INSURANCE-CATEGORIES-EFF- DATE	Net Applicable	8/7/2017 8/7/2017 8/7/2017	TPL TPL TPL	TP: MEDICALD ELIGIBLE PERION-HEALTH-INSUBANCE- COVERAGE: CATECORES / PRODOM TRI-MEDICALD ELIGIBLE / PERSON-HEALTH-INSUBANCE- COVERAGE: CATECORES / PRODOM TPI-MEDICALD ELIGIBLE / PERSON-HEALTH-INSUBANCE- COVERAGE: CATECORES / PRODOM	
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Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	CR
	TPL064	SUBMITTING-STATE	Not Applicable	NA	Must be populated on every record.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL064-000
	TPL064	SUBMITTING-STATE	Not Applicable	NA	Value must be numeric	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	Not Applica
1	TPL064	SUBMITTING-STATE	Not Applicable	NA	Value must be the same on all record segments.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL064-000
1	TPL065	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record	Required	Must be populated on every record	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE INFORMATION-TPL00005	TPL065-000
	TPLOAS	RECORD-NUMBER	within the submission file. Not Applicable	NA	Must be numeric	Not Applicable	8/7/2017	TPI	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-	TPI 065-00
	TPLOAS	RECORD-NUMBER	Not Applicable	NA	RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	Not Applicable	8/7/2017	Tpi	INFORMATION-TPL00005	TPI 065-00
	TPL065	MSIS-IDENTIFICATION-NUM	Not Applicable		RECORD-10/ RECORD-10/MBER containations should be anique within a state's solinission.	Not Applicable	8/7/2017	175	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005 TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-	TPL065-000
				NA				IN.	INFORMATION-TPL00005	
	TPL066	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual and any claims submitted to the system.	Required	The Medicald/CHIP enrollee's MSIS-IDENTIFICATION-NUM must match the MSIS-IDENTIFICATION- NUM in the T-MSIS Eligibility file and T-MSIS data repository.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL066-00
1	TPL066	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For non-SSN states, this field must contain an identification number assigned by the state. The format of the State ID numbers must be supplied to CMS.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE INFORMATION-TPL00005	TPL066-00
1	TPL066	MSIS-IDENTIFICATION-NUM	Not Applicable	NA	For SSN ctates, this field must contain the eligible indivatual's Goal Security Nameber. If the SSN is another with the social security number bactomes shown, the MSD-GRATEGATON-HAM-for autometry within the social security number becomes shown, the MSD-GRATEGATON-HAM-for another within the social security number becomes shown, the MSD-GRATEGATON-HAM-for autometry admission of the TTR File shot HAMSG can associate the foremorph VBST- DRATEGATON-HAM on the TPR file with the temporary MSD-GRATEGATON-HAM and SSN on the Eligibility NE.	Not Applicable	8/7/2017	TPL.	TPL-MEDICAID-ELICIBLE-OTHER-THIRD-PARTY-COVERAGE INFORMATION-TPL00005	TPL066-00
1	TPLO67	TYPE-OF-OTHER-THIRD-PARTY- LIABILITY	This code identifies the other types of liabilities an individual may have which are not necessarily defined as a health insurance plan listed INSURANCE-TYPE-PLAN.	Conditional	Required	Not Applicable	11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL067-00
1	TPL067	TYPE-OF-OTHER-THIRD-PARTY- LIABILITY	Not Applicable	NA	Value must be equal to a valid value.	1 Storf-Granuby Calm 2 Morkain Maynor and Calman Strain 1 State (and a state, annuly or designated trust) 1 State (and a state, annuly or begins and a state of the state 1 Worker's Comparison 8 Payments from an individual or group who has either voluntarily or been registers, firster any program into a state 1 Other - understitled 7 Other - understitled	8/7/2017	TPL	TPL-MEDICAD ELIZIBLE OTHER THIRD-PARTY-COVERAGE INFORMATION TPL00005	TPL067-00
	TPL068	OTHER-TPL-EFF-DATE	The first day of the time gand wining which the values in all data elements in the TR-MEDICAD- BLIGHLE-OTHER-TRIB-PART-COLREGAL-INFORMADIAN Decode segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional	Date format is CCYYMMIDD (National Data Standard).	Not Applicable	8/7/2017	TPL	TPI-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL068-00
	TPL068	OTHER-TPL-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL068-00
_	TPL068	OTHER-TPL-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-	TPL068-0
	TPL068	OTHER-TPL-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	TPL	INFORMATION-TPLODOOS TPL-MEDICAD-ELICIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPLODOOS	Not Appl
	TPLO68	OTHER-TPL-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-MEDICAD-ELIGIBLE-OTHER- THIRD-PARTY-COVERAGE-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELICIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL068-I
1	TPL068	OTHER-TPL-EFF-DATE	Not Applicable	NA	The OTHER-TPL-EFF-DATE must occur on or before the OTHER-TPL-EFF-DATE	Not Applicable	8/7/2017	TPL.	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE INFORMATION-TPL00005	TPL068-
1	TPL068	OTHER-TPL-EFF-DATE	Not Applicable	NA	If the TPL-OTHER-COVERAGE-IND equals '1', this field is required.	Not Applicable	4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL068-
	TPL068	OTHER-TPL-EFF-DATE	Not Applicable	NA	The OTHER-TPL-EFF-DATE must occur on or before the eligible individual's DATE-OF-DEATH as reported in the Eligibility file.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPLODODS	TPL068
	TPL069	OTHER-TPL-END-DATE	The Last day of the time span during which the values in all data elements in the TPI-MEDICAID- ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Conditional	reported in the Ligbuilty me. Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	TPL.	INFORMATION-TPLUDUUS TPL-MEDICADE-LICIRE-FOTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL069
-	TPL069	OTHER-TPL-END-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL069
-	TPL069	OTHER-TPL-END-DATE	Not Applicable	NA	Value must be a valid date	Not Applicable	2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-	TPL069
-	TPL069	OTHER-TPL-END-DATE	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231).	Not Applicable	2/25/2013	TPL	INFORMATION-TPL00005 TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL069
_	TPL069	OTHER-TPL-END-DATE	Not Applicable	NA	(99991231). If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	TPL	INFORMATION-TPL00005 TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-	Not Apr
	1010/0		Not Applicable		The OTHER-TPL-END-DATE must occur on or after the OTHER-TPL-EFF-DATE	Nat Analashia	8/7/2017		INFORMATION-TPL00005	
	TPL069	OTHER-TPL-END-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-OTHER- THRD-PARTY-COVERAGE-INFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	TPL	TPI-MEDICAID-ELICIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005 TPI-MEDICAD ELICIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL069
	TPL069	OTHER-TPL-END-DATE	Not Applicable	NA	If the field is not applicable or the TPL-OTHER-COVERAGE-IND = 0, 8-fill, leave blank, or space-fill th	e Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-	TPL069
_	TPL069	OTHER-TPL-END-DATE	Not Applicable	NA	tield. If the TPL-OTHER-COVERAGE-IND equals '1', this field is required.	Not Applicable	4/30/2013	TPL	INFORMATION-TPL00005 TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-	TPL069
	TDI 049	OTHER-TPL-END-DATE	Not Applicable	NA			8/7/2017	TPI	INFORMATION-TPL00005 TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-	TPL069
	112007	OTHER-TPL-END-DATE			Overlapping coverage not allowed for same SUBMITTING-STATE , MSIS-IDENTIFICATION-NUM, and TYPE-OF-OTHER-THIRD-PARTY-LIABILITY.				INFORMATION-TPL00005 TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-	TPL069
	TPLD69		Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	IPL	INFORMATION-TPL00005	
	TPL070	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL070
	TPL070	STATE-NOTATION	Net Applicable	NA	Explained designing Higs: states can populate the STATE NOTATION Red with "not," "h.g." "h.g." was been been been been been been been bee	o -	9/23/2015	TPL	TP:-MEDICAD-ELICIBLE OTHER-THIRD-PARTY-COVERAGE INFORMATION-TPL00005	TPL070
	TPLO71	FILLER RECORD-ID	Not Applicable	NA	To global collision of the THLEE that is shown at the end of each record lowest applicable only to make length files and therefore should be grown in gape-damken files. For fixed regard, files, FLLEE that is shown at the end of each record layout should be space-filed in advinght files.	Nor Appiratole	9/23/2015	in.	TPI-MEDICAD-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE- INFORMATION-TPL00005	TPL071-
	TPL072	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The las 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS - ELGIBLITY record segment is ELGDOOC.	rkequired		Not Applicable	8/7/2017 8/7/2017 8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL072-
1	TPL072	RECORD-ID	Not Applicable	NA	Must be populated on every record segment.				CONTRACTINFORMATION-TPL00006	1112073
	TPLO72 TPLO73	SUBMITTING-STATE	Not Applicable The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	NA Required	Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_statetables.html				
	TPL073 TPL073 TPL073	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE	Not Applicable The ANS numeric state code for the U.S. state, territory, or the District of Columbia that has admitted the data. Not Applicable Not Applicable	NA Required NA NA	Value must be equal to a valid value. Must be populated on every record.	http://www.census.gov/geo/reference/ansl_statetables.html Not.Applicable Not.Applicable	8/7/2017 8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not App
-	TPL073 TPL073	SUBMITTING-STATE SUBMITTING-STATE	bot Applicable The AMS numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data. Not Applicable Not Applicable Not Applicable	NA Required NA NA NA Required	Value must be equal to a valid value. Must be populated on every record.		8/7/2017	TPL TPL TPL TPL		Not Ap TPL073
1	TPL073 TPL073 TPL073 TPL073 TPL074	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER	Nor Application The AMS numeric state code for the U.S. state, ternitory, or the Diabets of Calumbia that has bachted the data. Nor Application Nor Applica	NA Required NA NA NA Required	Value must be equal to a valid value. Mast be populated on every record. Value must be numeric Value must be the same on all record segments. Mast be populated on every record	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017 2/25/2013	TPL TPL TPL TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Ap TPL073 TPL074
