



Centers for Medicaid and CHIP Services (CMCS)

Transformed Medicaid Statistical Information System (T-MSIS)

Data Dictionary

Version: v2.4.0

Last Modified: 12/04/2020

End of Sheet

PRA Disclosure Statement The Transformed Medicaid Statistical Information System (T-MSIS) is used to assist the Centers for Medicare & Medicaid Services (CMS) with monitoring and oversight of Medicaid and CHIP programs, to enable evaluation of demonstrations under section 1115 of the Social Security Act and to calculate quality measures and other metrics, including those reported through the new Medicaid and CHIP Scoreboard. Section 4735 of the Balanced Budget Act of 1997 included a statutory requirement for states to submit claims data, enrollee encounter data, and supporting information. Section 6504 of the Affordable Care Act strengthened this provision by requiring states to include data elements the Secretary determines necessary for program integrity, program oversight, and administration. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0345 (Expires: 07/31/2022). The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

DD V2.4.0 - Data Element

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	1	CIP001	CIP.001.001	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	2	CIP001	CIP.001.001	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal 'CIP00001'	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	3	CIP002	CIP.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Mandatory	A data element to capture the version of the T-MSIS data dictionary that was used to build the file. Use the version number specified on the Cover Sheet of the data dictionary" to V2.4.	Value must be 10 characters or less	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	4	CIP002	CIP.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Value must not include the pipe () symbol	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	5	CIP002	CIP.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	6	CIP003	CIP.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Mandatory	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.	Value must be in Submission Transaction Type List (VVL)	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	7	CIP003	CIP.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	8	CIP003	CIP.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	9	CIP004	CIP.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Mandatory	Denotes which supported file encoding standard was used to create the file.	Value must be in File Encoding Specification List (VVL)	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	10	CIP004	CIP.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	11	CIP004	CIP.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	12	CIP005	CIP.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Mandatory	Identifies the version of the T-MSIS data mapping document used to build a state submission file. Use the version number specified on the title page of the data mapping document	Value must be 9 characters or less	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	13	CIP005	CIP.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	14	CIP006	CIP.001.006	FILE-NAME	File Name	Mandatory	A code to identify the subject area to which the records in its file relate. Each T-MSIS submission file should only _x000D_ contain records for one subject area (i.e., Eligible, Third-party liability, Provider, Managed Care Plan Information, _x000D_ Inpatient, Long-Term Care, Other, and Pharmacy Claim).	Value must equal 'CLAIM-IP'	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	15	CIP006	CIP.001.006	FILE-NAME	File Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
D1	16	CIP006	CIP.001.006	FILE-NAME	Not Applicable	Not Applicable	[No longer essential - This requirement only]	For TYPE-OF-SERVICE = 001, 058, 060, 084, 086, 090, 091, 092, 093, 123, 132, or 135, FILE-NAME must be CLAIM-IP.	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001

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X1	17	CIP007	CIP.001.007	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	18	CIP007	CIP.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	19	CIP007	CIP.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	20	CIP008	CIP.001.008	DATE-FILE-CREATED	Date File Created	Mandatory	The date on which the file was created.	Value of the CC component must be "20"	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	21	CIP008	CIP.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	22	CIP008	CIP.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	23	CIP008	CIP.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be equal to or after the value of associated End of Time Period	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	24	CIP008	CIP.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	25	CIP009	CIP.001.009	START-OF-TIME-PERIOD	Start of Time Period	Mandatory	This value must be the first day of the reporting month, regardless of the actual date span of the data in the file.	Value of the CC component must be "20"	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	26	CIP009	CIP.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	27	CIP009	CIP.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	28	CIP009	CIP.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be less than current date	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	29	CIP009	CIP.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	30	CIP009	CIP.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be before associated End of Time Period	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	31	CIP009	CIP.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	32	CIP010	CIP.001.010	END-OF-TIME-PERIOD	End of Time Period	Mandatory	This value must be the last day of the reporting month, regardless of the actual date span.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	33	CIP010	CIP.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value of the CC component must be "20"	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001

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C2	34	CIP010	CIP.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	35	CIP010	CIP.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	36	CIP010	CIP.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or after associated Start of Time Period	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	37	CIP010	CIP.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	38	CIP011	CIP.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Mandatory	A code to indicate whether the records in the file are test or production records.	For production files, value must be equal to 'P'	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	39	CIP011	CIP.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	40	CIP011	CIP.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	41	CIP012	CIP.001.012	SSN-INDICATOR	SSN Indicator	Mandatory	Indicates whether the state uses the eligible person's social security number instead of an MSIS Identification Number as the unique, unchanging eligible person identifier. A state's SSN/Non-SSN designation on the eligibility file should match on the claims and third party liability_x000D_files.	Value must be in SSN Indicator List (VVL)	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	42	CIP012	CIP.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	43	CIP012	CIP.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	44	CIP013	CIP.001.013	TOT-REC-CNT	Total Record Count	Mandatory	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.	Value must be a positive integer	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	45	CIP013	CIP.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be between 0:9999999999 (inclusive)	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	46	CIP013	CIP.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	47	CIP013	CIP.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must equal the number of records included in the file submission except for the file header record.	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	48	CIP013	CIP.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
A2	49	CIP014	CIP.001.014	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	50	CIP014	CIP.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	51	CIP014	CIP.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001