	TPL073 TPL073 TPL073 TPL073 TPL074 TPL074	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER	Net Applicable The ABR number calls and only the U.S. state, ternitory, on the Dialot of Calambia that has bachment for eals. Net Applicable Net Applicabl	NA Required NA NA NA Required NA	Visie must be requart to a valid obue. Vale to the graduation on environd. Vale to population on environd. Mark the populated on every record Mark the populated on every record Mark the populated on every record Mark the nonexic ECOPEND ERECTION NAMEER combinations should be unlase within a stat's submission.	Not Applicable Not Ap	8/7/2017 8/7/2017 8/7/2017 2/25/2013 8/7/2017	TPL TPL TPL TPL TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Ap TPL073 TPL074 TPL074
	TPL073 TPL073 TPL073 TPL073 TPL074 TPL074 TPL074 TPL074 TPL075 TPL075	SUBMITTING-STATE URBMITTING-STATE URBMITTING-STATE URBMITTING-STATE URBMITTING-STATE RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER	Nor Application The AMS mumoric state code for the U.S. state, territory, or the Diabets of Calumbia that has bachetisted the data. Nor Application Nor App	NA Required NA NA Required NA Required NA	Visie must be required to a valid oblac. And the specialized on very record. Valid must be nameric Valid must be nameric Marco Be possible on all record segments. Marco Be possible on every record Marco Be nameric FEOSID DI RECORD NAMMER Combinations should be unique within a state's submission. The field can contain any alphanemic characters, digits or symbols except the "pige" (1).	Not Applicable Not Applicable Not Applicable	8/7/2017 8/7/2017 8/7/2017 2/25/2013 8/7/2017 8/7/2017 8/7/2017 8/7/2017	TPL TPL TPL TPL TPL TPL TPL TPL	IR-ENTITY-CONTACT-INFORMATION-TR20006 IR-ENTITY-CONTACT-INFORMATION-TR20006 IR-ENTITY-CONTACT-INFORMATION-TR20006 IR-ENTITY-CONTACT-INFORMATION-TR20006 IR-ENTITY-CONTACT-INFORMATION-TR20006 IR-ENTITY-CONTACT-INFORMATION-TR20006	Not Ap TPL073 TPL074 TPL074 TPL074 TPL075 Not Ap
	TPL073 TPL073 TPL073 TPL073 TPL074 TPL074 TPL074	SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE SUBMITTING-STATE RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER RECORD-NUMBER NSURANCE-CARRIER-ID-NUM	Not Applicable The Advancement of the U.S. state, territory, or the Dialect of Columbia that has the Advancement of the U.S. state, territory, or the Dialect of Columbia that has the Applicable Not Appl	NA Required NA NA NA Required NA Required NA NA Optional	Visite must be required to a valid value. And the graphization over incord. Valid must be name: Valid must be name: Marce be possible on an incord segments. Marce be possible on every record Marce be name: (CROBID ID RECORD ID NAMBEE combinations should be unique within a state's submissions. The field can contain any alphanumic characters, digits or symbols except the "spipe" (1). And the name: And the name: An	Not Applicable Not Ap	8/7/2017 8/7/2017 8/7/2017 2/25/2013 8/7/2017 8/7/2017 8/7/2017	TPL TPL TPL TPL TPL TPL TPL TPL TPL TPL	TRE.INTITY CONTACT-INFORMATION-TRE0006 TRE-INTITY CONTACT-INFORMATION-TRE0006 TRE-INTITY-CONTACT-INFORMATION-TRE0006 TRE-INTITY-CONTACT-INFORMATION-TRE0006 TRE-INTITY-CONTACT-INFORMATION-TRE0006 TRE-INTITY-CONTACT-INFORMATION-TRE0006	Not Ap TPL073 TPL074 TPL074 TPL074 TPL075 Not Ap TPL075
	TPL073 TPL073 TPL073 TPL073 TPL074 TPL074 TPL074 TPL074 TPL075 TPL075 TPL075 TPL075	UBMITTING STATE UBMITTING STATE UBMITTING STATE UBMITTING STATE EECORD NUMBER EECORD NUMBER EECORD NUMBER EECORD NUMBER RECORD NUMBER NURANCE CARELED NUM NURANCE CARELED NUM	Net Applicable The Abstrammer Later code for the U.S. state, territory, or the Dialoct of Columbia BhuT has advantion for data. Net Applicable Net Applicable	NA Required NA NA NA NA NA Required NA Required NA NA NA NA NA	Visie must be required to a valid oblac. And the specialized on very record. Valid must be nameric Valid must be nameric Marco Be possible on all record segments. Marco Be possible on every record Marco Be nameric FEOSID DI RECORD NAMMER Combinations should be unique within a state's submission. The field can contain any alphanemic characters, digits or symbols except the "pige" (1).	Ner Apprizable Ner Apprizable Ner Apprizable Ner Apprizable Ner Apprizable Ner Apprizable Ner Apprizable Ner Apprizable Ner Apprizable	8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017	ТР. ТР. ТР. ТР. ТР. ТР. ТР. ТР.	In: E-HTT CONTACT-INFORMATION FRUDOOS IN-E-HTTT CONTACT-INFORMATION FRUDOOS IN-E-HTTT-CONTACT-INFORMATION-FRUDOOS TR-E-HTTT-CONTACT-INFORMATION-FRUDOOS TR-E-HTTT-CONTACT-INFORMATION-FRUDOOS TR-E-HTTT-CONTACT-INFORMATION-FRUDOOS TR-E-HTTT-CONTACT-INFORMATION-FRUDOOS TR-E-HTTC-CONTACT-INFORMATION-FRUDOOS TR-E-HTTC-CONTACT-INFORMATION-FRUDOOS	Not Apj TPL073 TPL074 TPL074 TPL074 TPL075 Not Apj TPL075
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	TPL073 TPL073 TPL073 TPL073 TPL074 TPL074 TPL074 TPL075 TPL075 TPL075 TPL075 TPL076	SUBATTING STATE UNANTING STATE UNANTING STATE UNANTING STATE UNANTING STATE UNANTING STATE UNUNNER UCCOB HANNER UCCOB HANN	Not Applicable The Add Smuther Link and Control 10, 11, 11, 11, 11, 11, 11, 11, 11, 11,	NA Required NA NA NA NA Required NA NA NA NA Required Required NA NA Required NA	Visian must be required to a valid data: Visian must be required to a valid data: Visian must be required to an increase segments. Mark the publicitied on energy record Mark the publicitied on energy record Mark the reaction and publicities of another heads the unique within a state's subevision. ECOSID INTERCOM NAMERET constructions should be unique within a state's subevision. ECOSID INTERCOM NAMERET constructions allowed be unique within a state's subevision. ECOSID INTERCOM NAMERET constructions allowed be unique within a state's subevision. ECOSID INTERCOM NAMERET constructions allowed be unique within a state's subevision. ECOSID INTERCOM NAMERET constructions and the state of the "piece" (1) Heads to require and an exploration and exploration and thin the VFL ENTITY CONVACT- INTERCOM NAMER ACCES ALCON LIVE is required, the SUBARCE CORRECT ACCES FACOR LIVE and INSURANCE- ENDERSE ACCES NUT in one bates.	Net Appricable Net Ap	8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 11/3/2015	R R R R R R R R R R R R R	R. HITT CONTACT HIP COMMAND IN TROODS TRUE NET CONTACT HIP COMMON TO INT ROODS	TPL073- Not App TPL073- TPL074- TPL074- TPL074- TPL075- TPL075- TPL076- TPL076- TPL076-
	TPL073 TPL073 TPL073 TPL074 TPL074 TPL074 TPL074 TPL074 TPL074 TPL075 TPL075 TPL075 TPL076	SUBJECTION STATE USANTTANG STATE USANTTANG STATE USANTTANG STATE USANTTANG STATE RECORD ANUMBER RECORD ANUMBER	Net Algoritable The Algoritable The Algoritable Method (Method) (Method) (Method) Method (Method) Net Algoritable Net Algoritable Node Net Algoritable Net Al	NA Required NA	Visie must be required to a valid value. Visie must be required to a valid value. Visie must be harmonic Visite must be required to a Visit valid value of the va	Net Appricate Wet Ap	8/7/2017 8/7/2017 8/7/2017 2/25/2013 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2019 8/7/2019 8/7/2019	R R R R R R R R R R R R R R R R	THE INITY CONTRACT INFORMATION INFORCES INFORMATION CONTRACT INFORCES INFORMATION CONTRACT INFORCES INFORMATION CONTRACT INFORMATION INFORCES	Not App TPL073- TPL074- TPL074- TPL074- TPL074- TPL075- TPL075- TPL076-
	TPL073 TPL073 TPL073 TPL073 TPL074 TPL074 TPL074 TPL075 TPL075 TPL075 TPL075 TPL076 TPL077 TPL077	SUBATTING STATE UNANTING STATE UNANTING STATE UNANTING STATE UNANTING STATE UNANTING STATE UNUNNER UCCOB HANNER UCCOB HANN	Nor Ageirable The Advance of the Constraint of the U.S. state, territory, or the Dialistic of Calambia But has been appreciated and the Constraint of the Constraint of the Constraint of the Constraint Mark Mark Mark Mark Mark Mark Mark Mark	NA Required NA NA NA NA Required NA NA NA NA Required NA NA Required NA	Visian must be required to a valid data: Visian must be required to a valid data: Visian must be required to an increase segments. Mark the publicitied on energy record Mark the publicitied on energy record Mark the reaction and publicities of another heads the unique within a state's subevision. ECOSID INTERCOM NAMERET constructions should be unique within a state's subevision. ECOSID INTERCOM NAMERET constructions allowed be unique within a state's subevision. ECOSID INTERCOM NAMERET constructions allowed be unique within a state's subevision. ECOSID INTERCOM NAMERET constructions allowed be unique within a state's subevision. ECOSID INTERCOM NAMERET constructions and the state of the "piece" (1) Heads to require and an exploration and exploration and thin the VFL ENTITY CONVACT- INTERCOM NAMER ACCES ALCON LIVE is required, the SUBARCE CORRECT ACCES FACOR LIVE and INSURANCE- ENDERSE ACCES NUT in one bates.	Net Appricable Net Ap	8/7/2017 8/7/2017 8/7/2017 2/75/2013 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017 8/7/2017	R R R R R R R R R R R R R R R R R R R	R. HITT CONTACT HIP COMMAND IN TROODS TRUE NET CONTACT HIP COMMON TO INT ROODS	Not App TPL073 TPL074 TPL074 TPL074 TPL074 TPL074 TPL075 TPL076 TPL076 TPL077 TPL077
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Row #	DE NO	DATA ELEMENT NAME	DEFINITION	NECESSITY	CODING REQUIREMENT	VALID VALUES	LAST UPDATE DATE	FILENAME	FILE SEGMENT (with RECORD-ID)	c
_	TPL082	INSURANCE-CARRIER-ZIP-CODE	The Zip Code for the location being captured on the TPL-ENTITY-CONTACT-INFORMATION record.	NA	If the field is reported, the first 5 bytes (i.e., the 5-digit zip code) are required	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-I
	TPLO82 TPLO82	INSURANCE-CARRIER-ZIP-CODE	Not Applicable	NA	The value must consist of digits 0 through 9 only.	Not Applicable	2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-I TPL082-I
	TPL082	INSURANCE-CARRIER-ZIP-CODE	Not Applicable	NA	If the field is reported and the four-digit extension is available, that may be filled in using the last four bytes. Otherwise, if the last 4 digits are not populated or used, then the 4-digit extended zip	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-
	TPL082	INSURANCE-CARRIER-ZIP-CODE			code should be recorded as "0000". If the entire sip code field is missing, keep the default value of spaces.		2/25/2013		TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082
_	TPL082 TPL083	INSURANCE-CARRIER-PHONE-NUM	Not Applicable The telephone number of the TPL Insurance carrier.	NA Optional	If the entire zip code held is missing, keep the default value of spaces. Enter numeric characters only (i.e., do not include parentheses, dashes, periods, spaces, etc.)	Not Applicable Not Applicable	8/7/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082
	TPIORS	INSURANCE-CARRIER-PHONE-NUM	Net Andlachia		The value must consist of dialts 0 through 9 only.	Not Applicable	2/25/2013	174	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL083
	TPL083	INSURANCE-CARRIER-PHONE-NUM	Not Applicable	NA	If the field value is missing, keep the default value of spaces.	Not Applicable	2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL083
	TPLO84	TPL-ENTITY-CONTACT-INFO-EFF-DATE	The first day of the time span during which the values in all data elements in the TPI-ENTITY- CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084
			This date field is necessary when defining a unique row in a database table.							