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D1	52	CIP015	CIP.001.015	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	53	CIP275	CIP.001.275	SEQUENCE-NUMBER	Sequence Number	Mandatory	To enable states to sequentially number files, when related, follow-on files are necessary (i.e. update files, replace files). This should begin with 1 for the _x000D_ original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject _x000D_ area).	Value must be between 1 and 9999	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	54	CIP275	CIP.001.275	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be equal to the largest of any prior values for the same reporting period and file type, plus 1 (i.e. incremented by 1)	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	55	CIP275	CIP.001.275	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
C2	56	CIP275	CIP.001.275	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	57	CIP275	CIP.001.275	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001
X1	58	CIP016	CIP.002.016	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	59	CIP016	CIP.002.016	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "CIP00002"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	60	CIP017	CIP.002.017	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	61	CIP017	CIP.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	62	CIP017	CIP.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	63	CIP017	CIP.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (CIP.001.007)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C2	64	CIP018	CIP.002.018	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	65	CIP018	CIP.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	66	CIP018	CIP.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	67	CIP018	CIP.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	68	CIP019	CIP.002.019	ICN-ORIG	Original ICN	Mandatory	A unique number assigned by the state's payment system that identifies an original or adjustment claim.	Value must be 50 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	69	CIP019	CIP.002.019	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	70	CIP019	CIP.002.019	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	71	CIP020	CIP.002.020	ICN-ADJ	Adjustment ICN	Conditional	A unique claim number assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Value must be 50 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	72	CIP020	CIP.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	73	CIP020	CIP.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	If associated Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	74	CIP020	CIP.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	75	CIP021	CIP.002.021	SUBMITTER-ID	Submitter ID	Mandatory	The Submitter Identification number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Value must be 12 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	76	CIP021	CIP.002.021	SUBMITTER-ID	Submitter ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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X1	77	CIP022	CIP.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	78	CIP022	CIP.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	79	CIP022	CIP.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	80	CIP022	CIP.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	81	CIP022	CIP.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	When Type of Claim not in (4, D, X, Z, U, V, Y, W), value must match MSIS Identification Number (ELG.021.251) and the Admission Date (CIP.002.094) must be between Enrollment Effective Date (ELG.021.253) and Enrollment End Date (ELG.021.254)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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X1	82	CIP022	CIP.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	When Type of Claim (CIP.002.100) equals 4, D or X (lump sum payment) value must begin with an '&'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	83	CIP023	CIP.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Conditional	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Value must be in Crossover Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	84	CIP023	CIP.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	If Crossover Indicator value is "1", the associated Dual Eligible Code (ELG.005.085) value must be in "01", "02", "04", "08", "09", or "10" for the same time period (by date of service)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	85	CIP023	CIP.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	86	CIP023	CIP.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	87	CIP023	CIP.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	If the TYPE-OF-CLAIM value is in ["1", "3", "A", "C"], then value is mandatory and must be reported.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	88	CIP024	CIP.002.024	TYPE-OF-HOSPITAL	Type of Hospital	Mandatory	This code denotes the type of hospital on the claim (servicing facility).	Value must be in Type of Hospital List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	89	CIP024	CIP.002.024	TYPE-OF-HOSPITAL	Type of Hospital	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	90	CIP024	CIP.002.024	TYPE-OF-HOSPITAL	Type of Hospital	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	91	CIP025	CIP.002.025	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Conditional	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 demonstration.	Value must be in 1115A Demonstration Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	92	CIP025	CIP.002.025	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	93	CIP025	CIP.002.025	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	94	CIP025	CIP.002.025	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	When value equals '0', is invalid or not populated, then the associated 1115A Demonstration Indicator (ELG.018.223) must equal '0', is invalid or not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	95	CIP026	CIP.002.026	ADJUSTMENT-IND	Adjustment Indicator	Mandatory	Indicates the type of adjustment record.	Value must be in Adjustment Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	96	CIP026	CIP.002.026	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [1, 3, 5, A, C, E, U, W, Y], then value must be in [0, 1, 4]	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	97	CIP026	CIP.002.026	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is '4, D, X', then value must be in [5, 6]	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	98	CIP026	CIP.002.026	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	99	CIP026	CIP.002.026	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	100	CIP027	CIP.002.027	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Conditional	Claim adjustment reason codes communicate why a claim was paid differently than it was billed. If the amount paid is different from the amount billed you need an adjustment reason code.	Value must be in Adjustment Reason Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	101	CIP027	CIP.002.027	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	102	CIP027	CIP.002.027	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	103	CIP027	CIP.002.027	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Value must not be populated when associated Adjustment Indicator equals "0"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	104	CIP028	CIP.002.028	ADMISSION-TYPE	Admission Type	Mandatory	The basic types of admission for Inpatient hospital stays and a code indicating the priority of this admission.	Value must be in Admission Type List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	105	CIP028	CIP.002.028	ADMISSION-TYPE	Admission Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	106	CIP028	CIP.002.028	ADMISSION-TYPE	Admission Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	107	CIP029	CIP.002.029	DRG-DESCRIPTION	DRG Description	Conditional	Description of the associated state-specific DRG code. If using standard MS-DRG classification system, a DRG Description is not required.	Value must be 20 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	108	CIP029	CIP.002.029	DRG-DESCRIPTION	DRG Description	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	109	CIP030	CIP.002.030	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	110	CIP030	CIP.002.030	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	111	CIP030	CIP.002.030	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	112	CIP030	CIP.002.030	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	113	CIP030	CIP.002.030	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	114	CIP030	CIP.002.030	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "'1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	115	CIP030	CIP.002.030	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	116	CIP030	CIP.002.030	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	117	CIP030	CIP.002.030	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	118	CIP031	CIP.002.031	ADMITTING-DIAGNOSIS-CODE-FLAG	Admitting Diagnosis Code Flag	Mandatory	A flag that identifies the coding system used for the Admitting Diagnosis Code.	Value must be in Diagnosis Code Flag(VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	119	CIP031	CIP.002.031	ADMITTING-DIAGNOSIS-CODE-FLAG	Admitting Diagnosis Code Flag	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	120	CIP031	CIP.002.031	ADMITTING-DIAGNOSIS-CODE-FLAG	Admitting Diagnosis Code Flag	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	121	CIP032	CIP.002.032	DIAGNOSIS-CODE-1	Diagnosis Code 1	Conditional	The primary/principal ICD-9/10-CM diagnosis code as reported on the claim.	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C1	122	CIP032	CIP.002.032	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	123	CIP032	CIP.002.032	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	124	CIP032	CIP.002.032	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	125	CIP032	CIP.002.032	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	126	CIP032	CIP.002.032	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	127	CIP032	CIP.002.032	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	128	CIP032	CIP.002.032	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	129	CIP032	CIP.002.032	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	130	CIP032	CIP.002.032	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If Type of Claim (CIP.002.100) in ("1", "3", "A", "C", "U", "W") then value must be populated.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	131	CIP033	CIP.002.033	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	132	CIP033	CIP.002.033	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	133	CIP033	CIP.002.033	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	134	CIP033	CIP.002.033	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	135	CIP034	CIP.002.034	DIAGNOSIS-POA-FLAG-1	Diagnosis POA Flag 1	Conditional	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._x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines._x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature._x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	136	CIP034	CIP.002.034	DIAGNOSIS-POA-FLAG-1	Diagnosis POA Flag 1	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	137	CIP034	CIP.002.034	DIAGNOSIS-POA-FLAG-1	Diagnosis POA Flag 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	138	CIP035	CIP.002.035	DIAGNOSIS-CODE-2	Diagnosis Code 2	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	139	CIP035	CIP.002.035	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C1	140	CIP035	CIP.002.035	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	141	CIP035	CIP.002.035	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	142	CIP035	CIP.002.035	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	143	CIP035	CIP.002.035	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	144	CIP035	CIP.002.035	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	145	CIP035	CIP.002.035	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	146	CIP035	CIP.002.035	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	147	CIP035	CIP.002.035	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 1 (CIP.002.032) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	148	CIP036	CIP.002.036	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	149	CIP036	CIP.002.036	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	150	CIP036	CIP.002.036	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	151	CIP036	CIP.002.036	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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X1	152	CIP037	CIP.002.037	DIAGNOSIS-POA-FLAG-2	Diagnosis POA Flag 2	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	153	CIP037	CIP.002.037	DIAGNOSIS-POA-FLAG-2	Diagnosis POA Flag 2	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	154	CIP037	CIP.002.037	DIAGNOSIS-POA-FLAG-2	Diagnosis POA Flag 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	155	CIP038	CIP.002.038	DIAGNOSIS-CODE-3	Diagnosis Code 3	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	156	CIP038	CIP.002.038	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C1	157	CIP038	CIP.002.038	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	158	CIP038	CIP.002.038	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	159	CIP038	CIP.002.038	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	160	CIP038	CIP.002.038	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	161	CIP038	CIP.002.038	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	162	CIP038	CIP.002.038	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	163	CIP038	CIP.002.038	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	164	CIP038	CIP.002.038	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 2 (CIP.002.035) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	165	CIP039	CIP.002.039	DIAGNOSIS-CODE-FLAG-3	Diagnosis Code Flag 3	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	166	CIP039	CIP.002.039	DIAGNOSIS-CODE-FLAG-3	Diagnosis Code Flag 3	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	167	CIP039	CIP.002.039	DIAGNOSIS-CODE-FLAG-3	Diagnosis Code Flag 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	168	CIP039	CIP.002.039	DIAGNOSIS-CODE-FLAG-3	Diagnosis Code Flag 3	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	169	CIP040	CIP.002.040	DIAGNOSIS-POA-FLAG-3	Diagnosis POA Flag 3	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	170	CIP040	CIP.002.040	DIAGNOSIS-POA-FLAG-3	Diagnosis POA Flag 3	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	171	CIP040	CIP.002.040	DIAGNOSIS-POA-FLAG-3	Diagnosis POA Flag 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	172	CIP041	CIP.002.041	DIAGNOSIS-CODE-4	Diagnosis Code 4	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	173	CIP041	CIP.002.041	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	174	CIP041	CIP.002.041	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	175	CIP041	CIP.002.041	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	176	CIP041	CIP.002.041	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	177	CIP041	CIP.002.041	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	178	CIP041	CIP.002.041	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	179	CIP041	CIP.002.041	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	180	CIP041	CIP.002.041	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	181	CIP041	CIP.002.041	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 3 (CIP.002.038) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	182	CIP042	CIP.002.042	DIAGNOSIS-CODE-FLAG-4	Diagnosis Code Flag 4	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	183	CIP042	CIP.002.042	DIAGNOSIS-CODE-FLAG-4	Diagnosis Code Flag 4	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	184	CIP042	CIP.002.042	DIAGNOSIS-CODE-FLAG-4	Diagnosis Code Flag 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	185	CIP042	CIP.002.042	DIAGNOSIS-CODE-FLAG-4	Diagnosis Code Flag 4	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	186	CIP043	CIP.002.043	DIAGNOSIS-POA-FLAG-4	Diagnosis POA Flag 4	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	187	CIP043	CIP.002.043	DIAGNOSIS-POA-FLAG-4	Diagnosis POA Flag 4	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	188	CIP043	CIP.002.043	DIAGNOSIS-POA-FLAG-4	Diagnosis POA Flag 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	189	CIP044	CIP.002.044	DIAGNOSIS-CODE-5	Diagnosis Code 5	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	190	CIP044	CIP.002.044	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	191	CIP044	CIP.002.044	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	192	CIP044	CIP.002.044	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	193	CIP044	CIP.002.044	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	194	CIP044	CIP.002.044	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	195	CIP044	CIP.002.044	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	196	CIP044	CIP.002.044	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	197	CIP044	CIP.002.044	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	198	CIP044	CIP.002.044	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 4 (CIP.002.041) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	199	CIP045	CIP.002.045	DIAGNOSIS-CODE-FLAG-5	Diagnosis Code Flag 5	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	200	CIP045	CIP.002.045	DIAGNOSIS-CODE-FLAG-5	Diagnosis Code Flag 5	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	201	CIP045	CIP.002.045	DIAGNOSIS-CODE-FLAG-5	Diagnosis Code Flag 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A1	202	CIP045	CIP.002.045	DIAGNOSIS-CODE-FLAG-5	Diagnosis Code Flag 5	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	203	CIP046	CIP.002.046	DIAGNOSIS-POA-FLAG-5	Diagnosis POA Flag 5	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	204	CIP046	CIP.002.046	DIAGNOSIS-POA-FLAG-5	Diagnosis POA Flag 5	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	205	CIP046	CIP.002.046	DIAGNOSIS-POA-FLAG-5	Diagnosis POA Flag 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	206	CIP047	CIP.002.047	DIAGNOSIS-CODE-6	Diagnosis Code 6	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	207	CIP047	CIP.002.047	DIAGNOSIS-CODE-6	Diagnosis Code 6	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	208	CIP047	CIP.002.047	DIAGNOSIS-CODE-6	Diagnosis Code 6	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	209	CIP047	CIP.002.047	DIAGNOSIS-CODE-6	Diagnosis Code 6	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	210	CIP047	CIP.002.047	DIAGNOSIS-CODE-6	Diagnosis Code 6	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	211	CIP047	CIP.002.047	DIAGNOSIS-CODE-6	Diagnosis Code 6	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	212	CIP047	CIP.002.047	DIAGNOSIS-CODE-6	Diagnosis Code 6	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	213	CIP047	CIP.002.047	DIAGNOSIS-CODE-6	Diagnosis Code 6	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	214	CIP047	CIP.002.047	DIAGNOSIS-CODE-6	Diagnosis Code 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	215	CIP047	CIP.002.047	DIAGNOSIS-CODE-6	Diagnosis Code 6	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 5 (CIP.002.044) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	216	CIP048	CIP.002.048	DIAGNOSIS-CODE-FLAG-6	Diagnosis Code Flag 6	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	217	CIP048	CIP.002.048	DIAGNOSIS-CODE-FLAG-6	Diagnosis Code Flag 6	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	218	CIP048	CIP.002.048	DIAGNOSIS-CODE-FLAG-6	Diagnosis Code Flag 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	219	CIP048	CIP.002.048	DIAGNOSIS-CODE-FLAG-6	Diagnosis Code Flag 6	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	220	CIP049	CIP.002.049	DIAGNOSIS-POA-FLAG-6	Diagnosis POA Flag 6	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	221	CIP049	CIP.002.049	DIAGNOSIS-POA-FLAG-6	Diagnosis POA Flag 6	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	222	CIP049	CIP.002.049	DIAGNOSIS-POA-FLAG-6	Diagnosis POA Flag 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	223	CIP050	CIP.002.050	DIAGNOSIS-CODE-7	Diagnosis Code 7	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	224	CIP050	CIP.002.050	DIAGNOSIS-CODE-7	Diagnosis Code 7	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	225	CIP050	CIP.002.050	DIAGNOSIS-CODE-7	Diagnosis Code 7	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	226	CIP050	CIP.002.050	DIAGNOSIS-CODE-7	Diagnosis Code 7	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	227	CIP050	CIP.002.050	DIAGNOSIS-CODE-7	Diagnosis Code 7	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	228	CIP050	CIP.002.050	DIAGNOSIS-CODE-7	Diagnosis Code 7	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	229	CIP050	CIP.002.050	DIAGNOSIS-CODE-7	Diagnosis Code 7	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	230	CIP050	CIP.002.050	DIAGNOSIS-CODE-7	Diagnosis Code 7	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	231	CIP050	CIP.002.050	DIAGNOSIS-CODE-7	Diagnosis Code 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	232	CIP050	CIP.002.050	DIAGNOSIS-CODE-7	Diagnosis Code 7	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 6 (CIP.002.047) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	233	CIP051	CIP.002.051	DIAGNOSIS-CODE-FLAG-7	Diagnosis Code Flag 7	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	234	CIP051	CIP.002.051	DIAGNOSIS-CODE-FLAG-7	Diagnosis Code Flag 7	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	235	CIP051	CIP.002.051	DIAGNOSIS-CODE-FLAG-7	Diagnosis Code Flag 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	236	CIP051	CIP.002.051	DIAGNOSIS-CODE-FLAG-7	Diagnosis Code Flag 7	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	237	CIP052	CIP.002.052	DIAGNOSIS-POA-FLAG-7	Diagnosis POA Flag 7	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	238	CIP052	CIP.002.052	DIAGNOSIS-POA-FLAG-7	Diagnosis POA Flag 7	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	239	CIP052	CIP.002.052	DIAGNOSIS-POA-FLAG-7	Diagnosis POA Flag 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	240	CIP053	CIP.002.053	DIAGNOSIS-CODE-8	Diagnosis Code 8	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	241	CIP053	CIP.002.053	DIAGNOSIS-CODE-8	Diagnosis Code 8	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	242	CIP053	CIP.002.053	DIAGNOSIS-CODE-8	Diagnosis Code 8	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	243	CIP053	CIP.002.053	DIAGNOSIS-CODE-8	Diagnosis Code 8	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	244	CIP053	CIP.002.053	DIAGNOSIS-CODE-8	Diagnosis Code 8	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	245	CIP053	CIP.002.053	DIAGNOSIS-CODE-8	Diagnosis Code 8	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	246	CIP053	CIP.002.053	DIAGNOSIS-CODE-8	Diagnosis Code 8	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	247	CIP053	CIP.002.053	DIAGNOSIS-CODE-8	Diagnosis Code 8	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	248	CIP053	CIP.002.053	DIAGNOSIS-CODE-8	Diagnosis Code 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	249	CIP053	CIP.002.053	DIAGNOSIS-CODE-8	Diagnosis Code 8	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 7 (CIP.002.050) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	250	CIP054	CIP.002.054	DIAGNOSIS-CODE-FLAG-8	Diagnosis Code Flag 8	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	251	CIP054	CIP.002.054	DIAGNOSIS-CODE-FLAG-8	Diagnosis Code Flag 8	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	252	CIP054	CIP.002.054	DIAGNOSIS-CODE-FLAG-8	Diagnosis Code Flag 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	253	CIP054	CIP.002.054	DIAGNOSIS-CODE-FLAG-8	Diagnosis Code Flag 8	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	254	CIP055	CIP.002.055	DIAGNOSIS-POA-FLAG-8	Diagnosis POA Flag 8	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	255	CIP055	CIP.002.055	DIAGNOSIS-POA-FLAG-8	Diagnosis POA Flag 8	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	256	CIP055	CIP.002.055	DIAGNOSIS-POA-FLAG-8	Diagnosis POA Flag 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	257	CIP056	CIP.002.056	DIAGNOSIS-CODE-9	Diagnosis Code 9	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	258	CIP056	CIP.002.056	DIAGNOSIS-CODE-9	Diagnosis Code 9	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	259	CIP056	CIP.002.056	DIAGNOSIS-CODE-9	Diagnosis Code 9	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	260	CIP056	CIP.002.056	DIAGNOSIS-CODE-9	Diagnosis Code 9	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	261	CIP056	CIP.002.056	DIAGNOSIS-CODE-9	Diagnosis Code 9	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	262	CIP056	CIP.002.056	DIAGNOSIS-CODE-9	Diagnosis Code 9	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	263	CIP056	CIP.002.056	DIAGNOSIS-CODE-9	Diagnosis Code 9	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	264	CIP056	CIP.002.056	DIAGNOSIS-CODE-9	Diagnosis Code 9	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	265	CIP056	CIP.002.056	DIAGNOSIS-CODE-9	Diagnosis Code 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	266	CIP056	CIP.002.056	DIAGNOSIS-CODE-9	Diagnosis Code 9	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 8 (CIP.002.053) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	267	CIP057	CIP.002.057	DIAGNOSIS-CODE-FLAG-9	Diagnosis Code Flag 9	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	268	CIP057	CIP.002.057	DIAGNOSIS-CODE-FLAG-9	Diagnosis Code Flag 9	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	269	CIP057	CIP.002.057	DIAGNOSIS-CODE-FLAG-9	Diagnosis Code Flag 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	270	CIP057	CIP.002.057	DIAGNOSIS-CODE-FLAG-9	Diagnosis Code Flag 9	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	271	CIP058	CIP.002.058	DIAGNOSIS-POA-FLAG-9	Diagnosis POA Flag 9	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	272	CIP058	CIP.002.058	DIAGNOSIS-POA-FLAG-9	Diagnosis POA Flag 9	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	273	CIP058	CIP.002.058	DIAGNOSIS-POA-FLAG-9	Diagnosis POA Flag 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	274	CIP059	CIP.002.059	DIAGNOSIS-CODE-10	Diagnosis Code 10	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	275	CIP059	CIP.002.059	DIAGNOSIS-CODE-10	Diagnosis Code 10	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	276	CIP059	CIP.002.059	DIAGNOSIS-CODE-10	Diagnosis Code 10	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	277	CIP059	CIP.002.059	DIAGNOSIS-CODE-10	Diagnosis Code 10	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	278	CIP059	CIP.002.059	DIAGNOSIS-CODE-10	Diagnosis Code 10	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	279	CIP059	CIP.002.059	DIAGNOSIS-CODE-10	Diagnosis Code 10	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	280	CIP059	CIP.002.059	DIAGNOSIS-CODE-10	Diagnosis Code 10	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	281	CIP059	CIP.002.059	DIAGNOSIS-CODE-10	Diagnosis Code 10	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	282	CIP059	CIP.002.059	DIAGNOSIS-CODE-10	Diagnosis Code 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	283	CIP059	CIP.002.059	DIAGNOSIS-CODE-10	Diagnosis Code 10	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 9 (CIP.002.056) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	284	CIP060	CIP.002.060	DIAGNOSIS-CODE-FLAG-10	Diagnosis Code Flag 10	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	285	CIP060	CIP.002.060	DIAGNOSIS-CODE-FLAG-10	Diagnosis Code Flag 10	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	286	CIP060	CIP.002.060	DIAGNOSIS-CODE-FLAG-10	Diagnosis Code Flag 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	287	CIP060	CIP.002.060	DIAGNOSIS-CODE-FLAG-10	Diagnosis Code Flag 10	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	288	CIP061	CIP.002.061	DIAGNOSIS-POA-FLAG-10	Diagnosis POA Flag 10	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	289	CIP061	CIP.002.061	DIAGNOSIS-POA-FLAG-10	Diagnosis POA Flag 10	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	290	CIP061	CIP.002.061	DIAGNOSIS-POA-FLAG-10	Diagnosis POA Flag 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	291	CIP062	CIP.002.062	DIAGNOSIS-CODE-11	Diagnosis Code 11	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	292	CIP062	CIP.002.062	DIAGNOSIS-CODE-11	Diagnosis Code 11	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	293	CIP062	CIP.002.062	DIAGNOSIS-CODE-11	Diagnosis Code 11	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	294	CIP062	CIP.002.062	DIAGNOSIS-CODE-11	Diagnosis Code 11	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	295	CIP062	CIP.002.062	DIAGNOSIS-CODE-11	Diagnosis Code 11	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	296	CIP062	CIP.002.062	DIAGNOSIS-CODE-11	Diagnosis Code 11	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	297	CIP062	CIP.002.062	DIAGNOSIS-CODE-11	Diagnosis Code 11	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	298	CIP062	CIP.002.062	DIAGNOSIS-CODE-11	Diagnosis Code 11	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	299	CIP062	CIP.002.062	DIAGNOSIS-CODE-11	Diagnosis Code 11	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	300	CIP062	CIP.002.062	DIAGNOSIS-CODE-11	Diagnosis Code 11	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 10 (CIP.002.059) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	301	CIP063	CIP.002.063	DIAGNOSIS-CODE-FLAG-11	Diagnosis Code Flag 11	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	302	CIP063	CIP.002.063	DIAGNOSIS-CODE-FLAG-11	Diagnosis Code Flag 11	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	303	CIP063	CIP.002.063	DIAGNOSIS-CODE-FLAG-11	Diagnosis Code Flag 11	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	304	CIP063	CIP.002.063	DIAGNOSIS-CODE-FLAG-11	Diagnosis Code Flag 11	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	305	CIP064	CIP.002.064	DIAGNOSIS-POA-FLAG-11	Diagnosis POA Flag 11	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	306	CIP064	CIP.002.064	DIAGNOSIS-POA-FLAG-11	Diagnosis POA Flag 11	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	307	CIP064	CIP.002.064	DIAGNOSIS-POA-FLAG-11	Diagnosis POA Flag 11	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	308	CIP065	CIP.002.065	DIAGNOSIS-CODE-12	Diagnosis Code 12	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	309	CIP065	CIP.002.065	DIAGNOSIS-CODE-12	Diagnosis Code 12	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	310	CIP065	CIP.002.065	DIAGNOSIS-CODE-12	Diagnosis Code 12	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	311	CIP065	CIP.002.065	DIAGNOSIS-CODE-12	Diagnosis Code 12	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	312	CIP065	CIP.002.065	DIAGNOSIS-CODE-12	Diagnosis Code 12	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	313	CIP065	CIP.002.065	DIAGNOSIS-CODE-12	Diagnosis Code 12	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	314	CIP065	CIP.002.065	DIAGNOSIS-CODE-12	Diagnosis Code 12	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	315	CIP065	CIP.002.065	DIAGNOSIS-CODE-12	Diagnosis Code 12	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	316	CIP065	CIP.002.065	DIAGNOSIS-CODE-12	Diagnosis Code 12	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	317	CIP065	CIP.002.065	DIAGNOSIS-CODE-12	Diagnosis Code 12	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 11 (CIP.002.062) is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	318	CIP066	CIP.002.066	DIAGNOSIS-CODE-FLAG-12	Diagnosis Code Flag 12	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	319	CIP066	CIP.002.066	DIAGNOSIS-CODE-FLAG-12	Diagnosis Code Flag 12	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	320	CIP066	CIP.002.066	DIAGNOSIS-CODE-FLAG-12	Diagnosis Code Flag 12	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	321	CIP066	CIP.002.066	DIAGNOSIS-CODE-FLAG-12	Diagnosis Code Flag 12	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	322	CIP067	CIP.002.067	DIAGNOSIS-POA-FLAG-12	Diagnosis POA Flag 12	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	323	CIP067	CIP.002.067	DIAGNOSIS-POA-FLAG-12	Diagnosis POA Flag 12	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	324	CIP067	CIP.002.067	DIAGNOSIS-POA-FLAG-12	Diagnosis POA Flag 12	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	325	CIP068	CIP.002.068	DIAGNOSIS-RELATED-GROUP	Diagnosis Related Group	Conditional	A code representing the Diagnosis Related Group (DRG) that is applicable for the inpatient services being rendered. This field is required on FFS claims and encounters records in _x000D_ which diagnosis related groups are used to determine paid amounts.	Value must be 4 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	326	CIP068	CIP.002.068	DIAGNOSIS-RELATED-GROUP	Diagnosis Related Group	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	327	CIP069	CIP.002.069	DIAGNOSIS-RELATED-GROUP-IND	Diagnosis Related Group Indicator	Conditional	An indicator identifying the grouping algorithm used to assign Diagnosis Related Group (DRG) values.	Value must be 4 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	328	CIP069	CIP.002.069	DIAGNOSIS-RELATED-GROUP-IND	Diagnosis Related Group Indicator	Not Applicable	Not Applicable	The right-most 2 positions must be found in 01-99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	329	CIP069	CIP.002.069	DIAGNOSIS-RELATED-GROUP-IND	Diagnosis Related Group Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	330	CIP069	CIP.002.069	DIAGNOSIS-RELATED-GROUP-IND	Diagnosis Related Group Indicator	Not Applicable	Not Applicable	Value must be populated, when associated Diagnosis Related Group (CIP.002.068) is populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	331	CIP070	CIP.002.070	PROCEDURE-CODE-1	Procedure Code 1	Conditional	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-DATE-1, and _x000D_ 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 complications that arise during other treatments. Use PROCEDURE-CODE-2 through _x000D_ PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	When populated, there must be a corresponding Procedure Code Flag	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	332	CIP070	CIP.002.070	PROCEDURE-CODE-1	Procedure Code 1	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-9-CM encoding '02', then value must be a valid ICD-9-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	333	CIP070	CIP.002.070	PROCEDURE-CODE-1	Procedure Code 1	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-10-CM encoding '07', then value must be a valid ICD-10-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	334	CIP070	CIP.002.070	PROCEDURE-CODE-1	Procedure Code 1	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an "Other" encoding '10-87', then State must provide T-MSIS system with State-specific procedure code list, and value must be a valid State-specific procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	335	CIP070	CIP.002.070	PROCEDURE-CODE-1	Procedure Code 1	Not Applicable	Not Applicable	Value must be 8 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	336	CIP070	CIP.002.070	PROCEDURE-CODE-1	Procedure Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
D1	337	CIP071	CIP.002.071	PROCEDURE-CODE-MOD-1	Procedure Code Modifier 1	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	338	CIP072	CIP.002.072	PROCEDURE-CODE-FLAG-1	Procedure Code Flag 1	Conditional	A flag that identifies the coding system used for an associated procedure code.	When populated, there must be a corresponding Procedure Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	339	CIP072	CIP.002.072	PROCEDURE-CODE-FLAG-1	Procedure Code Flag 1	Not Applicable	Not Applicable	Value must be in Procedure Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	340	CIP072	CIP.002.072	PROCEDURE-CODE-FLAG-1	Procedure Code Flag 1	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	341	CIP072	CIP.002.072	PROCEDURE-CODE-FLAG-1	Procedure Code Flag 1	Not Applicable	Not Applicable	If Procedure Code 1 (CIP.002.070) is populated, Procedure Code Flag 1 (CIP.002.072) must be '02' (ICD-9 CM) or '07' (ICD-10 - CM PCS).	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	342	CIP072	CIP.002.072	PROCEDURE-CODE-FLAG-1	Procedure Code Flag 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	343	CIP073	CIP.002.073	PROCEDURE-CODE-DATE-1	Procedure Code Date 1	Conditional	The date upon which a reported medical procedure was performed.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	344	CIP073	CIP.002.073	PROCEDURE-CODE-DATE-1	Procedure Code Date 1	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	345	CIP073	CIP.002.073	PROCEDURE-CODE-DATE-1	Procedure Code Date 1	Not Applicable	Not Applicable	Value must be before associated Ending Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	346	CIP073	CIP.002.073	PROCEDURE-CODE-DATE-1	Procedure Code Date 1	Not Applicable	Not Applicable	Value must be provided with an associated Procedure Code value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	347	CIP073	CIP.002.073	PROCEDURE-CODE-DATE-1	Procedure Code Date 1	Not Applicable	Not Applicable	Value must be on or after associated Beginning Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	348	CIP073	CIP.002.073	PROCEDURE-CODE-DATE-1	Procedure Code Date 1	Not Applicable	Not Applicable	Value must be on or before associated Eligible Date of Death value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	349	CIP073	CIP.002.073	PROCEDURE-CODE-DATE-1	Procedure Code Date 1	Not Applicable	Not Applicable	Value must be not be populated when associated Procedure Code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	350	CIP073	CIP.002.073	PROCEDURE-CODE-DATE-1	Procedure Code Date 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	351	CIP074	CIP.002.074	PROCEDURE-CODE-2	Procedure Code 2	Conditional	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-DATE-1, and _x000D_ 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 complications that arise during other treatments. Use PROCEDURE-CODE-2 through _x000D_ PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	When populated, there must be a corresponding Procedure Code Flag	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	352	CIP074	CIP.002.074	PROCEDURE-CODE-2	Procedure Code 2	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-9-CM encoding '02', then value must be a valid ICD-9-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	353	CIP074	CIP.002.074	PROCEDURE-CODE-2	Procedure Code 2	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-10-CM encoding '07', then value must be a valid ICD-10-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	354	CIP074	CIP.002.074	PROCEDURE-CODE-2	Procedure Code 2	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an "Other" encoding '10-87', then State must provide T-MSIS system with State-specific procedure code list, and value must be a valid State-specific procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	355	CIP074	CIP.002.074	PROCEDURE-CODE-2	Procedure Code 2	Not Applicable	Not Applicable	Value must be 8 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	356	CIP074	CIP.002.074	PROCEDURE-CODE-2	Procedure Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
D1	357	CIP075	CIP.002.075	PROCEDURE-CODE-MOD-2	Procedure Code Modifier 2	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	358	CIP076	CIP.002.076	PROCEDURE-CODE-FLAG-2	Procedure Code Flag 2	Conditional	A flag that identifies the coding system used for an associated procedure code.	When populated, there must be a corresponding Procedure Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	359	CIP076	CIP.002.076	PROCEDURE-CODE-FLAG-2	Procedure Code Flag 2	Not Applicable	Not Applicable	Value must be in Procedure Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	360	CIP076	CIP.002.076	PROCEDURE-CODE-FLAG-2	Procedure Code Flag 2	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	361	CIP076	CIP.002.076	PROCEDURE-CODE-FLAG-2	Procedure Code Flag 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	362	CIP077	CIP.002.077	PROCEDURE-CODE-DATE-2	Procedure Code Date 2	Conditional	The date upon which a reported medical procedure was performed.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	363	CIP077	CIP.002.077	PROCEDURE-CODE-DATE-2	Procedure Code Date 2	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	364	CIP077	CIP.002.077	PROCEDURE-CODE-DATE-2	Procedure Code Date 2	Not Applicable	Not Applicable	Value must be before associated Ending Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	365	CIP077	CIP.002.077	PROCEDURE-CODE-DATE-2	Procedure Code Date 2	Not Applicable	Not Applicable	Value must be provided with an associated Procedure Code value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	366	CIP077	CIP.002.077	PROCEDURE-CODE-DATE-2	Procedure Code Date 2	Not Applicable	Not Applicable	Value must be on or after associated Beginning Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	367	CIP077	CIP.002.077	PROCEDURE-CODE-DATE-2	Procedure Code Date 2	Not Applicable	Not Applicable	Value must be on or before associated Eligible Date of Death value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	368	CIP077	CIP.002.077	PROCEDURE-CODE-DATE-2	Procedure Code Date 2	Not Applicable	Not Applicable	Value must be not be populated when associated Procedure Code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	369	CIP077	CIP.002.077	PROCEDURE-CODE-DATE-2	Procedure Code Date 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A1	370	CIP078	CIP.002.078	PROCEDURE-CODE-3	Procedure Code 3	Conditional	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-DATE-1, and _x000D_ 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 complications that arise during other treatments. Use PROCEDURE-CODE-2 through _x000D_ PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	When populated, there must be a corresponding Procedure Code Flag	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A1	371	CIP078	CIP.002.078	PROCEDURE-CODE-3	Procedure Code 3	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-9-CM encoding '02', then value must be a valid ICD-9-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	372	CIP078	CIP.002.078	PROCEDURE-CODE-3	Procedure Code 3	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-10-CM encoding '07', then value must be a valid ICD-10-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	373	CIP078	CIP.002.078	PROCEDURE-CODE-3	Procedure Code 3	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an "Other" encoding '10-87', then State must provide T-MSIS system with State-specific procedure code list, and value must be a valid State-specific procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	374	CIP078	CIP.002.078	PROCEDURE-CODE-3	Procedure Code 3	Not Applicable	Not Applicable	Value must be 8 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	375	CIP078	CIP.002.078	PROCEDURE-CODE-3	Procedure Code 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
D1	376	CIP079	CIP.002.079	PROCEDURE-CODE-MOD-3	Procedure Code Modifier 3	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	377	CIP080	CIP.002.080	PROCEDURE-CODE-FLAG-3	Procedure Code Flag 3	Conditional	A flag that identifies the coding system used for an associated procedure code.	When populated, there must be a corresponding Procedure Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	378	CIP080	CIP.002.080	PROCEDURE-CODE-FLAG-3	Procedure Code Flag 3	Not Applicable	Not Applicable	Value must be in Procedure Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	379	CIP080	CIP.002.080	PROCEDURE-CODE-FLAG-3	Procedure Code Flag 3	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	380	CIP080	CIP.002.080	PROCEDURE-CODE-FLAG-3	Procedure Code Flag 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	381	CIP081	CIP.002.081	PROCEDURE-CODE-DATE-3	Procedure Code Date 3	Conditional	The date upon which a reported medical procedure was performed.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	382	CIP081	CIP.002.081	PROCEDURE-CODE-DATE-3	Procedure Code Date 3	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	383	CIP081	CIP.002.081	PROCEDURE-CODE-DATE-3	Procedure Code Date 3	Not Applicable	Not Applicable	Value must be before associated Ending Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	384	CIP081	CIP.002.081	PROCEDURE-CODE-DATE-3	Procedure Code Date 3	Not Applicable	Not Applicable	Value must be provided with an associated Procedure Code value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	385	CIP081	CIP.002.081	PROCEDURE-CODE-DATE-3	Procedure Code Date 3	Not Applicable	Not Applicable	Value must be on or after associated Beginning Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	386	CIP081	CIP.002.081	PROCEDURE-CODE-DATE-3	Procedure Code Date 3	Not Applicable	Not Applicable	Value must be on or before associated Eligible Date of Death value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	387	CIP081	CIP.002.081	PROCEDURE-CODE-DATE-3	Procedure Code Date 3	Not Applicable	Not Applicable	Value must be not be populated when associated Procedure Code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	388	CIP081	CIP.002.081	PROCEDURE-CODE-DATE-3	Procedure Code Date 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	389	CIP082	CIP.002.082	PROCEDURE-CODE-4	Procedure Code 4	Conditional	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-DATE-1, and _x000D_ 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 complications that arise during other treatments. Use PROCEDURE-CODE-2 through _x000D_ PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	When populated, there must be a corresponding Procedure Code Flag	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	390	CIP082	CIP.002.082	PROCEDURE-CODE-4	Procedure Code 4	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-9-CM encoding '02', then value must be a valid ICD-9-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	391	CIP082	CIP.002.082	PROCEDURE-CODE-4	Procedure Code 4	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-10-CM encoding '07', then value must be a valid ICD-10-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	392	CIP082	CIP.002.082	PROCEDURE-CODE-4	Procedure Code 4	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an "Other" encoding '10-87', then State must provide T-MSIS system with State-specific procedure code list, and value must be a valid State-specific procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	393	CIP082	CIP.002.082	PROCEDURE-CODE-4	Procedure Code 4	Not Applicable	Not Applicable	Value must be 8 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	394	CIP082	CIP.002.082	PROCEDURE-CODE-4	Procedure Code 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
D1	395	CIP083	CIP.002.083	PROCEDURE-CODE-MOD-4	Procedure Code Modifier 4	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	396	CIP084	CIP.002.084	PROCEDURE-CODE-FLAG-4	Procedure Code Flag 4	Conditional	A flag that identifies the coding system used for an associated procedure code.	When populated, there must be a corresponding Procedure Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	397	CIP084	CIP.002.084	PROCEDURE-CODE-FLAG-4	Procedure Code Flag 4	Not Applicable	Not Applicable	Value must be in Procedure Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	398	CIP084	CIP.002.084	PROCEDURE-CODE-FLAG-4	Procedure Code Flag 4	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	399	CIP084	CIP.002.084	PROCEDURE-CODE-FLAG-4	Procedure Code Flag 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	400	CIP085	CIP.002.085	PROCEDURE-CODE-DATE-4	Procedure Code Date 4	Conditional	The date upon which a reported medical procedure was performed.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	401	CIP085	CIP.002.085	PROCEDURE-CODE-DATE-4	Procedure Code Date 4	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	402	CIP085	CIP.002.085	PROCEDURE-CODE-DATE-4	Procedure Code Date 4	Not Applicable	Not Applicable	Value must be before associated Ending Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	403	CIP085	CIP.002.085	PROCEDURE-CODE-DATE-4	Procedure Code Date 4	Not Applicable	Not Applicable	Value must be provided with an associated Procedure Code value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	404	CIP085	CIP.002.085	PROCEDURE-CODE-DATE-4	Procedure Code Date 4	Not Applicable	Not Applicable	Value must be on or after associated Beginning Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	405	CIP085	CIP.002.085	PROCEDURE-CODE-DATE-4	Procedure Code Date 4	Not Applicable	Not Applicable	Value must be on or before associated Eligible Date of Death value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	406	CIP085	CIP.002.085	PROCEDURE-CODE-DATE-4	Procedure Code Date 4	Not Applicable	Not Applicable	Value must be not be populated when associated Procedure Code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	407	CIP085	CIP.002.085	PROCEDURE-CODE-DATE-4	Procedure Code Date 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	408	CIP086	CIP.002.086	PROCEDURE-CODE-5	Procedure Code 5	Conditional	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-DATE-1, and _x000D_ 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 complications that arise during other treatments. Use PROCEDURE-CODE-2 through _x000D_ PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	When populated, there must be a corresponding Procedure Code Flag	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	409	CIP086	CIP.002.086	PROCEDURE-CODE-5	Procedure Code 5	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-9-CM encoding '02', then value must be a valid ICD-9-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	410	CIP086	CIP.002.086	PROCEDURE-CODE-5	Procedure Code 5	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-10-CM encoding '07', then value must be a valid ICD-10-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	411	CIP086	CIP.002.086	PROCEDURE-CODE-5	Procedure Code 5	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an "Other" encoding '10-87', then State must provide T-MSIS system with State-specific procedure code list, and value must be a valid State-specific procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	412	CIP086	CIP.002.086	PROCEDURE-CODE-5	Procedure Code 5	Not Applicable	Not Applicable	Value must be 8 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	413	CIP086	CIP.002.086	PROCEDURE-CODE-5	Procedure Code 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
D1	414	CIP087	CIP.002.087	PROCEDURE-CODE-MOD-5	Procedure Code Modifier 5	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	415	CIP088	CIP.002.088	PROCEDURE-CODE-FLAG-5	Procedure Code Flag 5	Not Applicable	A flag that identifies the coding system used for an associated procedure code.	When populated, there must be a corresponding Procedure Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	416	CIP088	CIP.002.088	PROCEDURE-CODE-FLAG-5	Procedure Code Flag 5	Not Applicable	Not Applicable	Value must be in Procedure Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	417	CIP088	CIP.002.088	PROCEDURE-CODE-FLAG-5	Procedure Code Flag 5	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	418	CIP089	CIP.002.089	PROCEDURE-CODE-DATE-5	Procedure Code Date 5	Conditional	The date upon which a reported medical procedure was performed.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	419	CIP089	CIP.002.089	PROCEDURE-CODE-DATE-5	Procedure Code Date 5	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	420	CIP089	CIP.002.089	PROCEDURE-CODE-DATE-5	Procedure Code Date 5	Not Applicable	Not Applicable	Value must be before associated Ending Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	421	CIP089	CIP.002.089	PROCEDURE-CODE-DATE-5	Procedure Code Date 5	Not Applicable	Not Applicable	Value must be provided with an associated Procedure Code value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	422	CIP089	CIP.002.089	PROCEDURE-CODE-DATE-5	Procedure Code Date 5	Not Applicable	Not Applicable	Value must be on or after associated Beginning Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	423	CIP089	CIP.002.089	PROCEDURE-CODE-DATE-5	Procedure Code Date 5	Not Applicable	Not Applicable	Value must be on or before associated Eligible Date of Death value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	424	CIP089	CIP.002.089	PROCEDURE-CODE-DATE-5	Procedure Code Date 5	Not Applicable	Not Applicable	Value must be not be populated when associated Procedure Code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	425	CIP089	CIP.002.089	PROCEDURE-CODE-DATE-5	Procedure Code Date 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	426	CIP090	CIP.002.090	PROCEDURE-CODE-6	Procedure Code 6	Conditional	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-DATE-1, and _x000D_ 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 complications that arise during other treatments. Use PROCEDURE-CODE-2 through _x000D_ PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	When populated, there must be a corresponding Procedure Code Flag	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	427	CIP090	CIP.002.090	PROCEDURE-CODE-6	Procedure Code 6	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-9-CM encoding '02', then value must be a valid ICD-9-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	428	CIP090	CIP.002.090	PROCEDURE-CODE-6	Procedure Code 6	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an ICD-10-CM encoding '07', then value must be a valid ICD-10-CM procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	429	CIP090	CIP.002.090	PROCEDURE-CODE-6	Procedure Code 6	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an "Other" encoding '10-87', then State must provide T-MSIS system with State-specific procedure code list, and value must be a valid State-specific procedure code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	430	CIP090	CIP.002.090	PROCEDURE-CODE-6	Procedure Code 6	Not Applicable	Not Applicable	Value must be 8 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	431	CIP090	CIP.002.090	PROCEDURE-CODE-6	Procedure Code 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
D1	432	CIP091	CIP.002.091	PROCEDURE-CODE-MOD-6	Procedure Code Modifier 6	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	433	CIP092	CIP.002.092	PROCEDURE-CODE-FLAG-6	Procedure Code Flag 6	Conditional	A flag that identifies the coding system used for an associated procedure code.	When populated, there must be a corresponding Procedure Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	434	CIP092	CIP.002.092	PROCEDURE-CODE-FLAG-6	Procedure Code Flag 6	Not Applicable	Not Applicable	Value must be in Procedure Code Flag List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	435	CIP092	CIP.002.092	PROCEDURE-CODE-FLAG-6	Procedure Code Flag 6	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	436	CIP092	CIP.002.092	PROCEDURE-CODE-FLAG-6	Procedure Code Flag 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	437	CIP093	CIP.002.093	PROCEDURE-CODE-DATE-6	Procedure Code Date 6	Not Applicable	The date upon which a reported medical procedure was performed.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	438	CIP093	CIP.002.093	PROCEDURE-CODE-DATE-6	Procedure Code Date 6	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	439	CIP093	CIP.002.093	PROCEDURE-CODE-DATE-6	Procedure Code Date 6	Not Applicable	Not Applicable	Value must be before associated Ending Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	440	CIP093	CIP.002.093	PROCEDURE-CODE-DATE-6	Procedure Code Date 6	Not Applicable	Not Applicable	Value must be provided with an associated Procedure Code value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	441	CIP093	CIP.002.093	PROCEDURE-CODE-DATE-6	Procedure Code Date 6	Not Applicable	Not Applicable	Value must be on or after associated Beginning Date of Service value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	442	CIP093	CIP.002.093	PROCEDURE-CODE-DATE-6	Procedure Code Date 6	Not Applicable	Not Applicable	Value must be on or before associated Eligible Date of Death value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	443	CIP093	CIP.002.093	PROCEDURE-CODE-DATE-6	Procedure Code Date 6	Not Applicable	Not Applicable	Value must be not be populated when associated Procedure Code is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	444	CIP094	CIP.002.094	ADMISSION-DATE	Admission Date	Mandatory	The date on which the recipient was admitted to a hospital.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	445	CIP094	CIP.002.094	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	446	CIP094	CIP.002.094	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	Value must be less than or equal to associated Discharge Date value in the claim header.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	447	CIP094	CIP.002.094	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated eligible Date of Birth value.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	448	CIP094	CIP.002.094	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	Value must be less than or equal to associated eligible Date of Death value.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	449	CIP094	CIP.002.094	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	450	CIP094	CIP.002.094	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	Value must be between Enrollment Effective Date (ELG.021.253) and Enrollment End Date (ELG.021.254)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	451	CIP094	CIP.002.094	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	(capitated payment) when associated Type of Claim (CIP.002.100) is not '2', 'B' or 'V' and Type of Service (CIP.002.257) is not '119', '120', '121', '122' value must be before Adjudication Date (CIP.003.286)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	452	CIP095	CIP.002.095	ADMISSION-HOUR	Admission Hour	Conditional	The hour of admission to a hospital.	Value must be in Hour List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	453	CIP095	CIP.002.095	ADMISSION-HOUR	Admission Hour	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	454	CIP095	CIP.002.095	ADMISSION-HOUR	Admission Hour	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	455	CIP096	CIP.002.096	DISCHARGE-DATE	Discharge Date	Conditional	The date on which the recipient was discharged from a hospital.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	456	CIP096	CIP.002.096	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	457	CIP096	CIP.002.096	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	Value must be less than or equal to associated Adjudication Date value.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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X1	458	CIP096	CIP.002.096	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Admission Date value.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	459	CIP096	CIP.002.096	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated eligible Date of Birth value.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	460	CIP096	CIP.002.096	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	Value must be less than or equal to associated eligible Date of Death value.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	461	CIP096	CIP.002.096	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	462	CIP096	CIP.002.096	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	If associated Adjustment Indicator (CIP.002.026) does not equal "1" (Non-denied claims) and Patient Status (CIP.002.199) is not equal to "30" value must be populated.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	463	CIP097	CIP.002.097	DISCHARGE-HOUR	Discharge Hour	Conditional	The hour of discharge from a hospital.	Value must be in Hour List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	464	CIP097	CIP.002.097	DISCHARGE-HOUR	Discharge Hour	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	465	CIP097	CIP.002.097	DISCHARGE-HOUR	Discharge Hour	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	466	CIP097	CIP.002.097	DISCHARGE-HOUR	Discharge Hour	Not Applicable	Not Applicable	When populated, Discharge Date (CIP.002.096) must be populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	467	CIP098	CIP.002.098	ADJUDICATION-DATE	Adjudication Date	Mandatory	The date on which the payment status of the claim was finally adjudicated by the state.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	468	CIP098	CIP.002.098	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	469	CIP098	CIP.002.098	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or before End of Time Period value found in associated T-MSIS File Header Record	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	470	CIP098	CIP.002.098	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	471	CIP098	CIP.002.098	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or after associated Admission Date value	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	472	CIP099	CIP.002.099	MEDICAID-PAID-DATE	Medicaid Paid Date	Mandatory	The date Medicaid paid this claim or adjustment.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	473	CIP099	CIP.002.099	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	474	CIP099	CIP.002.099	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	Must have an associated Total Medicaid Paid Amount	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	475	CIP099	CIP.002.099	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	476	CIP100	CIP.002.100	TYPE-OF-CLAIM	Type of Claim	Mandatory	A code to indicate what type of payment is covered in this claim.	Value must be in Type of Claim List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	477	CIP100	CIP.002.100	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	478	CIP100	CIP.002.100	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	479	CIP100	CIP.002.100	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	When value equals 'Z', claim denied indicator must equal '0'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	480	CIP101	CIP.002.101	TYPE-OF-BILL	Type of Bill	Mandatory	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.)	Value must be in Type of Bill List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	481	CIP101	CIP.002.101	TYPE-OF-BILL	Type of Bill	Not Applicable	Not Applicable	Value must be 4 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	482	CIP101	CIP.002.101	TYPE-OF-BILL	Type of Bill	Not Applicable	Not Applicable	First character must be a '0'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	483	CIP101	CIP.002.101	TYPE-OF-BILL	Type of Bill	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	484	CIP102	CIP.002.102	CLAIM-STATUS	Claim Status	Conditional	The health care claim status codes convey the status of an entire claim.	Value must be in Claim Status List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	485	CIP102	CIP.002.102	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	486	CIP102	CIP.002.102	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	487	CIP102	CIP.002.102	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	If value in [26, 87, 542, 585, 654], Claim Denied Indicator must be '0'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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X1	488	CIP103	CIP.002.103	CLAIM-STATUS-CATEGORY	Claim Status Category	Mandatory	The general category of the claim status (accepted, rejected, pending, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS	Value must be in Claim Status Category List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	489	CIP103	CIP.002.103	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	(Denied Claim) if associated Claim Denied Indicator indicates the claim was denied, then value must be "F2"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	490	CIP103	CIP.002.103	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	(Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 858, 654], then value must be "F2"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	491	CIP103	CIP.002.103	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	492	CIP103	CIP.002.103	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	493	CIP104	CIP.002.104	SOURCE-LOCATION	Source Location	Mandatory	The field denotes the claims payment system from which the claim was extracted.	Value must be in Source Location List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	494	CIP104	CIP.002.104	SOURCE-LOCATION	Source Location	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	495	CIP104	CIP.002.104	SOURCE-LOCATION	Source Location	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	496	CIP105	CIP.002.105	CHECK-NUM	Check Number	Conditional	The check or electronic funds transfer number.	Value must be 15 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	497	CIP105	CIP.002.105	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Value must have an associated Check Effective Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	498	CIP105	CIP.002.105	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	499	CIP105	CIP.002.105	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	500	CIP106	CIP.002.106	CHECK-EFF-DATE	Check Effective Date	Conditional	The date a check is issued to the payee. In the case of electronic funds transfer, it is the date the transfer is made.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	501	CIP106	CIP.002.106	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	502	CIP106	CIP.002.106	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Value may be the same as associated Remittance Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	503	CIP106	CIP.002.106	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Must have an associated Check Number	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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X1	504	CIP106	CIP.002.106	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	505	CIP107	CIP.002.107	ALLOWED-CHARGE-SRC	Allowed Charge Source	Conditional	These codes indicate how each allowed charge was determined. 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	Value must be in Allowed Charge Source List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	506	CIP107	CIP.002.107	ALLOWED-CHARGE-SRC	Allowed Charge Source	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	507	CIP107	CIP.002.107	ALLOWED-CHARGE-SRC	Allowed Charge Source	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	508	CIP107	CIP.002.107	ALLOWED-CHARGE-SRC	Allowed Charge Source	Not Applicable	Not Applicable	(not a Medicare Beneficiary) if Dual Eligible (ELG.005.085) equals '00', then value must not be in ['1','I', 'K', 'M']	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	509	CIP108	CIP.002.108	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	510	CIP108	CIP.002.108	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	511	CIP108	CIP.002.108	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	512	CIP108	CIP.002.108	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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X1	513	CIP109	CIP.002.109	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	514	CIP109	CIP.002.109	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	515	CIP109	CIP.002.109	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	516	CIP109	CIP.002.109	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	517	CIP109	CIP.002.109	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 1 is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	518	CIP110	CIP.002.110	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	519	CIP110	CIP.002.110	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	520	CIP110	CIP.002.110	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	521	CIP110	CIP.002.110	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	522	CIP110	CIP.002.110	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 2 is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	523	CIP111	CIP.002.111	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	524	CIP111	CIP.002.111	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	525	CIP111	CIP.002.111	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	526	CIP111	CIP.002.111	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	527	CIP111	CIP.002.111	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 3 is not populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	528	CIP112	CIP.002.112	TOT-BILLED-AMT	Total Billed Amount	Conditional	The total amount billed for this claim at the claim header level as submitted by the provider. For encounter records, when Type of Claim value is [3, C, or W], then value must equal amount the provider billed to the managed care plan. Total Billed Amount is not expected on financial _x000D_ transactions.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	529	CIP112	CIP.002.112	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	530	CIP112	CIP.002.112	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value must equal the sum of all Billed Amount instances for the associated claim	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	531	CIP112	CIP.002.112	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	532	CIP112	CIP.002.112	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value should not be populated when associated Type of Claim is in [2, 4, 5, B, D E or X]	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	533	CIP112	CIP.002.112	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	(individual line item payments) when populated and Payment Level Indicator (CIP.002.132) equals = '2' value must be greater than or equal to the sum of all claim line Revenue Charges (CIP.003.251)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	534	CIP112	CIP.002.112	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	If associated Type of Claim value is 2, 4, 5, B, D, or E, then value should not be populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	535	CIP113	CIP.002.113	TOT-ALLOWED-AMT	Total Allowed Amount	Conditional	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. On FFS claims the Allowed Amount is determined by the state's MMIS. On managed care encounters the Allowed Amount is _x000D_ determined by the managed care organization.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	536	CIP113	CIP.002.113	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	537	CIP113	CIP.002.113	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	When populated and Payment Level Indicator = '2' then value must equal the sum of all claim line Allowed Amount values	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	538	CIP113	CIP.002.113	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C2	539	CIP114	CIP.002.114	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Conditional	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 detail level for the claim.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	540	CIP114	CIP.002.114	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	541	CIP114	CIP.002.114	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Must have an associated Medicaid Paid Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	542	CIP114	CIP.002.114	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	If Total Medicare Coinsurance Amount and Total Medicare Deductible Amount is reported it must equal Total Medicaid Paid Amount	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	543	CIP114	CIP.002.114	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	When Payment Level Indicator equals '2', value must equal the sum of line level Medicaid Paid Amounts.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	544	CIP114	CIP.002.114	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	545	CIP114	CIP.002.114	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Value must not be greater than Total Allowed Amount (CIP.002.113)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	546	CIP115	CIP.002.115	TOT-COPAY-AMT	Total Copayment Amount	Conditional	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.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	547	CIP115	CIP.002.115	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	548	CIP115	CIP.002.115	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is '0' (not a crossover claim), then value should not be populated.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	549	CIP115	CIP.002.115	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	(Medicare Enrolled) if associated Dual Eligible Code (ELG.005.085) value is in ["01", "02", "03", "04", "05", "06", "08", "09", or "10"], then value is mandatory and must be provided	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	550	CIP115	CIP.002.115	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	551	CIP115	CIP.002.115	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	When populated, value must be less than or equal to Total Billed Amount	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	552	CIP116	CIP.002.116	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Conditional	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible. If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and _x000D_ deductible payments cannot be separated, fill this field with the combined payment amount, code Medicare Combined Indicator a "1" and leave Total Medicare Coinsurance Amount unpopulated.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	553	CIP116	CIP.002.116	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	554	CIP116	CIP.002.116	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is '0' (not a crossover claim), then value should not be populated.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	555	CIP116	CIP.002.116	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	(Medicare Enrolled) if associated Dual Eligible Code (ELG.005.085) value is in ["01", "02", "03", "04", "05", "06", "08", "09", or "10"], then value is mandatory and must be provided	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	556	CIP116	CIP.002.116	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	557	CIP116	CIP.002.116	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	When populated, value must be less than or equal to Total Billed Amount	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	558	CIP117	CIP.002.117	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Conditional	The total amount paid by the Medicaid/CHIP agency or a managed care plan towards the portion of the Medicare allowed charges that Medicare applied to coinsurance.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	559	CIP117	CIP.002.117	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	560	CIP117	CIP.002.117	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is '0' (not a crossover claim), then value should not be populated.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	561	CIP117	CIP.002.117	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	562	CIP117	CIP.002.117	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	If associated Medicare Combined Deductible Indicator is '1', then value must not be populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	563	CIP117	CIP.002.117	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	When populated, value must be less than or equal to Total Billed Amount	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	564	CIP118	CIP.002.118	TOT-TPL-AMT	Total Third Party Liability Amount	Conditional	Third-party liability 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.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	565	CIP118	CIP.002.118	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	566	CIP118	CIP.002.118	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Value must be less than associated Total Billed Amount - (Total Medicare Coinsurance Amount + Total Medicare Deductible Amount)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	567	CIP118	CIP.002.118	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	568	CIP119	CIP.002.119	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Conditional	The amount paid by insurance other than Medicare or Medicaid on this claim.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	569	CIP119	CIP.002.119	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	570	CIP119	CIP.002.119	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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X1	571	CIP121	CIP.002.121	OTHER-INSURANCE-IND	Other Insurance Indicator	Conditional	The field denotes whether the insured party is covered under an other insurance plan other than Medicare or Medicaid.	Value must be in Other Insurance Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	572	CIP121	CIP.002.121	OTHER-INSURANCE-IND	Other Insurance Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	573	CIP121	CIP.002.121	OTHER-INSURANCE-IND	Other Insurance Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	574	CIP122	CIP.002.122	OTHER-TPL-COLLECTION	Other TPL Collection	Conditional	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.	Value must be in Other TPL Collection List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	575	CIP122	CIP.002.122	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	576	CIP122	CIP.002.122	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	577	CIP123	CIP.002.123	SERVICE-TRACKING-TYPE	Service Tracking Type	Conditional	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 enrollee.	Value must be in Service Tracking Type List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	578	CIP123	CIP.002.123	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	(Service Tracking Claim) if associated Type of Claim is in ['4','D','X'] then value is mandatory and must be reported	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	579	CIP123	CIP.002.123	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	580	CIP123	CIP.002.123	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	581	CIP124	CIP.002.124	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Conditional	On service tracking claims, the payment amount is the lump sum that cannot be attributed to any one beneficiary paid to the provider.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	582	CIP124	CIP.002.124	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	583	CIP124	CIP.002.124	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	If associated Type of Claim value is in [4, D, or X], then value is mandatory and must be provided	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	584	CIP124	CIP.002.124	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	585	CIP124	CIP.002.124	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	When populated, Service Tracking Type must be populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	586	CIP124	CIP.002.124	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	When populated, Total Medicaid Amount must not be populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	587	CIP125	CIP.002.125	FIXED-PAYMENT-IND	Fixed Payment Indicator	Conditional	This indicator indicates that the reimbursement amount included on the claim is for a fixed payment. 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 _x000D_ programs 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. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined "medical record" _x000D_ associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Value must be in Fixed Payment Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	588	CIP125	CIP.002.125	FIXED-PAYMENT-IND	Fixed Payment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	589	CIP125	CIP.002.125	FIXED-PAYMENT-IND	Fixed Payment Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	590	CIP126	CIP.002.126	FUNDING-CODE	Funding Code	Mandatory	A code to indicate the source of non-federal share funds.	Value must be in Funding Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	591	CIP126	CIP.002.126	FUNDING-CODE	Funding Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	592	CIP126	CIP.002.126	FUNDING-CODE	Funding Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	593	CIP127	CIP.002.127	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider. In the event of two sources, states are to report the portion which represents the largest proportion not funded by the Federal government.	Value must be in Funding Source Non-Federal Share List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	594	CIP127	CIP.002.127	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	595	CIP127	CIP.002.127	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	Not Applicable	Required	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	596	CIP128	CIP.002.128	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Conditional	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.	Value must be in Medicare Combined Deductible Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	597	CIP128	CIP.002.128	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	598	CIP128	CIP.002.128	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	If value equals '1', then Medicare Coinsurance amount is not populated.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	599	CIP128	CIP.002.128	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Value must equal '0' if associated Type of Claim is '3', 'C' or 'W'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	600	CIP128	CIP.002.128	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	601	CIP129	CIP.002.129	PROGRAM-TYPE	Program Type	Mandatory	A code to indicate special Medicaid program under which the service was provided.	Value must be in Program Type List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	602	CIP129	CIP.002.129	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	603	CIP129	CIP.002.129	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	604	CIP129	CIP.002.129	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	(Community First Choice) If value equals '11', then State Plan Option Type (ELG.011.163) must equal '01' for the same time period	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	605	CIP129	CIP.002.129	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	If value equals '13', then State Plan Option Type (ELG.011.163) must equal '02' for the same time period	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	606	CIP130	CIP.002.130	PLAN-ID-NUMBER	Plan ID Number	Conditional	A unique number assigned by the state which represents a distinct comprehensive managed care plan, prepaid health plan, primary care case management program, a program for all-inclusive care for the elderly entity, or other approved plans.	Value must be 12 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	607	CIP130	CIP.002.130	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	608	CIP130	CIP.002.130	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	609	CIP130	CIP.002.130	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must match Managed Care Plan ID (ELG.014.192)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	610	CIP130	CIP.002.130	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must match State Plan ID Number (MCR.002.019)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	611	CIP130	CIP.002.130	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	When Type of Claim (CIP.002.100) in (3, C, W, 2, B, V) value must have a managed care enrollment (ELG.014) for the beneficiary where the Admission Date (CIP.002.094) occurs between the managed care plan enrollment eff/end dates (ELG.014.197/198)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	612	CIP130	CIP.002.130	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	When Type of Claim (CIP.002.100) in (3, C, W, 2, B, V) value must have a managed care main record (MCR.002) for the plan where the Admission Date (CIP.002.094) occurs between the managed care contract eff/end dates (MCR.002.020/021)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
D1	613	CIP131	CIP.002.131	NATIONAL-HEALTH-CARE-ENTITY-ID	National Health Care Entity ID	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	614	CIP132	CIP.002.132	PAYMENT-LEVEL-IND	Payment Level Indicator	Mandatory	The field denotes whether the payment amount was determined at the claim header or line/detail level.	Value must be in Payment Level Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	615	CIP132	CIP.002.132	PAYMENT-LEVEL-IND	Payment Level Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	616	CIP132	CIP.002.132	PAYMENT-LEVEL-IND	Payment Level Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	617	CIP133	CIP.002.133	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Conditional	A code to indicate the type of Medicare reimbursement.	Value must be in Medicare Reimbursement Type List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	618	CIP133	CIP.002.133	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	(Crossover Claim) if associated Crossover Indicator value indicates a crossover claim, value is mandatory and must be provided	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	619	CIP133	CIP.002.133	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	620	CIP133	CIP.002.133	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	621	CIP134	CIP.002.134	NON-COV-DAYS	Non-Covered Days	Conditional	The number of days of inpatient 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.	Value must be a positive integer	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	622	CIP134	CIP.002.134	NON-COV-DAYS	Non-Covered Days	Not Applicable	Not Applicable	Value must be between 0:9999999999 (inclusive)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	623	CIP134	CIP.002.134	NON-COV-DAYS	Non-Covered Days	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	624	CIP134	CIP.002.134	NON-COV-DAYS	Non-Covered Days	Not Applicable	Not Applicable	Value must be 5 digits or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	625	CIP135	CIP.002.135	NON-COV-CHARGES	Non-Covered Charges	Conditional	The charges for inpatient care, which are not reimbursable by the primary payer. The non-covered charges do not refer to charges not covered for any other service.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	626	CIP135	CIP.002.135	NON-COV-CHARGES	Non-Covered Charges	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	627	CIP135	CIP.002.135	NON-COV-CHARGES	Non-Covered Charges	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	628	CIP136	CIP.002.136	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Conditional	The number of 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.	Value must be a positive integer	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	629	CIP136	CIP.002.136	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	Value must be between 0:9999999999 (inclusive)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	630	CIP136	CIP.002.136	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	631	CIP136	CIP.002.136	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	Value must be less than or equal to double the number of days between Admission Date Discharge Date (CIP.002.094) and Discharge Date Discharge Date (CIP.002.096) plus one day	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	632	CIP136	CIP.002.136	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	Value must be 7 digits or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	633	CIP136	CIP.002.136	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	Value is required if the associated Type of Service (CIP.002.257) is in [001, 058, 060, 084, 086, 090, 091, 092, 093, 123, 132]	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C2	634	CIP136	CIP.002.136	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	Value is required if at least one associated Revenue Code (CIP.003.245) is in [100-219]	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	635	CIP137	CIP.002.137	CLAIM-LINE-COUNT	Claim Line Count	Mandatory	The total number of lines on the claim.	Value must be a positive integer	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	636	CIP137	CIP.002.137	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be between 0:9999 (inclusive)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	637	CIP137	CIP.002.137	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must not include commas or other non-numeric characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	638	CIP137	CIP.002.137	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be equal to the number of claim lines (e.g. Original Claim Line Number or Adjustment Claim Line Number instances) reported in the associated claim record being reported	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	639	CIP137	CIP.002.137	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	640	CIP137	CIP.002.137	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	641	CIP138	CIP.002.138	FORCED-CLAIM-IND	Forced Claim Indicator	Conditional	Indicates if the claim was processed by forcing it through a manual override process.	Value must be in Forced Claim Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	642	CIP138	CIP.002.138	FORCED-CLAIM-IND	Forced Claim Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	643	CIP138	CIP.002.138	FORCED-CLAIM-IND	Forced Claim Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	644	CIP139	CIP.002.139	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator	Conditional	This code indicates whether the claim has a Health Care Acquired Condition. For additional coding information refer to the following site :_x000D_ https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/index.html?redirect=/hospitalacqcond/05_Coding.asp#TopOfPage	Value must be in Healthcare Acquired Condition Indicator List (VVL).	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	645	CIP139	CIP.002.139	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	646	CIP139	CIP.002.139	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	647	CIP140	CIP.002.140	OCCURRENCE-CODE-01	Occurrence Code 1	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	648	CIP140	CIP.002.140	OCCURRENCE-CODE-01	Occurrence Code 1	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	649	CIP140	CIP.002.140	OCCURRENCE-CODE-01	Occurrence Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	650	CIP141	CIP.002.141	OCCURRENCE-CODE-02	Occurrence Code 2	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	651	CIP141	CIP.002.141	OCCURRENCE-CODE-02	Occurrence Code 2	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	652	CIP141	CIP.002.141	OCCURRENCE-CODE-02	Occurrence Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	653	CIP142	CIP.002.142	OCCURRENCE-CODE-03	Occurrence Code 3	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	654	CIP142	CIP.002.142	OCCURRENCE-CODE-03	Occurrence Code 3	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	655	CIP142	CIP.002.142	OCCURRENCE-CODE-03	Occurrence Code 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	656	CIP143	CIP.002.143	OCCURRENCE-CODE-04	Occurrence Code 4	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	657	CIP143	CIP.002.143	OCCURRENCE-CODE-04	Occurrence Code 4	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	658	CIP143	CIP.002.143	OCCURRENCE-CODE-04	Occurrence Code 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	659	CIP144	CIP.002.144	OCCURRENCE-CODE-05	Occurrence Code 5	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	660	CIP144	CIP.002.144	OCCURRENCE-CODE-05	Occurrence Code 5	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	661	CIP144	CIP.002.144	OCCURRENCE-CODE-05	Occurrence Code 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	662	CIP145	CIP.002.145	OCCURRENCE-CODE-06	Occurrence Code 6	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	663	CIP145	CIP.002.145	OCCURRENCE-CODE-06	Occurrence Code 6	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	664	CIP145	CIP.002.145	OCCURRENCE-CODE-06	Occurrence Code 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	665	CIP146	CIP.002.146	OCCURRENCE-CODE-07	Occurrence Code 7	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	666	CIP146	CIP.002.146	OCCURRENCE-CODE-07	Occurrence Code 7	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	667	CIP146	CIP.002.146	OCCURRENCE-CODE-07	Occurrence Code 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	668	CIP147	CIP.002.147	OCCURRENCE-CODE-08	Occurrence Code 8	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	669	CIP147	CIP.002.147	OCCURRENCE-CODE-08	Occurrence Code 8	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	670	CIP147	CIP.002.147	OCCURRENCE-CODE-08	Occurrence Code 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	671	CIP148	CIP.002.148	OCCURRENCE-CODE-09	Occurrence Code 9	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	672	CIP148	CIP.002.148	OCCURRENCE-CODE-09	Occurrence Code 9	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	673	CIP148	CIP.002.148	OCCURRENCE-CODE-09	Occurrence Code 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	674	CIP149	CIP.002.149	OCCURRENCE-CODE-10	Occurrence Code 10	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	675	CIP149	CIP.002.149	OCCURRENCE-CODE-10	Occurrence Code 10	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	676	CIP149	CIP.002.149	OCCURRENCE-CODE-10	Occurrence Code 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	677	CIP150	CIP.002.150	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	678	CIP150	CIP.002.150	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	679	CIP150	CIP.002.150	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	680	CIP150	CIP.002.150	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	681	CIP150	CIP.002.150	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	682	CIP151	CIP.002.151	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	683	CIP151	CIP.002.151	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	684	CIP151	CIP.002.151	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	685	CIP151	CIP.002.151	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	686	CIP151	CIP.002.151	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	687	CIP152	CIP.002.152	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	688	CIP152	CIP.002.152	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	689	CIP152	CIP.002.152	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	690	CIP152	CIP.002.152	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	691	CIP152	CIP.002.152	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	692	CIP153	CIP.002.153	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	693	CIP153	CIP.002.153	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	694	CIP153	CIP.002.153	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	695	CIP153	CIP.002.153	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	696	CIP153	CIP.002.153	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	697	CIP154	CIP.002.154	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	698	CIP154	CIP.002.154	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	699	CIP154	CIP.002.154	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	700	CIP154	CIP.002.154	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	701	CIP154	CIP.002.154	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	702	CIP155	CIP.002.155	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	703	CIP155	CIP.002.155	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	704	CIP155	CIP.002.155	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	705	CIP155	CIP.002.155	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	706	CIP155	CIP.002.155	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	707	CIP156	CIP.002.156	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	708	CIP156	CIP.002.156	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	709	CIP156	CIP.002.156	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	710	CIP156	CIP.002.156	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	711	CIP156	CIP.002.156	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	712	CIP157	CIP.002.157	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	713	CIP157	CIP.002.157	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	714	CIP157	CIP.002.157	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	715	CIP157	CIP.002.157	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	716	CIP157	CIP.002.157	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	717	CIP158	CIP.002.158	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	718	CIP158	CIP.002.158	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	719	CIP158	CIP.002.158	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	720	CIP158	CIP.002.158	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	721	CIP158	CIP.002.158	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	722	CIP159	CIP.002.159	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	723	CIP159	CIP.002.159	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	724	CIP159	CIP.002.159	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	725	CIP159	CIP.002.159	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	726	CIP159	CIP.002.159	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	727	CIP160	CIP.002.160	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	728	CIP160	CIP.002.160	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	729	CIP160	CIP.002.160	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	730	CIP160	CIP.002.160	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	731	CIP161	CIP.002.161	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	732	CIP161	CIP.002.161	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	733	CIP161	CIP.002.161	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	734	CIP161	CIP.002.161	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	735	CIP162	CIP.002.162	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	736	CIP162	CIP.002.162	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	737	CIP162	CIP.002.162	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	738	CIP162	CIP.002.162	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	739	CIP163	CIP.002.163	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	740	CIP163	CIP.002.163	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	741	CIP163	CIP.002.163	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	742	CIP163	CIP.002.163	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	743	CIP164	CIP.002.164	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	744	CIP164	CIP.002.164	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	745	CIP164	CIP.002.164	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	746	CIP164	CIP.002.164	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	747	CIP165	CIP.002.165	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	748	CIP165	CIP.002.165	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	749	CIP165	CIP.002.165	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	750	CIP165	CIP.002.165	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	751	CIP166	CIP.002.166	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	752	CIP166	CIP.002.166	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	753	CIP166	CIP.002.166	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	754	CIP166	CIP.002.166	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	755	CIP167	CIP.002.167	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	756	CIP167	CIP.002.167	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	757	CIP167	CIP.002.167	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	758	CIP167	CIP.002.167	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	759	CIP168	CIP.002.168	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	760	CIP168	CIP.002.168	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	761	CIP168	CIP.002.168	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	762	CIP168	CIP.002.168	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	763	CIP169	CIP.002.169	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	764	CIP169	CIP.002.169	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	765	CIP169	CIP.002.169	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	766	CIP169	CIP.002.169	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	767	CIP170	CIP.002.170	BIRTH-WEIGHT-GRAMS	Birth Weight Grams	Conditional	The weight of a newborn at time of birth in grams (applicable to newborns only). The field is required when a claim involves a child birth.	Value must not be greater than 6 digits to the left of the decimal and have no more than 3 digits to the right of the decimal (i.e. 999999.999)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	768	CIP170	CIP.002.170	BIRTH-WEIGHT-GRAMS	Birth Weight Grams	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	769	CIP171	CIP.002.171	PATIENT-CONTROL-NUM	Patient Control Number	Conditional	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 _x000D_ individual financial and clinical records and posting of payment	Value must be 20 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	770	CIP171	CIP.002.171	PATIENT-CONTROL-NUM	Patient Control Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbol	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	771	CIP171	CIP.002.171	PATIENT-CONTROL-NUM	Patient Control Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	772	CIP172	CIP.002.172	ELIGIBLE-LAST-NAME	Eligible Last Name	Conditional	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 file. The MSIS Identification Number will be used to associate a claim record _x000D_ with the appropriate eligibility data.)	Value must be 30 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	773	CIP172	CIP.002.172	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	774	CIP172	CIP.002.172	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	775	CIP173	CIP.002.173	ELIGIBLE-FIRST-NAME	Eligible First Name	Conditional	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 Identification Number will be used to associate a claim record _x000D_ with the appropriate eligibility data.)	Value must be 30 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	776	CIP173	CIP.002.173	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	777	CIP173	CIP.002.173	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	778	CIP174	CIP.002.174	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Conditional	Individual's middle initial; middle initial component of full name (e.g. First Name, Middle Initial, Last Name).	Value may include any alphanumeric characters, digits or symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	779	CIP174	CIP.002.174	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	780	CIP174	CIP.002.174	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	781	CIP174	CIP.002.174	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	782	CIP175	CIP.002.175	DATE-OF-BIRTH	Date of Birth	Mandatory	Date of birth of the individual to whom the services were provided. A patient's age should not be greater than 112 years.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	783	CIP175	CIP.002.175	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	784	CIP175	CIP.002.175	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	785	CIP176	CIP.002.176	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Conditional	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. States should not submit claim records for an eligible individual that indicate the claim was submitted by a _x000D_ provider or provider group enrolled in a health home model if the eligible individual 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 report claims that indicate the claim is submitted by a provider or _x000D_ provider group enrolled in the health home model.	Value must be in Health Home Provider Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	786	CIP176	CIP.002.176	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	If there is an associated Health Home Entity Name value, then value must be "1"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	787	CIP176	CIP.002.176	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	788	CIP176	CIP.002.176	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	789	CIP177	CIP.002.177	WAIVER-TYPE	Waiver Type	Conditional	A code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Value must be in Waiver Type List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	790	CIP177	CIP.002.177	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	791	CIP177	CIP.002.177	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must be in ['06', '07', '08', '09', '10', '11', '12', '13', '14', '15', '16', '17', '18', '19', '20', '33'] when associated Program Type equals "07"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	792	CIP177	CIP.002.177	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must have a corresponding value in Waiver ID (CIP.002.178)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	793	CIP177	CIP.002.177	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	794	CIP178	CIP.002.178	WAIVER-ID	Waiver ID	Conditional	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. Waiver IDs should actually only be the _x000D_ "core" part of the waiver IDs, without including suffixes for renewals or amendments.	Value must be associated with a populated Waiver Type	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	795	CIP178	CIP.002.178	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	796	CIP178	CIP.002.178	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	(1115 demonstration waivers) If value begins with "11-W-" or "21-W-", the associated Claim Waiver Type value must be 01 or in [21-30]	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	797	CIP178	CIP.002.178	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	(1915(b) or 1915(c) waivers) If value begins with the two-letter state abbreviation followed by a period (.), the associated Claim Waiver Type value must be in [02-20, 32, 33]	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	798	CIP178	CIP.002.178	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	799	CIP179	CIP.002.179	BILLING-PROV-NUM	Billing Provider Number	Conditional	A unique identification number assigned by the state to a provider or capitation plan. This data element should represent the entity billing for the service. For encounter records, if associated Type of Claim value equals 3, C, or W, then value must be the state identifier of the provider or entity _x000D_ (billing or reporting) to the managed care plan.	Value must be 30 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C2	800	CIP179	CIP.002.179	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	801	CIP179	CIP.002.179	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	802	CIP179	CIP.002.179	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.002.019) Submitting State Provider ID or When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.005.081) Provider Identifier where the Provider Identifier Type = '1'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	803	CIP179	CIP.002.179	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Discharge Date (CIP.002.096) may be between Provider Attributes Effective Date (PRV.002.020) and Provider Attributes End Date (PRV.002.021) or Discharge Date (CIP.002.096) may be between Provider Identifier Effective Date (PRV.005.079) and Provider Identifier End Date (PRV.005.080)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	804	CIP180	CIP.002.180	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	805	CIP180	CIP.002.180	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	806	CIP180	CIP.002.180	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	807	CIP180	CIP.002.180	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	When populated, value must match Provider Identifier (PRV.005.081) and Facility Group Individual Code (PRV.002.028) must equal '01'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	808	CIP181	CIP.002.181	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Conditional	The taxonomy code for the institution billing for the beneficiary.	Value must be in Provider Taxonomy List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	809	CIP181	CIP.002.181	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	810	CIP181	CIP.002.181	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	811	CIP182	CIP.002.182	BILLING-PROV-TYPE	Billing Provider Type	Conditional	A code to describe the type of entity billing for the service.	Value must be in Provider Type Code List (VVL).	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	812	CIP182	CIP.002.182	BILLING-PROV-TYPE	Billing Provider Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	813	CIP182	CIP.002.182	BILLING-PROV-TYPE	Billing Provider Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	814	CIP183	CIP.002.183	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Conditional	This code describes the area of specialty for the provider being reported.	Value must be in Provider Specialty List (VVL).	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	815	CIP183	CIP.002.183	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	816	CIP183	CIP.002.183	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	817	CIP184	CIP.002.184	ADMITTING-PROV-NPI-NUM	Admitting Provider NPI Number	Not Applicable	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	818	CIP184	CIP.002.184	ADMITTING-PROV-NPI-NUM	Admitting Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	819	CIP185	CIP.002.185	ADMITTING-PROV-NUM	Admitting Provider Number	Conditional	The Medicaid ID of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Value must be 30 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C2	820	CIP185	CIP.002.185	ADMITTING-PROV-NUM	Admitting Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	821	CIP185	CIP.002.185	ADMITTING-PROV-NUM	Admitting Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	822	CIP186	CIP.002.186	ADMITTING-PROV-SPECIALTY	Admitting Provider Specialty	Conditional	This code describes the area of specialty for the provider being reported.	Value must be in Provider Specialty List (VVL).	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	823	CIP186	CIP.002.186	ADMITTING-PROV-SPECIALTY	Admitting Provider Specialty	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	824	CIP186	CIP.002.186	ADMITTING-PROV-SPECIALTY	Admitting Provider Specialty	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	825	CIP187	CIP.002.187	ADMITTING-PROV-TAXONOMY	Admitting Provider Taxonomy	Conditional	Taxonomic classification (code) for a given healthcare provider, as defined by the National Uniform Claim Committee.	Value must be in Provider Taxonomy List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	826	CIP187	CIP.002.187	ADMITTING-PROV-TAXONOMY	Admitting Provider Taxonomy	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	827	CIP187	CIP.002.187	ADMITTING-PROV-TAXONOMY	Admitting Provider Taxonomy	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	828	CIP188	CIP.002.188	ADMITTING-PROV-TYPE	Admitting Provider Type	Conditional	A code to describe the type of entity billing for the service.	Value must be in Provider Type Code List (VVL).	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	829	CIP188	CIP.002.188	ADMITTING-PROV-TYPE	Admitting Provider Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	830	CIP188	CIP.002.188	ADMITTING-PROV-TYPE	Admitting Provider Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	831	CIP189	CIP.002.189	REFERRING-PROV-NUM	Referring Provider Number	Conditional	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 _x000D_ group identification number. 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 _x000D_ ID for this data element.	Value must be 30 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	832	CIP189	CIP.002.189	REFERRING-PROV-NUM	Referring Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	833	CIP189	CIP.002.189	REFERRING-PROV-NUM	Referring Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C1	834	CIP190	CIP.002.190	REFERRING-PROV-NPI-NUM	Referring Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	835	CIP190	CIP.002.190	REFERRING-PROV-NPI-NUM	Referring Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	836	CIP190	CIP.002.190	REFERRING-PROV-NPI-NUM	Referring Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
D1	837	CIP191	CIP.002.191	REFERRING-PROV-TAXONOMY	Referring Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
D1	838	CIP192	CIP.002.192	REFERRING-PROV-TYPE	Referring Provider Type	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
D1	839	CIP193	CIP.002.193	REFERRING-PROV-SPECIALTY	Referring Provider Specialty	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	840	CIP194	CIP.002.194	DRG-OUTLIER-AMT	DRG Outlier Amount	Conditional	The additional payment on a claim that is associated with either a cost outlier or length of stay outlier._x000D_Outlier payments compensate hospitals paid on a fixed 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.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	841	CIP194	CIP.002.194	DRG-OUTLIER-AMT	DRG Outlier Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	842	CIP194	CIP.002.194	DRG-OUTLIER-AMT	DRG Outlier Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	843	CIP194	CIP.002.194	DRG-OUTLIER-AMT	DRG Outlier Amount	Not Applicable	Not Applicable	Value must not be populated when Outlier Code (CIP.002.197) is '01' , '02' or '10'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	844	CIP195	CIP.002.195	DRG-REL-WEIGHT	DRG Relative Weight	Conditional	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 average charge for each DRG is compared to the overall average. This ratio is published annually in the Federal Register for each DRG. A DRG _x000D_ with a weight of 2.0000 means that charges were historically twice the average; a DRG with a weight of 0.5000 was half the average.	Value must be 8 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	845	CIP195	CIP.002.195	DRG-REL-WEIGHT	DRG Relative Weight	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	846	CIP195	CIP.002.195	DRG-REL-WEIGHT	DRG Relative Weight	Not Applicable	Not Applicable	When populated value must be zero or greater	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	847	CIP196	CIP.002.196	MEDICARE-HIC-NUM	Medicare HIC Number	Conditional	The Medicare HIC Number (HICN) is an identifier formerly used by SSA and CMS to identify all Medicare beneficiaries. For many beneficiaries, their SSN was a major component of their HICN. To prevent identify theft, among other reasons, HICN gradually were retired and replaced by the _x000D_ Medicare Beneficiary Identifier (MBI) over the course of 2018 and 2019. HICN continue to be used by Medicare for limited administrative purposes after 2019 but starting in 2020 the MBI became the primary identifier for Medicare beneficiaries. HICN consists of two components: SSN & _x000D_ alpha-suffix or (for Railroad IDs) prefix and ID (not always SSN based)	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	848	CIP196	CIP.002.196	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	849	CIP196	CIP.002.196	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	850	CIP196	CIP.002.196	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	(Not Dual Eligible) if Dual Eligible Code (ELG.DE.085) value = "00", then value must not be populated.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	851	CIP196	CIP.002.196	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must be populated when Crossover Indicator (CIP.002.023) equals '1' and Medicare Beneficiary Identifier (CIP.002.222) is not populated.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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X1	852	CIP197	CIP.002.197	OUTLIER-CODE	Outlier Code	Conditional	This code indicates the Type of Outlier Code or DRG Source. The field identifies two mutually exclusive conditions. The first, for PPS providers (codes 0, 1, and 2), classifies stays of exceptional cost or length (outliers). The second, for non-PPS providers (codes 6, 7, 8, and 9), _x000D_ denotes the source for developing the DRG. https://www.resdac.org/cms-data/variables/m-edpar-drgoutlier-stay-code	Value must be in Outlier Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	853	CIP197	CIP.002.197	OUTLIER-CODE	Outlier Code	Not Applicable	Not Applicable	(Day Outlier) If Outlier Code is 01, then Outlier Days (CIP.002.198) must be populated.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	854	CIP197	CIP.002.197	OUTLIER-CODE	Outlier Code	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	855	CIP197	CIP.002.197	OUTLIER-CODE	Outlier Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	856	CIP197	CIP.002.197	OUTLIER-CODE	Outlier Code	Not Applicable	Not Applicable	If value equals '00' or '09', then DRG Outlier Amount (CIP.002.194) must not be populated	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	857	CIP198	CIP.002.198	OUTLIER-DAYS	Outlier Days	Conditional	This field specifies the number of days paid as outliers under Prospective Payment System (PPS) and the days over the threshold for the DRG.	Value must be numeric	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	858	CIP198	CIP.002.198	OUTLIER-DAYS	Outlier Days	Not Applicable	Not Applicable	The value may be up to 5 digits in length	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	859	CIP198	CIP.002.198	OUTLIER-DAYS	Outlier Days	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	860	CIP199	CIP.002.199	PATIENT-STATUS	Patient Status	Mandatory	A code indicating the patient's status as of the last day the claim covers. Values used are from UB-04. This is also referred to as patient discharge status. A valid list of codes can be purchased at https://www.nubc.org/license	Value must be in Patient Status List (VVL).	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	861	CIP199	CIP.002.199	PATIENT-STATUS	Patient Status	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	862	CIP199	CIP.002.199	PATIENT-STATUS	Patient Status	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	863	CIP199	CIP.002.199	PATIENT-STATUS	Patient Status	Not Applicable	Not Applicable	When value in ["20", "40", "41", "42"], then associated Discharge Date (CIP.002.096) must be less than or equal to Date of Death (ELG.002.025)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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D1	864	CIP201	CIP.002.201	BMI	Body Mass Index	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	865	CIP202	CIP.002.202	REMITTANCE-NUM	Remittance Number	Mandatory	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 five (5) positions are Julian date following a YYDDD format. The RA is the detailed _x000D_ explanation of the reason for the payment amount. The RA number is not the check number.	Value must be 30 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	866	CIP202	CIP.002.202	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	First five (5) characters of the value must be a Julian date express in the form YYDDD (e.g. 19095, 95th day of 20(19))	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	867	CIP202	CIP.002.202	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	868	CIP202	CIP.002.202	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	869	CIP203	CIP.002.203	SPLIT-CLAIM-IND	Split Claim Indicator	Conditional	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.	Value must be in Split Claim Indicator List (VVL).	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	870	CIP203	CIP.002.203	SPLIT-CLAIM-IND	Split Claim Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	871	CIP203	CIP.002.203	SPLIT-CLAIM-IND	Split Claim Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	872	CIP204	CIP.002.204	BORDER-STATE-IND	Border State Indicator	Conditional	A code to indicate 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.)	Value must be in Border State Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	873	CIP204	CIP.002.204	BORDER-STATE-IND	Border State Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	874	CIP204	CIP.002.204	BORDER-STATE-IND	Border State Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	875	CIP206	CIP.002.206	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Conditional	The amount of money the beneficiary paid towards coinsurance.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	876	CIP206	CIP.002.206	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	877	CIP206	CIP.002.206	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Coinsurance Date Paid	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	878	CIP206	CIP.002.206	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	879	CIP207	CIP.002.207	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Conditional	The date the beneficiary paid the coinsurance amount.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	880	CIP207	CIP.002.207	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	881	CIP207	CIP.002.207	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Coinsurance Amount	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	882	CIP207	CIP.002.207	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	883	CIP208	CIP.002.208	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Conditional	The amount of money the beneficiary paid towards a co-payment.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	884	CIP208	CIP.002.208	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	885	CIP208	CIP.002.208	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Copayment Date Paid	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	886	CIP208	CIP.002.208	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	887	CIP209	CIP.002.209	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Conditional	The date the beneficiary paid the copayment amount.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	888	CIP209	CIP.002.209	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	889	CIP209	CIP.002.209	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Copayment Amount	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	890	CIP209	CIP.002.209	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	891	CIP210	CIP.002.210	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Conditional	The amount of money the beneficiary paid towards an annual deductible.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	892	CIP210	CIP.002.210	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	893	CIP210	CIP.002.210	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Deductible Date Paid	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	894	CIP210	CIP.002.210	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	895	CIP211	CIP.002.211	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Conditional	The date the beneficiary paid the deductible amount.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	896	CIP211	CIP.002.211	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	897	CIP211	CIP.002.211	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Deductible Date Paid	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	898	CIP211	CIP.002.211	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	899	CIP212	CIP.002.212	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Mandatory	An indicator to identify a claim that the state refused pay in its entirety.	Value must be in Claim Denied Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	900	CIP212	CIP.002.212	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	If value is '0', then Claim Status Category must equal "F2"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	901	CIP212	CIP.002.212	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	902	CIP212	CIP.002.212	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	903	CIP213	CIP.002.213	COPAY-WAIVED-IND	Copayment Waived Indicator	Optional	An indicator signifying that the copay was waived by the provider.	Value must be in Copay Waived Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	904	CIP213	CIP.002.213	COPAY-WAIVED-IND	Copayment Waived Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	905	CIP213	CIP.002.213	COPAY-WAIVED-IND	Copayment Waived Indicator	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	906	CIP214	CIP.002.214	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Conditional	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 team. A "Health Home Entity" can be a designated provider (e.g., physician, clinic, _x000D_ 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.	Value must 50 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	907	CIP214	CIP.002.214	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	908	CIP214	CIP.002.214	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	909	CIP216	CIP.002.216	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Third Party Coinsurance Amount Paid	Optional	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	910	CIP216	CIP.002.216	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Third Party Coinsurance Amount Paid	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	911	CIP216	CIP.002.216	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Third Party Coinsurance Amount Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	912	CIP217	CIP.002.217	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Conditional	The date a Third Party Coinsurance amount was paid on this claim or adjustment.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	913	CIP217	CIP.002.217	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	914	CIP217	CIP.002.217	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	915	CIP218	CIP.002.218	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Optional	The amount of money a third-party on behalf of the beneficiary paid towards a copayment.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	916	CIP218	CIP.002.218	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	917	CIP218	CIP.002.218	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	918	CIP219	CIP.002.219	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Optional	The date a Third Party copayment amount was paid on a claim or adjustment.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C2	919	CIP219	CIP.002.219	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	920	CIP219	CIP.002.219	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	921	CIP220	CIP.002.220	MEDICAID-AMOUNT-PAID-DSH	Medicaid Amount Paid DSH	Conditional	The amount included in the Total Medicaid Amount (CIP.002.114) that is attributable to a Disproportionate Share Hospital (DSH) payment, when the state makes DSH payments by claim.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	922	CIP220	CIP.002.220	MEDICAID-AMOUNT-PAID-DSH	Medicaid Amount Paid DSH	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	923	CIP220	CIP.002.220	MEDICAID-AMOUNT-PAID-DSH	Medicaid Amount Paid DSH	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	924	CIP221	CIP.002.221	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	925	CIP221	CIP.002.221	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	926	CIP221	CIP.002.221	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	927	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Conditional	The Medicare Beneficiary Identifier (MBI) is a randomly generated identifier used to identify all Medicare beneficiaries. It replaced the previously-used SSN-based Medicare HIC Number (HICN). To prevent identify theft, among other reasons, HICN gradually were retired and replaced by the MBI _x000D_ over the course of 2018 and 2019. Starting in 2020, the MBI became the primary identifier for Medicare beneficiaries.	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	928	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Value must be an 11-character string	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	929	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 1 must be numeric values 1 thru 9	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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A2	930	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 2 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	931	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 3 must be alphanumeric values 0 thru 9 or A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	932	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 4 must be numeric values 0 thru 9	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	933	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 5 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	934	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 6 must be alphanumeric values 0 thru 9 or A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	935	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 7 must be numeric values 0 thru 9	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	936	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 8 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	937	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 9 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	938	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 10 must be numeric values 0 thru 9	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	939	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 11 must be numeric values 0 thru 9	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	940	CIP222	CIP.002.222	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	941	CIP223	CIP.002.223	OPERATING-PROV-TAXONOMY	Operating Provider Taxonomy	Conditional	Taxonomic classification (code) for a given healthcare provider, as defined by the National Uniform Claim Committee.	Value must be in Provider Taxonomy List (VVL)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	942	CIP223	CIP.002.223	OPERATING-PROV-TAXONOMY	Operating Provider Taxonomy	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	943	CIP223	CIP.002.223	OPERATING-PROV-TAXONOMY	Operating Provider Taxonomy	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
D1	944	CIP224	CIP.002.224	UNDER-DIRECTION-OF-PROV-NPI	Under Direction of Provider NPI	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
D1	945	CIP225	CIP.002.225	UNDER-DIRECTION-OF-PROV-TAXONOMY	Under Direction of Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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D1	946	CIP226	CIP.002.226	UNDER-SUPERVISION-OF-PROV-NPI	Under Supervision of Provider NPI	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
D1	947	CIP227	CIP.002.227	UNDER-SUPERVISION-OF-PROV-TAXONOMY	Under Supervision of Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C2	948	CIP228	CIP.002.228	MEDICARE-PAID-AMT	Medicare Paid Amount	Conditional	The amount paid by Medicare on this claim or adjustment.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	949	CIP228	CIP.002.228	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	950	CIP228	CIP.002.228	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is "0", then the Medicare Paid Amount must not be populated.	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	951	CIP228	CIP.002.228	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	952	CIP228	CIP.002.228	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	If value is populated, Crossover Indicator must be equal to "1"	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	953	CIP229	CIP.002.229	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
C1	954	CIP229	CIP.002.229	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	955	CIP229	CIP.002.229	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
D1	956	CIP230	CIP.002.230	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002

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C2	957	CIP289	CIP.002.289	PROV-LOCATION-ID	Provider Location ID	Mandatory	A code to uniquely identify the geographic location where the provider's services were performed. The Provider Location Identifier values reported on Inpatient, Long-Term Care, Other, and Pharmacy Claim Header Segments must correspond to an active Provider Location Identifier _x000D_ value on a Provider Location & Contact Info (PRV00003) segment. If a particular license (e.g., a physician's medical license) or provider identifier (e.g., an individual provider's NPI or SSN) is applicable to all of their servicing locations, value "000" (a string of exactly three zeros) can _x000D_ be used in the PRV00004 or PRV00005, respectively, to represent all locations, however that location identifier must not be attributed to claims or provider bed type info.	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
A2	958	CIP289	CIP.002.289	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	959	CIP289	CIP.002.289	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002
X1	960	CIP231	CIP.003.231	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	961	CIP231	CIP.003.231	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "CIP00003"	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	962	CIP232	CIP.003.232	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	963	CIP232	CIP.003.232	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	964	CIP232	CIP.003.232	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	965	CIP232	CIP.003.232	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (CIP.001.007)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	966	CIP233	CIP.003.233	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	967	CIP233	CIP.003.233	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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A2	968	CIP233	CIP.003.233	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	969	CIP233	CIP.003.233	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	970	CIP234	CIP.003.234	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	971	CIP234	CIP.003.234	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	972	CIP234	CIP.003.234	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	973	CIP234	CIP.003.234	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	974	CIP234	CIP.003.234	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	When Type of Claim (CIP.002.100) = 4, D or X (lump sum payment) value must begin with an '&'	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	975	CIP235	CIP.003.235	ICN-ORIG	Original ICN	Mandatory	A unique number assigned by the state's payment system that identifies an original or adjustment claim.	Value must be 50 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	976	CIP235	CIP.003.235	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	977	CIP235	CIP.003.235	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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C2	978	CIP236	CIP.003.236	ICN-ADJ	Adjustment ICN	Conditional	A unique claim number assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Value must be 50 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	979	CIP236	CIP.003.236	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	980	CIP236	CIP.003.236	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	If associated Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	981	CIP236	CIP.003.236	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	982	CIP237	CIP.003.237	LINE-NUM-ORIG	Original Line Number	Mandatory	A unique number to identify the transaction line number that is being reported on the original claim.	Value must be 3 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	983	CIP237	CIP.003.237	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	984	CIP237	CIP.003.237	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	985	CIP237	CIP.003.237	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	When populated, value must be one or greater	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	986	CIP238	CIP.003.238	LINE-NUM-ADJ	Adjustment Line Number	Conditional	A unique number to identify the transaction line number that identifies the line number on the adjustment claim.	Value must be 3 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	987	CIP238	CIP.003.238	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	If associated Line Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	988	CIP238	CIP.003.238	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	If associated Line Adjustment Indicator value is 1, then value is mandatory and must be provided	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	989	CIP238	CIP.003.238	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	990	CIP238	CIP.003.238	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	When populated, value must be one or greater	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	991	CIP239	CIP.003.239	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Conditional	A code to indicate the type of adjustment record claim/encounter represents at claim detail level.	Value must be in Line Adjustment Indicator List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	992	CIP239	CIP.003.239	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [1, 3, 5, A, C, E, U, W, Y], then value must be in [0, 1, 4]	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	993	CIP239	CIP.003.239	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [4, D, X], then value must be in [5, 6]	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	994	CIP239	CIP.003.239	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	995	CIP239	CIP.003.239	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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A2	996	CIP239	CIP.003.239	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Line Adjustment Number is populated, then value must be populated	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	997	CIP240	CIP.003.240	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Conditional	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Value must be in Line Adjustment Reason Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	998	CIP240	CIP.003.240	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	999	CIP240	CIP.003.240	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1000	CIP240	CIP.003.240	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	When populated, Line Adjustment Indicator must be populated	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1001	CIP241	CIP.003.241	SUBMITTER-ID	Submitter ID	Mandatory	The Submitter Identification number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Value must be 12 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C1	1002	CIP241	CIP.003.241	SUBMITTER-ID	Submitter ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1003	CIP242	CIP.003.242	CLAIM-LINE-STATUS	Claim Line Status	Conditional	The Claim Line Status conveys the status of a specific service line using the X12 Claim Status Codes from the claim adjudication process.	Value must be in Claim Status List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1004	CIP242	CIP.003.242	CLAIM-LINE-STATUS	Claim Line Status	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1005	CIP242	CIP.003.242	CLAIM-LINE-STATUS	Claim Line Status	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1006	CIP243	CIP.003.243	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Mandatory	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 _x000D_ covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began. For financial transactions reported to the OT file, populate with the first day of the time period covered by this financial transaction.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1007	CIP243	CIP.003.243	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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C2	1008	CIP243	CIP.003.243	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated End of Time Period value	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1009	CIP243	CIP.003.243	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Ending Date of Service value	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1010	CIP243	CIP.003.243	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated Adjudication Date value	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1011	CIP243	CIP.003.243	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Date of Death (ELG.002.025) value when populated	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1012	CIP243	CIP.003.243	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to at least one of the eligible's Enrollment End Date (ELG.021.254) values	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1013	CIP243	CIP.003.243	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1014	CIP244	CIP.003.244	ENDING-DATE-OF-SERVICE	Ending Date of Service	Mandatory	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 _x000D_ claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended. For financial transactions reported to the OT file, populate with the first day of the time period covered by this financial transaction.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1015	CIP244	CIP.003.244	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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A2	1016	CIP244	CIP.003.244	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated End of Time Period value	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1017	CIP244	CIP.003.244	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be greater than or equal to associated Beginning Date of Service value	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1018	CIP244	CIP.003.244	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated Adjudication Date value	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1019	CIP244	CIP.003.244	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Date of Death (ELG.002.025) value when populated	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1020	CIP244	CIP.003.244	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be equal to or greater than associated Date of Birth (ELG.002.024) value	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1021	CIP244	CIP.003.244	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1022	CIP245	CIP.003.245	REVENUE-CODE	Revenue Code	Mandatory	A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by UB-04 Billing _x000D_ Manual). Revenue Code should be passed through to T-MSIS exactly as it was billed by the provider on the provider's _x000D_ 837I or UB-04 claim. It is only required on Inpatient, Long-Term Care and Other Fee for Service claims and managed _x000D_ care encounters that have a valid Type of Bill value. It's not required on financial transactions or non-institutional claims.	Value must be in Revenue Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1023	CIP245	CIP.003.245	REVENUE-CODE	Revenue Code	Not Applicable	Not Applicable	A Revenue Code value requires an associated Revenue Charge	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1024	CIP245	CIP.003.245	REVENUE-CODE	Revenue Code	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1025	CIP245	CIP.003.245	REVENUE-CODE	Revenue Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1026	CIP248	CIP.003.248	IMMUNIZATION-TYPE	Immunization Type	Conditional	This field identifies the type of immunization provided in order to track additional detail not currently contained in Current Procedural Terminology codes.	Value must be in Immunization Type List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1027	CIP248	CIP.003.248	IMMUNIZATION-TYPE	Immunization Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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C1	1028	CIP248	CIP.003.248	IMMUNIZATION-TYPE	Immunization Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1029	CIP249	CIP.003.249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	IP LT Quantity of Service Actual	Mandatory	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 HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	Value must be numeric	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1030	CIP249	CIP.003.249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	IP LT Quantity of Service Actual	Not Applicable	Not Applicable	Value may include up to 6 digits to the left of the decimal point, and 3 digits to the right e.g. 123456.789	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1031	CIP249	CIP.003.249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	IP LT Quantity of Service Actual	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1032	CIP250	CIP.003.250	IP-LT-QUANTITY-OF-SERVICE-ALLOWED	IP LT Quantity of Service Allowed	Conditional	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 _x000D_ the procedure/service being reported was performed. 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.	Value must be numeric	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1033	CIP250	CIP.003.250	IP-LT-QUANTITY-OF-SERVICE-ALLOWED	IP LT Quantity of Service Allowed	Not Applicable	Not Applicable	Value may include up to 6 digits to the left of the decimal point, and 3 digits to the right, e.g. 123456.789	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1034	CIP250	CIP.003.250	IP-LT-QUANTITY-OF-SERVICE-ALLOWED	IP LT Quantity of Service Allowed	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1035	CIP251	CIP.003.251	REVENUE-CHARGE	Revenue Charge	Conditional	The total amount billed for the related Revenue Code. Total amount billed includes both covered and non-covered charges (as defined by UB-04 Billing Manual). For encounter records, Type of Claim = 3, C, or W, this field should be populated with the amount that the provider billed to the _x000D_ managed care plan.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1036	CIP251	CIP.003.251	REVENUE-CHARGE	Revenue Charge	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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X1	1037	CIP251	CIP.003.251	REVENUE-CHARGE	Revenue Charge	Not Applicable	Not Applicable	Value must be less than or equal to associated Total Billed Amount value.	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1038	CIP251	CIP.003.251	REVENUE-CHARGE	Revenue Charge	Not Applicable	Not Applicable	When populated, associated claim line Revenue Charge must be populated	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C1	1039	CIP251	CIP.003.251	REVENUE-CHARGE	Revenue Charge	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1040	CIP252	CIP.003.252	ALLOWED-AMT	Allowed Amount	Conditional	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. On Fee for Service claims the Allowed Amount is determined by the state's MMIS (or PBM). On managed _x000D_ care encounters the Allowed Amount is determined by the managed care organization.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1041	CIP252	CIP.003.252	ALLOWED-AMT	Allowed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1042	CIP252	CIP.003.252	ALLOWED-AMT	Allowed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1043	CIP253	CIP.003.253	TPL-AMT	Third Party Liability Amount	Conditional	Third-party liability 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.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1044	CIP253	CIP.003.253	TPL-AMT	Third Party Liability Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1045	CIP253	CIP.003.253	TPL-AMT	Third Party Liability Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1046	CIP254	CIP.003.254	MEDICAID-PAID-AMT	Medicaid Paid Amount	Conditional	The amount paid by Medicaid/CHIP agency or the managed care plan on this claim or adjustment at the claim detail level. For claims where Medicaid payment is only available at the header level, report the entire _x000D_ payment amount on the T-MSIS record corresponding to the line item with the highest charge or the 1st detail. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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A2	1047	CIP254	CIP.003.254	MEDICAID-PAID-AMT	Medicaid Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C1	1048	CIP254	CIP.003.254	MEDICAID-PAID-AMT	Medicaid Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1049	CIP255	CIP.003.255	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Conditional	The amount that would have been paid had the services been provided on a Fee for Service basis.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1050	CIP255	CIP.003.255	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1051	CIP255	CIP.003.255	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	If associated Type of Claim value equals '3, C, W', then value is mandatory and must be provided	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1052	CIP255	CIP.003.255	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1053	CIP256	CIP.003.256	BILLING-UNIT	Billing Unit	Conditional	Unit of billing that is used for billing services by the facility.	Value must be in Billing Unit List (VVL).	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1054	CIP256	CIP.003.256	BILLING-UNIT	Billing Unit	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1055	CIP256	CIP.003.256	BILLING-UNIT	Billing Unit	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1056	CIP257	CIP.003.257	TYPE-OF-SERVICE	Type of Service	Mandatory	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Value must be 3 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1057	CIP257	CIP.003.257	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1058	CIP257	CIP.003.257	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	Value must not equal '086' if Sex (ELG.002.023) equals 'M'	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1059	CIP257	CIP.003.257	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	Value must satisfy the requirements of Type of Service (Inpatient Claim) List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1060	CIP260	CIP.003.260	SERVICING-PROV-NUM	Servicing Provider Number	Conditional	A unique number to identify the provider who treated the recipient. The Servicing Provider Number should be for the individual doctor who rendered the service. If "Servicing" provider and the "Billing" provider such as a sole-practitioner are the same then use the same number in both fields. The _x000D_ value is conditional as its usage varies by state.	Value must be 30 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1061	CIP260	CIP.003.260	SERVICING-PROV-NUM	Servicing Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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C1	1062	CIP260	CIP.003.260	SERVICING-PROV-NUM	Servicing Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1063	CIP260	CIP.003.260	SERVICING-PROV-NUM	Servicing Provider Number	Not Applicable	Not Applicable	When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.005.081) Provider Identifier or When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.002.019) Submitting State Provider ID	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C1	1064	CIP261	CIP.003.261	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Conditional	The NPI of the health care professional who delivers or completes a particular medical service or non-surgical _x000D_ procedure. The Servicing Provider NPI Number is required when rendering provider is different than the attending _x000D_ provider and state or federal regulatory requirements call for a "combined claim" (i.e., a claim that includes both facility _x000D_ and professional components). Examples are Medicaid clinic bills or critical access hospital claims.	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1065	CIP261	CIP.003.261	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1066	CIP261	CIP.003.261	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
D1	1067	CIP262	CIP.003.262	SERVICING-PROV-TAXONOMY	Servicing Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1068	CIP263	CIP.003.263	SERVICING-PROV-TYPE	Servicing Provider Type	Conditional	A code to describe the type of entity billing for the service.	Value must be in Provider Type Code List (VVL).	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1069	CIP263	CIP.003.263	SERVICING-PROV-TYPE	Servicing Provider Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1070	CIP263	CIP.003.263	SERVICING-PROV-TYPE	Servicing Provider Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1071	CIP264	CIP.003.264	SERVICING-PROV-SPECIALTY	Servicing Provider Specialty	Conditional	This code describes the area of specialty for the provider being reported.	Value must be in Provider Specialty List (VVL).	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1072	CIP264	CIP.003.264	SERVICING-PROV-SPECIALTY	Servicing Provider Specialty	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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X1	1073	CIP264	CIP.003.264	SERVICING-PROV-SPECIALTY	Servicing Provider Specialty	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C1	1074	CIP265	CIP.003.265	OPERATING-PROV-NPI-NUM	Operating Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1075	CIP265	CIP.003.265	OPERATING-PROV-NPI-NUM	Operating Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1076	CIP265	CIP.003.265	OPERATING-PROV-NPI-NUM	Operating Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1077	CIP266	CIP.003.266	OTHER-TPL-COLLECTION	Other TPL Collection	Conditional	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.	Value must be in Other TPL Collection List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1078	CIP266	CIP.003.266	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1079	CIP266	CIP.003.266	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1080	CIP267	CIP.003.267	PROV-FACILITY-TYPE	Provider Facility Type	Mandatory	The type of facility in which services on the claim were rendered. The Provider Facility Type code set is based on corresponding groups of HIPAA provider taxonomy codes.	Value must be in Provider Facility Type List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1081	CIP267	CIP.003.267	PROV-FACILITY-TYPE	Provider Facility Type	Not Applicable	Not Applicable	Value must be 9 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1082	CIP267	CIP.003.267	PROV-FACILITY-TYPE	Provider Facility Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1083	CIP268	CIP.003.268	BENEFIT-TYPE	Benefit Type	Mandatory	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 (MACPro) benefit type list. See Appendix H: Benefit Types	Value must be in Benefit Type Code List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1084	CIP268	CIP.003.268	BENEFIT-TYPE	Benefit Type	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1085	CIP268	CIP.003.268	BENEFIT-TYPE	Benefit Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1086	CIP269	CIP.003.269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Conditional	A code to indicate the Federal funding source for the payment.	Value must be in CMS 64 Category for Federal Reimbursement List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1087	CIP269	CIP.003.269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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A2	1088	CIP269	CIP.003.269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	(Federal Funding under Title XXI) if value equals '02', then the eligible's CHIP Code (ELG.003.054) must be in ['2', '3']	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1089	CIP269	CIP.003.269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	(Federal Funding under Title XIX) if value equals '01' then the eligible's CHIP Code (ELG.003.054) must be '1'	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C1	1090	CIP269	CIP.003.269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1091	CIP269	CIP.003.269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	If Type of Claim is in ['1','2','5','A','B','E','U','V','Y'] and the Total Medicaid Paid Amount is populated on the corresponding claim header, then value must be reported.	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1092	CIP269	CIP.003.269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	If Type of Claim is in ['4','D'] and the Service Tracking Payment Amount on the relevant record is populated, then value must be reported.	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1093	CIP270	CIP.003.270	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Conditional	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.	Value must be in XIX MBESCBES Category of Service List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1094	CIP270	CIP.003.270	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1095	CIP270	CIP.003.270	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1096	CIP270	CIP.003.270	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	(Medicaid Claim) if the associated CMS-64 Category for Federal Reimbursement value is '1', then a valid value is mandatory and must be reported	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1097	CIP270	CIP.003.270	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	If value is in ['14', '35', '42' or '44'], then Sex (ELG.002.023) must not equal 'M'	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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A2	1098	CIP270	CIP.003.270	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	If XXI MBESCBES Category of Service is populated then must not be populated	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1099	CIP271	CIP.003.271	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Conditional	A code to indicate 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.	Value must be in XXI MBESCBES Category of Service List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1100	CIP271	CIP.003.271	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1101	CIP271	CIP.003.271	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	(CHIP Claim) if the associated CMS-64 Category for Federal Reimbursement value is '2', then a valid value is mandatory and must be reported	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1102	CIP271	CIP.003.271	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	If XIX MBESCBES Category of Service is populated then value must not be populated	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1103	CIP271	CIP.003.271	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1104	CIP272	CIP.003.272	OTHER-INSURANCE-AMT	Other Insurance Amount	Conditional	The amount paid by insurance other than Medicare or Medicaid on this claim.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1105	CIP272	CIP.003.272	OTHER-INSURANCE-AMT	Other Insurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1106	CIP272	CIP.003.272	OTHER-INSURANCE-AMT	Other Insurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1107	CIP273	CIP.003.273	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1108	CIP273	CIP.003.273	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1109	CIP273	CIP.003.273	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
D1	1110	CIP274	CIP.003.274	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1111	CIP278	CIP.003.278	NDC-QUANTITY	NDC Quantity	Conditional	This field is to capture the actual quantity of the National Drug Code being prescribed on the claim.	Value may include up to 6 digits to the left of the decimal point, and 3 digits to the right e.g. 123456.789	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1112	CIP278	CIP.003.278	NDC-QUANTITY	NDC Quantity	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