	TPL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Value must be numeric.	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084
	TPL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Value must be a valid date.	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084
	TPLOBA	TPL-ENTITY-CONTACT-INFO-FEE-DATE					8/7/2017		TPI-ENTITY-CONTACT-INFORMATION-TPI 00006	Not An
	TPLOB4	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Not Applicable	NA	For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Ap
					segment-specific identifying number match one another in both record segments.					
	TPL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-ENTITY-CONTACT-	Not Applicable	2/25/2013	TPL.	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084
	TPL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Net Andlashia		NFORMATION record segment changes, a new record segment must be created. The TPL-ENTITY-CONTACT-INFO-EFF-DATE must occur on or before the TPL-ENTITY-CONTACT-INFO-	Not Applicable	8/7/2017	1.04	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084
				~	END-DATE			in.		
	TPL085	TPL-ENTITY-CONTACT-INFO-END-DAT	The last day of the time span during which the values in all data elements in the TPL-ENTITY- CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Optional	Date format is CCYYMMDD (National Data Standard).	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL08
	TPL085	TPL-ENTITY-CONTACT-INFO-END-DAT		NA	Value must be numeric.	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPLOS
	TPL085	TPL-ENTITY-CONTACT-INFO-END-DAT	Not Applicable	NA	Value must be a valid date	Not Applicable	2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPLOB
	TPLOBS	TPL-ENTITY-CONTACT-INFO-END-DAT	Not Applicable	NA	If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date	Not Applicable	2/25/2013	TPI	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPLOS
					(99991231).					
	TPL085	TPL-ENTITY-CONTACT-INFO-END-DAT	Not Applicable	NA	The TPL-ENTITY-CONTACT-INFO-END-DATE must occur on or after the TPL-ENTITY-CONTACT-INFO- EFF-DATE	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Ap
	TPL085	TPL-ENTITY-CONTACT-INFO-END-DAT	Not Applicable	NA	If a complete, valid end date is not available or is unknown, leave blank, or space-fill	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Ap
	TPL085	TPL-ENTITY-CONTACT-INFO-END-DAT	Not Applicable	NA	Whenever the value in one or more of the data elements in the TPL-ENTITY-CONTACT- NFORMATION record segment changes, a new record segment must be created.	Not Applicable	2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPLO8
	TPL085	TPL-ENTITY-CONTACT-INFO-END-DAT			NFORMATION record segment changes, a new record segment must be created. Overlapping coverage not allowed for same SUBMITTING-STATE, INSURANCE-CARRIER-ID-NUM and	NakAnalashia	8/7/2017	10	TPI-ENTITY-CONTACT-INFORMATION-TPI 00006	TPLOB
				na -	TPL-ENTITY-ADDR-TYPE.			195		
	TPLO85	TPL-ENTITY-CONTACT-INFO-END-DAT	Not Applicable	NA	For parent and child record segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPLOB
					segment-specific identifying number match one another in both record segments.					
	TPLOBA	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Ontional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	8/7/2017	TPI	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPLOS
				-,						
	TPL086	STATE-NOTATION	Not Applicable	NA	For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between ()) when not using the field	Not Applicable	9/23/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPLOB
					to record specific comments.					
					For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verblage.	2				
	TPL087	FILLER	Not Applicable	NA	For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to	Not Applicable	9/23/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPLOS
					fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filed in					
					fixed-length files.					
	TPL088	SEQUENCE-NUMBER	To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be	Required	Field is required on all 'C', 'U', and 'R' SUBMISSION-TRANSACTION-TYPE record files.	Not Applicable	8/7/2017	TPL.	FILE-HEADER-RECORD-TPL-TPL00001	TPLOB
			tiles, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and							
			incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).							
	TPLO88 TPLO89	SEQUENCE-NUMBER	Not Applicable Code indicating the level of coverage being provided under this policy for the insured by the TPL	NA	Must be numeric and > 0 Value must be equal to a valid value.	Not Applicable See Appendix A for listing of valid values.	10/10/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001 TPI-MEDICAID-FLICIBLE-PERSON-HEALTH-INSURANCE-	TPLO8
	111007		carrier.	conditional				in.	COVERAGE-INFO-TPL00003	
	TPL090	INSURANCE-CARRIER-NAIC-CODE	The National Association of Insurance Commissioners (NAIC) code of the TPL Insurance carrier.	Optional	The field can contain any alphanumeric characters, digits or symbols except the "pipe" ().	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL090
	TPL091	INSURANCE-CARRIER-NAME	The name of the TPL Insurance carrier.	Optional	Field is required on all records.	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL09:
	TPL091	INSURANCE-CARRIER-NAME	Not Applicable	NA	The field can contain any alphanumeric characters, digits or symbols except the "pipe" (]).	Not Applicable	10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL09
	TPI091	INSURANCE-CARRIER-NAME NATIONAL-HEALTH-CARE-ENTITY-ID-	Not Applicable	NA	If the field value is missing, keep the default value of spaces. Implementation of 45 CFR 162 Subpart E regarding the requirement for large and small health plans	Not Applicable	10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL09
			The NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE distinguishes "controlling" health plan identifiers (CHPID		Implementation of 45 CFR 162 Subpart E regarding the requirement for large and small health plans	Not Applicable	8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL09
	TPL092	TYPE	The NATIONAL MEACTH-CARE-ENTITY ID THE distinguishes controlling meant pair identities (CMPID	1	to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.			1	1	
		TYPE			to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014.					TPL09
_		TYPE		NA	to obtain national health plan identifiers was delayed indefinitely as of 10/31/2014. Value must be in the set of valid values	1 Controlling Health Plan (CHP) ID	10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	
	TPL092	NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE		NA		1 Controlling Health Plan (CHP) ID 2 Subhealth Plan (SHP) ID 3 Other Entity Hentfler (DED)	10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPLOY
	TPL092	TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID-	Not Applicable	NA	Value must be in the set of valid values	3 Other Entity Identifier (OEID)	10/10/2013 8/7/2017	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	
	TPL092 TPL092 TPL092	TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE	Net Applicable	NA	Value must be in the set of valid values If the type HEALTH-CARE-ENTITY-ID-TYPE is unknown, populate the field with an "B", "P", or space	3 Other Entity Identifier (OEID) Not Applicable	8/7/2017	TPL TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL09
	TPL092 TPL092	TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID-	Net Applicable Net Applicable	NA NA	Value must be in the set of valid values	3 Other Entity Identifier (OEID)		TPL TPL TPL		TPL09
	TPL092 TPL092 TPL092	TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE	Net Applicable	NA NA	Value must be in the set of valid values of the hype HE4LTH-CARELENTITY-ID-TYPE is unknown, populate the field with an "B", "Y", or space implementation of 45 OF BAS Subject E regarding the regulatement of large and mult health plan	3 Other Entity Identifier (OEID) Not Applicable	8/7/2017	TPL TPL TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL09
	TPL092 TPL092 TPL092	TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE	Not Applicable Not Applicable The addonal destifier of the Instillin care entity (controlling Instilling Juan, subhealth plan, or other Individual are entited. (See 4 CPH Ju3 Subject) [: Hum//www.sayae.Windowy.JMF 2012 - 40 (See 10 (See 1	NA NA NA	Value must be in the set of valid values If the type FEAT IN-CREENTITY-ID-TYPE is unknown, populate the field with an "B", "B", or space indexemblishing of a set of the set of the the set of the	3 Other Entity Identifier (OEID) Not Applicable Not Applicable	8/7/2017	TPL TPL TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL09 TPL09
	TPL092 TPL092 TPL092 TPL093 TPL093	TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- NATIONAL-HEALTH-CARE-ENTITY-ID	Net Applicable Net Applicable The dynamic of the health cort netity (controlling health plan, and health plan and health plan. The dynamic of the health plan is which an individual is exceeding of CFT and a Subject of the Medicab of CHP health plan is which an individual is exceeding the control of the health plan is which an individual is exceeding and failing health of health plan is the health plan is which an individual is exceeding the health plan is the health plan is which an individual is exceeding and failing health of health plan is which an individual is exceeding and failing health of health plan is the health plan is which an individual is exceeding and failing health of health plan is the health plan is the health plan is the individual is exceeding and failing health plan is the health plan is the health plan is the individual is the health plan is the health plan is the health plan is the health plan is the individual is the health plan is the health plan is the health plan is the health plan is the individual is the health plan is the individual is the health plan is the health plan is the health plan is the health plan is the individual is the health plan is the	NA NA NA	Value must be in the set of valid values If the type HEA the CARE ENTITY-ID-TYPE is unknown, populate the field with an "E", "P, or opso- tion of the type HEA the CARE ENTITY-ID-TYPE is unknown, populate the field with an "E", "P, or opso- tion of the type HEA the CARE IS advanced in regarding the requirement for large and must health plane to blaten nutrional health plan dentifiers was delyed indefinitely as of 2071/2014. This field to require for all register parsons encoded in a Seating Jan. "The eligible person is not model on a health plan. (If the field with parson.)	3 Other Enryl, Monthler (OED) Net Applicable Net Applicable Net Applicable	8/7/2017 8/7/2017 8/7/2017	TPL TPL TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL09 TPL09 TPL09
	TPL092 TPL092 TPL092 TPL093	TYPE NATIONAL-HEALTH-CARE ENTITY-ID- TYPE NATIONAL-HEALTH-CARE ENTITY-ID- TYPE NATIONAL-HEALTH-CARE ENTITY-ID	Not Applicable Not Applicable The customer and the second se Second second seco	NA NA NA NA	Value must be in the set of valid values of the type HEATH-CARE EXTITY-D-TYPE is unknown, populate the field with an "P", "P, or space implementation of 40 CPE Bas Subject Enganding the requirement for large and small health plant is blant and/out health plan blanthers was delived indehibitity or 40 SU-12/01. "No field is required for all eligibic persons enrolled in a health plan. "The eligible person is not recorder in health plan. The field with spaces."	3 Other Entity Identifier (OEID) Not Applicable Not Applicable	8/7/2017 8/7/2017	TPL TPL TPL TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL09 TPL09 TPL09
	TPL092 TPL092 TPL092 TPL093 TPL093	TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- NATIONAL-HEALTH-CARE-ENTITY-ID	Net Applicable Net Applicable The dynamic of the health cort netity (controlling health plan, and health plan and health plan. The dynamic of the health plan is which an individual is exceeding of CFT and a Subject of the Medicab of CHP health plan is which an individual is exceeding the control of the health plan is which an individual is exceeding and failing health of health plan is the health plan is which an individual is exceeding the health plan is the health plan is which an individual is exceeding and failing health of health plan is which an individual is exceeding and failing health of health plan is the health plan is which an individual is exceeding and failing health of health plan is the health plan is the health plan is the individual is exceeding and failing health plan is the health plan is the health plan is the individual is the health plan is the health plan is the health plan is the health plan is the individual is the health plan is the health plan is the health plan is the health plan is the individual is the health plan is the individual is the health plan is the health plan is the health plan is the health plan is the individual is the health plan is the	NA NA NA NA NA	Value must be in the set of valid values of the type HEATH-CARE EXTITY-D-TYPE is unknown, populate the field with an "P", "P, or space implementation of 40 CPE Bas Subject Enganding the requirement for large and small health plant is blant and/out health plan blanthers was delived indehibitity or 40 SU-12/01. "No field is required for all eligibic persons enrolled in a health plan. "The eligible person is not recorder in health plan. The field with spaces."	3 Other Enryl, Monthler (OED) Net Applicable Net Applicable Net Applicable	8/7/2017 8/7/2017 8/7/2017	TPL TPL TPL TPL TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006 TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL092 TPL092 TPL092
	TPL092 TPL092 TPL092 TPL093 TPL093	TYPE NATIONAL HEALTH CARE ENTITY ID- TYPE NATIONAL HEALTH CARE ENTITY ID TYPE NATIONAL HEALTH CARE ENTITY ID NATIONAL HEALTH CARE ENTITY ID NATIONAL HEALTH CARE ENTITY ID	Net Applicable Net Applicable The national step of the health care certify (controlling health yilan, solkhaidh jain, or other entry) at the most granular aph-bracks juin healt of the Medical or Offit health juin in which an Net Applicable Net Applicable Net Applicable	NA NA NA NA NA	Value must be in the set of valid values If the type HEA the CARE ENTITY-ID-TYPE is unknown, populate the field with an "E", "P, or opso- tion of the type HEA the CARE ENTITY-ID-TYPE is unknown, populate the field with an "E", "P, or opso- tion of the type HEA the CARE IS advanced in regarding the requirement for large and must health plane to blaten nutrional health plan dentifiers was delyed indefinitely as of 2071/2014. This field to require for all register parsons encoded in a Seating Jan. "The eligible person is not model on a health plan. (If the field with parson.)	I other Enry Modellier (OEDO) Nex Applicable Nex Applicable Nex Applicable Nex Applicable	8/7/2017 8/7/2017 8/7/2017 10/10/2013	TPL TPL TPL TPL TPL TPL TPL	TR-ENTITY CONTACT-INFORMATION-TRE00006 FR-ENTITY CONTACT-INFORMATION-TRE00006 FR-ENTITY-CONTACT-INFORMATION-TRE00006 FR-ENTITY-CONTACT-INFORMATION-TRE00006	TPL09: TPL09: TPL09: TPL09: TPL09:
	TPLO92 TPLO92 TPLO92 TPLO92 TPLO93 TPLO93 TPLO93 TPLO93 TPLO94	INFE NATIONA, HEATH CARE ANTITY OF THE NATIONA, HEATH CARE ANTITY OF NATIONA, HEATH CARE ANTITY O NATIONA, HEATH CARE ANTITY O NATIONA, HEATH CARE ANTITY O NATIONA, HEATH CARE ANTITY NATIONA, HEATH CARE ANTITY	Not Applicable Not Ap	NA NA NA NA NA	Value must be in the set of valid values If the type IE4.111 CAREENTITY-ID TYPE is unknown, populate the field with an "8", "9", or quare indimension of a CAREENTITY-ID TYPE is unknown, populate the field with an "8", "9", or quare isocitation indication heatth plan identifiers was delayed indefinitely as of 3017/2014. This field is required for all rights persons envolved in a heatth plan. "Bit eligible persons is not encoded in a heatth plan identifier (anacteric, digits or symbolic except the "pipe" (1). This field concettain any applications of concettain concettains that the concettains and the left of the encouplement and compared to the state of the anacteric adviced in the decouplement and angulated the state and the the testing form controlling balance (Field Resetter or adviced in a concettain any applications of the earth plan concetting balance (MRK).	I other Enry Meetiller (OED) Nex Applicable Nex Applicable Nex Applicable Nex Applicable Nex Applicable	8/7/2017 8/7/2017 8/7/2017 10/10/2013 8/7/2017 11/3/2015	119. 119. 119. 119. 119. 119. 119. 119.		TPL092 TPL093 TPL093 TPL093 TPL093 TPL094