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C1	1113	CIP279	CIP.003.279	HCPCS-RATE	HCPCS Rate	Conditional	This data element is expected to capture data from the HIPAA 837I claim loop 2400 SV206 or UB-04 FL 44. (NOTE: This element varies slightly by claim file time, and claim-file-specific requirements will be specified at in the file specification for each claim type.)	Value must be in HCPCS Rate List (VVL).	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1114	CIP279	CIP.003.279	HCPCS-RATE	HCPCS Rate	Not Applicable	Not Applicable	Value must be 14 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1115	CIP279	CIP.003.279	HCPCS-RATE	HCPCS Rate	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1116	CIP279	CIP.003.279	HCPCS-RATE	HCPCS Rate	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1117	CIP284	CIP.003.284	NATIONAL-DRUG-CODE	National Drug Code	Conditional	A code following the National Drug Code format indicating the drug, device, or medical supply covered by this claim.	Characters 1-5 of value must be numeric	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1118	CIP284	CIP.003.284	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Characters 6-9 of value must be numeric	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1119	CIP284	CIP.003.284	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Characters 10-12 of value must be numeric or blank	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1120	CIP284	CIP.003.284	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Value must be 12 digits or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1121	CIP284	CIP.003.284	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Value must be a valid National Drug Code	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1122	CIP284	CIP.003.284	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1123	CIP285	CIP.003.285	NDC-UNIT-OF-MEASURE	NDC Unit of Measure	Conditional	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Value must be in NDC Unit of Measure List (VVL).	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1124	CIP285	CIP.003.285	NDC-UNIT-OF-MEASURE	NDC Unit of Measure	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1125	CIP285	CIP.003.285	NDC-UNIT-OF-MEASURE	NDC Unit of Measure	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1126	CIP286	CIP.003.286	ADJUDICATION-DATE	Adjudication Date	Mandatory	The date on which the payment status of the claim was finally adjudicated by the state.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1127	CIP286	CIP.003.286	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1128	CIP286	CIP.003.286	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or before End of Time Period value found in associated T-MSIS File Header Record	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1129	CIP286	CIP.003.286	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1130	CIP286	CIP.003.286	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or after associated Admission Date value	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1131	CIP287	CIP.003.287	SELF-DIRECTION-TYPE	Self Direction Type	Conditional	This data element is not applicable to this file type.	Value must be in Self Direction Type List (VVL)	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	1132	CIP287	CIP.003.287	SELF-DIRECTION-TYPE	Self Direction Type	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1133	CIP287	CIP.003.287	SELF-DIRECTION-TYPE	Self Direction Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
A2	1134	CIP288	CIP.003.288	PRE-AUTHORIZATION-NUM	Preauthorization Number	Conditional	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 referred to as a Prior Authorization or Referral Number).	Value must be 18 characters or less	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
C2	1135	CIP288	CIP.003.288	PRE-AUTHORIZATION-NUM	Preauthorization Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1136	CIP288	CIP.003.288	PRE-AUTHORIZATION-NUM	Preauthorization Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003
X1	1137	CLT001	CLT.001.001	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
A2	1138	CLT001	CLT.001.001	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "CLT00001"	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
A2	1139	CLT002	CLT.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Mandatory	A data element to capture the version of the T-MSIS data dictionary that was used to build the file. Use the version number specified on the Cover Sheet of the data dictionary" to V2.4.	Value must be 10 characters or less	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1140	CLT002	CLT.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Value must not include the pipe (" ") symbol	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1141	CLT002	CLT.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1142	CLT003	CLT.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Mandatory	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.	Value must be in Submission Transaction Type List (VVL)	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
A2	1143	CLT003	CLT.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1144	CLT003	CLT.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1145	CLT004	CLT.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Mandatory	Denotes which supported file encoding standard was used to create the file.	Value must be in File Encoding Specification List (VVL)	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
A2	1146	CLT004	CLT.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1147	CLT004	CLT.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	1148	CLT005	CLT.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Mandatory	Identifies the version of the T-MSIS data mapping document used to build a state submission file. Use the version number specified on the title page of the data mapping document	Value must be 9 characters or less	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1149	CLT005	CLT.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1150	CLT006	CLT.001.006	FILE-NAME	File Name	Not Applicable	A code to identify the subject area to which the records in its file relate. Each T-MSIS submission file should only _x000D_ contain records for one subject area (i.e., Eligible, Third-party liability, Provider, Managed Care Plan Information, _x000D_ Inpatient, Long-Term Care, Other, and Pharmacy Claim).	Value must equal 'CLAIM-LT'	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1151	CLT007	CLT.001.007	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
A2	1152	CLT007	CLT.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1153	CLT007	CLT.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1154	CLT008	CLT.001.008	DATE-FILE-CREATED	Date File Created	Mandatory	The date on which the file was created.	Value of the CC component must be "20"	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1155	CLT008	CLT.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1156	CLT008	CLT.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1157	CLT008	CLT.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be equal to or after the value of associated End of Time Period	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1158	CLT008	CLT.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1159	CLT009	CLT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Mandatory	This value must be the first day of the reporting month, regardless of the actual date span of the data in the file.	Value of the CC component must be "20"	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1160	CLT009	CLT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1161	CLT009	CLT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	1162	CLT009	CLT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be less than current date	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1163	CLT009	CLT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1164	CLT009	CLT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be before associated End of Time Period	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1165	CLT009	CLT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1166	CLT010	CLT.001.010	END-OF-TIME-PERIOD	End of Time Period	Mandatory	This value must be the last day of the reporting month, regardless of the actual date span.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1167	CLT010	CLT.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value of the CC component must be "20"	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1168	CLT010	CLT.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1169	CLT010	CLT.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1170	CLT010	CLT.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or after associated Start of Time Period	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1171	CLT010	CLT.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1172	CLT011	CLT.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Mandatory	A code to indicate whether the records in the file are test or production records.	For production files, value must be equal to 'P'	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
A2	1173	CLT011	CLT.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1174	CLT011	CLT.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1175	CLT012	CLT.001.012	SSN-INDICATOR	SSN Indicator	Mandatory	Indicates whether the state uses the eligible person's social security number instead of an MSIS Identification Number as the unique, unchanging eligible person identifier. A state's SSN/Non-SSN designation on the eligibility file should match on the claims and third party liability _x000D_ files.	Value must be in SSN Indicator List (VVL)	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
A2	1176	CLT012	CLT.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1177	CLT012	CLT.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1178	CLT013	CLT.001.013	TOT-REC-CNT	Total Record Count	Mandatory	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.	Value must be a positive integer	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1179	CLT013	CLT.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be between 0:99999999999 (inclusive)	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001

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A2	1180	CLT013	CLT.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1181	CLT013	CLT.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must equal the number of records included in the file submission except for the file header record.	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1182	CLT013	CLT.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
A2	1183	CLT014	CLT.001.014	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1184	CLT014	CLT.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1185	CLT014	CLT.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
D1	1186	CLT015	CLT.001.015	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
A2	1187	CLT227	CLT.001.227	SEQUENCE-NUMBER	Sequence Number	Mandatory	To enable states to sequentially number files, when related, follow-on files are necessary (i.e. update files, replace files). This should begin with 1 for the _x000D_ original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject _x000D_ area).	Value must be between 1 and 9999	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1188	CLT227	CLT.001.227	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be equal to the largest of any prior values for the same reporting period and file type, plus 1 (i.e. incremented by 1)	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
C2	1189	CLT227	CLT.001.227	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
A2	1190	CLT227	CLT.001.227	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1191	CLT227	CLT.001.227	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001
X1	1192	CLT016	CLT.002.016	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1193	CLT016	CLT.002.016	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "CLT00002"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	1194	CLT017	CLT.002.017	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1195	CLT017	CLT.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1196	CLT017	CLT.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1197	CLT017	CLT.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (CLT.001.007)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1198	CLT018	CLT.002.018	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1199	CLT018	CLT.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1200	CLT018	CLT.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1201	CLT018	CLT.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1202	CLT019	CLT.002.019	ICN-ORIG	Original ICN	Mandatory	A unique number assigned by the state's payment system that identifies an original or adjustment claim.	Value must be 50 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1203	CLT019	CLT.002.019	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1204	CLT019	CLT.002.019	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1205	CLT020	CLT.002.020	ICN-ADJ	Adjustment ICN	Conditional	A unique claim number assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Value must be 50 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1206	CLT020	CLT.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1207	CLT020	CLT.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	If associated Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1208	CLT020	CLT.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1209	CLT021	CLT.002.021	SUBMITTER-ID	Submitter ID	Mandatory	The Submitter Identification number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Value must be 12 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1210	CLT021	CLT.002.021	SUBMITTER-ID	Submitter ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C2	1211	CLT022	CLT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1212	CLT022	CLT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1213	CLT022	CLT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1214	CLT022	CLT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1215	CLT022	CLT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Populated value must begin with an '&', when TYPE-OF-CLAIM = 4, D or X (lump sum payment)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1216	CLT022	CLT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	The Beginning Date of Service on the claim must fall between (ELG.021.253) enrollment effective and (ELG.021.253) end date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1217	CLT023	CLT.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Conditional	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Value must be in Crossover Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	1218	CLT023	CLT.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	If Crossover Indicator value is "1", the associated Dual Eligible Code (ELG.005.085) value must be in "01", "02", "04", "08", "09", or "10" for the same time period (by date of service)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1219	CLT023	CLT.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1220	CLT023	CLT.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1221	CLT023	CLT.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	If the TYPE-OF-CLAIM value is in ["1", "3", "A", "C"], then value is mandatory and must be reported.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1222	CLT024	CLT.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Conditional	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 demonstration.	Value must be in 1115A Demonstration Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1223	CLT024	CLT.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1224	CLT024	CLT.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1225	CLT024	CLT.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	When value equals '0', is invalid or not populated, the associated 1115A Demonstration Indicator (ELG.018.223) must equal '0', is invalid or not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1226	CLT025	CLT.002.025	ADJUSTMENT-IND	Adjustment Indicator	Mandatory	Indicates the type of adjustment record.	Value must be in Adjustment Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1227	CLT025	CLT.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [1, 3, 5, A, C, E, U, W, Y], then value must be in [0, 1, 4]	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1228	CLT025	CLT.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is '4, D, X', then value must be in [5, 6]	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1229	CLT025	CLT.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1230	CLT025	CLT.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	1231	CLT026	CLT.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Conditional	Claim adjustment reason codes communicate why a claim was paid differently than it was billed. If the amount paid is different from the amount billed you need an adjustment reason code.	Value must be in Adjustment Reason Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1232	CLT026	CLT.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1233	CLT026	CLT.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1234	CLT026	CLT.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Value must not be populated when associated Adjustment Indicator equals "0"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1235	CLT027	CLT.002.027	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1236	CLT027	CLT.002.027	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1237	CLT027	CLT.002.027	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1238	CLT027	CLT.002.027	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1239	CLT027	CLT.002.027	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1240	CLT027	CLT.002.027	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "'1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1241	CLT027	CLT.002.027	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1242	CLT027	CLT.002.027	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1243	CLT027	CLT.002.027	ADMITTING-DIAGNOSIS-CODE	Admitting Diagnosis Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1244	CLT028	CLT.002.028	ADMITTING-DIAGNOSIS-CODE-FLAG	Admitting Diagnosis Code Flag	Mandatory	A flag that identifies the coding system used for the Admitting Diagnosis Code.	Value must be in Diagnosis Code Flag(VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1245	CLT028	CLT.002.028	ADMITTING-DIAGNOSIS-CODE-FLAG	Admitting Diagnosis Code Flag	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1246	CLT028	CLT.002.028	ADMITTING-DIAGNOSIS-CODE-FLAG	Admitting Diagnosis Code Flag	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1247	CLT029	CLT.002.029	DIAGNOSIS-CODE-1	Diagnosis Code 1	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1248	CLT029	CLT.002.029	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1249	CLT029	CLT.002.029	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1250	CLT029	CLT.002.029	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1251	CLT029	CLT.002.029	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1252	CLT029	CLT.002.029	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1253	CLT029	CLT.002.029	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C1	1254	CLT029	CLT.002.029	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1255	CLT029	CLT.002.029	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1256	CLT029	CLT.002.029	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If Type of Claim (CLT.002.100) in ("1", "3", "A", "C", "U", "W") then Diagnosis Code 1 (CLT.002.032) must be populated.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1257	CLT030	CLT.002.030	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1258	CLT030	CLT.002.030	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1259	CLT030	CLT.002.030	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1260	CLT030	CLT.002.030	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1261	CLT031	CLT.002.031	DIAGNOSIS-POA-FLAG-1	Diagnosis POA Flag 1	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1262	CLT031	CLT.002.031	DIAGNOSIS-POA-FLAG-1	Diagnosis POA Flag 1	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1263	CLT031	CLT.002.031	DIAGNOSIS-POA-FLAG-1	Diagnosis POA Flag 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1264	CLT032	CLT.002.032	DIAGNOSIS-CODE-2	Diagnosis Code 2	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1265	CLT032	CLT.002.032	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C1	1266	CLT032	CLT.002.032	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1267	CLT032	CLT.002.032	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1268	CLT032	CLT.002.032	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1269	CLT032	CLT.002.032	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1270	CLT032	CLT.002.032	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1271	CLT032	CLT.002.032	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1272	CLT032	CLT.002.032	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1273	CLT032	CLT.002.032	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 1 (CLT.002.029) is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1274	CLT033	CLT.002.033	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1275	CLT033	CLT.002.033	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1276	CLT033	CLT.002.033	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1277	CLT033	CLT.002.033	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1278	CLT034	CLT.002.034	DIAGNOSIS-POA-FLAG-2	Diagnosis POA Flag 2	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1279	CLT034	CLT.002.034	DIAGNOSIS-POA-FLAG-2	Diagnosis POA Flag 2	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1280	CLT034	CLT.002.034	DIAGNOSIS-POA-FLAG-2	Diagnosis POA Flag 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1281	CLT035	CLT.002.035	DIAGNOSIS-CODE-3	Diagnosis Code 3	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1282	CLT035	CLT.002.035	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C1	1283	CLT035	CLT.002.035	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1284	CLT035	CLT.002.035	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1285	CLT035	CLT.002.035	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1286	CLT035	CLT.002.035	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1287	CLT035	CLT.002.035	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1288	CLT035	CLT.002.035	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1289	CLT035	CLT.002.035	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1290	CLT035	CLT.002.035	DIAGNOSIS-CODE-3	Diagnosis Code 3	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 2 (CLT.002.032) is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1291	CLT036	CLT.002.036	DIAGNOSIS-CODE-FLAG-3	Diagnosis Code Flag 3	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1292	CLT036	CLT.002.036	DIAGNOSIS-CODE-FLAG-3	Diagnosis Code Flag 3	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1293	CLT036	CLT.002.036	DIAGNOSIS-CODE-FLAG-3	Diagnosis Code Flag 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1294	CLT036	CLT.002.036	DIAGNOSIS-CODE-FLAG-3	Diagnosis Code Flag 3	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	1295	CLT037	CLT.002.037	DIAGNOSIS-POA-FLAG-3	Diagnosis POA Flag 3	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1296	CLT037	CLT.002.037	DIAGNOSIS-POA-FLAG-3	Diagnosis POA Flag 3	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1297	CLT037	CLT.002.037	DIAGNOSIS-POA-FLAG-3	Diagnosis POA Flag 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1298	CLT038	CLT.002.038	DIAGNOSIS-CODE-4	Diagnosis Code 4	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1299	CLT038	CLT.002.038	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	1300	CLT038	CLT.002.038	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1301	CLT038	CLT.002.038	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1302	CLT038	CLT.002.038	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1303	CLT038	CLT.002.038	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1304	CLT038	CLT.002.038	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1305	CLT038	CLT.002.038	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1306	CLT038	CLT.002.038	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1307	CLT038	CLT.002.038	DIAGNOSIS-CODE-4	Diagnosis Code 4	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 3 (CLT.002.035) is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1308	CLT039	CLT.002.039	DIAGNOSIS-CODE-FLAG-4	Diagnosis Code Flag 4	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1309	CLT039	CLT.002.039	DIAGNOSIS-CODE-FLAG-4	Diagnosis Code Flag 4	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1310	CLT039	CLT.002.039	DIAGNOSIS-CODE-FLAG-4	Diagnosis Code Flag 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1311	CLT039	CLT.002.039	DIAGNOSIS-CODE-FLAG-4	Diagnosis Code Flag 4	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	1312	CLT040	CLT.002.040	DIAGNOSIS-POA-FLAG-4	Diagnosis POA Flag 4	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1313	CLT040	CLT.002.040	DIAGNOSIS-POA-FLAG-4	Diagnosis POA Flag 4	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1314	CLT040	CLT.002.040	DIAGNOSIS-POA-FLAG-4	Diagnosis POA Flag 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1315	CLT041	CLT.002.041	DIAGNOSIS-CODE-5	Diagnosis Code 5	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1316	CLT041	CLT.002.041	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	1317	CLT041	CLT.002.041	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1318	CLT041	CLT.002.041	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1319	CLT041	CLT.002.041	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1320	CLT041	CLT.002.041	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1321	CLT041	CLT.002.041	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1322	CLT041	CLT.002.041	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1323	CLT041	CLT.002.041	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1324	CLT041	CLT.002.041	DIAGNOSIS-CODE-5	Diagnosis Code 5	Not Applicable	Not Applicable	Value must not be populated when Diagnosis Code 4 (CLT.002.038) is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1325	CLT042	CLT.002.042	DIAGNOSIS-CODE-FLAG-5	Diagnosis Code Flag 5	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1326	CLT042	CLT.002.042	DIAGNOSIS-CODE-FLAG-5	Diagnosis Code Flag 5	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1327	CLT042	CLT.002.042	DIAGNOSIS-CODE-FLAG-5	Diagnosis Code Flag 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1328	CLT042	CLT.002.042	DIAGNOSIS-CODE-FLAG-5	Diagnosis Code Flag 5	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	1329	CLT043	CLT.002.043	DIAGNOSIS-POA-FLAG-5	Diagnosis POA Flag 5	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1330	CLT043	CLT.002.043	DIAGNOSIS-POA-FLAG-5	Diagnosis POA Flag 5	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1331	CLT043	CLT.002.043	DIAGNOSIS-POA-FLAG-5	Diagnosis POA Flag 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1332	CLT044	CLT.002.044	ADMISSION-DATE	Admission Date	Mandatory	The date on which the recipient was admitted to a psychiatric or long-term care facility.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1333	CLT044	CLT.002.044	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1334	CLT044	CLT.002.044	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	Value must be less than or equal to associated Discharge Date value in the claim header.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1335	CLT044	CLT.002.044	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated eligible Date of Birth value.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1336	CLT044	CLT.002.044	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	Value must be less than or equal to associated eligible Date of Death value.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	1337	CLT044	CLT.002.044	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1338	CLT044	CLT.002.044	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	When associated Type of Claim (CLT.002.052) is not '2', 'B' or 'V' (capitated payment) value must be before Adjudication Date (CLT.002.050)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1339	CLT044	CLT.002.044	ADMISSION-DATE	Admission Date	Not Applicable	Not Applicable	When associated Type of Claim (CLT.002.052) is not '2', 'B' or 'V' (capitated payment) and Type of Service (CLT.003.211) is not '119', '120', '121', '122' value must be before Adjudication Date (CLT.003.233)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1340	CLT045	CLT.002.045	ADMISSION-HOUR	Admission Hour	Conditional	The time of admission to a psychiatric or long-term care facility.	Value must be in Hour List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1341	CLT045	CLT.002.045	ADMISSION-HOUR	Admission Hour	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1342	CLT045	CLT.002.045	ADMISSION-HOUR	Admission Hour	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1343	CLT046	CLT.002.046	DISCHARGE-DATE	Discharge Date	Conditional	The date on which the recipient was discharged from a psychiatric or long-term care facility.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1344	CLT046	CLT.002.046	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1345	CLT046	CLT.002.046	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	Value must be less than or equal to associated Adjudication Date value.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1346	CLT046	CLT.002.046	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Admission Date value.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1347	CLT046	CLT.002.046	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated eligible Date of Birth value.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1348	CLT046	CLT.002.046	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	Value must be less than or equal to associated eligible Date of Death value.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1349	CLT046	CLT.002.046	DISCHARGE-DATE	Discharge Date	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C1	1350	CLT047	CLT.002.047	DISCHARGE-HOUR	Discharge Hour	Conditional	The time of discharge from a psychiatric or long-term care facility.	Value must be in Hour List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1351	CLT047	CLT.002.047	DISCHARGE-HOUR	Discharge Hour	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1352	CLT047	CLT.002.047	DISCHARGE-HOUR	Discharge Hour	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1353	CLT047	CLT.002.047	DISCHARGE-HOUR	Discharge Hour	Not Applicable	Not Applicable	When populated, Discharge Date (CLT.002.046) must be populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1354	CLT048	CLT.002.048	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Mandatory	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 _x000D_covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began. For financial transactions reported to the OT file, populate with the first day of the time period covered by this financial transaction.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1355	CLT048	CLT.002.048	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1356	CLT048	CLT.002.048	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated End of Time Period value	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1357	CLT048	CLT.002.048	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Ending Date of Service value	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1358	CLT048	CLT.002.048	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated Adjudication Date value	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1359	CLT048	CLT.002.048	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Date of Death (ELG.002.025) value when populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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X1	1360	CLT048	CLT.002.048	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to at least one of the eligible's Enrollment End Date (ELG.021.254) values	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1361	CLT048	CLT.002.048	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1362	CLT049	CLT.002.049	ENDING-DATE-OF-SERVICE	Ending Date of Service	Mandatory	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 _x000D_ claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended. For financial transactions reported to the OT file, populate with the first day of the time period covered by this financial transaction.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1363	CLT049	CLT.002.049	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1364	CLT049	CLT.002.049	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated End of Time Period value	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1365	CLT049	CLT.002.049	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be greater than or equal to associated Beginning Date of Service value	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1366	CLT049	CLT.002.049	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated Adjudication Date value	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1367	CLT049	CLT.002.049	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Date of Death (ELG.002.025) value when populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	1368	CLT049	CLT.002.049	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be equal to or greater than associated Date of Birth (ELG.002.024) value	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1369	CLT049	CLT.002.049	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1370	CLT050	CLT.002.050	ADJUDICATION-DATE	Adjudication Date	Mandatory	The date on which the payment status of the claim was finally adjudicated by the state.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1371	CLT050	CLT.002.050	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1372	CLT050	CLT.002.050	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or before End of Time Period value found in associated T-MSIS File Header Record	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1373	CLT050	CLT.002.050	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1374	CLT050	CLT.002.050	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or after associated Admission Date value	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1375	CLT051	CLT.002.051	MEDICAID-PAID-DATE	Medicaid Paid Date	Mandatory	The date Medicaid paid this claim or adjustment.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1376	CLT051	CLT.002.051	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1377	CLT051	CLT.002.051	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	Must have an associated Total Medicaid Paid Amount	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1378	CLT051	CLT.002.051	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1379	CLT052	CLT.002.052	TYPE-OF-CLAIM	Type of Claim	Mandatory	A code to indicate what type of payment is covered in this claim.	Value must be in Type of Claim List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1380	CLT052	CLT.002.052	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1381	CLT052	CLT.002.052	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1382	CLT052	CLT.002.052	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	When value equals 'Z', claim denied indicator must equal '0'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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X1	1383	CLT053	CLT.002.053	TYPE-OF-BILL	Type of Bill	Mandatory	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.)	Value must be in Type of Bill List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1384	CLT053	CLT.002.053	TYPE-OF-BILL	Type of Bill	Not Applicable	Not Applicable	Value must be 4 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1385	CLT053	CLT.002.053	TYPE-OF-BILL	Type of Bill	Not Applicable	Not Applicable	First character must be a '0'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1386	CLT053	CLT.002.053	TYPE-OF-BILL	Type of Bill	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1387	CLT054	CLT.002.054	CLAIM-STATUS	Claim Status	Conditional	The health care claim status codes convey the status of an entire claim.	Value must be in Claim Status List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1388	CLT054	CLT.002.054	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1389	CLT054	CLT.002.054	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1390	CLT054	CLT.002.054	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	If value in [26, 87, 542, 585, 654], Claim Denied Indicator must be '0'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1391	CLT055	CLT.002.055	CLAIM-STATUS-CATEGORY	Claim Status Category	Mandatory	The Claim Status Category conveys the status of the entire claim using the X12 Claim Status Category Codes from the claim adjudication process.	Value must be in Claim Status Category List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1392	CLT055	CLT.002.055	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	(Denied Claim) if associated Claim Denied Indicator indicates the claim was denied, then value must be "F2"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1393	CLT055	CLT.002.055	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	(Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 858, 654], then value must be "F2"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1394	CLT055	CLT.002.055	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1395	CLT055	CLT.002.055	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1396	CLT056	CLT.002.056	SOURCE-LOCATION	Source Location	Mandatory	The field denotes the claims payment system from which the claim was extracted.	Value must be in Source Location List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1397	CLT056	CLT.002.056	SOURCE-LOCATION	Source Location	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1398	CLT056	CLT.002.056	SOURCE-LOCATION	Source Location	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1399	CLT057	CLT.002.057	CHECK-NUM	Check Number	Conditional	The check or electronic funds transfer number.	Value must be 15 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C2	1400	CLT057	CLT.002.057	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Value must have an associated Check Effective Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1401	CLT057	CLT.002.057	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1402	CLT057	CLT.002.057	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1403	CLT058	CLT.002.058	CHECK-EFF-DATE	Check Effective Date	Conditional	The date a check is issued to the payee. In the case of electronic funds transfer, it is the date the transfer is made.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1404	CLT058	CLT.002.058	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1405	CLT058	CLT.002.058	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Value may be the same as associated Remittance Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1406	CLT058	CLT.002.058	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Must have an associated Check Number	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1407	CLT058	CLT.002.058	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1408	CLT059	CLT.002.059	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1409	CLT059	CLT.002.059	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1410	CLT059	CLT.002.059	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1411	CLT059	CLT.002.059	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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X1	1412	CLT060	CLT.002.060	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1413	CLT060	CLT.002.060	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1414	CLT060	CLT.002.060	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1415	CLT060	CLT.002.060	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1416	CLT060	CLT.002.060	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 1 (CLT.002.059) is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1417	CLT061	CLT.002.061	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1418	CLT061	CLT.002.061	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1419	CLT061	CLT.002.061	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1420	CLT061	CLT.002.061	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1421	CLT061	CLT.002.061	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 2 (CLT.002.060) is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1422	CLT062	CLT.002.062	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1423	CLT062	CLT.002.062	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1424	CLT062	CLT.002.062	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1425	CLT062	CLT.002.062	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1426	CLT062	CLT.002.062	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 3 (CLT.002.061) is not populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C2	1427	CLT063	CLT.002.063	TOT-BILLED-AMT	Total Billed Amount	Conditional	The total amount billed for this claim at the claim header level as submitted by the provider. For encounter records, when Type of Claim value is [3, C, or W], then value must equal amount the provider billed to the managed care plan. Total Billed Amount is not expected on financial _x000D_ transactions.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1428	CLT063	CLT.002.063	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1429	CLT063	CLT.002.063	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value must equal the sum of all Billed Amount instances for the associated claim	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1430	CLT063	CLT.002.063	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1431	CLT063	CLT.002.063	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value should not be populated when associated Type of Claim is in [2, 4, 5, B, D E or X]	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1432	CLT063	CLT.002.063	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value should not be populated when associated Type of Claim (CIP.002.100) is equal to '4', 'D' or 'X'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1433	CLT063	CLT.002.063	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	(individual line item payments) when populated and Payment Level Indicator (CLT.002.082) equals = '2' value must be greater than or equal to the sum of all claim line Revenue Charges (CLT.003.204)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1434	CLT064	CLT.002.064	TOT-ALLOWED-AMT	Total Allowed Amount	Conditional	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. On FFS claims the Allowed Amount is determined by the state's MMIS. On managed care encounters the Allowed Amount is _x000D_ determined by the managed care organization.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1435	CLT064	CLT.002.064	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C1	1436	CLT064	CLT.002.064	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	When populated and Payment Level Indicator = '2' then value must equal the sum of all claim line Allowed Amount values	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1437	CLT064	CLT.002.064	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1438	CLT065	CLT.002.065	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Conditional	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 detail level for the claim.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1439	CLT065	CLT.002.065	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1440	CLT065	CLT.002.065	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Must have an associated Medicaid Paid Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1441	CLT065	CLT.002.065	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	If Total Medicare Coinsurance Amount and Total Medicare Deductible Amount is reported it must equal Total Medicaid Paid Amount	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1442	CLT065	CLT.002.065	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	When Payment Level Indicator equals '2', value must equal the sum of line level Medicaid Paid Amounts.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1443	CLT065	CLT.002.065	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1444	CLT065	CLT.002.065	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Value must not be greater than Total Allowed Amount	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1445	CLT066	CLT.002.066	TOT-COPAY-AMT	Total Copayment Amount	Conditional	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.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1446	CLT066	CLT.002.066	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1447	CLT066	CLT.002.066	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C2	1448	CLT067	CLT.002.067	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Conditional	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible. If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and _x000D_ deductible payments cannot be separated, fill this field with the combined payment amount, code Medicare Combined Indicator a "1" and leave Total Medicare Coinsurance Amount unpopulated.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1449	CLT067	CLT.002.067	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1450	CLT067	CLT.002.067	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is '0' (not a crossover claim), then value should not be populated.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1451	CLT067	CLT.002.067	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	(Medicare Enrolled) if associated Dual Eligible Code (ELG.005.085) value is in ["01", "02", "03", "04", "05", "06", "08", "09", or "10"], then value is mandatory and must be provided	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1452	CLT067	CLT.002.067	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1453	CLT067	CLT.002.067	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	When populated, value must be less than or equal to Total Billed Amount	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1454	CLT068	CLT.002.068	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Conditional	The total amount paid by the Medicaid/CHIP agency or a managed care plan towards the portion of the Medicare allowed charges that Medicare applied to coinsurance.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1455	CLT068	CLT.002.068	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1456	CLT068	CLT.002.068	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is '0' (not a crossover claim), then value should not be populated.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1457	CLT068	CLT.002.068	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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X1	1458	CLT068	CLT.002.068	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	If associated Medicare Combined Deductible Indicator is '1', then value must not be populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1459	CLT068	CLT.002.068	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	When populated, value must be less than or equal to Total Billed Amount	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1460	CLT069	CLT.002.069	TOT-TPL-AMT	Total Third Party Liability Amount	Conditional	Third-party liability 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.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1461	CLT069	CLT.002.069	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1462	CLT069	CLT.002.069	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Value must be less than associated Total Billed Amount - (Total Medicare Coinsurance Amount + Total Medicare Deductible Amount)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1463	CLT069	CLT.002.069	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1464	CLT070	CLT.002.070	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Conditional	The amount paid by insurance other than Medicare or Medicaid on this claim.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1465	CLT070	CLT.002.070	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1466	CLT070	CLT.002.070	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1467	CLT071	CLT.002.071	OTHER-INSURANCE-IND	Other Insurance Indicator	Conditional	The field denotes whether the insured party is covered under an other insurance plan other than Medicare or Medicaid.	Value must be in Other Insurance Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1468	CLT071	CLT.002.071	OTHER-INSURANCE-IND	Other Insurance Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1469	CLT071	CLT.002.071	OTHER-INSURANCE-IND	Other Insurance Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1470	CLT072	CLT.002.072	OTHER-TPL-COLLECTION	Other TPL Collection	Conditional	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.	Value must be in Other TPL Collection List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1471	CLT072	CLT.002.072	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1472	CLT072	CLT.002.072	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1473	CLT073	CLT.002.073	SERVICE-TRACKING-TYPE	Service Tracking Type	Conditional	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 enrollee.	Value must be in Service Tracking Type List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1474	CLT073	CLT.002.073	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	(Service Tracking Claim) if associated Type of Claim is in ['4','D','X'] then value is mandatory and must be reported	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1475	CLT073	CLT.002.073	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1476	CLT073	CLT.002.073	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1477	CLT074	CLT.002.074	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Conditional	On service tracking claims, the payment amount is the lump sum that cannot be attributed to any one beneficiary paid to the provider.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1478	CLT074	CLT.002.074	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1479	CLT074	CLT.002.074	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	If associated Type of Claim value is in [4, D, or X], then value is mandatory and must be provided	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1480	CLT074	CLT.002.074	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1481	CLT074	CLT.002.074	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	When populated, Service Tracking Type must be populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1482	CLT074	CLT.002.074	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	When populated, Total Medicaid Amount must not be populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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X1	1483	CLT075	CLT.002.075	FIXED-PAYMENT-IND	Fixed Payment Indicator	Conditional	This indicator indicates that the reimbursement amount included on the claim is for a fixed payment. 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 _x000D_ programs 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. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined "medical record" _x000D_ associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Value must be in Fixed Payment Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1484	CLT075	CLT.002.075	FIXED-PAYMENT-IND	Fixed Payment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1485	CLT075	CLT.002.075	FIXED-PAYMENT-IND	Fixed Payment Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1486	CLT076	CLT.002.076	FUNDING-CODE	Funding Code	Mandatory	A code to indicate the source of non-federal share funds.	Value must be in Funding Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1487	CLT076	CLT.002.076	FUNDING-CODE	Funding Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1488	CLT076	CLT.002.076	FUNDING-CODE	Funding Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1489	CLT077	CLT.002.077	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider. In the event of two sources, states are to report the portion which represents the largest proportion not funded by the Federal government.	Value must be in Funding Source Non-Federal Share List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1490	CLT077	CLT.002.077	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1491	CLT077	CLT.002.077	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	Not Applicable	Required	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1492	CLT078	CLT.002.078	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Conditional	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.	Value must be in Medicare Combined Deductible Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1493	CLT078	CLT.002.078	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1494	CLT078	CLT.002.078	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	If value equals '1', then Medicare Coinsurance amount is not populated.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1495	CLT078	CLT.002.078	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Value must equal '0' if associated Type of Claim is '3', 'C' or 'W'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1496	CLT078	CLT.002.078	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1497	CLT079	CLT.002.079	PROGRAM-TYPE	Program Type	Mandatory	A code to indicate special Medicaid program under which the service was provided.	Value must be in Program Type List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1498	CLT079	CLT.002.079	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1499	CLT079	CLT.002.079	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1500	CLT079	CLT.002.079	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	(Community First Choice) If value equals '11', then State Plan Option Type (ELG.011.163) must equal '01' for the same time period	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1501	CLT079	CLT.002.079	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	If value equals '13', then State Plan Option Type (ELG.011.163) must equal '02' for the same time period	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1502	CLT080	CLT.002.080	PLAN-ID-NUMBER	Plan ID Number	Conditional	A unique number assigned by the state which represents a distinct comprehensive managed care plan, prepaid health plan, primary care case management program, a program for all-inclusive care for the elderly entity, or other approved plans.	Value must be 12 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1503	CLT080	CLT.002.080	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1504	CLT080	CLT.002.080	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1505	CLT080	CLT.002.080	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must match Managed Care Plan ID (ELG.014.192)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1506	CLT080	CLT.002.080	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must match State Plan ID Number (MCR.002.019)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1507	CLT080	CLT.002.080	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value should not be populated when Type of Claim is not equal to '3', 'C' or 'W'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1508	CLT080	CLT.002.080	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	When Type of Claim in (3, C, W, 2, B, V) value must have a managed care enrollment (ELG.014) for the beneficiary where the Beginning DOS (CLT.002.048) occurs between the managed care plan enrollment eff/end dates (ELG.014.197/198)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1509	CLT080	CLT.002.080	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	When Type of Claim in (3, C, W, 2, B, V) value must have a managed care main record (MCR.002) for the plan where the Beginning DOS (CLT.002.048) occurs between the managed care contract eff/end dates (MCR.002.020/021)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
D1	1510	CLT081	CLT.002.081	NATIONAL-HEALTH-CARE-ENTITY-ID	National Health Care Entity ID	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1511	CLT082	CLT.002.082	PAYMENT-LEVEL-IND	Payment Level Indicator	Mandatory	The field denotes whether the payment amount was determined at the claim header or line/detail level.	Value must be in Payment Level Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1512	CLT082	CLT.002.082	PAYMENT-LEVEL-IND	Payment Level Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1513	CLT082	CLT.002.082	PAYMENT-LEVEL-IND	Payment Level Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1514	CLT083	CLT.002.083	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Conditional	A code to indicate the type of Medicare reimbursement.	Value must be in Medicare Reimbursement Type List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1515	CLT083	CLT.002.083	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	(Crossover Claim) if associated Crossover Indicator value indicates a crossover claim, value is mandatory and must be provided	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1516	CLT083	CLT.002.083	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1517	CLT083	CLT.002.083	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C2	1518	CLT084	CLT.002.084	NON-COV-DAYS	Non-Covered Days	Conditional	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.	Value must be a positive integer	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1519	CLT084	CLT.002.084	NON-COV-DAYS	Non-Covered Days	Not Applicable	Not Applicable	Value must be between 0:9999999999 (inclusive)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1520	CLT084	CLT.002.084	NON-COV-DAYS	Non-Covered Days	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1521	CLT084	CLT.002.084	NON-COV-DAYS	Non-Covered Days	Not Applicable	Not Applicable	Value must be 5 digits or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1522	CLT085	CLT.002.085	NON-COV-CHARGES	Non-Covered Charges	Conditional	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.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1523	CLT085	CLT.002.085	NON-COV-CHARGES	Non-Covered Charges	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1524	CLT085	CLT.002.085	NON-COV-CHARGES	Non-Covered Charges	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1525	CLT086	CLT.002.086	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Conditional	The number of inpatient psychiatric days covered by Medicaid on this claim.	Value must be a positive integer	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1526	CLT086	CLT.002.086	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	Value must be between 0:9999999999 (inclusive)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1527	CLT086	CLT.002.086	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1528	CLT086	CLT.002.086	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	Value must be less than or equal to double the number of days between Admission Date (CLT.002.044) and Discharge Date (CLT.002.046) plus one day	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1529	CLT086	CLT.002.086	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	Value must be 5 digits or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1530	CLT086	CLT.002.086	MEDICAID-COV-INPATIENT-DAYS	Medicaid Covered Inpatient Days	Not Applicable	Not Applicable	(inpatient mental health/psychiatric services) when associated Type of Service (CLT.003.211) in [044, 048, 050], this field must be populated	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1531	CLT087	CLT.002.087	CLAIM-LINE-COUNT	Claim Line Count	Mandatory	The total number of lines on the claim.	Value must be a positive integer	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1532	CLT087	CLT.002.087	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be between 0:9999 (inclusive)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1533	CLT087	CLT.002.087	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must not include commas or other non-numeric characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1534	CLT087	CLT.002.087	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be equal to the number of claim lines (e.g. Original Claim Line Number or Adjustment Claim Line Number instances) reported in the associated claim record being reported	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1535	CLT087	CLT.002.087	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1536	CLT087	CLT.002.087	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1537	CLT090	CLT.002.090	FORCED-CLAIM-IND	Forced Claim Indicator	Conditional	Indicates if the claim was processed by forcing it through a manual override process.	Value must be in Forced Claim Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1538	CLT090	CLT.002.090	FORCED-CLAIM-IND	Forced Claim Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1539	CLT090	CLT.002.090	FORCED-CLAIM-IND	Forced Claim Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1540	CLT091	CLT.002.091	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator	Conditional	This code indicates whether the claim has a Health Care Acquired Condition. For additional coding information refer to the following site : _x000D_ https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/index.html?redirect=/hospitalacqcond/05_Coding.asp#TopOfPage	Value must be in Healthcare Acquired Condition Indicator List (VVL).	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1541	CLT091	CLT.002.091	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1542	CLT091	CLT.002.091	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1543	CLT092	CLT.002.092	OCCURRENCE-CODE-01	Occurrence Code 1	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1544	CLT092	CLT.002.092	OCCURRENCE-CODE-01	Occurrence Code 1	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1545	CLT092	CLT.002.092	OCCURRENCE-CODE-01	Occurrence Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	1546	CLT093	CLT.002.093	OCCURRENCE-CODE-02	Occurrence Code 2	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1547	CLT093	CLT.002.093	OCCURRENCE-CODE-02	Occurrence Code 2	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1548	CLT093	CLT.002.093	OCCURRENCE-CODE-02	Occurrence Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1549	CLT094	CLT.002.094	OCCURRENCE-CODE-03	Occurrence Code 3	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1550	CLT094	CLT.002.094	OCCURRENCE-CODE-03	Occurrence Code 3	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1551	CLT094	CLT.002.094	OCCURRENCE-CODE-03	Occurrence Code 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1552	CLT095	CLT.002.095	OCCURRENCE-CODE-04	Occurrence Code 4	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1553	CLT095	CLT.002.095	OCCURRENCE-CODE-04	Occurrence Code 4	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1554	CLT095	CLT.002.095	OCCURRENCE-CODE-04	Occurrence Code 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1555	CLT096	CLT.002.096	OCCURRENCE-CODE-05	Occurrence Code 5	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1556	CLT096	CLT.002.096	OCCURRENCE-CODE-05	Occurrence Code 5	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1557	CLT096	CLT.002.096	OCCURRENCE-CODE-05	Occurrence Code 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1558	CLT097	CLT.002.097	OCCURRENCE-CODE-06	Occurrence Code 6	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1559	CLT097	CLT.002.097	OCCURRENCE-CODE-06	Occurrence Code 6	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	1560	CLT097	CLT.002.097	OCCURRENCE-CODE-06	Occurrence Code 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1561	CLT098	CLT.002.098	OCCURRENCE-CODE-07	Occurrence Code 7	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1562	CLT098	CLT.002.098	OCCURRENCE-CODE-07	Occurrence Code 7	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1563	CLT098	CLT.002.098	OCCURRENCE-CODE-07	Occurrence Code 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1564	CLT099	CLT.002.099	OCCURRENCE-CODE-08	Occurrence Code 8	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1565	CLT099	CLT.002.099	OCCURRENCE-CODE-08	Occurrence Code 8	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1566	CLT099	CLT.002.099	OCCURRENCE-CODE-08	Occurrence Code 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1567	CLT100	CLT.002.100	OCCURRENCE-CODE-09	Occurrence Code 9	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1568	CLT100	CLT.002.100	OCCURRENCE-CODE-09	Occurrence Code 9	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1569	CLT100	CLT.002.100	OCCURRENCE-CODE-09	Occurrence Code 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1570	CLT101	CLT.002.101	OCCURRENCE-CODE-10	Occurrence Code 10	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1571	CLT101	CLT.002.101	OCCURRENCE-CODE-10	Occurrence Code 10	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1572	CLT101	CLT.002.101	OCCURRENCE-CODE-10	Occurrence Code 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1573	CLT102	CLT.002.102	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	1574	CLT102	CLT.002.102	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1575	CLT102	CLT.002.102	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1576	CLT102	CLT.002.102	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1577	CLT102	CLT.002.102	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1578	CLT103	CLT.002.103	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1579	CLT103	CLT.002.103	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1580	CLT103	CLT.002.103	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1581	CLT103	CLT.002.103	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1582	CLT103	CLT.002.103	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1583	CLT104	CLT.002.104	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1584	CLT104	CLT.002.104	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1585	CLT104	CLT.002.104	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1586	CLT104	CLT.002.104	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1587	CLT104	CLT.002.104	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	1588	CLT105	CLT.002.105	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1589	CLT105	CLT.002.105	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1590	CLT105	CLT.002.105	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1591	CLT105	CLT.002.105	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1592	CLT105	CLT.002.105	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1593	CLT106	CLT.002.106	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1594	CLT106	CLT.002.106	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1595	CLT106	CLT.002.106	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1596	CLT106	CLT.002.106	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1597	CLT106	CLT.002.106	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1598	CLT107	CLT.002.107	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1599	CLT107	CLT.002.107	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1600	CLT107	CLT.002.107	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1601	CLT107	CLT.002.107	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	1602	CLT107	CLT.002.107	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1603	CLT108	CLT.002.108	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1604	CLT108	CLT.002.108	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1605	CLT108	CLT.002.108	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1606	CLT108	CLT.002.108	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1607	CLT108	CLT.002.108	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1608	CLT109	CLT.002.109	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1609	CLT109	CLT.002.109	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1610	CLT109	CLT.002.109	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1611	CLT109	CLT.002.109	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1612	CLT109	CLT.002.109	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1613	CLT110	CLT.002.110	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1614	CLT110	CLT.002.110	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	1615	CLT110	CLT.002.110	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1616	CLT110	CLT.002.110	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1617	CLT110	CLT.002.110	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1618	CLT111	CLT.002.111	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1619	CLT111	CLT.002.111	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1620	CLT111	CLT.002.111	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1621	CLT111	CLT.002.111	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1622	CLT111	CLT.002.111	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1623	CLT112	CLT.002.112	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1624	CLT112	CLT.002.112	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1625	CLT112	CLT.002.112	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1626	CLT112	CLT.002.112	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1627	CLT113	CLT.002.113	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	1628	CLT113	CLT.002.113	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1629	CLT113	CLT.002.113	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1630	CLT113	CLT.002.113	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1631	CLT114	CLT.002.114	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1632	CLT114	CLT.002.114	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1633	CLT114	CLT.002.114	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1634	CLT114	CLT.002.114	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1635	CLT115	CLT.002.115	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1636	CLT115	CLT.002.115	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1637	CLT115	CLT.002.115	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1638	CLT115	CLT.002.115	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1639	CLT116	CLT.002.116	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	1640	CLT116	CLT.002.116	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1641	CLT116	CLT.002.116	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1642	CLT116	CLT.002.116	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1643	CLT117	CLT.002.117	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1644	CLT117	CLT.002.117	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1645	CLT117	CLT.002.117	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1646	CLT117	CLT.002.117	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1647	CLT118	CLT.002.118	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1648	CLT118	CLT.002.118	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1649	CLT118	CLT.002.118	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1650	CLT118	CLT.002.118	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1651	CLT119	CLT.002.119	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	1652	CLT119	CLT.002.119	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1653	CLT119	CLT.002.119	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1654	CLT119	CLT.002.119	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1655	CLT120	CLT.002.120	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1656	CLT120	CLT.002.120	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1657	CLT120	CLT.002.120	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1658	CLT120	CLT.002.120	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1659	CLT121	CLT.002.121	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1660	CLT121	CLT.002.121	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1661	CLT121	CLT.002.121	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1662	CLT121	CLT.002.121	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1663	CLT122	CLT.002.122	PATIENT-CONTROL-NUM	Patient Control Number	Conditional	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	Value must be 20 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1664	CLT122	CLT.002.122	PATIENT-CONTROL-NUM	Patient Control Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbol	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1665	CLT122	CLT.002.122	PATIENT-CONTROL-NUM	Patient Control Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1666	CLT123	CLT.002.123	ELIGIBLE-LAST-NAME	Eligible Last Name	Conditional	The last name of the individual to whom the services were provided. (The patients name should be captured as it _x000D_ appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS Identification _x000D_ Number will be used to associate a claim record with the appropriate eligibility data.)	Value must be 30 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1667	CLT123	CLT.002.123	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1668	CLT123	CLT.002.123	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1669	CLT124	CLT.002.124	ELIGIBLE-FIRST-NAME	Eligible First Name	Conditional	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 Identification Number will be used to associate a claim record _x000D_ with the appropriate eligibility data.)	Value must be 30 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1670	CLT124	CLT.002.124	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1671	CLT124	CLT.002.124	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1672	CLT125	CLT.002.125	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Conditional	Individual's middle initial; middle initial component of full name (e.g. First Name, Middle Initial, Last Name).	Value may include any alphanumeric characters, digits or symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1673	CLT125	CLT.002.125	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1674	CLT125	CLT.002.125	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1675	CLT125	CLT.002.125	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1676	CLT126	CLT.002.126	DATE-OF-BIRTH	Date of Birth	Mandatory	An individual's date of birth.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1677	CLT126	CLT.002.126	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1678	CLT126	CLT.002.126	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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X1	1679	CLT126	CLT.002.126	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Value must equal Date of Birth (ELG.002.024) when Conception to Birth Indicator (ELG.005.094) does not equal '1' and Eligibility Group (ELG.005.087) does not equal '64'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1680	CLT127	CLT.002.127	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Conditional	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. States should not submit claim records for an eligible individual that indicate the claim was submitted by a _x000D_ provider or provider group enrolled in a health home model if the eligible individual 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 report claims that indicate the claim is submitted by a provider or _x000D_ provider group enrolled in the health home model.	Value must be in Health Home Provider Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1681	CLT127	CLT.002.127	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	If there is an associated Health Home Entity Name value, then value must be "1"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1682	CLT127	CLT.002.127	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1683	CLT127	CLT.002.127	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1684	CLT128	CLT.002.128	WAIVER-TYPE	Waiver Type	Conditional	A code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Value must be in Waiver Type List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1685	CLT128	CLT.002.128	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1686	CLT128	CLT.002.128	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must be in ['06', '07', '08', '09', '10', '11', '12', '13', '14', '15', '16', '17', '18', '19', '20', '33'] when associated Program Type equals "07"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1687	CLT128	CLT.002.128	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must have a corresponding value in Waiver ID (CLT.002.129)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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X1	1688	CLT128	CLT.002.128	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1689	CLT129	CLT.002.129	WAIVER-ID	Waiver ID	Conditional	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. Waiver IDs should actually only be the_x000D_"core" part of the waiver IDs, without including suffixes for renewals or amendments.	Value must be associated with a populated Waiver Type	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1690	CLT129	CLT.002.129	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1691	CLT129	CLT.002.129	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	(1115 demonstration waivers) If value begins with "11-W-" or "21-W-", the associated Claim Waiver Type value must be 01 or in [21-30]	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1692	CLT129	CLT.002.129	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	(1915(b) or 1915(c) waivers) If value begins with the two-letter state abbreviation followed by a period (.), the associated Claim Waiver Type value must be in [02-20, 32, 33]	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1693	CLT129	CLT.002.129	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1694	CLT130	CLT.002.130	BILLING-PROV-NUM	Billing Provider Number	Conditional	A unique identification number assigned by the state to a provider or capitation plan. This data element should represent the entity billing for the service. For encounter records, if associated Type of Claim value equals 3, C, or W, then value must be the state identifier of the provider or entity _x000D_(billing or reporting) to the managed care plan.	Value must be 30 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1695	CLT130	CLT.002.130	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1696	CLT130	CLT.002.130	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1697	CLT130	CLT.002.130	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.002.019) Submitting State Provider ID or When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.005.081) Provider Identifier where the Provider Identifier Type = '1'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1698	CLT130	CLT.002.130	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Ending Date of Service (CLT.002.049) may be between Provider Attributes Effective Date (PRV.002.020) and Provider Attributes End Date (PRV.002.021) or Ending Date of Service (CLT.002.049) may be between Provider Identifier Effective Date (PRV.005.079) and Provider Identifier End Date (PRV.005.080)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1699	CLT131	CLT.002.131	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1700	CLT131	CLT.002.131	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1701	CLT131	CLT.002.131	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C2	1702	CLT131	CLT.002.131	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	When Type of Claim (CLT.002.052) not in ('3','C','W') then value must match Provider Identifier (PRV.002.081)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1703	CLT132	CLT.002.132	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Conditional	The taxonomy code for the institution billing for the beneficiary.	Value must be in Provider Taxonomy List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1704	CLT132	CLT.002.132	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1705	CLT132	CLT.002.132	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1706	CLT133	CLT.002.133	BILLING-PROV-TYPE	Billing Provider Type	Conditional	A code to describe the type of entity billing for the service.	Value must be in Provider Type Code List (VVL).	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1707	CLT133	CLT.002.133	BILLING-PROV-TYPE	Billing Provider Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1708	CLT133	CLT.002.133	BILLING-PROV-TYPE	Billing Provider Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1709	CLT134	CLT.002.134	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Conditional	This code describes the area of specialty for the provider being reported.	Value must be in Provider Specialty List (VVL).	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1710	CLT134	CLT.002.134	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1711	CLT134	CLT.002.134	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1712	CLT135	CLT.002.135	REFERRING-PROV-NUM	Referring Provider Number	Conditional	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 _x000D_ group identification number. 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 _x000D_ ID for this data element.	Value must be 30 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1713	CLT135	CLT.002.135	REFERRING-PROV-NUM	Referring Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1714	CLT135	CLT.002.135	REFERRING-PROV-NUM	Referring Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C1	1715	CLT136	CLT.002.136	REFERRING-PROV-NPI-NUM	Referring Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1716	CLT136	CLT.002.136	REFERRING-PROV-NPI-NUM	Referring Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1717	CLT136	CLT.002.136	REFERRING-PROV-NPI-NUM	Referring Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
D1	1718	CLT137	CLT.002.137	REFERRING-PROV-TAXONOMY	Referring Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
D1	1719	CLT138	CLT.002.138	REFERRING-PROV-TYPE	Referring Provider Type	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
D1	1720	CLT139	CLT.002.139	REFERRING-PROV-SPECIALTY	Referring Provider Specialty	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1721	CLT140	CLT.002.140	MEDICARE-HIC-NUM	Medicare HIC Number	Conditional	The Medicare HIC Number (HICN) is an identifier formerly used by SSA and CMS to identify all Medicare beneficiaries. For many beneficiaries, their SSN was a major component of their HICN. To prevent identify theft, among other reasons, HICN gradually were retired and replaced by the _x000D_ Medicare Beneficiary Identifier (MBI) over the course of 2018 and 2019. HICN continue to be used by Medicare for limited administrative purposes after 2019 but starting in 2020 the MBI became the primary identifier for Medicare beneficiaries. HICN consists of two components: SSN & _x000D_ alpha-suffix or (for Railroad IDs) prefix and ID (not always SSN based)	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1722	CLT140	CLT.002.140	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C2	1723	CLT140	CLT.002.140	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1724	CLT140	CLT.002.140	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	(Not Dual Eligible) if Dual Eligible Code (ELG.DE.085) value = "00", then value must not be populated.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1725	CLT140	CLT.002.140	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must be populated when Crossover Indicator (CLT.002.023) equals '1' and Medicare Beneficiary Identifier (CLT.002.168) is not populated.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1726	CLT141	CLT.002.141	PATIENT-STATUS	Patient Status	Mandatory	A code indicating the patient's status as of the last day the claim covers. Values used are from UB-04. This is also referred to as patient discharge status. A valid list of codes can be purchased at https://www.nubc.org/license	Value must be in Patient Status List (VVL).	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1727	CLT141	CLT.002.141	PATIENT-STATUS	Patient Status	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1728	CLT141	CLT.002.141	PATIENT-STATUS	Patient Status	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
D1	1729	CLT143	CLT.002.143	BMI	Body Mass Index	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1730	CLT144	CLT.002.144	REMITTANCE-NUM	Remittance Number	Mandatory	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 five (5) positions are Julian date following a YYDDD format. The RA is the detailed _x000D_ explanation of the reason for the payment amount. The RA number is not the check number.	Value must be 30 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1731	CLT144	CLT.002.144	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	First five (5) characters of the value must be a Julian date express in the form YYDDD (e.g. 19095, 95th day of 20(19))	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1732	CLT144	CLT.002.144	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1733	CLT144	CLT.002.144	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C2	1734	CLT145	CLT.002.145	LTC-RCP-LIAB-AMT	LTC RCP Liability Amount	Conditional	The total amount paid by the patient for services where they are required to use their personal funds to cover part of their care before Medicaid funds can be utilized.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1735	CLT145	CLT.002.145	LTC-RCP-LIAB-AMT	LTC RCP Liability Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1736	CLT145	CLT.002.145	LTC-RCP-LIAB-AMT	LTC RCP Liability Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1737	CLT146	CLT.002.146	DAILY-RATE	Daily Rate	Conditional	The amount a policy will pay per day for a covered service.	Value must be between 0.00 and 99999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1738	CLT146	CLT.002.146	DAILY-RATE	Daily Rate	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1739	CLT146	CLT.002.146	DAILY-RATE	Daily Rate	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1740	CLT147	CLT.002.147	ICF-IID-DAYS	ICF IID Days	Conditional	The number of days of intermediate care for individuals with an intellectual disability that were paid for in whole or in part by Medicaid. If value exceeds 99998 days, code as 99998. (e.g., code 100023 as 99998).	Value must be 5 digits or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1741	CLT147	CLT.002.147	ICF-IID-DAYS	ICF IID Days	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1742	CLT147	CLT.002.147	ICF-IID-DAYS	ICF IID Days	Not Applicable	Not Applicable	Value is mandatory when associated Type of Service (CLT.003.211) = '046'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1743	CLT147	CLT.002.147	ICF-IID-DAYS	ICF IID Days	Not Applicable	Not Applicable	Value must be less than or equal to the number of days between (ending date of service minus beginning date of service) plus one day	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1744	CLT147	CLT.002.147	ICF-IID-DAYS	ICF IID Days	Not Applicable	Not Applicable	When populated, if value is greater than 0 and less than 99998, then Level of Care Status (ELG.005.088) for the associated MSIS Identification Number (CLT.002.022) must equal '004' (ICF/IID) for the same month as the begin and end date of service	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1745	CLT148	CLT.002.148	LEAVE-DAYS	Leave Days	Conditional	The number of days, during the period covered by Medicaid, on which the patient did not reside in the long term care facility.	Value must be numeric	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1746	CLT148	CLT.002.148	LEAVE-DAYS	Leave Days	Not Applicable	Not Applicable	Value must be 5 digits or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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X1	1747	CLT148	CLT.002.148	LEAVE-DAYS	Leave Days	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1748	CLT148	CLT.002.148	LEAVE-DAYS	Leave Days	Not Applicable	Not Applicable	(Intermediate Care Facility for Individuals with Intellectual Disabilities) value is required when Type of Service (CLT.003.211) in [009, 045, 046, 047, 059]	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1749	CLT149	CLT.002.149	NURSING-FACILITY-DAYS	Nursing Facility Days	Conditional	The number of days of nursing care included in this claim that were paid for, in whole or in part, by Medicaid. Includes days during which nursing facility received partial payment for holding a bed during patient leave days. If value exceeds 99998 days, code as 99998.	Value must be numeric	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1750	CLT149	CLT.002.149	NURSING-FACILITY-DAYS	Nursing Facility Days	Not Applicable	Not Applicable	Value must be 5 digits or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1751	CLT149	CLT.002.149	NURSING-FACILITY-DAYS	Nursing Facility Days	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1752	CLT149	CLT.002.149	NURSING-FACILITY-DAYS	Nursing Facility Days	Not Applicable	Not Applicable	When populated, value must be less than or equal to the number of days between (ending date of service minus beginning date of service) plus one day	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1753	CLT149	CLT.002.149	NURSING-FACILITY-DAYS	Nursing Facility Days	Not Applicable	Not Applicable	(nursing facility) value is required when the Type of Service in [009, 045, 047, 059]	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1754	CLT149	CLT.002.149	NURSING-FACILITY-DAYS	Nursing Facility Days	Not Applicable	Not Applicable	When populated, if value is greater than zero, then Level of Care Status (ELG.005.088) for the associated MSIS Identification Number (CLT.002.022) must equal '003' (Nursing Facility) for the same month as the begin and end date of service	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1755	CLT150	CLT.002.150	SPLIT-CLAIM-IND	Split Claim Indicator	Conditional	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.	Value must be in Split Claim Indicator List (VVL).	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1756	CLT150	CLT.002.150	SPLIT-CLAIM-IND	Split Claim Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1757	CLT150	CLT.002.150	SPLIT-CLAIM-IND	Split Claim Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1758	CLT151	CLT.002.151	BORDER-STATE-IND	Border State Indicator	Conditional	A code to indicate 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.)	Value must be in Border State Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1759	CLT151	CLT.002.151	BORDER-STATE-IND	Border State Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1760	CLT151	CLT.002.151	BORDER-STATE-IND	Border State Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1761	CLT153	CLT.002.153	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Conditional	The amount of money the beneficiary paid towards coinsurance.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1762	CLT153	CLT.002.153	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1763	CLT153	CLT.002.153	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Coinsurance Date Paid	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1764	CLT153	CLT.002.153	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1765	CLT154	CLT.002.154	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Conditional	The date the beneficiary paid the coinsurance amount.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1766	CLT154	CLT.002.154	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1767	CLT154	CLT.002.154	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Coinsurance Amount	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1768	CLT154	CLT.002.154	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1769	CLT155	CLT.002.155	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Conditional	The amount of money the beneficiary paid towards a co-payment.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1770	CLT155	CLT.002.155	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1771	CLT155	CLT.002.155	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Copayment Date Paid	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1772	CLT155	CLT.002.155	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C2	1773	CLT156	CLT.002.156	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Conditional	The date the beneficiary paid the copayment amount.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1774	CLT156	CLT.002.156	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1775	CLT156	CLT.002.156	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Copayment Amount	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1776	CLT156	CLT.002.156	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1777	CLT157	CLT.002.157	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Conditional	The amount of money the beneficiary paid towards an annual deductible.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1778	CLT157	CLT.002.157	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1779	CLT157	CLT.002.157	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Deductible Date Paid	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1780	CLT157	CLT.002.157	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1781	CLT158	CLT.002.158	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Conditional	The date the beneficiary paid the deductible amount.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1782	CLT158	CLT.002.158	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1783	CLT158	CLT.002.158	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Deductible Date Paid	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1784	CLT158	CLT.002.158	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1785	CLT159	CLT.002.159	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Mandatory	An indicator to identify a claim that the state refused pay in its entirety.	Value must be in Claim Denied Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1786	CLT159	CLT.002.159	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	If value is '0', then Claim Status Category must equal "F2"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1787	CLT159	CLT.002.159	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1788	CLT159	CLT.002.159	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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X1	1789	CLT160	CLT.002.160	COPAY-WAIVED-IND	Copayment Waived Indicator	Optional	An indicator signifying that the copay was waived by the provider.	Value must be in Copay Waived Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1790	CLT160	CLT.002.160	COPAY-WAIVED-IND	Copayment Waived Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1791	CLT160	CLT.002.160	COPAY-WAIVED-IND	Copayment Waived Indicator	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1792	CLT161	CLT.002.161	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Conditional	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 team. A "Health Home Entity" can be a designated provider (e.g., physician, clinic, _x000D_ 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.	Value must 50 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1793	CLT161	CLT.002.161	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1794	CLT161	CLT.002.161	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1795	CLT163	CLT.002.163	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Third Party Coinsurance Amount Paid	Optional	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1796	CLT163	CLT.002.163	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Third Party Coinsurance Amount Paid	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1797	CLT163	CLT.002.163	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Third Party Coinsurance Amount Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1798	CLT164	CLT.002.164	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Conditional	The date a Third Party Coinsurance amount was paid on this claim or adjustment.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1799	CLT164	CLT.002.164	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1800	CLT164	CLT.002.164	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1801	CLT165	CLT.002.165	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Optional	The amount of money a third-party on behalf of the beneficiary paid towards a copayment.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1802	CLT165	CLT.002.165	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1803	CLT165	CLT.002.165	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1804	CLT166	CLT.002.166	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Optional	The date a Third Party copayment amount was paid on a claim or adjustment.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1805	CLT166	CLT.002.166	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1806	CLT166	CLT.002.166	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1807	CLT167	CLT.002.167	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1808	CLT167	CLT.002.167	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1809	CLT167	CLT.002.167	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1810	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Conditional	The Medicare Beneficiary Identifier (MBI) is a randomly generated identifier used to identify all Medicare beneficiaries. It replaced the previously-used SSN-based Medicare HIC Number (HICN). To prevent identify theft, among other reasons, HICN gradually were retired and replaced by the MBI _x000D_ over the course of 2018 and 2019. Starting in 2020, the MBI became the primary identifier for Medicare beneficiaries.	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1811	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Value must be an 11-character string	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1812	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 1 must be numeric values 1 thru 9	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1813	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 2 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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A2	1814	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 3 must be alphanumeric values 0 thru 9 or A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1815	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 4 must be numeric values 0 thru 9	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1816	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 5 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1817	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 6 must be alphanumeric values 0 thru 9 or A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1818	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 7 must be numeric values 0 thru 9	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1819	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 8 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1820	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 9 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1821	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 10 must be numeric values 0 thru 9	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1822	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 11 must be numeric values 0 thru 9	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1823	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
D1	1824	CLT168	CLT.002.168	MEDICARE-BENEFICIARY-IDENTIFIER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
D1	1825	CLT169	CLT.002.169	UNDER-DIRECTION-OF-PROV-NPI	Under Direction of Provider NPI	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
D1	1826	CLT170	CLT.002.170	UNDER-DIRECTION-OF-PROV-TAXONOMY	Under Direction of Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
D1	1827	CLT171	CLT.002.171	UNDER-SUPERVISION-OF-PROV-NPI	Under Supervision of Provider NPI	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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D1	1828	CLT172	CLT.002.172	UNDER-SUPERVISION-OF-PROV-TAXONOMY	Under Supervision of Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1829	CLT173	CLT.002.173	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1830	CLT173	CLT.002.173	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1831	CLT173	CLT.002.173	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1832	CLT174	CLT.002.174	ADMITTING-PROV-NPI-NUM	Admitting Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1833	CLT174	CLT.002.174	ADMITTING-PROV-NPI-NUM	Admitting Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C1	1834	CLT174	CLT.002.174	ADMITTING-PROV-NPI-NUM	Admitting Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1835	CLT175	CLT.002.175	ADMITTING-PROV-NUM	Admitting Provider Number	Conditional	The Medicaid ID of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Value must be 30 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1836	CLT175	CLT.002.175	ADMITTING-PROV-NUM	Admitting Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1837	CLT175	CLT.002.175	ADMITTING-PROV-NUM	Admitting Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1838	CLT176	CLT.002.176	ADMITTING-PROV-SPECIALTY	Admitting Provider Specialty	Conditional	This code describes the area of specialty for the provider being reported.	Value must be in Provider Specialty List (VVL).	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1839	CLT176	CLT.002.176	ADMITTING-PROV-SPECIALTY	Admitting Provider Specialty	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1840	CLT176	CLT.002.176	ADMITTING-PROV-SPECIALTY	Admitting Provider Specialty	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1841	CLT177	CLT.002.177	ADMITTING-PROV-TAXONOMY	Admitting Provider Taxonomy	Conditional	Taxonomic classification (code) for a given healthcare provider, as defined by the National Uniform Claim Committee.	Value must be in Provider Taxonomy List (VVL)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1842	CLT177	CLT.002.177	ADMITTING-PROV-TAXONOMY	Admitting Provider Taxonomy	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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X1	1843	CLT177	CLT.002.177	ADMITTING-PROV-TAXONOMY	Admitting Provider Taxonomy	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1844	CLT178	CLT.002.178	ADMITTING-PROV-TYPE	Admitting Provider Type	Conditional	A code to describe the type of entity billing for the service.	Value must be in Provider Type Code List (VVL).	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1845	CLT178	CLT.002.178	ADMITTING-PROV-TYPE	Admitting Provider Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1846	CLT178	CLT.002.178	ADMITTING-PROV-TYPE	Admitting Provider Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1847	CLT179	CLT.002.179	MEDICARE-PAID-AMT	Medicare Paid Amount	Conditional	The amount paid by Medicare on this claim or adjustment.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1848	CLT179	CLT.002.179	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1849	CLT179	CLT.002.179	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is "0", then the Medicare Paid Amount must not be populated.	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1850	CLT179	CLT.002.179	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
A2	1851	CLT179	CLT.002.179	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	If value is populated, Crossover Indicator must be equal to "1"	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
D1	1852	CLT183	CLT.002.183	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
C2	1853	CLT237	CLT.002.237	PROV-LOCATION-ID	Provider Location ID	Mandatory	A code to uniquely identify the geographic location where the provider's services were performed. The Provider Location Identifier values reported on Inpatient, Long-Term Care, Other, and Pharmacy Claim Header Segments must correspond to an active Provider Location Identifier _x000D_ value on a Provider Location & Contact Info (PRV00003) segment. If a particular license (e.g., a physician's medical license) or provider identifier (e.g., an individual provider's NPI or SSN) is applicable to all of their servicing locations, value "000" (a string of exactly three zeros) can _x000D_ be used in the PRV00004 or PRV00005, respectively, to represent all locations, however that location identifier must not be attributed to claims or provider bed type info.	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002