	TPL092 TPL092 TPL092 TPL093 TPL093 TPL093 TPL093	INPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID- TYPE NATIONAL-HEALTH-CARE-ENTITY-ID NATIONAL-HEALTH-CARE-ENTITY-ID NATIONAL-HEALTH-CARE-ENTITY-ID NATIONAL-HEALTH-CARE-ENTITY-ID NATIONAL-HEALTH-CARE-ENTITY-ID	Net Applicable Net Applicable The national step of the health care certify (controlling health yilan, solkhaidh jain, or other entry) at the most granular aph-bracks juin healt of the Medical or Offit health juin in which an Net Applicable Net Applicable Net Applicable	NA	Value must be in the set of valid values If the type H&L H+CARE ENTITY-ID-TYPE is unknown, populate the field with an "E", "P", or gauge implementation of all CTE IDS Stagers TE regarding the requirement for large and multihealth plane to lateral motion in death plan deathers was valid excluded indehinity at all CH 2012d. This field is required for all eligible persons envoled in a health plan. If the eligible person is not revolve in a health plan. III the field with space.	Ia other Simy Meetiller (ORD) Met Applicable Net Applicable Net Applicable Net Applicable Net Applicable	8/7/2017 8/7/2017 8/7/2017 10/10/2013 8/7/2017	ТР. ТР. ТР. ТР. ТР. ТР.		TPL09. TPL09. TPL09. TPL09. TPL09.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	Not Applicable	FILLER	Not Applicable	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CROSSOVER-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TYPE-OF-HOSPITAL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	1115A-DEMONSTRATION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	4	ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMISSION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DRG-DESCRIPTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-DIAGNOSIS-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-DIAGNOSIS-CODE-FLAG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-7	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-7	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-7	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-8	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-8	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-8	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-9	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-9	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-9	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-11	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-11	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-11	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-12	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-CODE-FLAG-12	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-POA-FLAG-12	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-RELATED-GROUP	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DIAGNOSIS-RELATED-GROUP-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-MOD-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-FLAG-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROCEDURE-CODE-DATE-6	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMISSION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMISSION-HOUR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DISCHARGE-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DISCHARGE-HOUR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	5	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICAID-PAID-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TYPE-OF-CLAIM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TYPE-OF-BILL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-STATUS-CATEGORY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	SOURCE-LOCATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CHECK-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CHECK-EFF-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ALLOWED-CHARGE-SRC	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-PYMT-REM-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-PYMT-REM-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-PYMT-REM-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-PYMT-REM-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ТОТ-СОРАҮ-АМТ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-MEDICARE-DEDUCTIBLE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-MEDICARE-COINS-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	TOT-OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OTHER-INSURANCE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	SERVICE-TRACKING-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	SERVICE-TRACKING-PAYMENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	FIXED-PAYMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	FUNDING-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	FUNDING-SOURCE-NONFEDERAL-SHARE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICARE-COMB-DED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROGRAM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PLAN-ID-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PAYMENT-LEVEL-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICARE-REIM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	NON-COV-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	NON-COV-CHARGES	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICAID-COV-INPATIENT-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-LINE-COUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	FORCED-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	HEALTH-CARE-ACQUIRED-CONDITION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OCCURRENCE-CODE-END-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BIRTH-WEIGHT-GRAMS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PATIENT-CONTROL-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ELIGIBLE-LAST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ELIGIBLE-FIRST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DATE-OF-BIRTH	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	HEALTH-HOME-PROV-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	WAIVER-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	WAIVER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BILLING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BILLING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BILLING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BILLING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BILLING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ADMITTING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REFERRING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REFERRING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REFERRING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REFERRING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REFERRING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DRG-OUTLIER-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	DRG-REL-WEIGHT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICARE-HIC-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OUTLIER-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OUTLIER-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PATIENT-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	ВМІ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	REMITTANCE-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	SPLIT-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BORDER-STATE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-COINSURANCE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-COPAYMENT-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	CLAIM-DENIED-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	COPAY-WAIVED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	HEALTH-HOME-ENTITY-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	THIRD-PARTY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	THIRD-PARTY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICAID-AMOUNT-PAID-DSH	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	HEALTH-HOME-PROVIDER-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICARE-BENEFICIARY-IDENTIFIER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	OPERATING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	UNDER-DIRECTION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	UNDER-DIRECTION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	MEDICARE-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	PROV-LOCATION-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	4	LINE-NUM-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	5	LINE-NUM-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORJ ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	6	LINE-ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	LINE-ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	CLAIM-LINE-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	BEGINNING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	ENDING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	REVENUE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	IMMUNIZATION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	IP-LT-QUANTITY-OF-SERVICE-ALLOWED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	REVENUE-CHARGE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	MEDICAID-FFS-EQUIVALENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	BILLING-UNIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	TYPE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SERVICING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SERVICING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SERVICING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SERVICING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SERVICING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	OPERATING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	PROV-FACILITY-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	BENEFIT-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	XIX-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	XXI-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	HCPCS-RATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	NATIONAL-DRUG-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORJ ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	NDC-UNIT-OF-MEASURE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

	File Comment (with Descent (D)	Kas Field Identifier			
File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	NDC-QUANTITY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	7	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	SELF-DIRECTION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	PRE-AUTHORIZATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-IP-CIP00002 record in the current IP claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	Not Applicable	FILLER	Not Applicable	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CROSSOVER-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	1115A-DEMONSTRATION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	4	ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-DIAGNOSIS-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-DIAGNOSIS-CODE-FLAG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-POA-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-POA-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-POA-FLAG-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-POA-FLAG-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DIAGNOSIS-POA-FLAG-5	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMISSION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMISSION-HOUR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DISCHARGE-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DISCHARGE-HOUR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BEGINNING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ENDING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	5	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICAID-PAID-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TYPE-OF-CLAIM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TYPE-OF-BILL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-STATUS-CATEGORY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	SOURCE-LOCATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CHECK-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CHECK-EFF-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-PYMT-REM-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-PYMT-REM-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-PYMT-REM-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-PYMT-REM-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-COPAY-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-MEDICARE-DEDUCTIBLE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-MEDICARE-COINS-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	TOT-OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OTHER-INSURANCE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	SERVICE-TRACKING-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	SERVICE-TRACKING-PAYMENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	FIXED-PAYMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	FUNDING-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	FUNDING-SOURCE-NONFEDERAL-SHARE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICARE-COMB-DED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PROGRAM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PLAN-ID-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PAYMENT-LEVEL-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICARE-REIM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	NON-COV-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	NON-COV-CHARGES	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICAID-COV-INPATIENT-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-LINE-COUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	FORCED-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	HEALTH-CARE-ACQUIRED-CONDITION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PATIENT-CONTROL-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ELIGIBLE-LAST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ELIGIBLE-FIRST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DATE-OF-BIRTH	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	HEALTH-HOME-PROV-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	WAIVER-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	WAIVER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BILLING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BILLING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BILLING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BILLING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BILLING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REFERRING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REFERRING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REFERRING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REFERRING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REFERRING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICARE-HIC-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PATIENT-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ВМІ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	REMITTANCE-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	LTC-RCP-LIAB-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	DAILY-RATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ICF-IID-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	LEAVE-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	NURSING-FACILITY-DAYS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	SPLIT-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BORDER-STATE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-COINSURANCE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-COPAYMENT-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	CLAIM-DENIED-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	COPAY-WAIVED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	HEALTH-HOME-ENTITY-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	THIRD-PARTY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	THIRD-PARTY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	HEALTH-HOME-PROVIDER-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICARE-BENEFICIARY-IDENTIFIER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	UNDER-DIRECTION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	UNDER-DIRECTION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	ADMITTING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	MEDICARE-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	PROV-LOCATION-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	4	LINE-NUM-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	5	LINE-NUM-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	6	LINE-ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	LINE-ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	CLAIM-LINE-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	BEGINNING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	ENDING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	REVENUE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	IMMUNIZATION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	IP-LT-QUANTITY-OF-SERVICE-ALLOWED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	REVENUE-CHARGE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	MEDICAID-FFS-EQUIVALENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	BILLING-UNIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	TYPE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SERVICING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SERVICING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SERVICING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SERVICING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SERVICING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	BENEFIT-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	PROV-FACILITY-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	XIX-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	XXI-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	NATIONAL-DRUG-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	NDC-UNIT-OF-MEASURE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	NDC-QUANTITY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	HCPCS-RATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	7	ADJUDICATION-DATE	None The alaim (or anoquitter record) should	There must be an active CLAIM-HEADER-
CLAIMLI	CLAIM-LINE-RECORD-L1-CL100003	,	ADJODICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	SELF-DIRECTION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	PRE-AUTHORIZATION-NUM	None. The claim (or encounter record) should	There must be an active CLAIM-HEADER-
				be submitted as it was adjudicated (or received)	RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-LT-CLT00002 record in the current LT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	Not Applicable	FILLER	Not Applicable	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CROSSOVER-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	1115A-DEMONSTRATION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	4	ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-POA-FLAG-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-CODE-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DIAGNOSIS-POA-FLAG-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BEGINNING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ENDING-DATE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	5	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MEDICAID-PAID-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TYPE-OF-CLAIM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TYPE-OF-BILL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-STATUS-CATEGORY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	SOURCE-LOCATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CHECK-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CHECK-EFF-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-PYMT-REM-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-PYMT-REM-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-PYMT-REM-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-PYMT-REM-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-COPAY-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-MEDICARE-DEDUCTIBLE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-MEDICARE-COINS-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	TOT-OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OTHER-INSURANCE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	SERVICE-TRACKING-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	SERVICE-TRACKING-PAYMENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	FIXED-PAYMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	FUNDING-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	FUNDING-SOURCE-NONFEDERAL-SHARE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MEDICARE-COMB-DED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PROGRAM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PLAN-ID-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PAYMENT-LEVEL-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MEDICARE-REIM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-LINE-COUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	FORCED-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	HEALTH-CARE-ACQUIRED-CONDITION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-EFF-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-01	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-02	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-03	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-04	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-05	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-06	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-07	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-08	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-09	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	OCCURRENCE-CODE-END-DATE-10	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PATIENT-CONTROL-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ELIGIBLE-LAST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ELIGIBLE-FIRST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DATE-OF-BIRTH	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	HEALTH-HOME-PROV-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	WAIVER-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	WAIVER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BILLING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BILLING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BILLING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BILLING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BILLING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REFERRING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REFERRING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REFERRING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REFERRING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REFERRING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MEDICARE-HIC-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PLACE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	ВМІ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	REMITTANCE-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DAILY-RATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BORDER-STATE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-COINSURANCE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-COPAYMENT-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CLAIM-DENIED-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	COPAY-WAIVED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	HEALTH-HOME-ENTITY-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	THIRD-PARTY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	THIRD-PARTY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	DATE-CAPITATED-AMOUNT-REQUESTED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	CAPITATED-PAYMENT-AMT-REQUESTED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	HEALTH-HOME-PROVIDER-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	MEDICARE-BENEFICIARY-IDENTIFIER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	UNDER-DIRECTION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	UNDER-DIRECTION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	UNDER-SUPERVISION-OF-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	PROV-LOCATION-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	RECORD-ID		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	RECORD-NUMBER		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	MSIS-IDENTIFICATION-NUM		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	2	ICN-ORIG		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	3	ICN-ADJ		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	4	LINE-NUM-ORIG		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	5	LINE-NUM-ADJ		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	6	LINE-ADJUSTMENT-IND		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	LINE-ADJUSTMENT-REASON-CODE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SUBMITTER-ID		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	CLAIM-LINE-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	BEGINNING-DATE-OF-SERVICE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ENDING-DATE-OF-SERVICE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	REVENUE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-FLAG		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-MOD-1		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	IMMUNIZATION-TYPE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	BILLED-AMT		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ALLOWED-AMT		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	COPAY-AMT		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	MEDICAID-PAID-AMT		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	MEDICAID-FFS-EQUIVALENT-AMT		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	MEDICARE-PAID-AMT		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	OT-RX-CLAIM-QUANTITY-ACTUAL		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	OT-RX-CLAIM-QUANTITY-ALLOWED		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TYPE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-OADJ - ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	HCBS-SERVICE-CODE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	HCBS-TAXONOMY		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SERVICING-PROV-NUM		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SERVICING-PROV-NPI-NUM		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SERVICING-PROV-TAXONOMY		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SERVICING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-OADJ - ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SERVICING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	OTHER-TPL-COLLECTION		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TOOTH-DESIGNATION-SYSTEM		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TOOTH-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TOOTH-QUAD-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TOOTH-SURFACE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORIGINATION-ADDR-LN1		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORIGINATION-ADDR-LN2		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORIGINATION-CITY		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORIGINATION-STATE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORIGINATION-ZIP-CODE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-ADDR-LN1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-ADDR-LN2		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-CITY		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-STATE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-ZIP-CODE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	BENEFIT-TYPE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	XIX-MBESCBES-CATEGORY-OF-SERVICE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	XXI-MBESCBES-CATEGORY-OF-SERVICE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	OTHER-INSURANCE-AMT		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	STATE-NOTATION		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	NATIONAL-DRUG-CODE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-MOD-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-MOD-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-MOD-4		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	HCPCS-RATE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	7	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE - ICN-ORIG - ICN-ADJ - ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	SELF-DIRECTION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: - SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PRE-AUTHORIZATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	NDC-UNIT-OF-MEASURE		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	NDC-QUANTITY		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	FILLER		There must be an active CLAIM-HEADER- RECORD-OT-COT00002 record in the current OT claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	Not Applicable	FILLER	Not Applicable	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CROSSOVER-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	1115A-DEMONSTRATION-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	4	ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	5	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MEDICAID-PAID-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TYPE-OF-CLAIM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-STATUS-CATEGORY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	SOURCE-LOCATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CHECK-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CHECK-EFF-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-PYMT-REM-CODE-1	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-PYMT-REM-CODE-2	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-PYMT-REM-CODE-3	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-PYMT-REM-CODE-4	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-COPAY-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-MEDICARE-DEDUCTIBLE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-MEDICARE-COINS-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	TOT-OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	OTHER-INSURANCE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	SERVICE-TRACKING-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	SERVICE-TRACKING-PAYMENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	FIXED-PAYMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	FUNDING-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	FUNDING-SOURCE-NONFEDERAL-SHARE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PROGRAM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PLAN-ID-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PAYMENT-LEVEL-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MEDICARE-REIM-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-LINE-COUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	FORCED-CLAIM-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PATIENT-CONTROL-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	ELIGIBLE-LAST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	ELIGIBLE-FIRST-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	DATE-OF-BIRTH	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	HEALTH-HOME-PROV-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	WAIVER-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	WAIVER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BILLING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BILLING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BILLING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BILLING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIBING-PROV-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIBING-PROV-NPI-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIBING-PROV-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIBING-PROV-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIBING-PROV-SPECIALTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MEDICARE-HIC-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	REMITTANCE-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BORDER-STATE-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	DATE-PRESCRIBED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PRESCRIPTION-FILL-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	COMPOUND-DRUG-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-COINSURANCE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-COPAYMENT-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-AMOUNT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	BENEFICIARY-DEDUCTIBLE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	CLAIM-DENIED-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	COPAY-WAIVED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	HEALTH-HOME-ENTITY-NAME	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	THIRD-PARTY-COINSURANCE-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	THIRD-PARTY-COPAYMENT-DATE-PAID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	DISPENSING-PRESCRIPTION-DRUG-PROV- NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	DISPENSING-PRESCRIPTION-DRUG-PROV- TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	HEALTH-HOME-PROVIDER-NPI	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MEDICARE-BENEFICIARY-IDENTIFIER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	DISPENSING-PRESCRIPTION-DRUG-PROV- NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	MEDICARE-COMB-DED-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	PROV-LOCATION-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	Not Applicable