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C2	1854	CLT237	CLT.002.237	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1855	CLT237	CLT.002.237	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002
X1	1856	CLT184	CLT.003.184	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1857	CLT184	CLT.003.184	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "CLT00003"	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1858	CLT185	CLT.003.185	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1859	CLT185	CLT.003.185	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1860	CLT185	CLT.003.185	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1861	CLT185	CLT.003.185	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (CLT.001.007)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1862	CLT186	CLT.003.186	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1863	CLT186	CLT.003.186	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1864	CLT186	CLT.003.186	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1865	CLT186	CLT.003.186	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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X1	1866	CLT187	CLT.003.187	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1867	CLT187	CLT.003.187	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1868	CLT187	CLT.003.187	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1869	CLT187	CLT.003.187	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1870	CLT187	CLT.003.187	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	When Type of Claim (CLT.002.052) equals 4, D or X (lump sum payment) value must begin with an '&'	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1871	CLT188	CLT.003.188	ICN-ORIG	Original ICN	Mandatory	A unique number assigned by the state's payment system that identifies an original or adjustment claim.	Value must be 50 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1872	CLT188	CLT.003.188	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1873	CLT188	CLT.003.188	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1874	CLT189	CLT.003.189	ICN-ADJ	Adjustment ICN	Conditional	A unique claim number assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Value must be 50 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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C2	1875	CLT189	CLT.003.189	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1876	CLT189	CLT.003.189	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	If associated Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1877	CLT189	CLT.003.189	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1878	CLT190	CLT.003.190	LINE-NUM-ORIG	Original Line Number	Mandatory	A unique number to identify the transaction line number that is being reported on the original claim.	Value must be 3 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1879	CLT190	CLT.003.190	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1880	CLT190	CLT.003.190	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1881	CLT190	CLT.003.190	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	When populated, value must be one or greater	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1882	CLT191	CLT.003.191	LINE-NUM-ADJ	Adjustment Line Number	Conditional	A unique number to identify the transaction line number that identifies the line number on the adjustment claim.	Value must be 3 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1883	CLT191	CLT.003.191	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	If associated Line Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1884	CLT191	CLT.003.191	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	If associated Line Adjustment Indicator value is 1, then value is mandatory and must be provided	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1885	CLT191	CLT.003.191	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1886	CLT191	CLT.003.191	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	When populated, value must be one or greater	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1887	CLT192	CLT.003.192	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Conditional	A code to indicate the type of adjustment record claim/encounter represents at claim detail level.	Value must be in Line Adjustment Indicator List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1888	CLT192	CLT.003.192	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [1, 3, 5, A, C, E, U, W, Y], then value must be in [0, 1, 4]	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1889	CLT192	CLT.003.192	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [4, D, X], then value must be in [5, 6]	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1890	CLT192	CLT.003.192	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1891	CLT192	CLT.003.192	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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A2	1892	CLT192	CLT.003.192	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Line Adjustment Number is populated, then value must be populated	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1893	CLT193	CLT.003.193	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Conditional	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Value must be in Line Adjustment Reason Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1894	CLT193	CLT.003.193	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1895	CLT193	CLT.003.193	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1896	CLT193	CLT.003.193	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	When populated, Line Adjustment Indicator must be populated	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1897	CLT194	CLT.003.194	SUBMITTER-ID	Submitter ID	Mandatory	The Submitter Identification number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Value must be 12 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C1	1898	CLT194	CLT.003.194	SUBMITTER-ID	Submitter ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1899	CLT195	CLT.003.195	CLAIM-LINE-STATUS	Claim Line Status	Conditional	The Claim Line Status conveys the status of a specific service line using the X12 Claim Status Codes from the claim adjudication process.	Value must be in Claim Status List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1900	CLT195	CLT.003.195	CLAIM-LINE-STATUS	Claim Line Status	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1901	CLT195	CLT.003.195	CLAIM-LINE-STATUS	Claim Line Status	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1902	CLT196	CLT.003.196	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Mandatory	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 _x000D_ covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began. For financial transactions reported to the OT file, populate with the first day of the time period covered by this financial transaction.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1903	CLT196	CLT.003.196	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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A2	1904	CLT196	CLT.003.196	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated End of Time Period value	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1905	CLT196	CLT.003.196	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Ending Date of Service value	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1906	CLT196	CLT.003.196	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated Adjudication Date value	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1907	CLT196	CLT.003.196	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Date of Death (ELG.002.025) value when populated	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1908	CLT196	CLT.003.196	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to at least one of the eligible's Enrollment End Date (ELG.021.254) values	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1909	CLT196	CLT.003.196	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1910	CLT197	CLT.003.197	ENDING-DATE-OF-SERVICE	Ending Date of Service	Mandatory	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 _x000D_ claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended. For financial transactions reported to the OT file, populate with the first day of the time period covered by this financial transaction.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1911	CLT197	CLT.003.197	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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A2	1912	CLT197	CLT.003.197	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated End of Time Period value	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1913	CLT197	CLT.003.197	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be greater than or equal to associated Beginning Date of Service value	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1914	CLT197	CLT.003.197	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated Adjudication Date value	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1915	CLT197	CLT.003.197	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Date of Death (ELG.002.025) value when populated	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1916	CLT197	CLT.003.197	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be equal to or greater than associated Date of Birth (ELG.002.024) value	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1917	CLT197	CLT.003.197	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1918	CLT198	CLT.003.198	REVENUE-CODE	Revenue Code	Mandatory	A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by UB-04 Billing _x000D_ Manual). Revenue Code should be passed through to T-MSIS exactly as it was billed by the provider on the provider's _x000D_ 8371 or UB-04 claim. It is only required on Inpatient, Long-Term Care and Other Fee for Service claims and managed _x000D_ care encounters that have a valid Type of Bill value. It's not required on financial transactions or non-institutional claims.	Value must be in Revenue Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1919	CLT198	CLT.003.198	REVENUE-CODE	Revenue Code	Not Applicable	Not Applicable	A Revenue Code value requires an associated Revenue Charge	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1920	CLT198	CLT.003.198	REVENUE-CODE	Revenue Code	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1921	CLT198	CLT.003.198	REVENUE-CODE	Revenue Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
D1	1922	CLT201	CLT.003.201	IMMUNIZATION-TYPE	Immunization Type	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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D1	1923	CLT202	CLT.003.202	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	IP LT Quantity of Service Actual	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
D1	1924	CLT203	CLT.003.203	IP-LT-QUANTITY-OF-SERVICE-ALLOWED	IP LT Quantity of Service Allowed	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1925	CLT204	CLT.003.204	REVENUE-CHARGE	Revenue Charge	Conditional	The total amount billed for the related Revenue Code. Total amount billed includes both covered and non-covered charges (as defined by UB-04 Billing Manual). For encounter records, Type of Claim = 3, C, or W, this field should be populated with the amount that the provider billed to the _x000D_ managed care plan.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1926	CLT204	CLT.003.204	REVENUE-CHARGE	Revenue Charge	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1927	CLT204	CLT.003.204	REVENUE-CHARGE	Revenue Charge	Not Applicable	Not Applicable	Value must be less than or equal to associated Total Billed Amount value.	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1928	CLT204	CLT.003.204	REVENUE-CHARGE	Revenue Charge	Not Applicable	Not Applicable	When populated, associated claim line Revenue Charge must be populated	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1929	CLT204	CLT.003.204	REVENUE-CHARGE	Revenue Charge	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1930	CLT205	CLT.003.205	ALLOWED-AMT	Allowed Amount	Conditional	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. On Fee for Service claims the Allowed Amount is determined by the state's MMIS (or PBM). On managed _x000D_ care encounters the Allowed Amount is determined by the managed care organization.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1931	CLT205	CLT.003.205	ALLOWED-AMT	Allowed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1932	CLT205	CLT.003.205	ALLOWED-AMT	Allowed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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C2	1933	CLT206	CLT.003.206	TPL-AMT	Third Party Liability Amount	Conditional	Third-party liability 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.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1934	CLT206	CLT.003.206	TPL-AMT	Third Party Liability Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1935	CLT206	CLT.003.206	TPL-AMT	Third Party Liability Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1936	CLT207	CLT.003.207	OTHER-INSURANCE-AMT	Other Insurance Amount	Conditional	The amount paid by insurance other than Medicare or Medicaid on this claim.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1937	CLT207	CLT.003.207	OTHER-INSURANCE-AMT	Other Insurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1938	CLT207	CLT.003.207	OTHER-INSURANCE-AMT	Other Insurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1939	CLT208	CLT.003.208	MEDICAID-PAID-AMT	Medicaid Paid Amount	Conditional	The amount paid by Medicaid/CHIP agency or the managed care plan on this claim or adjustment at the claim detail level. For claims where Medicaid payment is only available at the header level, report the entire _x000D_ payment amount on the T-MSIS record corresponding to the line item with the highest charge or the 1st detail. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1940	CLT208	CLT.003.208	MEDICAID-PAID-AMT	Medicaid Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C1	1941	CLT208	CLT.003.208	MEDICAID-PAID-AMT	Medicaid Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1942	CLT209	CLT.003.209	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Conditional	The amount that would have been paid had the services been provided on a Fee for Service basis.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1943	CLT209	CLT.003.209	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1944	CLT209	CLT.003.209	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	If associated Type of Claim value equals '3, C, W', then value is mandatory and must be provided	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1945	CLT209	CLT.003.209	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	1946	CLT210	CLT.003.210	BILLING-UNIT	Billing Unit	Conditional	Unit of billing that is used for billing services by the facility.	Value must be in Billing Unit List (VVL).	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1947	CLT210	CLT.003.210	BILLING-UNIT	Billing Unit	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1948	CLT210	CLT.003.210	BILLING-UNIT	Billing Unit	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1949	CLT211	CLT.003.211	TYPE-OF-SERVICE	Type of Service	Mandatory	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Value must be 3 characters	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1950	CLT211	CLT.003.211	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1951	CLT211	CLT.003.211	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	Value must satisfy the requirements of Type of Service (Long Term Claim) List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1952	CLT212	CLT.003.212	SERVICING-PROV-NUM	Servicing Provider Number	Conditional	A unique number to identify the provider who treated the recipient. The Servicing Provider Number should be for the individual doctor who rendered the service. If "Servicing" provider and the "Billing" provider such as a sole-practitioner are the same then use the same number in both fields. The _x000D_ value is conditional as its usage varies by state.	Value must be 30 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1953	CLT212	CLT.003.212	SERVICING-PROV-NUM	Servicing Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C1	1954	CLT212	CLT.003.212	SERVICING-PROV-NUM	Servicing Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1955	CLT212	CLT.003.212	SERVICING-PROV-NUM	Servicing Provider Number	Not Applicable	Not Applicable	When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.005.081) Provider Identifier or When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.002.019) Submitting State Provider ID	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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A2	1956	CLT213	CLT.003.213	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1957	CLT213	CLT.003.213	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1958	CLT213	CLT.003.213	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1959	CLT213	CLT.003.213	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Not Applicable	Not Applicable	When Type of Claim (CLT.002.052) not in ('3','C','W') then value must match Provider Identifier (PRV.005.081)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
D1	1960	CLT214	CLT.003.214	SERVICING-PROV-TAXONOMY	Servicing Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1961	CLT215	CLT.003.215	SERVICING-PROV-TYPE	Servicing Provider Type	Conditional	A code to describe the type of entity billing for the service.	Value must be in Provider Type Code List (VVL).	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1962	CLT215	CLT.003.215	SERVICING-PROV-TYPE	Servicing Provider Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1963	CLT215	CLT.003.215	SERVICING-PROV-TYPE	Servicing Provider Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1964	CLT216	CLT.003.216	SERVICING-PROV-SPECIALTY	Servicing Provider Specialty	Conditional	This code describes the area of specialty for the provider being reported.	Value must be in Provider Specialty List (VVL).	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1965	CLT216	CLT.003.216	SERVICING-PROV-SPECIALTY	Servicing Provider Specialty	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1966	CLT216	CLT.003.216	SERVICING-PROV-SPECIALTY	Servicing Provider Specialty	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1967	CLT217	CLT.003.217	OTHER-TPL-COLLECTION	Other TPL Collection	Conditional	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.	Value must be in Other TPL Collection List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1968	CLT217	CLT.003.217	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1969	CLT217	CLT.003.217	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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X1	1970	CLT218	CLT.003.218	BENEFIT-TYPE	Benefit Type	Mandatory	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 (MACPro) benefit type list. See Appendix H: Benefit Types	Value must be in Benefit Type Code List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1971	CLT218	CLT.003.218	BENEFIT-TYPE	Benefit Type	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1972	CLT218	CLT.003.218	BENEFIT-TYPE	Benefit Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1973	CLT219	CLT.003.219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Conditional	A code to indicate the Federal funding source for the payment.	Value must be in CMS 64 Category for Federal Reimbursement List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1974	CLT219	CLT.003.219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1975	CLT219	CLT.003.219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	(Federal Funding under Title XXI) if value equals '02', then the eligible's CHIP Code (ELG.003.054) must be in ['2', '3']	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1976	CLT219	CLT.003.219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	(Federal Funding under Title XIX) if value equals '01' then the eligible's CHIP Code (ELG.003.054) must be '1'	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C1	1977	CLT219	CLT.003.219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1978	CLT219	CLT.003.219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	If Type of Claim is in ['1','2','5','A','B','E','U','V','Y'] and the Total Medicaid Paid Amount is populated on the corresponding claim header, then value must be reported.	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1979	CLT219	CLT.003.219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	If Type of Claim is in ['4','D'] and the Service Tracking Payment Amount on the relevant record is populated, then value must be reported.	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1980	CLT221	CLT.003.221	PROV-FACILITY-TYPE	Provider Facility Type	Mandatory	The type of facility in which services on the claim were rendered. The Provider Facility Type code set is based on corresponding groups of HIPAA provider taxonomy codes.	Value must be in Provider Facility Type List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1981	CLT221	CLT.003.221	PROV-FACILITY-TYPE	Provider Facility Type	Not Applicable	Not Applicable	Value must be 9 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1982	CLT221	CLT.003.221	PROV-FACILITY-TYPE	Provider Facility Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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A2	1983	CLT224	CLT.003.224	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Conditional	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.	Value must be in XIX MBESCBES Category of Service List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1984	CLT224	CLT.003.224	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1985	CLT224	CLT.003.224	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1986	CLT224	CLT.003.224	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	(Medicaid Claim) if the associated CMS-64 Category for Federal Reimbursement value is '1', then a valid value is mandatory and must be reported	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1987	CLT224	CLT.003.224	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	If value is in ['14', '35', '42' or '44'], then Sex (ELG.002.023) must not equals 'M'	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1988	CLT224	CLT.003.224	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	If XXI MBESCBES Category of Service is populated then must not be populated	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1989	CLT225	CLT.003.225	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Conditional	A code to indicate 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.	Value must be in XXI MBESCBES Category of Service List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1990	CLT225	CLT.003.225	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1991	CLT225	CLT.003.225	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	(CHIP Claim) if the associated CMS-64 Category for Federal Reimbursement value is '2', then a valid value is mandatory and must be reported	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1992	CLT225	CLT.003.225	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	If XIX MBESCBES Category of Service is populated then value must not be populated	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1993	CLT225	CLT.003.225	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	1994	CLT226	CLT.003.226	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	1995	CLT226	CLT.003.226	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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X1	1996	CLT226	CLT.003.226	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1997	CLT228	CLT.003.228	NATIONAL-DRUG-CODE	National Drug Code	Conditional	A code following the National Drug Code format indicating the drug, device, or medical supply covered by this claim.	Characters 1-5 of value must be numeric	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1998	CLT228	CLT.003.228	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Characters 6-9 of value must be numeric	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	1999	CLT228	CLT.003.228	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Characters 10-12 of value must be numeric or blank	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	2000	CLT228	CLT.003.228	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Value must be 12 digits or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	2001	CLT228	CLT.003.228	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Value must be a valid National Drug Code	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	2002	CLT228	CLT.003.228	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	2003	CLT229	CLT.003.229	NDC-UNIT-OF-MEASURE	NDC Unit of Measure	Conditional	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Value must be in NDC Unit of Measure List (VVL).	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	2004	CLT229	CLT.003.229	NDC-UNIT-OF-MEASURE	NDC Unit of Measure	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	2005	CLT229	CLT.003.229	NDC-UNIT-OF-MEASURE	NDC Unit of Measure	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	2006	CLT230	CLT.003.230	NDC-QUANTITY	NDC Quantity	Conditional	This field is to capture the actual quantity of the National Drug Code being prescribed on the claim.	Value may include up to 6 digits to the left of the decimal point, and 3 digits to the right e.g. 123456.789	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	2007	CLT230	CLT.003.230	NDC-QUANTITY	NDC Quantity	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C1	2008	CLT231	CLT.003.231	HCPCS-RATE	HCPCS Rate	Conditional	This data element is expected to capture data from the HIPAA 837I claim loop 2400 SV206 or UB-04 FL 44. (NOTE: This element varies slightly by claim file time, and claim-file-specific requirements will be specified at in the file specification for each claim type.)	Value must be in HCPCS Rate List (VVL).	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C1	2009	CLT231	CLT.003.231	HCPCS-RATE	HCPCS Rate	Not Applicable	Not Applicable	Value must be 14 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	2010	CLT231	CLT.003.231	HCPCS-RATE	HCPCS Rate	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	2011	CLT231	CLT.003.231	HCPCS-RATE	HCPCS Rate	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	2012	CLT233	CLT.003.233	ADJUDICATION-DATE	Adjudication Date	Mandatory	The date on which the payment status of the claim was finally adjudicated by the state.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	2013	CLT233	CLT.003.233	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	2014	CLT233	CLT.003.233	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or before End of Time Period value found in associated T-MSIS File Header Record	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003