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	RECORD-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	1	SUBMITTING-STATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	RECORD-NUMBER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MSIS-IDENTIFICATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	2	ICN-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	3	ICN-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	4	LINE-NUM-ORIG	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	5	LINE-NUM-ADJ	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	6	LINE-ADJUSTMENT-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	LINE-ADJUSTMENT-REASON-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	SUBMITTER-ID	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	CLAIM-LINE-STATUS	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	NATIONAL-DRUG-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	BILLED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	ALLOWED-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	COPAY-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	TPL-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MEDICAID-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MEDICAID-FFS-EQUIVALENT-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MEDICARE-DEDUCTIBLE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MEDICARE-COINS-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	MEDICARE-PAID-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	OT-RX-CLAIM-QUANTITY-ALLOWED	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	OT-RX-CLAIM-QUANTITY-ACTUAL	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	UNIT-OF-MEASURE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	TYPE-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	HCBS-SERVICE-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	HCBS-TAXONOMY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	OTHER-TPL-COLLECTION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	DAYS-SUPPLY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	NEW-REFILL-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	BRAND-GENERIC-IND	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	DISPENSE-FEE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	PRESCRIPTION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	DRUG-UTILIZATION-CODE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	DTL-METRIC-DEC-QTY	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	COMPOUND-DOSAGE-FORM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	REBATE-ELIGIBLE-INDICATOR	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	IMMUNIZATION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	BENEFIT-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	CMS-64-CATEGORY-FOR-FEDERAL- REIMBURSEMENT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	XIX-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	XXI-MBESCBES-CATEGORY-OF-SERVICE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	OTHER-INSURANCE-AMT	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	STATE-NOTATION	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	7	ADJUDICATION-DATE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	SELF-DIRECTION-TYPE	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	PRE-AUTHORIZATION-NUM	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	FILLER	None. The claim (or encounter record) should be submitted as it was adjudicated (or received)	There must be an active CLAIM-HEADER- RECORD-RX-COT00002 record in the current RX claim file submission that matches on: SUBMITTING-STATE ICN-ORIG ICN-ADJ ADJUDICATION-DATE.
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	Not Applicable	FILLER	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	1	SUBMITTING-STATE	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	RECORD-NUMBER	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	2	MSIS-IDENTIFICATION-NUM	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	ELIGIBLE-FIRST-NAME	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	ELIGIBLE-LAST-NAME	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	Not Applicable	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	SEX	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	DATE-OF-BIRTH	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	DATE-OF-DEATH	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	(a)	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	PRIMARY-DEMOGRAPHIC-ELEMENT-END- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	Not Applicable	FILLER	Not Applicable	Not Applicable
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	MARITAL-STATUS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	MARITAL-STATUS-OTHER-EXPLANATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	SSN	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	SSN-VERIFICATION-FLAG	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	INCOME-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	VETERAN-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	CITIZENSHIP-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	CITIZENSHIP-VERIFICATION-FLAG	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	IMMIGRATION-STATUS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	IMMIGRATION-VERIFICATION-FLAG	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END- DATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	PRIMARY-LANGUAGE-ENGL-PROF-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	PRIMARY-LANGUAGE-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	HOUSEHOLD-SIZE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-EL600002 record in the current Eligibility file submission, and the effective date span of
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	PREGNANCY-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG0002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	MEDICARE-HIC-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	CHIP-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	(a)	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	VARIABLE-DEMOGRAPHIC-ELEMENT-END- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	3	ADDR-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-ADDR-LN1	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-ADDR-LN2	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-ADDR-LN3	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-CITY	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-ZIP-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-COUNTY-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-PHONE-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	TYPE-OF-LIVING-ARRANGEMENT	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	(a)	ELIGIBLE-ADDR-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE MSIS- IDENTIFICATION-NUM, and ADDR-TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	ELIGIBLE-ADDR-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE MSIS- IDENTIFICATION-NUM, and ADDR-TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date
ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	3	MSIS-CASE-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	MEDICAID-BASIS-OF-ELIGIBILITY	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG0002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	DUAL-ELIGIBLE-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	4	PRIMARY-ELIGIBILITY-GROUP-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	ELIGIBILITY-GROUP	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	LEVEL-OF-CARE-STATUS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	SSDI-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	SSI-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	SSI-STATE-SUPPLEMENT-STATUS-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	SSI-STATUS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	STATE-SPEC-ELIG-GROUP	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	CONCEPTION-TO-BIRTH-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	ELIGIBILITY-CHANGE-REASON	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	MAINTENANCE-ASSISTANCE-STATUS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	RESTRICTED-BENEFITS-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	TANF-CASH-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	5	ELIGIBILITY-DETERMINANT-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM, and MSIS- CASE-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	ELIGIBILITY-DETERMINANT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM, and MSIS- CASE-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	3	HEALTH-HOME-SPA-NAME	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	4	HEALTH-HOME-ENTITY-NAME	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	(a)	HEALTH-HOME-SPA-PARTICIPATION-EFF- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, HEALTH-HOME- SPA-NAME, and HEALTH-HOME-ENTITY- NAME	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	Not Applicable	HEALTH-HOME-SPA-PARTICIPATION-END- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, HEALTH-HOME- SPA-NAME, and HEALTH-HOME-ENTITY- NAME	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	Not Applicable	HEALTH-HOME-ENTITY-EFF-DATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION- INFORMATION-ELG00006	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	RECORD-ID	Not Applicable	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	1	SUBMITTING-STATE	Not Applicable	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	3	HEALTH-HOME-SPA-NAME	Not Applicable	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	4	HEALTH-HOME-ENTITY-NAME	Not Applicable	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	5	HEALTH-HOME-PROV-NUM	Not Applicable	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	(a)	HEALTH-HOME-SPA-PROVIDER-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, HEALTH-HOME- SPA-NAME, HEALTH-HOME-ENTITY-NAME, and HEALTH-HOME-PROV-NUM	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	HEALTH-HOME-SPA-PROVIDER-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, HEALTH-HOME- SPA-NAME, HEALTH-HOME-ENTITY-NAME, and HEALTH-HOME-PROV-NUM	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	HEALTH-HOME-ENTITY-EFF-DATE	Not Applicable	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	Not Applicable	FILLER	Not Applicable	There must be an active HEALTH-HOME- SPA-PARTICIPATION-INFORMATION- ELG00006 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	3	HEALTH-HOME-CHRONIC-CONDITION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	4	HEALTH-HOME-CHRONIC-CONDITION- OTHER-EXPLANATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	(a)	HEALTH-HOME-CHRONIC-CONDITION-EFF- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, HEALTH-HOME- CHRONIC-CONDITION, and HEALTH-HOME- CHRONIC-CONDITION-OTHER- EXPLANATION	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable	HEALTH-HOME-CHRONIC-CONDITION-END- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, HEALTH-HOME- CHRONIC-CONDITION, and HEALTH-HOME- CHRONIC-CONDITION-OTHER- EXPLANATION	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	3	LOCKIN-PROV-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	4	LOCKED-IN-SRVCS	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	(a)	LOCKIN-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, LOCKIN-PROV-NUM, and LOCKED-IN-SRVCS	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	Not Applicable	LOCKIN-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, LOCKIN-PROV-NUM, and LOCKED-IN-SRVCS	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-LIVES-WITH-FAMILY	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-QUALIFIED-INSTITUTION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-QUALIFIED-RESIDENCE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-REASON-PARTICIPATION-ENDED	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-REINSTITUTIONALIZED-REASON	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	(a)	MFP-ENROLLMENT-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	MFP-ENROLLMENT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MFP-INFORMATION-ELG00010	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG0002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	3	STATE-PLAN-OPTION-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG0002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	(a)	STATE-PLAN-OPTION-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and STATE-PLAN- OPTION-TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable	STATE-PLAN-OPTION-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and STATE-PLAN- OPTION-TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	3	WAIVER-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	WAIVER-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	(a)	WAIVER-ENROLLMENT-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and WAIVER-ID	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	WAIVER-ENROLLMENT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and WAIVER-ID	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission and the effective date span of
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission and the effective date span of

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	3	LTSS-LEVEL-CARE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	4	LTSS-PROV-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	(a)	LTSS-ELIGIBILITY-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, LTSS-LEVEL-CARE, and LTSS-PROV-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	Not Applicable	LTSS-ELIGIBILITY-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, LTSS-LEVEL-CARE, and LTSS-PROV-NUM	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-EL60002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG0002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	LTSS-PARTICIPATION-ELG00013	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	3	MANAGED-CARE-PLAN-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	MANAGED-CARE-PLAN-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	(a)	MANAGED-CARE-PLAN-ENROLLMENT-EFF- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and MANAGED- CARE-PLAN-ID	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	MANAGED-CARE-PLAN-ENROLLMENT-END- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and MANAGED- CARE-PLAN-ID	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	3	ETHNICITY-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	(a)	ETHNICITY-DECLARATION-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and ETHNICITY- CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG0002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable	ETHNICITY-DECLARATION-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and ETHNICITY- CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG0002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	RACE-INFORMATION-ELG00016	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	3	RACE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	4	RACE-OTHER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	AMERICAN-INDIAN/ALASKAN-NATIVE- INDICATOR	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	RACE-INFORMATION-ELG00016	(a)	RACE-DECLARATION-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, RACE, and RACE- OTHER	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	RACE-DECLARATION-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, RACE, and RACE- OTHER	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	STATE-NOTATION		There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	Not Applicable	FILLER		There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	3	DISABILITY-TYPE-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	(a)	DISABILITY-TYPE-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and DISABILITY- TYPE-CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable	DISABILITY-TYPE-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and DISABILITY- TYPE-CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-EL600002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	DISABILITY-INFORMATION-ELG00017	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	3	1115A-DEMONSTRATION-IND	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	(a)	1115A-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and 1115A- DEMONSTRATION-IND	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable		No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-VUM, and 1115A- DEMONSTRATION-IND	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record seament must be fully
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME- ELG00020	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME- ELG00020	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME- ELG00020	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG0002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME- ELG00020	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME- ELG00020	3	HCBS-CHRONIC-CONDITION-NON-HEALTH- HOME-CODE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME- ELG00020	(a)	HCBS-CHRONIC-CONDITION-NON-HEALTH- HOME-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and HCBS- CHRONIC-CONDITION-NON-HEALTH- HOME-CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME- ELG00020	Not Applicable	HCBS-CHRONIC-CONDITION-NON-HEALTH- HOME-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and HCBS- CHRONIC-CONDITION-NON-HEALTH- HOME-CODE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME- ELG00020	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME- ELG00020	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG0002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applicable	RECORD-ID	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	1	SUBMITTING-STATE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	3	ENROLLMENT-TYPE	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	(a)	ENROLLMENT-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and ENROLLMENT- TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applicable	ENROLLMENT-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and ENROLLMENT- TYPE	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	Not Applicable	FILLER	Not Applicable	There must be an active PRIMARY DEMOGRAPHICS - ELIGIBILITY-ELG00002 record in the current Eligibility file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	Not Applicable	FILLER	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	1	SUBMITTING-STATE	Not Applicable	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	RECORD-NUMBER	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	2	STATE-PLAN-ID-NUM	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-CONTRACT-EFF-DATE	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-CONTRACT-END-DATE	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-NAME	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-PROGRAM	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-PLAN-TYPE	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	REIMBURSEMENT-ARRANGEMENT	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-PROFIT-STATUS	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	CORE-BASED-STATISTICAL-AREA-CODE	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	PERCENT-BUSINESS	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-SERVICE-AREA	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	(a)	MANAGED-CARE-MAIN-REC-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and STATE-PLAN-ID-NUM	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	MANAGED-CARE-MAIN-REC-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and STATE-PLAN-ID-NUM	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-MAIN-MCR00002	Not Applicable	FILLER	Not Applicable	Not Applicable
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	2	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	3	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	4	MANAGED-CARE-LOCATION-ID	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	(a)	MANAGED-CARE-LOCATION-AND- CONTACT-INFO-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, MANAGED-CARE- LOCATION-ID, and MANAGED-CARE-ADDR- TYPE	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-LOCATION-AND-CONTACT- INFO-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, MANAGED-CARE- LOCATION-ID, and MANAGED-CARE-ADDR- TYPE	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	5	MANAGED-CARE-ADDR-TYPE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-ADDR-LN1	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-ADDR-LN2	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-ADDR-LN3	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-CITY	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-STATE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-ZIP-CODE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-COUNTY	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-TELEPHONE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-EMAIL	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	MANAGED-CARE-FAX-NUMBER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO- MCR00003	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	2	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	3	MANAGED-CARE-SERVICE-AREA-NAME	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	(a)	MANAGED-CARE-SERVICE-AREA-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, and MANAGED-CARE- SERVICE-AREA-NAME	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not Applicable	MANAGED-CARE-SERVICE-AREA-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, and MANAGED-CARE- SERVICE-AREA-NAME	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY- MCR00005	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY- MCR00005	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY- MCR00005	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY- MCR00005	2	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY- MCR00005	3	OPERATING-AUTHORITY	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY- MCR00005	4	WAIVER-ID	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY- MCR00005	(a)	MANAGED-CARE-OP-AUTHORITY-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, OPERATING-AUTHORITY, and WAIVER-ID	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY- MCR00005	Not Applicable	MANAGED-CARE-OP-AUTHORITY-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, OPERATING-AUTHORITY, and WAIVER-ID	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY- MCR00005	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY- MCR00005	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED- MCR00006	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED- MCR00006	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED- MCR00006	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED- MCR00006	2	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED- MCR00006	3	MANAGED-CARE-PLAN-POP	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED- MCR00006	(a)	MANAGED-CARE-PLAN-POP-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, and MANAGED-CARE-PLAN- POP	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED- MCR00006	Not Applicable	MANAGED-CARE-PLAN-POP-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, and MANAGED-CARE-PLAN- POP	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED- MCR00006	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED- MCR00006	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR0002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR0002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR0002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	2	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	3	ACCREDITATION-ORGANIZATION	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	(a)	DATE-ACCREDITATION-ACHIEVED	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, ACCREDITATION- ORGANIZATION	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	Not Applicable	DATE-ACCREDITATION-END	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, ACCREDITATION- ORGANIZATION	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION- MCR00007	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	Not Applicable	RECORD-ID	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	1	SUBMITTING-STATE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	2	STATE-PLAN-ID-NUM	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	3	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	4	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-NAME	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	(a)	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, NATIONAL-HEALTH-CARE- ENTITY-ID, and NATIONAL-HEALTH-CARE- ENTITY-ID-TYPE	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record sement must be fully contained within the
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, NATIONAL-HEALTH-CARE- ENTITY-ID, and NATIONAL-HEALTH-CARE- ENTITY-ID-TYPE	There must be an active MANAGED-CARE-
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO- MCR00008	Not Applicable	FILLER	Not Applicable	There must be an active MANAGED-CARE- MAIN-MCR00002 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable	RECORD-ID	Not Applicable	There must be an active NATIONAL- HEALTH-CARE-ENTITY-ID-INFO- MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	1	SUBMITTING-STATE	Not Applicable	There must be an active NATIONAL- HEALTH-CARE-ENTITY-ID-INFO- MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active NATIONAL- HEALTH-CARE-ENTITY-ID-INFO- MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	2	STATE-PLAN-ID-NUM	Not Applicable	There must be an active NATIONAL- HEALTH-CARE-ENTITY-ID-INFO- MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	3	CHPID	Not Applicable	There must be an active NATIONAL- HEALTH-CARE-ENTITY-ID-INFO- MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	4	SHPID	Not Applicable	There must be an active NATIONAL- HEALTH-CARE-ENTITY-ID-INFO- MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of affective date.
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	(a)	CHPID-SHPID-RELATIONSHIP-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, CHPID, and SHPID	There must be an active NATIONAL- HEALTH-CARE-ENTITY-ID-INFO- MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable	CHPID-SHPID-RELATIONSHIP-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, STATE- PLAN-ID-NUM, CHPID, and SHPID	There must be an active NATIONAL- HEALTH-CARE-ENTITY-ID-INFO- MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active NATIONAL- HEALTH-CARE-ENTITY-ID-INFO- MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	Not Applicable	FILLER	Not Applicable	There must be an active NATIONAL- HEALTH-CARE-ENTITY-ID-INFO- MCR00008 record in the current Managed Care file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	Not Applicable	FILLER	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	RECORD-ID	Not Applicable	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	1	SUBMITTING-STATE	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	RECORD-NUMBER	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	2	SUBMITTING-STATE-PROV-ID	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	(a)	PROV-ATTRIBUTES-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and SUBMITTING-STATE-PROV-ID	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-ATTRIBUTES-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and SUBMITTING-STATE-PROV-ID	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-DOING-BUSINESS-AS-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-LEGAL-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-ORGANIZATION-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-TAX-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	FACILITY-GROUP-INDIVIDUAL-CODE	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	TEACHING-IND	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-FIRST-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-MIDDLE-INITIAL	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-LAST-NAME	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	SEX	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	OWNERSHIP-CODE	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	PROV-PROFIT-STATUS	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	DATE-OF-BIRTH	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	DATE-OF-DEATH	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	ACCEPTING-NEW-PATIENTS-IND	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	FILLER	Not Applicable	Not Applicable
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	RECORD-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	1	SUBMITTING-STATE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	2	RECORD-NUMBER	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	3	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	4	PROV-LOCATION-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	(a)	PROV-LOCATION-AND-CONTACT-INFO-EFF- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV- LOCATION-ID	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	PROV-LOCATION-AND-CONTACT-INFO-END- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV- LOCATION-ID	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	5	ADDR-TYPE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-LN1	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-LN2	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-LN3	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-CITY	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-STATE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-ZIP-CODE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-TELEPHONE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-EMAIL	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-FAX-NUM	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-BORDER-STATE-IND	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	ADDR-COUNTY	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	FILLER	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current Provider file submission, and the effective date span of the child record segment must be fully contained within the set of effective date spans of the associated active parent records