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A2	2015	CLT233	CLT.003.233	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	2016	CLT233	CLT.003.233	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or after associated Admission Date value	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	2017	CLT234	CLT.003.234	SELF-DIRECTION-TYPE	Self Direction Type	Conditional	This data element is not applicable to this file type.	Value must be in Self Direction Type List (VVL)	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	2018	CLT234	CLT.003.234	SELF-DIRECTION-TYPE	Self Direction Type	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	2019	CLT234	CLT.003.234	SELF-DIRECTION-TYPE	Self Direction Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
A2	2020	CLT235	CLT.003.235	PRE-AUTHORIZATION-NUM	Preauthorization Number	Conditional	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 referred to as a Prior Authorization or Referral Number).	Value must be 18 characters or less	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
C2	2021	CLT235	CLT.003.235	PRE-AUTHORIZATION-NUM	Preauthorization Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	2022	CLT235	CLT.003.235	PRE-AUTHORIZATION-NUM	Preauthorization Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
D1	2023	CLT238	CLT.003.238	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003
X1	2024	COT001	COT.001.001	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
A2	2025	COT001	COT.001.001	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "COT00001"	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
A2	2026	COT002	COT.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Mandatory	A data element to capture the version of the T-MSIS data dictionary that was used to build the file. Use the version number specified on the Cover Sheet of the data dictionary" to V2.4.	Value must be 10 characters or less	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2027	COT002	COT.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Value must not include the pipe (" ") symbol	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2028	COT002	COT.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2029	COT003	COT.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Mandatory	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.	Value must be in Submission Transaction Type List (VVL)	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	2030	COT003	COT.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2031	COT003	COT.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2032	COT004	COT.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Mandatory	Denotes which supported file encoding standard was used to create the file.	Value must be in File Encoding Specification List (VVL)	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
A2	2033	COT004	COT.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2034	COT004	COT.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
A2	2035	COT005	COT.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Mandatory	Identifies the version of the T-MSIS data mapping document used to build a state submission file. Use the version number specified on the title page of the data mapping document	Value must be 9 characters or less	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2036	COT005	COT.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2037	COT006	COT.001.006	FILE-NAME	File Name	Not Applicable	A code to identify the subject area to which the records in its file relate. Each T-MSIS submission file should only _x000D_ contain records for one subject area (i.e., Eligible, Third-party liability, Provider, Managed Care Plan Information, _x000D_ Inpatient, Long-Term Care, Other, and Pharmacy Claim).	Value must equal 'CLAIM-OT'	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2038	COT007	COT.001.007	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2039	COT007	COT.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2040	COT007	COT.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2041	COT008	COT.001.008	DATE-FILE-CREATED	Date File Created	Mandatory	The date on which the file was created.	Value of the CC component must be "20"	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2042	COT008	COT.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2043	COT008	COT.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2044	COT008	COT.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be equal to or after the value of associated End of Time Period	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	2045	COT008	COT.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2046	COT009	COT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Mandatory	This value must be the first day of the reporting month, regardless of the actual date span of the data in the file.	Value of the CC component must be "20"	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2047	COT009	COT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2048	COT009	COT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2049	COT009	COT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be less than current date	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2050	COT009	COT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2051	COT009	COT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be before associated End of Time Period	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2052	COT009	COT.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2053	COT010	COT.001.010	END-OF-TIME-PERIOD	End of Time Period	Mandatory	This value must be the last day of the reporting month, regardless of the actual date span.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2054	COT010	COT.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value of the CC component must be "20"	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2055	COT010	COT.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2056	COT010	COT.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2057	COT010	COT.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or after associated Start of Time Period	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2058	COT010	COT.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2059	COT011	COT.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Mandatory	A code to indicate whether the records in the file are test or production records.	For production files, value must be equal to 'P'	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
A2	2060	COT011	COT.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2061	COT011	COT.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	2062	COT012	COT.001.012	SSN-INDICATOR	SSN Indicator	Mandatory	Indicates whether the state uses the eligible person's social security number instead of an MSIS Identification Number as the unique, unchanging eligible person identifier. A state's SSN/Non-SSN designation on the eligibility file should match on the claims and third party liability _x000D_ files.	Value must be in SSN Indicator List (VVL)	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
A2	2063	COT012	COT.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2064	COT012	COT.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2065	COT013	COT.001.013	TOT-REC-CNT	Total Record Count	Mandatory	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.	Value must be a positive integer	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2066	COT013	COT.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be between 0:99999999999 (inclusive)	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
A2	2067	COT013	COT.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2068	COT013	COT.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must equal the number of records included in the file submission except for the file header record.	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2069	COT013	COT.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
A2	2070	COT014	COT.001.014	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
C2	2071	COT014	COT.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2072	COT014	COT.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
D1	2073	COT015	COT.001.015	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2074	COT216	COT.001.216	SEQUENCE-NUMBER	Sequence Number	Mandatory	To enable states to sequentially number files, when related, follow-on files are necessary (i.e. update files, replace files). This should begin with 1 for the _x000D_ original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject _x000D_ area).	Value must be between 1 and 9999	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	2075	COT216	COT.001.216	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be equal to the largest of any prior values for the same reporting period and file type, plus 1 (i.e. incremented by 1)	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2076	COT216	COT.001.216	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
A2	2077	COT216	COT.001.216	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2078	COT216	COT.001.216	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001
X1	2079	COT016	COT.002.016	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2080	COT016	COT.002.016	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "COT00002"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2081	COT017	COT.002.017	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2082	COT017	COT.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2083	COT017	COT.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2084	COT017	COT.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (COT.001.007)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2085	COT018	COT.002.018	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2086	COT018	COT.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2087	COT018	COT.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2088	COT018	COT.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2089	COT019	COT.002.019	ICN-ORIG	Original ICN	Mandatory	A unique number assigned by the state's payment system that identifies an original or adjustment claim.	Value must be 50 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2090	COT019	COT.002.019	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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A2	2091	COT019	COT.002.019	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2092	COT020	COT.002.020	ICN-ADJ	Adjustment ICN	Conditional	A unique claim number assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Value must be 50 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2093	COT020	COT.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2094	COT020	COT.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	If associated Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2095	COT020	COT.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2096	COT021	COT.002.021	SUBMITTER-ID	Submitter ID	Mandatory	The Submitter Identification number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Value must be 12 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2097	COT021	COT.002.021	SUBMITTER-ID	Submitter ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2098	COT022	COT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2099	COT022	COT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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C2	2100	COT022	COT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2101	COT022	COT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2102	COT022	COT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Populated value must begin with an '&', when Type of Claim (COT.002.037) = 4, D or X (lump sum payment)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2103	COT022	COT.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must match MSIS Identification Number (ELG.021.251) and the Beginning Date of Service (COT.002.033) must be between Enrollment Effective Date (ELG.021.253) and Enrollment End Date (ELG.021.254)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2104	COT023	COT.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Conditional	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Value must be in Crossover Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2105	COT023	COT.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	If Crossover Indicator value is "1", the associated Dual Eligible Code (ELG.005.085) value must be in "01", "02", "04", "08", "09", or "10" for the same time period (by date of service)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2106	COT023	COT.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2107	COT023	COT.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2108	COT023	COT.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	If the TYPE-OF-CLAIM value is in ["1", "3", "A", "C"], then value is mandatory and must be reported.	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2109	COT024	COT.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Conditional	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 demonstration.	Value must be in 1115A Demonstration Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2110	COT024	COT.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	2111	COT024	COT.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2112	COT024	COT.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	When value equals '0', is invalid or not populated, the associated 1115A Demonstration Indicator (ELG.018.223) must equal '0', is invalid or not populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2113	COT025	COT.002.025	ADJUSTMENT-IND	Adjustment Indicator	Mandatory	Indicates the type of adjustment record.	Value must be in Adjustment Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2114	COT025	COT.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [1, 3, 5, A, C, E, U, W, Y], then value must be in [0, 1, 4]	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2115	COT025	COT.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is '4, D, X', then value must be in [5, 6]	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2116	COT025	COT.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2117	COT025	COT.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2118	COT026	COT.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Conditional	Claim adjustment reason codes communicate why a claim was paid differently than it was billed. If the amount paid is different from the amount billed you need an adjustment reason code.	Value must be in Adjustment Reason Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2119	COT026	COT.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2120	COT026	COT.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2121	COT026	COT.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Value must not be populated when associated Adjustment Indicator equals "0"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2122	COT027	COT.002.027	DIAGNOSIS-CODE-1	Diagnosis Code 1	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	2123	COT027	COT.002.027	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2124	COT027	COT.002.027	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2125	COT027	COT.002.027	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2126	COT027	COT.002.027	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2127	COT027	COT.002.027	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2128	COT027	COT.002.027	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2129	COT027	COT.002.027	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2130	COT027	COT.002.027	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2131	COT027	COT.002.027	DIAGNOSIS-CODE-1	Diagnosis Code 1	Not Applicable	Not Applicable	If Type of Claim (COT.002.037) is in ("1", "3", "A", "C", "U", "W") then Diagnosis Code 1 (COT.002.027) must be populated.	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2132	COT028	COT.002.028	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2133	COT028	COT.002.028	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2134	COT028	COT.002.028	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	2135	COT028	COT.002.028	DIAGNOSIS-CODE-FLAG-1	Diagnosis Code Flag 1	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2136	COT029	COT.002.029	DIAGNOSIS-POA-FLAG-1	Diagnosis POA Flag 1	Conditional	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._x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines._x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature._x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2137	COT029	COT.002.029	DIAGNOSIS-POA-FLAG-1	Diagnosis POA Flag 1	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2138	COT029	COT.002.029	DIAGNOSIS-POA-FLAG-1	Diagnosis POA Flag 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2139	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Conditional	ICD-9 or ICD-10 diagnosis codes used as a tool to group and identify diseases, disorders, symptoms, poisonings, _x000D_ adverse effects of drugs and chemicals, injuries and other reasons for patient encounters. Diagnosis codes should be _x000D_ passed through to T-MSIS exactly as they were submitted by the provider on their claim (with the exception of removing _x000D_ the decimal). For example: 210.5 is coded as "2105".	When populated, a Diagnosis Code Flag is required	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2140	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), then value must be in ICD-9 Diagnosis Codes List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	2141	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), then value must be in ICD-10 Diagnosis Codes List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2142	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Value must be a minimum of 3 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2143	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Value must not contain a decimal point	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2144	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "1" (ICD-9), value must not exceed 5 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2145	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	If associated Diagnosis Code Flag value is "2" (ICD-10), value must not exceed 7 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2146	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	When there is more than one diagnosis code on a claim, each value must be unique	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2147	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2148	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	When populated, value cannot equal Diagnosis Code 1 (COT.002.027)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2149	COT030	COT.002.030	DIAGNOSIS-CODE-2	Diagnosis Code 2	Not Applicable	Not Applicable	When Diagnosis Code 1 (COT.002.027) is not populated, value should not be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2150	COT031	COT.002.031	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Conditional	Flag used to identify if associated Diagnosis Code field is reported with ICD-9 or ICD-10 code. Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, _x000D_ where n can be any integer greater than or equal to 1.	Value must be in Diagnosis Code Flag List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2151	COT031	COT.002.031	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2152	COT031	COT.002.031	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2153	COT031	COT.002.031	DIAGNOSIS-CODE-FLAG-2	Diagnosis Code Flag 2	Not Applicable	Not Applicable	Value should not be populated, if the associated diagnosis code is not populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	2154	COT032	COT.002.032	DIAGNOSIS-POA-FLAG-2	Diagnosis POA Flag 2	Conditional	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. _x000D_ 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 payment when present as a secondary diagnosis, and (c) could reasonably _x000D_ have been prevented through the application of evidence-based guidelines. _x000D_ *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature. _x000D_ Each Diagnosis Code Flag is associated with one, and only one, Diagnosis Code in a given file segment record. For example, Diagnosis Code n is associated with Diagnosis Code Flag n, where n can be any integer greater than or equal to 1.	Value must be in Diagnosis POA Flag List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2155	COT032	COT.002.032	DIAGNOSIS-POA-FLAG-2	Diagnosis POA Flag 2	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2156	COT032	COT.002.032	DIAGNOSIS-POA-FLAG-2	Diagnosis POA Flag 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2157	COT033	COT.002.033	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Mandatory	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 _x000D_ covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began. For financial transactions reported to the OT file, populate with the first day of the time period covered by this financial transaction.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2158	COT033	COT.002.033	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2159	COT033	COT.002.033	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated End of Time Period value	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2160	COT033	COT.002.033	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Ending Date of Service value	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2161	COT033	COT.002.033	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated Adjudication Date value	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2162	COT033	COT.002.033	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Date of Death (ELG.002.025) value when populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2163	COT033	COT.002.033	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to at least one of the eligible's Enrollment End Date (ELG.021.254) values	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2164	COT033	COT.002.033	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2165	COT034	COT.002.034	ENDING-DATE-OF-SERVICE	Ending Date of Service	Mandatory	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 _x000D_ claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended. For financial transactions reported to the OT file, populate with the first day of the time period covered by this financial transaction.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2166	COT034	COT.002.034	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	2167	COT034	COT.002.034	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated End of Time Period value	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2168	COT034	COT.002.034	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be greater than or equal to associated Beginning Date of Service value	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2169	COT034	COT.002.034	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated Adjudication Date value	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2170	COT034	COT.002.034	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Date of Death (ELG.002.025) value when populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2171	COT034	COT.002.034	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be equal to or greater than associated Date of Birth (ELG.002.024) value	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2172	COT034	COT.002.034	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2173	COT035	COT.002.035	ADJUDICATION-DATE	Adjudication Date	Mandatory	The date on which the payment status of the claim was finally adjudicated by the state.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2174	COT035	COT.002.035	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2175	COT035	COT.002.035	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or before End of Time Period value found in associated T-MSIS File Header Record	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2176	COT035	COT.002.035	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2177	COT036	COT.002.036	MEDICAID-PAID-DATE	Medicaid Paid Date	Mandatory	The date Medicaid paid this claim or adjustment.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2178	COT036	COT.002.036	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2179	COT036	COT.002.036	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	Must have an associated Total Medicaid Paid Amount	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2180	COT036	COT.002.036	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2181	COT037	COT.002.037	TYPE-OF-CLAIM	Type of Claim	Mandatory	A code to indicate what type of payment is covered in this claim.	Value must be in Type of Claim List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2182	COT037	COT.002.037	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2183	COT037	COT.002.037	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2184	COT037	COT.002.037	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	When value equals 'Z', claim denied indicator must equal '0'	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2185	COT038	COT.002.038	TYPE-OF-BILL	Type of Bill	Conditional	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.)	Value must be in Type of Bill List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2186	COT038	COT.002.038	TYPE-OF-BILL	Type of Bill	Not Applicable	Not Applicable	Value must be 4 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2187	COT038	COT.002.038	TYPE-OF-BILL	Type of Bill	Not Applicable	Not Applicable	First character must be a '0'	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2188	COT038	COT.002.038	TYPE-OF-BILL	Type of Bill	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2189	COT039	COT.002.039	CLAIM-STATUS	Claim Status	Conditional	The health care claim status codes convey the status of an entire claim.	Value must be in Claim Status List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2190	COT039	COT.002.039	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2191	COT039	COT.002.039	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2192	COT039	COT.002.039	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	If value in [26, 87, 542, 585, 654], Claim Denied Indicator must be '0'	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2193	COT040	COT.002.040	CLAIM-STATUS-CATEGORY	Claim Status Category	Mandatory	The Claim Status Category conveys the status of the entire claim using the X12 Claim Status Category Codes from the claim adjudication process.	Value must be in Claim Status Category List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2194	COT040	COT.002.040	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	(Denied Claim) if associated Claim Denied Indicator indicates the claim was denied, then value must be "F2"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2195	COT040	COT.002.040	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	(Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 858, 654], then value must be "F2"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2196	COT040	COT.002.040	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2197	COT040	COT.002.040	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2198	COT041	COT.002.041	SOURCE-LOCATION	Source Location	Mandatory	The field denotes the claims payment system from which the claim was extracted.	Value must be in Source Location List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2199	COT041	COT.002.041	SOURCE-LOCATION	Source Location	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2200	COT041	COT.002.041	SOURCE-LOCATION	Source Location	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2201	COT042	COT.002.042	CHECK-NUM	Check Number	Conditional	The check or electronic funds transfer number.	Value must be 15 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2202	COT042	COT.002.042	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Value must have an associated Check Effective Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2203	COT042	COT.002.042	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2204	COT042	COT.002.042	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2205	COT043	COT.002.043	CHECK-EFF-DATE	Check Effective Date	Conditional	The date a check is issued to the payee. In the case of electronic funds transfer, it is the date the transfer is made.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2206	COT043	COT.002.043	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2207	COT043	COT.002.043	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Value may be the same as associated Remittance Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2208	COT043	COT.002.043	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Must have an associated Check Number	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2209	COT043	COT.002.043	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2210	COT044	COT.002.044	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2211	COT044	COT.002.044	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2212	COT044	COT.002.044	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2213	COT044	COT.002.044	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2214	COT045	COT.002.045	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2215	COT045	COT.002.045	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2216	COT045	COT.002.045	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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A2	2217	COT045	COT.002.045	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2218	COT045	COT.002.045	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 1 is not populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2219	COT046	COT.002.046	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2220	COT046	COT.002.046	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2221	COT046	COT.002.046	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2222	COT046	COT.002.046	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2223	COT046	COT.002.046	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 2 is not populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2224	COT047	COT.002.047	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2225	COT047	COT.002.047	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2226	COT047	COT.002.047	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2227	COT047	COT.002.047	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2228	COT047	COT.002.047	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 3 is not populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2229	COT048	COT.002.048	TOT-BILLED-AMT	Total Billed Amount	Conditional	The total amount billed for this claim at the claim header level as submitted by the provider. For encounter records, when Type of Claim value is [3, C, or W], then value must equal amount the provider billed to the managed care plan. Total Billed Amount is not expected on financial _x000D_ transactions.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2230	COT048	COT.002.048	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2231	COT048	COT.002.048	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value must equal the sum of all Billed Amount instances for the associated claim	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2232	COT048	COT.002.048	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2233	COT048	COT.002.048	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value should not be populated when associated Type of Claim is in [2, 4, 5, B, D E or X]	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2234	COT048	COT.002.048	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	If associated Type of Claim value is 2, 4, 5, B, D, or E, then value should not be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2235	COT049	COT.002.049	TOT-ALLOWED-AMT	Total Allowed Amount	Conditional	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. On FFS claims the Allowed Amount is determined by the state's MMIS. On managed care encounters the Allowed Amount is _x000D_ determined by the managed care organization.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2236	COT049	COT.002.049	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2237	COT049	COT.002.049	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	When populated and Payment Level Indicator = '2' then value must equal the sum of all claim line Allowed Amount values	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2238	COT049	COT.002.049	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2239	COT050	COT.002.050	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Conditional	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 detail level for the claim.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2240	COT050	COT.002.050	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2241	COT050	COT.002.050	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Must have an associated Medicaid Paid Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2242	COT050	COT.002.050	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	If Total Medicare Coinsurance Amount and Total Medicare Deductible Amount is reported it must equal Total Medicaid Paid Amount	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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C1	2243	COT050	COT.002.050	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	When Payment Level Indicator equals '2', value must equal the sum of line level Medicaid Paid Amounts.	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2244	COT050	COT.002.050	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2245	COT050	COT.002.050	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Value must not be greater than Total Allowed Amount (COT.002.049)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2246	COT051	COT.002.051	TOT-COPAY-AMT	Total Copayment Amount	Conditional	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.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2247	COT051	COT.002.051	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2248	COT051	COT.002.051	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2249	COT052	COT.002.052	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Conditional	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible. If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and _x000D_ deductible payments cannot be separated, fill this field with the combined payment amount, code Medicare Combined Indicator a "1" and leave Total Medicare Coinsurance Amount unpopulated.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2250	COT052	COT.002.052	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2251	COT052	COT.002.052	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is '0' (not a crossover claim), then value should not be populated.	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2252	COT052	COT.002.052	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	(Medicare Enrolled) if associated Dual Eligible Code (ELG.005.085) value is in ["01", "02", "03", "04", "05", "06", "08", "09", or "10"], then value is mandatory and must be provided	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2253	COT052	COT.002.052	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2254	COT052	COT.002.052	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	When populated, value must be less than or equal to Total Billed Amount	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2255	COT053	COT.002.053	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Conditional	The total amount paid by the Medicaid/CHIP agency or a managed care plan towards the portion of the Medicare allowed charges that Medicare applied to coinsurance.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2256	COT053	COT.002.053	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2257	COT053	COT.002.053	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is '0' (not a crossover claim), then value should not be populated.	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2258	COT053	COT.002.053	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2259	COT053	COT.002.053	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	If associated Medicare Combined Deductible Indicator is '1', then value must not be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2260	COT053	COT.002.053	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	When populated, value must be less than or equal to Total Billed Amount	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2261	COT054	COT.002.054	TOT-TPL-AMT	Total Third Party Liability Amount	Conditional	Third-party liability 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.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2262	COT054	COT.002.054	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2263	COT054	COT.002.054	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Value must be less than associated Total Billed Amount - (Total Medicare Coinsurance Amount + Total Medicare Deductible Amount)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2264	COT054	COT.002.054	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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C2	2265	COT056	COT.002.056	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Conditional	The amount paid by insurance other than Medicare or Medicaid on this claim.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2266	COT056	COT.002.056	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2267	COT056	COT.002.056	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2268	COT057	COT.002.057	OTHER-INSURANCE-IND	Other Insurance Indicator	Conditional	The field denotes whether the insured party is covered under an other insurance plan other than Medicare or Medicaid.	Value must be in Other Insurance Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2269	COT057	COT.002.057	OTHER-INSURANCE-IND	Other Insurance Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2270	COT057	COT.002.057	OTHER-INSURANCE-IND	Other Insurance Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2271	COT058	COT.002.058	OTHER-TPL-COLLECTION	Other TPL Collection	Conditional	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.	Value must be in Other TPL Collection List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2272	COT058	COT.002.058	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2273	COT058	COT.002.058	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2274	COT059	COT.002.059	SERVICE-TRACKING-TYPE	Service Tracking Type	Conditional	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 enrollee.	Value must be in Service Tracking Type List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2275	COT059	COT.002.059	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	(Service Tracking Claim) if associated Type of Claim is in ['4','D', 'X'] then value is mandatory and must be reported	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2276	COT059	COT.002.059	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2277	COT059	COT.002.059	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2278	COT060	COT.002.060	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Conditional	On service tracking claims, the payment amount is the lump sum that cannot be attributed to any one beneficiary paid to the provider.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2279	COT060	COT.002.060	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2280	COT060	COT.002.060	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	If associated Type of Claim value is in [4, D, or X], then value is mandatory and must be provided	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2281	COT060	COT.002.060	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2282	COT060	COT.002.060	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	When populated, Service Tracking Type must be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2283	COT060	COT.002.060	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	When populated, Total Medicaid Amount must not be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2284	COT061	COT.002.061	FIXED-PAYMENT-IND	Fixed Payment Indicator	Conditional	This indicator indicates that the reimbursement amount included on the claim is for a fixed payment. 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 _x000D_ programs 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. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined "medical record" _x000D_ associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Value must be in Fixed Payment Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2285	COT061	COT.002.061	FIXED-PAYMENT-IND	Fixed Payment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2286	COT061	COT.002.061	FIXED-PAYMENT-IND	Fixed Payment Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2287	COT062	COT.002.062	FUNDING-CODE	Funding Code	Mandatory	A code to indicate the source of non-federal share funds.	Value must be in Funding Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2288	COT062	COT.002.062	FUNDING-CODE	Funding Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2289	COT062	COT.002.062	FUNDING-CODE	Funding Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2290	COT063	COT.002.063	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider. In the event of two sources, states are to report the portion which represents the largest proportion not funded by the Federal government.	Value must be in Funding Source Non-Federal Share List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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A2	2291	COT063	COT.002.063	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2292	COT063	COT.002.063	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	Not Applicable	Required	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2293	COT064	COT.002.064	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Conditional	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.	Value must be in Medicare Combined Deductible Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2294	COT064	COT.002.064	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2295	COT064	COT.002.064	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	If value equals '1', then Medicare Coinsurance amount is not populated.	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2296	COT064	COT.002.064	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Value must equal '0' if associated Type of Claim is '3', 'C' or 'W'	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2297	COT064	COT.002.064	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2298	COT065	COT.002.065	PROGRAM-TYPE	Program Type	Mandatory	A code to indicate special Medicaid program under which the service was provided.	Value must be in Program Type List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2299	COT065	COT.002.065	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2300	COT065	COT.002.065	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2301	COT065	COT.002.065	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	(Community First Choice) If value equals '11', then State Plan Option Type (ELG.011.163) must equal '01' for the same time period	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2302	COT065	COT.002.065	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	If value equals '13', then State Plan Option Type (ELG.011.163) must equal '02' for the same time period	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2303	COT066	COT.002.066	PLAN-ID-NUMBER	Plan ID Number	Conditional	A unique number assigned by the state which represents a distinct comprehensive managed care plan, prepaid health plan, primary care case management program, a program for all-inclusive care for the elderly entity, or other approved plans.	Value must be 12 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2304	COT066	COT.002.066	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2305	COT066	COT.002.066	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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C2	2306	COT066	COT.002.066	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must match Managed Care Plan ID (ELG.014.192)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2307	COT066	COT.002.066	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must match State Plan ID Number (MCR.002.019)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2308	COT066	COT.002.066	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	When Type of Claim (COT.002.037) in (3, C, W, 2, B, V) value must have a managed care enrollment (ELG.014) for the beneficiary where the Beginning DOS (COT.002.033) occurs between the managed care plan enrollment eff/end dates (ELG.014.197/198)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2309	COT066	COT.002.066	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	When Type of Claim (COT.002.037) in (3, C, W, 2, B, V) value must have a managed care main record (MCR.002) for the plan where the Beginning DOS (COT.002.033) occurs between the managed care contract eff/end dates (MCR.002.020/021)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2310	COT066	COT.002.066	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	If Type of Claim (COT.002.037) does not equal 3, C, W (Encounter Record) and Type of Service (COT.003.186) does not equal 119, 120, 121, 122 (Capitation payments) value must not be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
D1	2311	COT067	COT.002.067	NATIONAL-HEALTH-CARE-ENTITY-ID	National Health Care Entity ID	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2312	COT068	COT.002.068	PAYMENT-LEVEL-IND	Payment Level Indicator	Mandatory	The field denotes whether the payment amount was determined at the claim header or line/detail level.	Value must be in Payment Level Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2313	COT068	COT.002.068	PAYMENT-LEVEL-IND	Payment Level Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2314	COT068	COT.002.068	PAYMENT-LEVEL-IND	Payment Level Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2315	COT069	COT.002.069	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Conditional	A code to indicate the type of Medicare reimbursement.	Value must be in Medicare Reimbursement Type List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2316	COT069	COT.002.069	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	(Crossover Claim) if associated Crossover Indicator value indicates a crossover claim, value is mandatory and must be provided	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2317	COT069	COT.002.069	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2318	COT069	COT.002.069	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2319	COT070	COT.002.070	CLAIM-LINE-COUNT	Claim Line Count	Mandatory	The total number of lines on the claim.	Value must be a positive integer	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2320	COT070	COT.002.070	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be between 0:9999 (inclusive)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2321	COT070	COT.002.070	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must not include commas or other non-numeric characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2322	COT070	COT.002.070	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be equal to the number of claim lines (e.g. Original Claim Line Number or Adjustment Claim Line Number instances) reported in the associated claim record being reported	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2323	COT070	COT.002.070	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2324	COT070	COT.002.070	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2325	COT072	COT.002.072	FORCED-CLAIM-IND	Forced Claim Indicator	Conditional	The charges for inpatient care, which are not reimbursable by the primary payer. The non-covered charges do not refer _x000D_ to charges not covered for any other service. see US Dollar Amount (DT.008)	Value must be in Forced Claim Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2326	COT072	COT.002.072	FORCED-CLAIM-IND	Forced Claim Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2327	COT072	COT.002.072	FORCED-CLAIM-IND	Forced Claim Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2328	COT073	COT.002.073	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator	Conditional	This code indicates whether the claim has a Health Care Acquired Condition. For additional coding information refer to the following site :_x000D_ https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/index.html?redirect=/hospitalacqcond/05_Coding.asp#TopOfPage	Value must be in Healthcare Acquired Condition Indicator List (VVL).	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2329	COT073	COT.002.073	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2330	COT073	COT.002.073	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2331	COT074	COT.002.074	OCCURRENCE-CODE-01	Occurrence Code 1	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2332	COT074	COT.002.074	OCCURRENCE-CODE-01	Occurrence Code 1	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2333	COT074	COT.002.074	OCCURRENCE-CODE-01	Occurrence Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2334	COT075	COT.002.075	OCCURRENCE-CODE-02	Occurrence Code 2	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2335	COT075	COT.002.075	OCCURRENCE-CODE-02	Occurrence Code 2	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2336	COT075	COT.002.075	OCCURRENCE-CODE-02	Occurrence Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2337	COT076	COT.002.076	OCCURRENCE-CODE-03	Occurrence Code 3	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2338	COT076	COT.002.076	OCCURRENCE-CODE-03	Occurrence Code 3	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2339	COT076	COT.002.076	OCCURRENCE-CODE-03	Occurrence Code 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2340	COT077	COT.002.077	OCCURRENCE-CODE-04	Occurrence Code 4	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2341	COT077	COT.002.077	OCCURRENCE-CODE-04	Occurrence Code 4	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2342	COT077	COT.002.077	OCCURRENCE-CODE-04	Occurrence Code 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2343	COT078	COT.002.078	OCCURRENCE-CODE-05	Occurrence Code 5	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2344	COT078	COT.002.078	OCCURRENCE-CODE-05	Occurrence Code 5	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2345	COT078	COT.002.078	OCCURRENCE-CODE-05	Occurrence Code 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2346	COT079	COT.002.079	OCCURRENCE-CODE-06	Occurrence Code 6	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2347	COT079	COT.002.079	OCCURRENCE-CODE-06	Occurrence Code 6	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2348	COT079	COT.002.079	OCCURRENCE-CODE-06	Occurrence Code 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2349	COT080	COT.002.080	OCCURRENCE-CODE-07	Occurrence Code 7	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2350	COT080	COT.002.080	OCCURRENCE-CODE-07	Occurrence Code 7	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2351	COT080	COT.002.080	OCCURRENCE-CODE-07	Occurrence Code 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2352	COT081	COT.002.081	OCCURRENCE-CODE-08	Occurrence Code 8	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2353	COT081	COT.002.081	OCCURRENCE-CODE-08	Occurrence Code 8	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	2354	COT081	COT.002.081	OCCURRENCE-CODE-08	Occurrence Code 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2355	COT082	COT.002.082	OCCURRENCE-CODE-09	Occurrence Code 9	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2356	COT082	COT.002.082	OCCURRENCE-CODE-09	Occurrence Code 9	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2357	COT082	COT.002.082	OCCURRENCE-CODE-09	Occurrence Code 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2358	COT083	COT.002.083	OCCURRENCE-CODE-10	Occurrence Code 10	Conditional	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.	Value must be in Occurrence Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2359	COT083	COT.002.083	OCCURRENCE-CODE-10	Occurrence Code 10	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2360	COT083	COT.002.083	OCCURRENCE-CODE-10	Occurrence Code 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2361	COT084	COT.002.084	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2362	COT084	COT.002.084	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2363	COT084	COT.002.084	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2364	COT084	COT.002.084	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2365	COT084	COT.002.084	OCCURRENCE-CODE-EFF-DATE-01	Occurrence Code Effective Date 1	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2366	COT085	COT.002.085	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2367	COT085	COT.002.085	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	2368	COT085	COT.002.085	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2369	COT085	COT.002.085	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2370	COT085	COT.002.085	OCCURRENCE-CODE-EFF-DATE-02	Occurrence Code Effective Date 2	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2371	COT086	COT.002.086	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2372	COT086	COT.002.086	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2373	COT086	COT.002.086	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2374	COT086	COT.002.086	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2375	COT086	COT.002.086	OCCURRENCE-CODE-EFF-DATE-03	Occurrence Code Effective Date 3	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2376	COT087	COT.002.087	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2377	COT087	COT.002.087	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2378	COT087	COT.002.087	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2379	COT087	COT.002.087	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2380	COT087	COT.002.087	OCCURRENCE-CODE-EFF-DATE-04	Occurrence Code Effective Date 4	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2381	COT088	COT.002.088	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2382	COT088	COT.002.088	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2383	COT088	COT.002.088	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2384	COT088	COT.002.088	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2385	COT088	COT.002.088	OCCURRENCE-CODE-EFF-DATE-05	Occurrence Code Effective Date 5	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2386	COT089	COT.002.089	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2387	COT089	COT.002.089	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2388	COT089	COT.002.089	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2389	COT089	COT.002.089	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2390	COT089	COT.002.089	OCCURRENCE-CODE-EFF-DATE-06	Occurrence Code Effective Date 6	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2391	COT090	COT.002.090	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2392	COT090	COT.002.090	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2393	COT090	COT.002.090	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2394	COT090	COT.002.090	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2395	COT090	COT.002.090	OCCURRENCE-CODE-EFF-DATE-07	Occurrence Code Effective Date 7	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2396	COT091	COT.002.091	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2397	COT091	COT.002.091	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2398	COT091	COT.002.091	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2399	COT091	COT.002.091	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2400	COT091	COT.002.091	OCCURRENCE-CODE-EFF-DATE-08	Occurrence Code Effective Date 8	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2401	COT092	COT.002.092	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2402	COT092	COT.002.092	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2403	COT092	COT.002.092	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2404	COT092	COT.002.092	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2405	COT092	COT.002.092	OCCURRENCE-CODE-EFF-DATE-09	Occurrence Code Effective Date 9	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2406	COT093	COT.002.093	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Conditional	The start date of the corresponding occurrence code or occurrence span codes.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2407	COT093	COT.002.093	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2408	COT093	COT.002.093	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	When populated, value must have an associated populated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2409	COT093	COT.002.093	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	2410	COT093	COT.002.093	OCCURRENCE-CODE-EFF-DATE-10	Occurrence Code Effective Date 10	Not Applicable	Not Applicable	Value must be less than or equal to Occurrence Code End Date	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2411	COT094	COT.002.094	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2412	COT094	COT.002.094	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2413	COT094	COT.002.094	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2414	COT094	COT.002.094	OCCURRENCE-CODE-END-DATE-01	Occurrence Code End Date 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2415	COT095	COT.002.095	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2416	COT095	COT.002.095	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2417	COT095	COT.002.095	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2418	COT095	COT.002.095	OCCURRENCE-CODE-END-DATE-02	Occurrence Code End Date 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2419	COT096	COT.002.096	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2420	COT096	COT.002.096	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2421	COT096	COT.002.096	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2422	COT096	COT.002.096	OCCURRENCE-CODE-END-DATE-03	Occurrence Code End Date 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2423	COT097	COT.002.097	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2424	COT097	COT.002.097	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2425	COT097	COT.002.097	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2426	COT097	COT.002.097	OCCURRENCE-CODE-END-DATE-04	Occurrence Code End Date 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2427	COT098	COT.002.098	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2428	COT098	COT.002.098	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2429	COT098	COT.002.098	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2430	COT098	COT.002.098	OCCURRENCE-CODE-END-DATE-05	Occurrence Code End Date 5	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2431	COT099	COT.002.099	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2432	COT099	COT.002.099	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2433	COT099	COT.002.099	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2434	COT099	COT.002.099	OCCURRENCE-CODE-END-DATE-06	Occurrence Code End Date 6	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2435	COT100	COT.002.100	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2436	COT100	COT.002.100	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2437	COT100	COT.002.100	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2438	COT100	COT.002.100	OCCURRENCE-CODE-END-DATE-07	Occurrence Code End Date 7	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2439	COT101	COT.002.101	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2440	COT101	COT.002.101	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2441	COT101	COT.002.101	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2442	COT101	COT.002.101	OCCURRENCE-CODE-END-DATE-08	Occurrence Code End Date 8	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2443	COT102	COT.002.102	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2444	COT102	COT.002.102	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2445	COT102	COT.002.102	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2446	COT102	COT.002.102	OCCURRENCE-CODE-END-DATE-09	Occurrence Code End Date 9	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2447	COT103	COT.002.103	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Conditional	The last date that the corresponding occurrence code or occurrence span code was applicable. If occurrence date span is a single day, value must be equal to the value of the associated Occurrence Code Effective Date.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2448	COT103	COT.002.103	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2449	COT103	COT.002.103	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Not Applicable	Not Applicable	Must have an associated Occurrence Code	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2450	COT103	COT.002.103	OCCURRENCE-CODE-END-DATE-10	Occurrence Code End Date 10	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2451	COT104	COT.002.104	PATIENT-CONTROL-NUM	Patient Control Number	Conditional	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	Value must be 20 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2452	COT104	COT.002.104	PATIENT-CONTROL-NUM	Patient Control Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbol	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2453	COT104	COT.002.104	PATIENT-CONTROL-NUM	Patient Control Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2454	COT105	COT.002.105	ELIGIBLE-LAST-NAME	Eligible Last Name	Conditional	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 file. The MSIS Identification _x000D_ Number will be used to associate a claim record with the appropriate eligibility data.)	Value must be 30 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2455	COT105	COT.002.105	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2456	COT105	COT.002.105	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2457	COT106	COT.002.106	ELIGIBLE-FIRST-NAME	Eligible First Name	Conditional	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 Identification Number will be used to associate a claim record _x000D_ with the appropriate eligibility data.)	Value must be 30 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2458	COT106	COT.002.106	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	2459	COT106	COT.002.106	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2460	COT107	COT.002.107	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Conditional	Individual's middle initial; middle initial component of full name (e.g. First Name, Middle Initial, Last Name).	Value may include any alphanumeric characters, digits or symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2461	COT107	COT.002.107	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2462	COT107	COT.002.107	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2463	COT107	COT.002.107	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2464	COT108	COT.002.108	DATE-OF-BIRTH	Date of Birth	Mandatory	An individual's date of birth.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2465	COT108	COT.002.108	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2466	COT108	COT.002.108	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2467	COT109	COT.002.109	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Conditional	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. States should not submit claim records for an eligible individual that indicate the claim was submitted by a _x000D_ provider or provider group enrolled in a health home model if the eligible individual 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 report claims that indicate the claim is submitted by a provider or _x000D_ provider group enrolled in the health home model.	Value must be in Health Home Provider Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2468	COT109	COT.002.109	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	If there is an associated Health Home Entity Name value, then value must be "1"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2469	COT109	COT.002.109	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2470	COT109	COT.002.109	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2471	COT110	COT.002.110	WAIVER-TYPE	Waiver Type	Conditional	A code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Value must be in Waiver Type List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2472	COT110	COT.002.110	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2473	COT110	COT.002.110	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must be in ['06', '07', '08', '09', '10', '11', '12', '13', '14', '15', '16', '17', '18', '19', '20', '33'] when associated Program Type equals "07"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2474	COT110	COT.002.110	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	When populated, Waiver ID (COT.002.111) must be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2475	COT110	COT.002.110	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2476	COT111	COT.002.111	WAIVER-ID	Waiver ID	Conditional	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. Waiver IDs should actually only be the_x000D_"core" part of the waiver IDs, without including suffixes for renewals or amendments.	Value must be associated with a populated Waiver Type	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2477	COT111	COT.002.111	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2478	COT111	COT.002.111	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	(1115 demonstration waivers) If value begins with "11-W-" or "21-W-", the associated Claim Waiver Type value must be 01 or in [21-30]	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2479	COT111	COT.002.111	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	(1915(b) or 1915(c) waivers) If value begins with the two-letter state abbreviation followed by a period (.), the associated Claim Waiver Type value must be in [02-20, 32, 33]	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2480	COT111	COT.002.111	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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A2	2481	COT112	COT.002.112	BILLING-PROV-NUM	Billing Provider Number	Conditional	A unique identification number assigned by the state to a provider or capitation plan. This data element should represent the entity billing for the service. For encounter records, if associated Type of Claim value equals 3, C, or W, then value must be the state identifier of the provider or entity _x000D_ (billing or reporting) to the managed care plan.	Value must be 30 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2482	COT112	COT.002.112	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2483	COT112	COT.002.112	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2484	COT112	COT.002.112	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.002.019) Submitting State Provider ID or When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.005.081) Provider Identifier where the Provider Identifier Type = '1'	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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C2	2485	COT112	COT.002.112	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Must have an enrollment where the Ending Date of Service (COT.003.167) may be between Provider Attributes Effective Date (PRV.002.020) and Provider Attributes End Date (PRV.002.021) or Must have an enrollment where the Ending Date of Service (COT.003.167) may be between Provider Identifier Effective Date (PRV.005.079) and Provider Identifier End Date (PRV.005.080)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2486	COT112	COT.002.112	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	When Type of Service (COT..003.186) is in ['119', '120', '122'] value must match Plan ID Number (COT.002.066)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2487	COT113	COT.002.113	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2488	COT113	COT.002.113	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2489	COT113	COT.002.113	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2490	COT113	COT.002.113	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	When Type of Claim (COT.002.037) not in ('3','C','W') then value must match Provider Identifier (PRV.002.081)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2491	COT114	COT.002.114	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Conditional	The taxonomy code for the provider billing for the service.	Value must be in Provider Taxonomy List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2492	COT114	COT.002.114	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2493	COT114	COT.002.114	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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C2	2494	COT114	COT.002.114	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Not Applicable	Not Applicable	Value is in [119, 120, 121, 122], then value should not be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2495	COT115	COT.002.115	BILLING-PROV-TYPE	Billing Provider Type	Conditional	A code to describe the type of entity billing for the service.	Value must be in Provider Type Code List (VVL).	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2496	COT115	COT.002.115	BILLING-PROV-TYPE	Billing Provider Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2497	COT115	COT.002.115	BILLING-PROV-TYPE	Billing Provider Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2498	COT116	COT.002.116	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Conditional	This code describes the area of specialty for the provider being reported.	Value must be in Provider Specialty List (VVL).	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2499	COT116	COT.002.116	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2500	COT116	COT.002.116	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2501	COT117	COT.002.117	REFERRING-PROV-NUM	Referring Provider Number	Conditional	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 _x000D_ group identification number. 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 _x000D_ ID for this data element.	Value must be 30 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2502	COT117	COT.002.117	REFERRING-PROV-NUM	Referring Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2503	COT117	COT.002.117	REFERRING-PROV-NUM	Referring Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C1	2504	COT118	COT.002.118	REFERRING-PROV-NPI-NUM	Referring Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2505	COT118	COT.002.118	REFERRING-PROV-NPI-NUM	Referring Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2506	COT118	COT.002.118	REFERRING-PROV-NPI-NUM	Referring Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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D1	2507	COT119	COT.002.119	REFERRING-PROV-TAXONOMY	Referring Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
D1	2508	COT120	COT.002.120	REFERRING-PROV-TYPE	Referring Provider Type	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
D1	2509	COT121	COT.002.121	REFERRING-PROV-SPECIALTY	Referring Provider Specialty	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2510	COT122	COT.002.122	MEDICARE-HIC-NUM	Medicare HIC Number	Conditional	The Medicare HIC Number (HICN) is an identifier formerly used by SSA and CMS to identify all Medicare beneficiaries. For many beneficiaries, their SSN was a major component of their HICN. To prevent identify theft, among other reasons, HICN gradually were retired and replaced by the _x000D_ Medicare Beneficiary Identifier (MBI) over the course of 2018 and 2019. HICN continue to be used by Medicare for limited administrative purposes after 2019 but starting in 2020 the MBI became the primary identifier for Medicare beneficiaries. HICN consists of two components: SSN & _x000D_ alpha-suffix or (for Railroad IDs) prefix and ID (not always SSN based)	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2511	COT122	COT.002.122	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2512	COT122	COT.002.122	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2513	COT122	COT.002.122	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	(Not Dual Eligible) if Dual Eligible Code (ELG.DE.085) value = "00", then value must not be populated.	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2514	COT122	COT.002.122	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must be populated when Crossover Indicator (COT.002.023) equals '1' and Medicare Beneficiary Identifier (COT.002.147) is not populated.	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2515	COT123	COT.002.123	PLACE-OF-SERVICE	Place of Service	Conditional	A data element corresponding with line 24b on the CMS-1500 that indicates where the services took place. This is a pass-through data element that should not be modified or derived when missing unless otherwise specified.	Value must be in Place of Service List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2516	COT123	COT.002.123	PLACE-OF-SERVICE	Place of Service	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2517	COT123	COT.002.123	PLACE-OF-SERVICE	Place of Service	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2518	COT123	COT.002.123	PLACE-OF-SERVICE	Place of Service	Not Applicable	Not Applicable	If value is populated on a non-denied claim, then Procedure Code (COT.003.169) must be populated.	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2519	COT123	COT.002.123	PLACE-OF-SERVICE	Place of Service	Not Applicable	Not Applicable	When Type of Service (COT.003.186) is in [119-122], Place of Service (COT.002.123) should not be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
D1	2520	COT125	COT.002.125	BMI	Body Mass Index	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2521	COT126	COT.002.126	REMITTANCE-NUM	Remittance Number	Mandatory	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 five (5) positions are Julian date following a YYDDD format. The RA is the detailed _x000D_ explanation of the reason for the payment amount. The RA number is not the check number.	Value must be 30 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2522	COT126	COT.002.126	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	First five (5) characters of the value must be a Julian date express in the form YYDDD (e.g. 19095, 95th day of 20(19))	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2523	COT126	COT.002.126	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2524	COT126	COT.002.126	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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C2	2525	COT127	COT.002.127	DAILY-RATE	Daily Rate	Conditional	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. see US Dollar Amount (DT.008)	Value must be between 0.00 and 99999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2526	COT127	COT.002.127	DAILY-RATE	Daily Rate	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2527	COT127	COT.002.127	DAILY-RATE	Daily Rate	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2528	COT128	COT.002.128	BORDER-STATE-IND	Border State Indicator	Conditional	A code to indicate 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.)	Value must be in Border State Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2529	COT128	COT.002.128	BORDER-STATE-IND	Border State Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2530	COT128	COT.002.128	BORDER-STATE-IND	Border State Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2531	COT130	COT.002.130	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Conditional	The amount of money the beneficiary paid towards coinsurance.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2532	COT130	COT.002.130	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2533	COT130	COT.002.130	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Coinsurance Date Paid	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2534	COT130	COT.002.130	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2535	COT131	COT.002.131	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Conditional	The date the beneficiary paid the coinsurance amount.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2536	COT131	COT.002.131	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2537	COT131	COT.002.131	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Coinsurance Amount	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2538	COT131	COT.002.131	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2539	COT132	COT.002.132	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Conditional	The amount of money the beneficiary paid towards a co-payment.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2540	COT132	COT.002.132	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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A2	2541	COT132	COT.002.132	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Copayment Date Paid	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2542	COT132	COT.002.132	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2543	COT133	COT.002.133	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Conditional	The date the beneficiary paid the copayment amount.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2544	COT133	COT.002.133	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2545	COT133	COT.002.133	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Copayment Amount	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2546	COT133	COT.002.133	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2547	COT134	COT.002.134	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Conditional	The amount of money the beneficiary paid towards an annual deductible.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2548	COT134	COT.002.134	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2549	COT134	COT.002.134	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Deductible Date Paid	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2550	COT134	COT.002.134	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2551	COT135	COT.002.135	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Conditional	The date the beneficiary paid the deductible amount.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2552	COT135	COT.002.135	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2553	COT135	COT.002.135	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Deductible Date Paid	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2554	COT135	COT.002.135	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2555	COT136	COT.002.136	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Mandatory	An indicator to identify a claim that the state refused pay in its entirety.	Value must be in Claim Denied Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2556	COT136	COT.002.136	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	If value is '0', then Claim Status Category must equal "F2"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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A2	2557	COT136	COT.002.136	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2558	COT136	COT.002.136	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2559	COT137	COT.002.137	COPAY-WAIVED-IND	Copayment Waived Indicator	Optional	An indicator signifying that the copay was waived by the provider.	Value must be in Copay Waived Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2560	COT137	COT.002.137	COPAY-WAIVED-IND	Copayment Waived Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2561	COT137	COT.002.137	COPAY-WAIVED-IND	Copayment Waived Indicator	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2562	COT138	COT.002.138	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Conditional	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 team. A "Health Home Entity" can be a designated provider (e.g., physician, clinic, _x000D_ 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.	Value must 50 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2563	COT138	COT.002.138	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2564	COT138	COT.002.138	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2565	COT140	COT.002.140	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Third Party Coinsurance Amount Paid	Optional	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2566	COT140	COT.002.140	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Third Party Coinsurance Amount Paid	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2567	COT140	COT.002.140	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Third Party Coinsurance Amount Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2568	COT141	COT.002.141	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Conditional	The date a Third Party Coinsurance amount was paid on this claim or adjustment.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2569	COT141	COT.002.141	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2570	COT141	COT.002.141	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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C2	2571	COT142	COT.002.142	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Optional	The amount of money a third-party on behalf of the beneficiary paid towards a copayment.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2572	COT142	COT.002.142	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2573	COT142	COT.002.142	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2574	COT143	COT.002.143	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Optional	The date a Third Party copayment amount was paid on a claim or adjustment.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2575	COT143	COT.002.143	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2576	COT143	COT.002.143	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2577	COT144	COT.002.144	DATE-CAPITATED-AMOUNT-REQUESTED	Date Capitated Amount Requested	Conditional	The date that the managed care entity submitted the capitated payment bill to the state. see Date (DT.001)	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2578	COT144	COT.002.144	DATE-CAPITATED-AMOUNT-REQUESTED	Date Capitated Amount Requested	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2579	COT144	COT.002.144	DATE-CAPITATED-AMOUNT-REQUESTED	Date Capitated Amount Requested	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2580	COT145	COT.002.145	CAPITATED-PAYMENT-AMT-REQUESTED	Capitated Payment Amount Requested	Conditional	The amount of the capitated payment bill submitted by the managed care entity to the state.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2581	COT145	COT.002.145	CAPITATED-PAYMENT-AMT-REQUESTED	Capitated Payment Amount Requested	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2582	COT145	COT.002.145	CAPITATED-PAYMENT-AMT-REQUESTED	Capitated Payment Amount Requested	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2583	COT146	COT.002.146	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2584	COT146	COT.002.146	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