PROVIDER	PROV-LICENSING-INFO-PRV00004	Not Applicable	RECORD-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	1	SUBMITTING-STATE	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-LICENSING-INFO-PRV00004	Not Applicable	RECORD-NUMBER	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	3	PROV-LOCATION-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	(a)	PROV-LICENSE-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV- LOCATION-ID, LICENSE-TYPE, and LICENSE-ISSUING-ENTITY-ID	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	Not Applicable	PROV-LICENSE-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV- LOCATION-ID, LICENSE-TYPE, and LICENSE-ISSUING-ENTITY-ID	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record
PROVIDER	PROV-LICENSING-INFO-PRV00004	4	LICENSE-TYPE	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-LICENSING-INFO-PRV00004	5	LICENSE-ISSUING-ENTITY-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	6	LICENSE-OR-ACCREDITATION-NUMBER	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	Not Applicable	STATE-NOTATION	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-LICENSING-INFO-PRV00004	Not Applicable	FILLER	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current Provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable	RECORD-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-IDENTIFIERS-PRV00005	1	SUBMITTING-STATE	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable	RECORD-NUMBER	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	3	PROV-LOCATION-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	4	PROV-IDENTIFIER-TYPE	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-IDENTIFIERS-PRV00005	5	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	(a)	PROV-IDENTIFIER-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV- LOCATION-ID, PROV-IDENTIFIER-TYPE, PROV-IDENTIFIER-ISSUING-ENTITY-ID, and PROV-IDENTIFIER	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable	PROV-IDENTIFIER-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV- LOCATION-ID, PROV-IDENTIFIER-TYPE, PROV-IDENTIFIER-ISSUING-ENTITY-ID, and PROV-IDENTIFIER	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	6	PROV-IDENTIFIER	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable	STATE-NOTATION	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-IDENTIFIERS-PRV00005	Not Applicable	FILLER	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not Applicable	RECORD-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	1	SUBMITTING-STATE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	3	PROV-CLASSIFICATION-TYPE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	4	PROV-CLASSIFICATION-CODE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	(a)	PROV-TAXONOMY-CLASSIFICATION-EFF- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV- CLASSIFICATION-TYPE, PROV- CLASSIFICATION-CODE	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not Applicable	PROV-TAXONOMY-CLASSIFICATION-END- DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-1D, PROV- CLASSIFICATION-TYPE, PROV- CLASSIFICATION-CODE	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	Not Applicable	FILLER	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	RECORD-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	1	SUBMITTING-STATE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	(a)	PROV-MEDICAID-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, and PROV- MEDICAID-ENROLLMENT-STATUS-CODE	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	PROV-MEDICAID-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, and PROV- MEDICAID-ENROLLMENT-STATUS-CODE	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	3	PROV-MEDICAID-ENROLLMENT-STATUS- CODE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	STATE-PLAN-ENROLLMENT	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	PROV-ENROLLMENT-METHOD	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	APPL-DATE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	Not Applicable	FILLER	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Applicable	RECORD-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF- AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	1	SUBMITTING-STATE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF- AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF- AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF- AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	3	SUBMITTING-STATE-PROV-ID-OF- AFFILIATED-ENTITY	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF- AFFILIATED-ENTITY, and the effective date
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	(a)	PROV-AFFILIATED-GROUP-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and SUBMITTING-STATE-PROV-ID	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF- AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Applicable	PROV-AFFILIATED-GROUP-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and SUBMITTING-STATE-PROV-ID	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF- AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF- AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	Not Applicable	FILLER	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for both the SUBMITTING-STATE-PROV-ID and the SUBMITTING-STATE-PROV-ID-OF- AFFILIATED-ENTITY, and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	Not Applicable	RECORD-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	1	SUBMITTING-STATE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	3	AFFILIATED-PROGRAM-TYPE	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	4	AFFILIATED-PROGRAM-ID	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	(a)	PROV-AFFILIATED-PROGRAM-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, AFFILIATED- PROGRAM-TYPE, and AFFILIATED- PROGRAM-ID	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	Not Applicable	PROV-AFFILIATED-PROGRAM-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, AFFILIATED- PROGRAM-TYPE, and AFFILIATED- PROGRAM-ID	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	Not Applicable	FILLER	Not Applicable	There must be an active PROV- ATTRIBUTES-MAIN-PRV00002 record in the current provider file submission for the SUBMITTING-STATE-PROV-ID and the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	RECORD-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	1	SUBMITTING-STATE	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	RECORD-NUMBER	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	2	SUBMITTING-STATE-PROV-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	3	PROV-LOCATION-ID	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	(a)	BED-TYPE-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV- LOCATION-ID, and BED-TYPE-CODE	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	BED-TYPE-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, SUBMITTING-STATE-PROV-ID, PROV- LOCATION-ID, and BED-TYPE-CODE	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	4	BED-TYPE-CODE	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	BED-COUNT	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	STATE-NOTATION	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
PROVIDER	PROV-BED-TYPE-INFO-PRV00010	Not Applicable	FILLER	Not Applicable	There must be both an active PROV- ATTRIBUTES-MAIN-PRV00002 record segment and a PROV-LOCATION-AND- CONTACT-INFO-PRV00003 record in the current provider file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	DATA-DICTIONARY-VERSION	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	SUBMISSION-TRANSACTION-TYPE	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	FILE-ENCODING-SPECIFICATION	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	DATA-MAPPING-DOCUMENT-VERSION	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	FILE-NAME	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	SUBMITTING-STATE	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	DATE-FILE-CREATED	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	START-OF-TIME-PERIOD	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	END-OF-TIME-PERIOD	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	FILE-STATUS-INDICATOR	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	SSN-INDICATOR	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	TOT-REC-CNT	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	SEQUENCE-NUMBER	Not Applicable	Not Applicable
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
		Not Applicable	FILLER	Not Applicable	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	1	SUBMITTING-STATE	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	RECORD-NUMBER	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	2	MSIS-IDENTIFICATION-NUM	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	TPL-HEALTH-INSURANCE-COVERAGE-IND	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	TPL-OTHER-COVERAGE-IND	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	ELIGIBLE-FIRST-NAME	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	ELIGIBLE-MIDDLE-INIT	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	ELIGIBLE-LAST-NAME	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	(a)	ELIG-PRSN-MAIN-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	ELIG-PRSN-MAIN-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	Not Applicable	FILLER	Not Applicable	Not Applicable
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	RECORD-ID	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	1	SUBMITTING-STATE	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	RECORD-NUMBER	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	2	MSIS-IDENTIFICATION-NUM	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	3	INSURANCE-CARRIER-ID-NUM	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	4	INSURANCE-PLAN-ID	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	5	GROUP-NUM	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	6	MEMBER-ID	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	INSURANCE-PLAN-TYPE	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	COVERAGE-TYPE	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL:00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL:00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	ANNUAL-DEDUCTIBLE-AMT	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	POLICY-OWNER-FIRST-NAME	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	POLICY-OWNER-LAST-NAME	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	POLICY-OWNER-SSN	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL0004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	POLICY-OWNER-CODE	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	(a)	INSURANCE-COVERAGE-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM, INSURANCE- CARRIER-ID-NUM, INSURANCE-PLAN-ID, GROUP-NUM, MEMBER-ID, and COVERAGE-TYPE	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	INSURANCE-COVERAGE-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM, INSURANCE- CARRIER-ID-NUM, INSURANCE-PLAN-ID, GROUP-NUM, MEMBER-ID, and COVERAGE-TYPE	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	STATE-NOTATION	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES- TPL00004 record in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-INFO-TPL00003	Not Applicable	FILLER	Not Applicable	There must be both an active TPL- MEDICAID-ELIGIBLE-PERSON-MAIN- TPL00002 record segment and a TPL- MEDICAID-ELIGIBLE-PERSON-HEALTH- INSI IPANCE-COVERAGE-CATEGORIES-

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	RECORD-ID	Not Applicable	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	1	SUBMITTING-STATE	Not Applicable	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	RECORD-NUMBER	Not Applicable	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	2	INSURANCE-CARRIER-ID-NUM	Not Applicable	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	3	INSURANCE-PLAN-ID	Not Applicable	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	INSURANCE-PLAN-TYPE	Not Applicable	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	4	COVERAGE-TYPE	Not Applicable	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	(a)	INSURANCE-CATEGORIES-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, INSURANCE-CARRIER-ID-NUM, INSURANCE-PLAN-ID, and COVERAGE- TYPE	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	INSURANCE-CATEGORIES-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, INSURANCE-CARRIER-ID-NUM, INSURANCE-PLAN-ID, and COVERAGE- TYPE	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH- INSURANCE-COVERAGE-CATEGORIES-TPL00004	Not Applicable	FILLER	Not Applicable	There must be an active TPL-ENTITY- CONTACT-INFORMATION-TPL00006 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY- COVERAGE-INFORMATION-TPL00005	Not Applicable	RECORD-ID	Not Applicable	There must be an active TPL-ELIGIBLE- PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY- COVERAGE-INFORMATION-TPL00005	1	SUBMITTING-STATE		There must be an active TPL-ELIGIBLE- PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY- COVERAGE-INFORMATION-TPL00005	Not Applicable	RECORD-NUMBER		There must be an active TPL-ELIGIBLE- PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY- COVERAGE-INFORMATION-TPL00005	2	MSIS-IDENTIFICATION-NUM		There must be an active TPL-ELIGIBLE- PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY- COVERAGE-INFORMATION-TPL00005	3	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY		There must be an active TPL-ELIGIBLE- PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY- COVERAGE-INFORMATION-TPL00005	(a)	OTHER-TPL-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS- IDENTIFICATION-NUM, and TYPE-OF- OTHER-THIRD-PARTY-LIABILITY	There must be an active TPL-ELIGIBLE- PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY- COVERAGE-INFORMATION-TPL00005	Not Applicable	OTHER-TPL-END-DATE		There must be an active TPL-ELIGIBLE- PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY- COVERAGE-INFORMATION-TPL00005	Not Applicable	STATE-NOTATION	Not Applicable	There must be an active TPL-ELIGIBLE- PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY- COVERAGE-INFORMATION-TPL00005	Not Applicable	FILLER	Not Applicable	There must be an active TPL-ELIGIBLE- PERSON-MAIN-TPL00002 record segment in the current TPL file submission. In addition, the effective date span of the child record segment must be fully contained within the set of effective date spans of all active parent records.
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	1	SUBMITTING-STATE	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	RECORD-NUMBER	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	2	INSURANCE-CARRIER-ID-NUM	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	3	TPL-ENTITY-ADDR-TYPE	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-ADDR-LN1	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-ADDR-LN2	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-ADDR-LN3	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-CITY	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-STATE	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-ZIP-CODE	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-PHONE-NUM	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	(a)	TPL-ENTITY-CONTACT-INFO-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, INSURANCE-CARRIER-ID-NUM, and TPL- ENTITY-ADDR-TYPE	Not Applicable

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	TPL-ENTITY-CONTACT-INFO-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, INSURANCE-CARRIER-ID-NUM, and TPL- ENTITY-ADDR-TYPE	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	STATE-NOTATION	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-NAIC-CODE	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	INSURANCE-CARRIER-NAME	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	NATIONAL-HEALTH-CARE-ENTITY-NAME	Not Applicable	Not Applicable
TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	Not Applicable	FILLER	Not Applicable	Not Applicable