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X1	2585	COT146	COT.002.146	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2586	COT146	COT.002.146	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Not Applicable	Not Applicable	When Type of Service (COT.003.186) equals '121', value must not be populated	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2587	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Conditional	The Medicare Beneficiary Identifier (MBI) is a randomly generated identifier used to identify all Medicare beneficiaries. It replaced the previously-used SSN-based Medicare HIC Number (HICN). To prevent identify theft, among other reasons, HICN gradually were retired and replaced by the MBI_x000D_ over the course of 2018 and 2019. Starting in 2020, the MBI became the primary identifier for Medicare beneficiaries.	Conditional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2588	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Value must be an 11-character string	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2589	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 1 must be numeric values 1 thru 9	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2590	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 2 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2591	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 3 must be alphanumeric values 0 thru 9 or A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2592	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 4 must be numeric values 0 thru 9	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2593	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 5 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2594	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 6 must be alphanumeric values 0 thru 9 or A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2595	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 7 must be numeric values 0 thru 9	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2596	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 8 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2597	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 9 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2598	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 10 must be numeric values 0 thru 9	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	2599	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 11 must be numeric values 0 thru 9	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2600	COT147	COT.002.147	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
D1	2601	COT148	COT.002.148	UNDER-DIRECTION-OF-PROV-NPI	Under Direction of Provider NPI	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
D1	2602	COT149	COT.002.149	UNDER-DIRECTION-OF-PROV-TAXONOMY	Under Direction of Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
D1	2603	COT150	COT.002.150	UNDER-SUPERVISION-OF-PROV-NPI	Under Supervision of Provider NPI	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
D1	2604	COT151	COT.002.151	UNDER-SUPERVISION-OF-PROV-TAXONOMY	Under Supervision of Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2605	COT152	COT.002.152	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
C2	2606	COT152	COT.002.152	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2607	COT152	COT.002.152	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
D1	2608	COT153	COT.002.153	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2609	COT226	COT.002.226	PROV-LOCATION-ID	Provider Location ID	Mandatory	A code to uniquely identify the geographic location where the provider's services were performed. The Provider Location Identifier values reported on Inpatient, Long-Term Care, Other, and Pharmacy Claim Header Segments must correspond to an active Provider Location Identifier _x000D_ value on a Provider Location & Contact Info (PRV00003) segment. If a particular license (e.g., a physician's medical license) or provider identifier (e.g., an individual provider's NPI or SSN) is applicable to all of their servicing locations, value "000" (a string of exactly three zeros) can _x000D_ be used in the PRV00004 or PRV00005, respectively, to represent all locations, however that location identifier must not be attributed to claims or provider bed type info.	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
A2	2610	COT226	COT.002.226	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2611	COT226	COT.002.226	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002
X1	2612	COT154	COT.003.154	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2613	COT154	COT.003.154	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "COT00003"	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2614	COT155	COT.003.155	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2615	COT155	COT.003.155	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2616	COT155	COT.003.155	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2617	COT155	COT.003.155	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (COT.001.007)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2618	COT156	COT.003.156	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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A2	2619	COT156	COT.003.156	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2620	COT156	COT.003.156	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2621	COT156	COT.003.156	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2622	COT157	COT.003.157	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier._x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods._x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number._x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2623	COT157	COT.003.157	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2624	COT157	COT.003.157	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2625	COT157	COT.003.157	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2626	COT157	COT.003.157	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	When Type of Claim (COT.002.037) equals 4, D or X (lump sum payment) value must begin with an '&'	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2627	COT158	COT.003.158	ICN-ORIG	Original ICN	Mandatory	A unique number assigned by the state's payment system that identifies an original or adjustment claim.	Value must be 50 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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C2	2628	COT158	COT.003.158	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2629	COT158	COT.003.158	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2630	COT159	COT.003.159	ICN-ADJ	Adjustment ICN	Conditional	A unique claim number assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Value must be 50 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2631	COT159	COT.003.159	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2632	COT159	COT.003.159	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	If associated Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2633	COT159	COT.003.159	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2634	COT160	COT.003.160	LINE-NUM-ORIG	Original Line Number	Mandatory	A unique number to identify the transaction line number that is being reported on the original claim.	Value must be 3 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2635	COT160	COT.003.160	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2636	COT160	COT.003.160	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2637	COT160	COT.003.160	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	When populated, value must be one or greater	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2638	COT161	COT.003.161	LINE-NUM-ADJ	Adjustment Line Number	Conditional	A unique number to identify the transaction line number that identifies the line number on the adjustment claim.	Value must be 3 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2639	COT161	COT.003.161	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	If associated Line Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2640	COT161	COT.003.161	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	If associated Line Adjustment Indicator value is 1, then value is mandatory and must be provided	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2641	COT161	COT.003.161	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2642	COT161	COT.003.161	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	When populated, value must be one or greater	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2643	COT162	COT.003.162	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Conditional	A code to indicate the type of adjustment record claim/encounter represents at claim detail level.	Value must be in Line Adjustment Indicator List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2644	COT162	COT.003.162	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [1, 3, 5, A, C, E, U, W, Y], then value must be in [0, 1, 4]	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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A2	2645	COT162	COT.003.162	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [4, D, X], then value must be in [5, 6]	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2646	COT162	COT.003.162	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2647	COT162	COT.003.162	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2648	COT162	COT.003.162	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Line Adjustment Number is populated, then value must be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2649	COT163	COT.003.163	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Conditional	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Value must be in Line Adjustment Reason Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2650	COT163	COT.003.163	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2651	COT163	COT.003.163	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2652	COT163	COT.003.163	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	When populated, Line Adjustment Indicator must be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2653	COT164	COT.003.164	SUBMITTER-ID	Submitter ID	Mandatory	The Submitter Identification number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Value must be 12 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C1	2654	COT164	COT.003.164	SUBMITTER-ID	Submitter ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2655	COT165	COT.003.165	CLAIM-LINE-STATUS	Claim Line Status	Conditional	The Claim Line Status conveys the status of a specific service line using the X12 Claim Status Codes from the claim adjudication process.	Value must be in Claim Status List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2656	COT165	COT.003.165	CLAIM-LINE-STATUS	Claim Line Status	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2657	COT165	COT.003.165	CLAIM-LINE-STATUS	Claim Line Status	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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C2	2658	COT166	COT.003.166	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Mandatory	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_x000D_ covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began. For financial transactions reported to the OT file, populate with the first day of the time period covered by this financial transaction.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2659	COT166	COT.003.166	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2660	COT166	COT.003.166	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated End of Time Period value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2661	COT166	COT.003.166	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Ending Date of Service value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2662	COT166	COT.003.166	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated Adjudication Date value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2663	COT166	COT.003.166	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Date of Death (ELG.002.025) value when populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2664	COT166	COT.003.166	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to at least one of the eligible's Enrollment End Date (ELG.021.254) values	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2665	COT166	COT.003.166	BEGINNING-DATE-OF-SERVICE	Beginning Date of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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C2	2666	COT167	COT.003.167	ENDING-DATE-OF-SERVICE	Ending Date of Service	Mandatory	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 _x000D_ claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended. For financial transactions reported to the OT file, populate with the first day of the time period covered by this financial transaction.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2667	COT167	COT.003.167	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2668	COT167	COT.003.167	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated End of Time Period value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2669	COT167	COT.003.167	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be greater than or equal to associated Beginning Date of Service value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2670	COT167	COT.003.167	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	When Type of Claim is not in ['2', '4', 'B', 'D', 'V'] value must be less than or equal to associated Adjudication Date value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2671	COT167	COT.003.167	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be less than or equal to associated Date of Death (ELG.002.025) value when populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2672	COT167	COT.003.167	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Value must be equal to or greater than associated Date of Birth (ELG.002.024) value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2673	COT167	COT.003.167	ENDING-DATE-OF-SERVICE	Ending Date of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	2674	COT168	COT.003.168	REVENUE-CODE	Revenue Code	Conditional	A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by UB-04 Billing _x000D_ Manual). Revenue Code should be passed through to T-MSIS exactly as it was billed by the provider on the provider's _x000D_ 8371 or UB-04 claim. It is only required on Inpatient, Long-Term Care and Other Fee for Service claims and managed _x000D_ care encounters that have a valid Type of Bill value. It's not required on financial transactions or non-institutional claims.	Value must be in Revenue Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2675	COT168	COT.003.168	REVENUE-CODE	Revenue Code	Not Applicable	Not Applicable	A Revenue Code value requires an associated Revenue Charge	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2676	COT168	COT.003.168	REVENUE-CODE	Revenue Code	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2677	COT168	COT.003.168	REVENUE-CODE	Revenue Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2678	COT169	COT.003.169	PROCEDURE-CODE	Procedure Code	Conditional	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.	When populated, there must be a corresponding Procedure Code Flag	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2679	COT169	COT.003.169	PROCEDURE-CODE	Procedure Code	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an CPT-4 encoding '01', then value must be a valid CPT-4 procedure code	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2680	COT169	COT.003.169	PROCEDURE-CODE	Procedure Code	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an "Other" encoding '10-87', then State must provide T-MSIS system with State-specific procedure code list, and value must be a valid State-specific procedure code	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2681	COT169	COT.003.169	PROCEDURE-CODE	Procedure Code	Not Applicable	Not Applicable	If associated Procedure Code Flag List (VVL) value indicates an HCPCS encoding '06', then value must be a valid HCPCS code	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2682	COT169	COT.003.169	PROCEDURE-CODE	Procedure Code	Not Applicable	Not Applicable	Value must be 8 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	2683	COT169	COT.003.169	PROCEDURE-CODE	Procedure Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2684	COT170	COT.003.170	PROCEDURE-CODE-DATE	Procedure Code Date	Conditional	The date upon which a reported medical procedure was performed.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2685	COT170	COT.003.170	PROCEDURE-CODE-DATE	Procedure Code Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2686	COT170	COT.003.170	PROCEDURE-CODE-DATE	Procedure Code Date	Not Applicable	Not Applicable	Value must be before associated Ending Date of Service value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2687	COT170	COT.003.170	PROCEDURE-CODE-DATE	Procedure Code Date	Not Applicable	Not Applicable	Value must be provided with an associated Procedure Code value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2688	COT170	COT.003.170	PROCEDURE-CODE-DATE	Procedure Code Date	Not Applicable	Not Applicable	Value must be on or after associated Beginning Date of Service value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2689	COT170	COT.003.170	PROCEDURE-CODE-DATE	Procedure Code Date	Not Applicable	Not Applicable	Value must be on or before associated Eligible Date of Death value	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2690	COT170	COT.003.170	PROCEDURE-CODE-DATE	Procedure Code Date	Not Applicable	Not Applicable	Value must be not be populated when associated Procedure Code is not populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2691	COT170	COT.003.170	PROCEDURE-CODE-DATE	Procedure Code Date	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2692	COT170	COT.003.170	PROCEDURE-CODE-DATE	Procedure Code Date	Not Applicable	Not Applicable	Value must be populated when Procedure Code (COT.003.169) is populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C1	2693	COT171	COT.003.171	PROCEDURE-CODE-FLAG	Procedure Code Flag	Conditional	A flag that identifies the coding system used for an associated procedure code.	When populated, there must be a corresponding Procedure Code	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2694	COT171	COT.003.171	PROCEDURE-CODE-FLAG	Procedure Code Flag	Not Applicable	Not Applicable	Value must be in Procedure Code Flag List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2695	COT171	COT.003.171	PROCEDURE-CODE-FLAG	Procedure Code Flag	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2696	COT171	COT.003.171	PROCEDURE-CODE-FLAG	Procedure Code Flag	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2697	COT172	COT.003.172	PROCEDURE-CODE-MOD-1	Procedure Code Modifier 1	Conditional	The procedure code modifier used with an associated procedure code. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	Must be associated with a Procedure Code	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2698	COT172	COT.003.172	PROCEDURE-CODE-MOD-1	Procedure Code Modifier 1	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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X1	2699	COT172	COT.003.172	PROCEDURE-CODE-MOD-1	Procedure Code Modifier 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
D1	2700	COT173	COT.003.173	IMMUNIZATION-TYPE	Immunization Type	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2701	COT174	COT.003.174	BILLED-AMT	Billed Amount	Conditional	The amount billed at the claim detail level as submitted by the provider. For encounter records, Type of Claim = 3, C, or W, this field should be populated with the amount that the provider billed the managed care plan.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2702	COT174	COT.003.174	BILLED-AMT	Billed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2703	COT174	COT.003.174	BILLED-AMT	Billed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2704	COT175	COT.003.175	ALLOWED-AMT	Allowed Amount	Conditional	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. On Fee for Service claims the Allowed Amount is determined by the state's MMIS (or PBM). On managed _x000D_ care encounters the Allowed Amount is determined by the managed care organization.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2705	COT175	COT.003.175	ALLOWED-AMT	Allowed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2706	COT175	COT.003.175	ALLOWED-AMT	Allowed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2707	COT176	COT.003.176	COPAY-AMT	Copayment Amount	Conditional	The copayment amount paid by an enrollee for the service, which does not include the amount paid by the insurance company.	Value must be 5 digits or less left of the decimal i.e. 99999.99	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2708	COT176	COT.003.176	COPAY-AMT	Copayment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2709	COT177	COT.003.177	TPL-AMT	Third Party Liability Amount	Conditional	Third-party liability 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.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2710	COT177	COT.003.177	TPL-AMT	Third Party Liability Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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X1	2711	COT177	COT.003.177	TPL-AMT	Third Party Liability Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2712	COT178	COT.003.178	MEDICAID-PAID-AMT	Medicaid Paid Amount	Conditional	The amount paid by Medicaid/CHIP agency or the managed care plan on this claim or adjustment at the claim detail level. For claims where Medicaid payment is only available at the header level, report the entire _x000D_ payment amount on the T-MSIS record corresponding to the line item with the highest charge or the 1st detail. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2713	COT178	COT.003.178	MEDICAID-PAID-AMT	Medicaid Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2714	COT178	COT.003.178	MEDICAID-PAID-AMT	Medicaid Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2715	COT179	COT.003.179	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Conditional	The amount that would have been paid had the services been provided on a Fee for Service basis.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2716	COT179	COT.003.179	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2717	COT179	COT.003.179	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	If associated Type of Claim value equals '3, C, W', then value is mandatory and must be provided	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2718	COT179	COT.003.179	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2719	COT182	COT.003.182	MEDICARE-PAID-AMT	Medicare Paid Amount	Conditional	The amount paid by Medicare on this claim or adjustment.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2720	COT182	COT.003.182	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2721	COT182	COT.003.182	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is "0", then the Medicare Paid Amount must not be populated.	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2722	COT182	COT.003.182	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2723	COT182	COT.003.182	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	If value is populated, Crossover Indicator must be equal to "1"	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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A2	2724	COT183	COT.003.183	OT-RX-CLAIM-QUANTITY-ACTUAL	OT RX Claim Quantity Actual	Conditional	The quantity of a drug, service, or product that is rendered/dispensed for a prescription, specific date of service, or billing time span. 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 _x000D_ prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder _x000D_ filled vials, use 1 as the number of units.	Value may include up to 6 digits to the left of the decimal point, and 3 digits to the right e.g. 123456.789	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C1	2725	COT183	COT.003.183	OT-RX-CLAIM-QUANTITY-ACTUAL	OT RX Claim Quantity Actual	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2726	COT183	COT.003.183	OT-RX-CLAIM-QUANTITY-ACTUAL	OT RX Claim Quantity Actual	Not Applicable	Not Applicable	If Type of Claim is in [1, 3, A, C, U, W], then this value must be reported.	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2727	COT183	COT.003.183	OT-RX-CLAIM-QUANTITY-ACTUAL	OT RX Claim Quantity Actual	Not Applicable	Not Applicable	When populated, corresponding Unit of Measure must be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2728	COT184	COT.003.184	OT-RX-CLAIM-QUANTITY-ALLOWED	OT RX Claim Quantity Allowed	Conditional	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.	Value may include up to 6 digits to the left of the decimal point, and 3 digits to the right e.g. 123456.789	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2729	COT184	COT.003.184	OT-RX-CLAIM-QUANTITY-ALLOWED	OT RX Claim Quantity Allowed	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2730	COT184	COT.003.184	OT-RX-CLAIM-QUANTITY-ALLOWED	OT RX Claim Quantity Allowed	Not Applicable	Not Applicable	If Type of Claim is in [1, 3, A, C, U, W], then this value must be reported.	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2731	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Mandatory	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Value must be 3 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2732	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Mandatory	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2733	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	When value is in [119-122], Servicing Provider Num (COT.002.189) should not be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2734	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	When value is in [119-122], Servicing Provider NPI Num (COT.002.190) should not be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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A2	2735	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	Value must satisfy the requirements of Type of Service (Other Claim) List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2736	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	When value is in [119-122], Referring Provider NPI Num (COT.002.118) should not be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2737	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2738	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2739	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	When value is in [119-122], Plan ID Number (COT.002.066) must equal Billing Provider Number (COT.002.112)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2740	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	When value is in [119-122], Billing Provider NPI Num (COT.002.113) should not be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2741	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	When value is in [119-122], Billing Provider Taxonomy (COT.002.114) should not be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2742	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	When value is in [119-122], Referring Provider Taxonomy (COT.002.119) should not be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2743	COT186	COT.003.186	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	When value is not in ['025','085'], Sex (ELG.002.023) equals 'M'	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2744	COT187	COT.003.187	HCBS-SERVICE-CODE	HCBS Service Code	Conditional	A code to indicate 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 help to delineate between acute care and long-term care provided in the home and community setting (e.g. _x000D_ 1915(c), 1915(i), 1915(j), and 1915(k) services).	Value must be in HCBS Service Code List (VVL).	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2745	COT187	COT.003.187	HCBS-SERVICE-CODE	HCBS Service Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2746	COT187	COT.003.187	HCBS-SERVICE-CODE	HCBS Service Code	Not Applicable	Not Applicable	If value is 1-7, then HCBS Taxonomy must be populated.	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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X1	2747	COT187	COT.003.187	HCBS-SERVICE-CODE	HCBS Service Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2748	COT188	COT.003.188	HCBS-TAXONOMY	HCBS Taxonomy	Conditional	A code to classify the home and community based services listed on the claim into the HCBS taxonomy.	Value must be in HCBS Taxonomy Code List (VVL).	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2749	COT188	COT.003.188	HCBS-TAXONOMY	HCBS Taxonomy	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2750	COT188	COT.003.188	HCBS-TAXONOMY	HCBS Taxonomy	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2751	COT189	COT.003.189	SERVICING-PROV-NUM	Servicing Provider Number	Conditional	A unique number to identify the provider who treated the recipient. The Servicing Provider Number should be for the individual doctor who rendered the service. If "Servicing" provider and the "Billing" provider such as a sole-practitioner are the same then use the same number in both fields. The _x000D_ value is conditional as its usage varies by state.	Value must be 30 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2752	COT189	COT.003.189	SERVICING-PROV-NUM	Servicing Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2753	COT189	COT.003.189	SERVICING-PROV-NUM	Servicing Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2754	COT189	COT.003.189	SERVICING-PROV-NUM	Servicing Provider Number	Not Applicable	Not Applicable	When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.005.081) Provider Identifier or When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.002.019) Submitting State Provider ID	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	2755	COT190	COT.003.190	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2756	COT190	COT.003.190	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2757	COT190	COT.003.190	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2758	COT190	COT.003.190	SERVICING-PROV-NPI-NUM	Servicing Provider NPI Number	Not Applicable	Not Applicable	When Type of Claim (COT.002.037) not in ('3','C','W') then value must match Provider Identifier (PRV.005.081)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
D1	2759	COT191	COT.003.191	SERVICING-PROV-TAXONOMY	Servicing Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2760	COT192	COT.003.192	SERVICING-PROV-TYPE	Servicing Provider Type	Conditional	A code to describe the type of entity billing for the service.	Value must be in Provider Type Code List (VVL).	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2761	COT192	COT.003.192	SERVICING-PROV-TYPE	Servicing Provider Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2762	COT192	COT.003.192	SERVICING-PROV-TYPE	Servicing Provider Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2763	COT193	COT.003.193	SERVICING-PROV-SPECIALTY	Servicing Provider Specialty	Conditional	This code describes the area of specialty for the provider being reported.	Value must be in Provider Specialty List (VVL).	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2764	COT193	COT.003.193	SERVICING-PROV-SPECIALTY	Servicing Provider Specialty	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2765	COT193	COT.003.193	SERVICING-PROV-SPECIALTY	Servicing Provider Specialty	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2766	COT194	COT.003.194	OTHER-TPL-COLLECTION	Other TPL Collection	Conditional	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.	Value must be in Other TPL Collection List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2767	COT194	COT.003.194	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2768	COT194	COT.003.194	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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A2	2769	COT195	COT.003.195	TOOTH-DESIGNATION-SYSTEM	Tooth Designation System	Conditional	A code to identify the tooth numbering system is being used.	Value must be in Tooth Designation System List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2770	COT195	COT.003.195	TOOTH-DESIGNATION-SYSTEM	Tooth Designation System	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2771	COT195	COT.003.195	TOOTH-DESIGNATION-SYSTEM	Tooth Designation System	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2772	COT195	COT.003.195	TOOTH-DESIGNATION-SYSTEM	Tooth Designation System	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2773	COT196	COT.003.196	TOOTH-NUM	Tooth Number	Conditional	The tooth number serviced based on the tooth numbering system identified in the TOOTH-DESIGNATION-SYSTEM field. see Tooth Number List (VVL.171)	Value must be in Tooth Number List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2774	COT196	COT.003.196	TOOTH-NUM	Tooth Number	Not Applicable	Not Applicable	If Tooth Designation System (COT.003.195) is 'JP' value must be found in [1..32][51-82][A..T] or [AS..KS]	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2775	COT196	COT.003.196	TOOTH-NUM	Tooth Number	Not Applicable	Not Applicable	If Tooth Designation System (COT.003.195) is 'JO' value must have 1 digit before and after the decimal (N.N)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2776	COT196	COT.003.196	TOOTH-NUM	Tooth Number	Not Applicable	Not Applicable	If Tooth Designation System (COT.003.195) is 'JO' value must be a first digit of 1-4 and the decimal must be between 1-8	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2777	COT196	COT.003.196	TOOTH-NUM	Tooth Number	Not Applicable	Not Applicable	Value must be 2 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2778	COT196	COT.003.196	TOOTH-NUM	Tooth Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2779	COT196	COT.003.196	TOOTH-NUM	Tooth Number	Not Applicable	Not Applicable	When value is in ['A'-'T'], the difference between Ending Date of Service (COT.002.034) and Date of Birth (COT.002.108) is less than 15 years	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2780	COT197	COT.003.197	TOOTH-QUAD-CODE	Tooth Quad Code	Conditional	The area of the oral cavity is designated by a two-digit code.	Value must be in Tooth Quad Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2781	COT197	COT.003.197	TOOTH-QUAD-CODE	Tooth Quad Code	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2782	COT197	COT.003.197	TOOTH-QUAD-CODE	Tooth Quad Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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A2	2783	COT197	COT.003.197	TOOTH-QUAD-CODE	Tooth Quad Code	Not Applicable	Not Applicable	When populated, associated type of service value must be in [013, 029, 035]	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2784	COT198	COT.003.198	TOOTH-SURFACE-CODE	Tooth Surface Code	Conditional	A code to identify the tooth's surface on which the service was performed.	Value must be in Tooth Surface Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2785	COT198	COT.003.198	TOOTH-SURFACE-CODE	Tooth Surface Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2786	COT198	COT.003.198	TOOTH-SURFACE-CODE	Tooth Surface Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2787	COT198	COT.003.198	TOOTH-SURFACE-CODE	Tooth Surface Code	Not Applicable	Not Applicable	When populated, associated type of service value must be in [013, 029, 035]	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2788	COT199	COT.003.199	ORIGINATION-ADDR-LN1	Origination Address Line 1	Conditional	The street address of the origination point from which a patient is transported either from home or Long term care facility to a health care provider for healthcare services or vice versa. For transportation claims, this is only required if state has captured this information, otherwise it is conditional.	Value must be 60 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2789	COT199	COT.003.199	ORIGINATION-ADDR-LN1	Origination Address Line 1	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 2 or Address Line 3 value(s)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2790	COT199	COT.003.199	ORIGINATION-ADDR-LN1	Origination Address Line 1	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2791	COT199	COT.003.199	ORIGINATION-ADDR-LN1	Origination Address Line 1	Not Applicable	Not Applicable	When populated, the associated Address Type is required	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2792	COT199	COT.003.199	ORIGINATION-ADDR-LN1	Origination Address Line 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2793	COT200	COT.003.200	ORIGINATION-ADDR-LN2	Origination Address Line 2	Conditional	The street address of the origination point from which a patient is transported either from home or Long term care facility to a health care provider for healthcare services or vice versa. For transportation claims, this is only required if state has captured this information, otherwise it is conditional.	Value must be 60 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2794	COT200	COT.003.200	ORIGINATION-ADDR-LN2	Origination Address Line 2	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 1 or Address Line 3 value(s)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2795	COT200	COT.003.200	ORIGINATION-ADDR-LN2	Origination Address Line 2	Not Applicable	Not Applicable	There must be an Address Line 1 in order to have an Address Line 2	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2796	COT200	COT.003.200	ORIGINATION-ADDR-LN2	Origination Address Line 2	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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X1	2797	COT200	COT.003.200	ORIGINATION-ADDR-LN2	Origination Address Line 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2798	COT201	COT.003.201	ORIGINATION-CITY	Origination City	Conditional	The name 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. For transportation claims, this is only required if state has captured this information, otherwise it is conditional.	Value must be 28 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2799	COT201	COT.003.201	ORIGINATION-CITY	Origination City	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2800	COT201	COT.003.201	ORIGINATION-CITY	Origination City	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2801	COT202	COT.003.202	ORIGINATION-STATE	Origination State	Conditional	The ANSI numeric code of the origination state in which a patient is transported either from home or a long term care facility to a health care provider to a health care provider for healthcare services or vice versa.	Value must be in State Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2802	COT202	COT.003.202	ORIGINATION-STATE	Origination State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2803	COT202	COT.003.202	ORIGINATION-STATE	Origination State	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2804	COT202	COT.003.202	ORIGINATION-STATE	Origination State	Not Applicable	Not Applicable	(transportation claim) value is mandatory and must be provided for all transportation claims	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2805	COT203	COT.003.203	ORIGINATION-ZIP-CODE	Origination Zip Code	Conditional	U.S. Zip Code component of an address associated with a given entity (e.g. person, organization, agency, etc.)	Value may only be 5 digits (0-9) (Example: 91320) or 9 digits (0-9) (Example: 913200011)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2806	COT203	COT.003.203	ORIGINATION-ZIP-CODE	Origination Zip Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2807	COT204	COT.003.204	DESTINATION-ADDR-LN1	Destination Address Line 1	Conditional	The street address of the destination point 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.	Value must be 60 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2808	COT204	COT.003.204	DESTINATION-ADDR-LN1	Destination Address Line 1	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 2 or Address Line 3 value(s)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2809	COT204	COT.003.204	DESTINATION-ADDR-LN1	Destination Address Line 1	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2810	COT204	COT.003.204	DESTINATION-ADDR-LN1	Destination Address Line 1	Not Applicable	Not Applicable	When populated, the associated Address Type is required	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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X1	2811	COT204	COT.003.204	DESTINATION-ADDR-LN1	Destination Address Line 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2812	COT205	COT.003.205	DESTINATION-ADDR-LN2	Destination Address Line 2	Conditional	The street address of the destination point 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.	Value must be 60 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2813	COT205	COT.003.205	DESTINATION-ADDR-LN2	Destination Address Line 2	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 1 or Address Line 3 value(s)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2814	COT205	COT.003.205	DESTINATION-ADDR-LN2	Destination Address Line 2	Not Applicable	Not Applicable	There must be an Address Line 1 in order to have an Address Line 2	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2815	COT205	COT.003.205	DESTINATION-ADDR-LN2	Destination Address Line 2	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2816	COT205	COT.003.205	DESTINATION-ADDR-LN2	Destination Address Line 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2817	COT206	COT.003.206	DESTINATION-CITY	Destination City	Conditional	The name of the destination city 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.	Value must be 28 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2818	COT206	COT.003.206	DESTINATION-CITY	Destination City	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2819	COT206	COT.003.206	DESTINATION-CITY	Destination City	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2820	COT207	COT.003.207	DESTINATION-STATE	Destination State	Conditional	The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code of the 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.	Value must be in State Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2821	COT207	COT.003.207	DESTINATION-STATE	Destination State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2822	COT207	COT.003.207	DESTINATION-STATE	Destination State	Not Applicable	Not Applicable	(transportation claim) value is mandatory and must be provided for all transportation claims	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2823	COT207	COT.003.207	DESTINATION-STATE	Destination State	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2824	COT208	COT.003.208	DESTINATION-ZIP-CODE	Destination Zip Code	Conditional	U.S. Zip Code component of an address associated with a given entity (e.g. person, organization, agency, etc.)	Value may only be 5 digits (0-9) (Example: 91320) or 9 digits (0-9) (Example: 913200011)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2825	COT208	COT.003.208	DESTINATION-ZIP-CODE	Destination Zip Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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X1	2826	COT209	COT.003.209	BENEFIT-TYPE	Benefit Type	Mandatory	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 (MACPro) benefit type list. See Appendix H: Benefit Types	Value must be in Benefit Type Code List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2827	COT209	COT.003.209	BENEFIT-TYPE	Benefit Type	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2828	COT209	COT.003.209	BENEFIT-TYPE	Benefit Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2829	COT210	COT.003.210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Conditional	A code to indicate the Federal funding source for the payment.	Value must be in CMS 64 Category for Federal Reimbursement List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2830	COT210	COT.003.210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2831	COT210	COT.003.210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	(Federal Funding under Title XXI) if value equals '02', then the eligible's CHIP Code (ELG.003.054) must be in ['2', '3']	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2832	COT210	COT.003.210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	(Federal Funding under Title XIX) if value equals '01' then the eligible's CHIP Code (ELG.003.054) must be '1'	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2833	COT210	COT.003.210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2834	COT210	COT.003.210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	If Type of Claim is in ['1','2','5','A','B','E','U','V','Y'] and the Total Medicaid Paid Amount is populated on the corresponding claim header, then value must be reported.	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2835	COT210	COT.003.210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	If Type of Claim is in ['4','D'] and the Service Tracking Payment Amount on the relevant record is populated, then value must be reported.	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2836	COT211	COT.003.211	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Conditional	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.	Value must be in XIX MBESCBES Category of Service List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2837	COT211	COT.003.211	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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X1	2838	COT211	COT.003.211	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2839	COT211	COT.003.211	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	(Medicaid Claim) if the associated CMS-64 Category for Federal Reimbursement value is '1', then a valid value is mandatory and must be reported	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2840	COT211	COT.003.211	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	If value is in ['14', '35', '42' or '44'], then Sex (ELG.002.023) must not equals 'M'	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2841	COT211	COT.003.211	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	If XXI MBESCBES Category of Service is populated then must not be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2842	COT212	COT.003.212	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Conditional	A code to indicate 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.	Value must be in XXI MBESCBES Category of Service List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2843	COT212	COT.003.212	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2844	COT212	COT.003.212	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	(CHIP Claim) if the associated CMS-64 Category for Federal Reimbursement value is '2', then a valid value is mandatory and must be reported	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2845	COT212	COT.003.212	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	If XIX MBESCBES Category of Service is populated then value must not be populated	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2846	COT212	COT.003.212	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2847	COT213	COT.003.213	OTHER-INSURANCE-AMT	Other Insurance Amount	Conditional	The amount paid by insurance other than Medicare or Medicaid on this claim.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2848	COT213	COT.003.213	OTHER-INSURANCE-AMT	Other Insurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2849	COT213	COT.003.213	OTHER-INSURANCE-AMT	Other Insurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2850	COT214	COT.003.214	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2851	COT214	COT.003.214	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2852	COT214	COT.003.214	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
D1	2853	COT215	COT.003.215	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2854	COT217	COT.003.217	NATIONAL-DRUG-CODE	National Drug Code	Conditional	A code following the National Drug Code format indicating the drug, device, or medical supply covered by this claim.	Characters 1-5 of value must be numeric	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2855	COT217	COT.003.217	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Characters 6-9 of value must be numeric	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2856	COT217	COT.003.217	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Characters 10-12 of value must be numeric or blank	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2857	COT217	COT.003.217	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Value must be 12 digits or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2858	COT217	COT.003.217	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Value must be a valid National Drug Code	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2859	COT217	COT.003.217	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2860	COT218	COT.003.218	PROCEDURE-CODE-MOD-3	Procedure Code Modifier 3	Conditional	The procedure code modifier used with an associated procedure code. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	Must be associated with a Procedure Code	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2861	COT218	COT.003.218	PROCEDURE-CODE-MOD-3	Procedure Code Modifier 3	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2862	COT218	COT.003.218	PROCEDURE-CODE-MOD-3	Procedure Code Modifier 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2863	COT219	COT.003.219	PROCEDURE-CODE-MOD-4	Procedure Code Modifier 4	Conditional	The procedure code modifier used with an associated procedure code. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	Must be associated with a Procedure Code	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2864	COT219	COT.003.219	PROCEDURE-CODE-MOD-4	Procedure Code Modifier 4	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2865	COT219	COT.003.219	PROCEDURE-CODE-MOD-4	Procedure Code Modifier 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
D1	2866	COT220	COT.003.220	HCPCS-RATE	HCPCS Rate	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2867	COT221	COT.003.221	ADJUDICATION-DATE	Adjudication Date	Mandatory	The date on which the payment status of the claim was finally adjudicated by the state.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	2868	COT221	COT.003.221	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2869	COT221	COT.003.221	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or before End of Time Period value found in associated T-MSIS File Header Record	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2870	COT221	COT.003.221	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2871	COT222	COT.003.222	SELF-DIRECTION-TYPE	Self Direction Type	Conditional	A data element to identify how the beneficiary self-directed the service, i.e. hiring authority (the beneficiary has decision-making authority to recruit, hire, train and supervise the individuals who furnish his/her services), budget authority (The beneficiary has decision-making authority over how the _x000D_ Medicaid funds in a budget are spent), or both hiring and budget authority.	Value must be in Self Direction Type List (VVL)	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2872	COT222	COT.003.222	SELF-DIRECTION-TYPE	Self Direction Type	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2873	COT222	COT.003.222	SELF-DIRECTION-TYPE	Self Direction Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2874	COT223	COT.003.223	PRE-AUTHORIZATION-NUM	Preauthorization Number	Conditional	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 referred to as a Prior Authorization or Referral Number).	Value must be 18 characters or less	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2875	COT223	COT.003.223	PRE-AUTHORIZATION-NUM	Preauthorization Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2876	COT223	COT.003.223	PRE-AUTHORIZATION-NUM	Preauthorization Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2877	COT224	COT.003.224	NDC-UNIT-OF-MEASURE	NDC Unit of Measure	Conditional	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Value must be in NDC Unit of Measure List (VVL).	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2878	COT224	COT.003.224	NDC-UNIT-OF-MEASURE	NDC Unit of Measure	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2879	COT224	COT.003.224	NDC-UNIT-OF-MEASURE	NDC Unit of Measure	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2880	COT225	COT.003.225	NDC-QUANTITY	NDC Quantity	Conditional	This field is to capture the actual quantity of the National Drug Code being prescribed on the claim.	Value may include up to 6 digits to the left of the decimal point, and 3 digits to the right e.g. 123456.789	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003

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X1	2881	COT225	COT.003.225	NDC-QUANTITY	NDC Quantity	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
C2	2882	COT227	COT.003.227	PROCEDURE-CODE-MOD-2	Procedure Code Modifier 2	Conditional	The procedure code modifier used with an associated procedure code. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	Must be associated with a Procedure Code	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
A2	2883	COT227	COT.003.227	PROCEDURE-CODE-MOD-2	Procedure Code Modifier 2	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2884	COT227	COT.003.227	PROCEDURE-CODE-MOD-2	Procedure Code Modifier 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003
X1	2885	CRX001	CRX.001.001	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2886	CRX001	CRX.001.001	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "CRX00001"	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2887	CRX002	CRX.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Mandatory	A data element to capture the version of the T-MSIS data dictionary that was used to build the file. Use the version number specified on the Cover Sheet of the data dictionary" to V2.4.	Value must be 10 characters or less	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2888	CRX002	CRX.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Value must not include the pipe (" ") symbol	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2889	CRX002	CRX.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2890	CRX003	CRX.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Mandatory	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.	Value must be in Submission Transaction Type List (VVL)	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2891	CRX003	CRX.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2892	CRX003	CRX.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2893	CRX004	CRX.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Mandatory	Denotes which supported file encoding standard was used to create the file.	Value must be in File Encoding Specification List (VVL)	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2894	CRX004	CRX.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2895	CRX004	CRX.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2896	CRX005	CRX.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Mandatory	Identifies the version of the T-MSIS data mapping document used to build a state submission file. Use the version number specified on the title page of the data mapping document	Value must be 9 characters or less	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001

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X1	2897	CRX005	CRX.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2898	CRX006	CRX.001.006	FILE-NAME	File Name	Not Applicable	A code to identify the subject area to which the records in its file relate. Each T-MSIS submission file should only _x000D_ contain records for one subject area (i.e., Eligible, Third-party liability, Provider, Managed Care Plan Information, _x000D_ Inpatient, Long-Term Care, Other, and Pharmacy Claim).	Value must equal 'CLAIM-RX'	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2899	CRX007	CRX.001.007	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2900	CRX007	CRX.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2901	CRX007	CRX.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2902	CRX008	CRX.001.008	DATE-FILE-CREATED	Date File Created	Mandatory	The date on which the file was created.	Value of the CC component must be "20"	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2903	CRX008	CRX.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2904	CRX008	CRX.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2905	CRX008	CRX.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be equal to or after the value of associated End of Time Period	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2906	CRX008	CRX.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2907	CRX009	CRX.001.009	START-OF-TIME-PERIOD	Start of Time Period	Mandatory	This value must be the first day of the reporting month, regardless of the actual date span of the data in the file.	Value of the CC component must be "20"	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2908	CRX009	CRX.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2909	CRX009	CRX.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2910	CRX009	CRX.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be less than current date	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001

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X1	2911	CRX009	CRX.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2912	CRX009	CRX.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be before associated End of Time Period	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2913	CRX009	CRX.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2914	CRX010	CRX.001.010	END-OF-TIME-PERIOD	End of Time Period	Mandatory	This value must be the last day of the reporting month, regardless of the actual date span.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2915	CRX010	CRX.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value of the CC component must be "20"	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2916	CRX010	CRX.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2917	CRX010	CRX.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2918	CRX010	CRX.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or after associated Start of Time Period	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2919	CRX010	CRX.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2920	CRX011	CRX.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Mandatory	A code to indicate whether the records in the file are test or production records.	For production files, value must be equal to 'P'	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2921	CRX011	CRX.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2922	CRX011	CRX.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2923	CRX012	CRX.001.012	SSN-INDICATOR	SSN Indicator	Mandatory	Indicates whether the state uses the eligible person's social security number instead of an MSIS Identification Number as the unique, unchanging eligible person identifier. A state's SSN/Non-SSN designation on the eligibility file should match on the claims and third party liability _x000D_ files.	Value must be in SSN Indicator List (VVL)	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2924	CRX012	CRX.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2925	CRX012	CRX.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001

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C2	2926	CRX013	CRX.001.013	TOT-REC-CNT	Total Record Count	Mandatory	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.	Value must be a positive integer	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2927	CRX013	CRX.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be between 0:9999999999 (inclusive)	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2928	CRX013	CRX.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2929	CRX013	CRX.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must equal the number of records included in the file submission except for the file header record.	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2930	CRX013	CRX.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2931	CRX014	CRX.001.014	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2932	CRX014	CRX.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2933	CRX014	CRX.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
D1	2934	CRX015	CRX.001.015	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2935	CRX155	CRX.001.155	SEQUENCE-NUMBER	Sequence Number	Mandatory	To enable states to sequentially number files, when related, follow-on files are necessary (i.e. update files, replace files). This should begin with 1 for the _x000D_ original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject _x000D_ area).	Value must be between 1 and 9999	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2936	CRX155	CRX.001.155	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be equal to the largest of any prior values for the same reporting period and file type, plus 1 (i.e. incremented by 1)	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
C2	2937	CRX155	CRX.001.155	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
A2	2938	CRX155	CRX.001.155	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001
X1	2939	CRX155	CRX.001.155	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	2940	CRX016	CRX.002.016	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2941	CRX016	CRX.002.016	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "CRX00002"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2942	CRX017	CRX.002.017	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2943	CRX017	CRX.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2944	CRX017	CRX.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2945	CRX017	CRX.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (CRX.001.007)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2946	CRX018	CRX.002.018	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2947	CRX018	CRX.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2948	CRX018	CRX.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2949	CRX018	CRX.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2950	CRX019	CRX.002.019	ICN-ORIG	Original ICN	Mandatory	A unique number assigned by the state's payment system that identifies an original or adjustment claim.	Value must be 50 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	2951	CRX019	CRX.002.019	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2952	CRX019	CRX.002.019	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2953	CRX020	CRX.002.020	ICN-ADJ	Adjustment ICN	Conditional	A unique claim number assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Value must be 50 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	2954	CRX020	CRX.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2955	CRX020	CRX.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	If associated Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2956	CRX020	CRX.002.020	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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A2	2957	CRX021	CRX.002.021	SUBMITTER-ID	Submitter ID	Mandatory	The Submitter Identification number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Value must be 12 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2958	CRX021	CRX.002.021	SUBMITTER-ID	Submitter ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2959	CRX022	CRX.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2960	CRX022	CRX.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2961	CRX022	CRX.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2962	CRX022	CRX.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2963	CRX022	CRX.002.022	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	The Prescription Fill Date (CRX.002.085) on the claim must fall between Enrollment Timespan Effective Date (ELG.021.253) and Enrollment Timespan End Date (ELG.021.253)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	2964	CRX023	CRX.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Conditional	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Value must be in Crossover Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2965	CRX023	CRX.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	If Crossover Indicator value is "1", the associated Dual Eligible Code (ELG.005.085) value must be in "01", "02", "04", "08", "09", or "10" for the same time period (by date of service)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2966	CRX023	CRX.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2967	CRX023	CRX.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2968	CRX023	CRX.002.023	CROSSOVER-INDICATOR	Crossover Indicator	Not Applicable	Not Applicable	If the TYPE-OF-CLAIM value is in ["1", "3", "A", "C"], then value is mandatory and must be reported.	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2969	CRX024	CRX.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Conditional	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 demonstration.	Value must be in 1115A Demonstration Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2970	CRX024	CRX.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2971	CRX024	CRX.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2972	CRX024	CRX.002.024	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	When value equals '0', is invalid or not populated, the associated 1115A Demonstration Indicator (ELG.018.223) must equal '0', is invalid or not populated	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2973	CRX025	CRX.002.025	ADJUSTMENT-IND	Adjustment Indicator	Mandatory	Indicates the type of adjustment record.	Value must be in Adjustment Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2974	CRX025	CRX.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [1, 3, 5, A, C, E, U, W, Y], then value must be in [0, 1, 4]	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2975	CRX025	CRX.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is '4, D, X', then value must be in [5, 6]	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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A2	2976	CRX025	CRX.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2977	CRX025	CRX.002.025	ADJUSTMENT-IND	Adjustment Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2978	CRX026	CRX.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Conditional	Claim adjustment reason codes communicate why a claim was paid differently than it was billed. If the amount paid is different from the amount billed you need an adjustment reason code.	Value must be in Adjustment Reason Code List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2979	CRX026	CRX.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2980	CRX026	CRX.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2981	CRX026	CRX.002.026	ADJUSTMENT-REASON-CODE	Adjustment Reason Code	Not Applicable	Not Applicable	Value must not be populated when associated Adjustment Indicator equals "0"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	2982	CRX027	CRX.002.027	ADJUDICATION-DATE	Adjudication Date	Mandatory	The date on which the payment status of the claim was finally adjudicated by the state.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	2983	CRX027	CRX.002.027	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2984	CRX027	CRX.002.027	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or before End of Time Period value found in associated T-MSIS File Header Record	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2985	CRX027	CRX.002.027	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	2986	CRX028	CRX.002.028	MEDICAID-PAID-DATE	Medicaid Paid Date	Mandatory	The date Medicaid paid this claim or adjustment.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	2987	CRX028	CRX.002.028	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	2988	CRX028	CRX.002.028	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	Must have an associated Total Medicaid Paid Amount	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2989	CRX028	CRX.002.028	MEDICAID-PAID-DATE	Medicaid Paid Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2990	CRX029	CRX.002.029	TYPE-OF-CLAIM	Type of Claim	Mandatory	A code to indicate what type of payment is covered in this claim.	Value must be in Type of Claim List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2991	CRX029	CRX.002.029	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	2992	CRX029	CRX.002.029	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2993	CRX029	CRX.002.029	TYPE-OF-CLAIM	Type of Claim	Not Applicable	Not Applicable	When value equals 'Z', claim denied indicator must equal '0'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2994	CRX030	CRX.002.030	CLAIM-STATUS	Claim Status	Conditional	The health care claim status codes convey the status of an entire claim.	Value must be in Claim Status List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	2995	CRX030	CRX.002.030	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2996	CRX030	CRX.002.030	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C1	2997	CRX030	CRX.002.030	CLAIM-STATUS	Claim Status	Not Applicable	Not Applicable	If value in [26, 87, 542, 585, 654], Claim Denied Indicator must be '0'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2998	CRX031	CRX.002.031	CLAIM-STATUS-CATEGORY	Claim Status Category	Mandatory	The Claim Status Category conveys the status of the entire claim using the X12 Claim Status Category Codes from the claim adjudication process.	Value must be in Claim Status Category List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	2999	CRX031	CRX.002.031	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	(Denied Claim) if associated Claim Denied Indicator indicates the claim was denied, then value must be "F2"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3000	CRX031	CRX.002.031	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	(Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 858, 654], then value must be "F2"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3001	CRX031	CRX.002.031	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3002	CRX031	CRX.002.031	CLAIM-STATUS-CATEGORY	Claim Status Category	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3003	CRX032	CRX.002.032	SOURCE-LOCATION	Source Location	Mandatory	The field denotes the claims payment system from which the claim was extracted.	Value must be in Source Location List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3004	CRX032	CRX.002.032	SOURCE-LOCATION	Source Location	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3005	CRX032	CRX.002.032	SOURCE-LOCATION	Source Location	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3006	CRX033	CRX.002.033	CHECK-NUM	Check Number	Conditional	The check or electronic funds transfer number.	Value must be 15 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3007	CRX033	CRX.002.033	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Value must have an associated Check Effective Date	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3008	CRX033	CRX.002.033	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3009	CRX033	CRX.002.033	CHECK-NUM	Check Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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C2	3010	CRX034	CRX.002.034	CHECK-EFF-DATE	Check Effective Date	Conditional	The date a check is issued to the payee. In the case of electronic funds transfer, it is the date the transfer is made.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3011	CRX034	CRX.002.034	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3012	CRX034	CRX.002.034	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Value may be the same as associated Remittance Date	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3013	CRX034	CRX.002.034	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Must have an associated Check Number	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3014	CRX034	CRX.002.034	CHECK-EFF-DATE	Check Effective Date	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3015	CRX035	CRX.002.035	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3016	CRX035	CRX.002.035	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3017	CRX035	CRX.002.035	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3018	CRX035	CRX.002.035	CLAIM-PYMT-REM-CODE-1	Claim Payment Remark Code 1	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	3019	CRX036	CRX.002.036	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3020	CRX036	CRX.002.036	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3021	CRX036	CRX.002.036	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3022	CRX036	CRX.002.036	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3023	CRX036	CRX.002.036	CLAIM-PYMT-REM-CODE-2	Claim Payment Remark Code 2	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 1 (CRX.002.035) is not populated	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3024	CRX037	CRX.002.037	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	3025	CRX037	CRX.002.037	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3026	CRX037	CRX.002.037	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3027	CRX037	CRX.002.037	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3028	CRX037	CRX.002.037	CLAIM-PYMT-REM-CODE-3	Claim Payment Remark Code 3	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 2 (CRX.002.036) is not populated	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3029	CRX038	CRX.002.038	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Conditional	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as _x000D_ shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the _x000D_ Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Value must be in Claim Payment Remittance Code List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3030	CRX038	CRX.002.038	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3031	CRX038	CRX.002.038	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3032	CRX038	CRX.002.038	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	When more than one code is populated, all values must be unique	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3033	CRX038	CRX.002.038	CLAIM-PYMT-REM-CODE-4	Claim Payment Remark Code 4	Not Applicable	Not Applicable	Value must not be populated when Claim Payment Remark Code 3 (CRX.002.037) is not populated	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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C2	3034	CRX039	CRX.002.039	TOT-BILLED-AMT	Total Billed Amount	Conditional	The total amount billed for this claim at the claim header level as submitted by the provider. For encounter records, when Type of Claim value is [3, C, or W], then value must equal amount the provider billed to the managed care plan. Total Billed Amount is not expected on financial _x000D_ transactions.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3035	CRX039	CRX.002.039	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3036	CRX039	CRX.002.039	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value must equal the sum of all Billed Amount instances for the associated claim	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3037	CRX039	CRX.002.039	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C1	3038	CRX039	CRX.002.039	TOT-BILLED-AMT	Total Billed Amount	Not Applicable	Not Applicable	Value should not be populated when associated Type of Claim is in [2, 4, 5, B, D E or X]	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3039	CRX040	CRX.002.040	TOT-ALLOWED-AMT	Total Allowed Amount	Conditional	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. On FFS claims the Allowed Amount is determined by the state's MMIS. On managed care encounters the Allowed Amount is _x000D_ determined by the managed care organization.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3040	CRX040	CRX.002.040	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C1	3041	CRX040	CRX.002.040	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	When populated and Payment Level Indicator = '2' then value must equal the sum of all claim line Allowed Amount values	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3042	CRX040	CRX.002.040	TOT-ALLOWED-AMT	Total Allowed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3043	CRX041	CRX.002.041	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Conditional	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 detail level for the claim.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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A2	3044	CRX041	CRX.002.041	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3045	CRX041	CRX.002.041	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Must have an associated Medicaid Paid Date	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3046	CRX041	CRX.002.041	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	If Total Medicare Coinsurance Amount and Total Medicare Deductible Amount is reported it must equal Total Medicaid Paid Amount	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3047	CRX041	CRX.002.041	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	When Payment Level Indicator equals '2', value must equal the sum of line level Medicaid Paid Amounts.	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3048	CRX041	CRX.002.041	TOT-MEDICAID-PAID-AMT	Total Medicaid Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3049	CRX042	CRX.002.042	TOT-COPAY-AMT	Total Copayment Amount	Conditional	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.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3050	CRX042	CRX.002.042	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3051	CRX042	CRX.002.042	TOT-COPAY-AMT	Total Copayment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3052	CRX043	CRX.002.043	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Conditional	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible. If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and _x000D_ deductible payments cannot be separated, fill this field with the combined payment amount, code Medicare Combined Indicator a "1" and leave Total Medicare Coinsurance Amount unpopulated.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3053	CRX043	CRX.002.043	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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A2	3054	CRX043	CRX.002.043	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is '0' (not a crossover claim), then value should not be populated.	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3055	CRX043	CRX.002.043	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	(Medicare Enrolled) if associated Dual Eligible Code (ELG.005.085) value is in ["01", "02", "03", "04", "05", "06", "08", "09", or "10"], then value is mandatory and must be provided	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3056	CRX043	CRX.002.043	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3057	CRX043	CRX.002.043	TOT-MEDICARE-DEDUCTIBLE-AMT	Total Medicare Deductible Amount	Not Applicable	Not Applicable	When populated, value must be less than or equal to Total Billed Amount	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3058	CRX044	CRX.002.044	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Conditional	The total amount paid by the Medicaid/CHIP agency or a managed care plan towards the portion of the Medicare allowed charges that Medicare applied to coinsurance.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3059	CRX044	CRX.002.044	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3060	CRX044	CRX.002.044	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is '0' (not a crossover claim), then value should not be populated.	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3061	CRX044	CRX.002.044	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3062	CRX044	CRX.002.044	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	If associated Medicare Combined Deductible Indicator is '1', then value must not be populated	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3063	CRX044	CRX.002.044	TOT-MEDICARE-COINS-AMT	Total Medicare Coinsurance Amount	Not Applicable	Not Applicable	When populated, value must be less than or equal to Total Billed Amount	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3064	CRX045	CRX.002.045	TOT-TPL-AMT	Total Third Party Liability Amount	Conditional	Third-party liability 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.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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A2	3065	CRX045	CRX.002.045	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3066	CRX045	CRX.002.045	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Value must be less than associated Total Billed Amount - (Total Medicare Coinsurance Amount + Total Medicare Deductible Amount)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3067	CRX045	CRX.002.045	TOT-TPL-AMT	Total Third Party Liability Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3068	CRX047	CRX.002.047	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Conditional	The amount paid by insurance other than Medicare or Medicaid on this claim.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3069	CRX047	CRX.002.047	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3070	CRX047	CRX.002.047	TOT-OTHER-INSURANCE-AMT	Total Other Insurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3071	CRX048	CRX.002.048	OTHER-INSURANCE-IND	Other Insurance Indicator	Conditional	The field denotes whether the insured party is covered under an other insurance plan other than Medicare or Medicaid.	Value must be in Other Insurance Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3072	CRX048	CRX.002.048	OTHER-INSURANCE-IND	Other Insurance Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3073	CRX048	CRX.002.048	OTHER-INSURANCE-IND	Other Insurance Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3074	CRX049	CRX.002.049	OTHER-TPL-COLLECTION	Other TPL Collection	Conditional	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.	Value must be in Other TPL Collection List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3075	CRX049	CRX.002.049	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3076	CRX049	CRX.002.049	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3077	CRX050	CRX.002.050	SERVICE-TRACKING-TYPE	Service Tracking Type	Conditional	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 enrollee.	Value must be in Service Tracking Type List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3078	CRX050	CRX.002.050	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	(Service Tracking Claim) if associated Type of Claim is in ['4','D','X'] then value is mandatory and must be reported	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3079	CRX050	CRX.002.050	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	3080	CRX050	CRX.002.050	SERVICE-TRACKING-TYPE	Service Tracking Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3081	CRX051	CRX.002.051	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Conditional	On service tracking claims, the payment amount is the lump sum that cannot be attributed to any one beneficiary paid to the provider.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3082	CRX051	CRX.002.051	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3083	CRX051	CRX.002.051	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	If associated Type of Claim value is in [4, D, or X], then value is mandatory and must be provided	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3084	CRX051	CRX.002.051	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3085	CRX051	CRX.002.051	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	When populated, Service Tracking Type must be populated	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3086	CRX051	CRX.002.051	SERVICE-TRACKING-PAYMENT-AMT	Service Tracking Payment Amount	Not Applicable	Not Applicable	When populated, Total Medicaid Amount must not be populated	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3087	CRX052	CRX.002.052	FIXED-PAYMENT-IND	Fixed Payment Indicator	Conditional	This indicator indicates that the reimbursement amount included on the claim is for a fixed payment. 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 _x000D_ programs 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. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined "medical record". _x000D_ associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Value must be in Fixed Payment Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3088	CRX052	CRX.002.052	FIXED-PAYMENT-IND	Fixed Payment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3089	CRX052	CRX.002.052	FIXED-PAYMENT-IND	Fixed Payment Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3090	CRX053	CRX.002.053	FUNDING-CODE	Funding Code	Mandatory	A code to indicate the source of non-federal share funds.	Value must be in Funding Code List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3091	CRX053	CRX.002.053	FUNDING-CODE	Funding Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	3092	CRX053	CRX.002.053	FUNDING-CODE	Funding Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3093	CRX054	CRX.002.054	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider. In the event of two sources, states are to report the portion which represents the largest proportion not funded by the Federal government.	Value must be in Funding Source Non-Federal Share List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3094	CRX054	CRX.002.054	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3095	CRX054	CRX.002.054	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share	Not Applicable	Not Applicable	Required	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3096	CRX055	CRX.002.055	PROGRAM-TYPE	Program Type	Mandatory	A code to indicate special Medicaid program under which the service was provided.	Value must be in Program Type List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3097	CRX055	CRX.002.055	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3098	CRX055	CRX.002.055	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3099	CRX055	CRX.002.055	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	(Community First Choice) If value equals '11', then State Plan Option Type (ELG.011.163) must equal '01' for the same time period	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3100	CRX055	CRX.002.055	PROGRAM-TYPE	Program Type	Not Applicable	Not Applicable	If value equals '13', then State Plan Option Type (ELG.011.163) must equal '02' for the same time period	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3101	CRX056	CRX.002.056	PLAN-ID-NUMBER	Plan ID Number	Conditional	A unique number assigned by the state which represents a distinct comprehensive managed care plan, prepaid health plan, primary care case management program, a program for all-inclusive care for the elderly entity, or other approved plans.	Value must be 12 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3102	CRX056	CRX.002.056	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3103	CRX056	CRX.002.056	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3104	CRX056	CRX.002.056	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must match Managed Care Plan ID (ELG.014.192)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3105	CRX056	CRX.002.056	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value must match State Plan ID Number (MCR.002.019)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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C2	3106	CRX056	CRX.002.056	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	Value should be populated when Type of Claim (CRX.002.029) is in [3, C, W, 2, B, V]	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3107	CRX056	CRX.002.056	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	When Type of Claim in (3, C, W, 2, B, V) value must have a Managed Care Enrollment (ELG.014) for the beneficiary where the Prescription Fill Date (CRX.002.085) occurs between the managed care plan enrollment eff/end dates (ELG.014.197/198)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3108	CRX056	CRX.002.056	PLAN-ID-NUMBER	Plan ID Number	Not Applicable	Not Applicable	When Type of Claim in (3, C, W, 2, B, V) value must have a Managed Care Main Record (MCR.002) for the plan where the Prescription Fill Date (CRX.002.085) occurs between the managed care contract eff/end dates (MCR.002.020/021)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
D1	3109	CRX057	CRX.002.057	NATIONAL-HEALTH-CARE-ENTITY-ID	National Health Care Entity ID	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3110	CRX058	CRX.002.058	PAYMENT-LEVEL-IND	Payment Level Indicator	Mandatory	The field denotes whether the payment amount was determined at the claim header or line/detail level.	Value must be in Payment Level Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3111	CRX058	CRX.002.058	PAYMENT-LEVEL-IND	Payment Level Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3112	CRX058	CRX.002.058	PAYMENT-LEVEL-IND	Payment Level Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3113	CRX059	CRX.002.059	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Conditional	A code to indicate the type of Medicare reimbursement.	Value must be in Medicare Reimbursement Type List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3114	CRX059	CRX.002.059	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	(Crossover Claim) if associated Crossover Indicator value indicates a crossover claim, value is mandatory and must be provided	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3115	CRX059	CRX.002.059	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	3116	CRX059	CRX.002.059	MEDICARE-REIM-TYPE	Medicare Reimbursement Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3117	CRX060	CRX.002.060	CLAIM-LINE-COUNT	Claim Line Count	Mandatory	The total number of lines on the claim.	Value must be a positive integer	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3118	CRX060	CRX.002.060	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be between 0:9999 (inclusive)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3119	CRX060	CRX.002.060	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must not include commas or other non-numeric characters	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3120	CRX060	CRX.002.060	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be equal to the number of claim lines (e.g. Original Claim Line Number or Adjustment Claim Line Number instances) reported in the associated claim record being reported	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3121	CRX060	CRX.002.060	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3122	CRX060	CRX.002.060	CLAIM-LINE-COUNT	Claim Line Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3123	CRX061	CRX.002.061	FORCED-CLAIM-IND	Forced Claim Indicator	Conditional	Indicates if the claim was processed by forcing it through a manual override process.	Value must be in Forced Claim Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3124	CRX061	CRX.002.061	FORCED-CLAIM-IND	Forced Claim Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3125	CRX061	CRX.002.061	FORCED-CLAIM-IND	Forced Claim Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3126	CRX062	CRX.002.062	PATIENT-CONTROL-NUM	Patient Control Number	Conditional	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	Value must be 20 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3127	CRX062	CRX.002.062	PATIENT-CONTROL-NUM	Patient Control Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbol	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3128	CRX062	CRX.002.062	PATIENT-CONTROL-NUM	Patient Control Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3129	CRX063	CRX.002.063	ELIGIBLE-LAST-NAME	Eligible Last Name	Conditional	The last name of the individual to whom the services were provided. (The patients name should be captured as it _x000D_ appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS Identification _x000D_ Number will be used to associate a claim record with the appropriate eligibility data.)	Value must be 30 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3130	CRX063	CRX.002.063	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	3131	CRX063	CRX.002.063	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3132	CRX064	CRX.002.064	ELIGIBLE-FIRST-NAME	Eligible First Name	Conditional	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 Identification Number will be used to associate a claim record _x000D_ with the appropriate eligibility data.)	Value must be 30 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3133	CRX064	CRX.002.064	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3134	CRX064	CRX.002.064	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3135	CRX065	CRX.002.065	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Conditional	Individual's middle initial; middle initial component of full name (e.g. First Name, Middle Initial, Last Name).	Value may include any alphanumeric characters, digits or symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3136	CRX065	CRX.002.065	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3137	CRX065	CRX.002.065	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3138	CRX065	CRX.002.065	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3139	CRX066	CRX.002.066	DATE-OF-BIRTH	Date of Birth	Mandatory	An individual's date of birth.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3140	CRX066	CRX.002.066	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3141	CRX066	CRX.002.066	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	3142	CRX067	CRX.002.067	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Conditional	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. States should not submit claim records for an eligible individual that indicate the claim was submitted by a _x000D_ provider or provider group enrolled in a health home model if the eligible individual 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 report claims that indicate the claim is submitted by a provider or _x000D_ provider group enrolled in the health home model.	Value must be in Health Home Provider Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C1	3143	CRX067	CRX.002.067	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	If there is an associated Health Home Entity Name value, then value must be "1"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3144	CRX067	CRX.002.067	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3145	CRX067	CRX.002.067	HEALTH-HOME-PROV-IND	Health Home Provider Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3146	CRX068	CRX.002.068	WAIVER-TYPE	Waiver Type	Conditional	A code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Value must be in Waiver Type List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3147	CRX068	CRX.002.068	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3148	CRX068	CRX.002.068	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must be in ['06', '07', '08', '09', '10', '11', '12', '13', '14', '15', '16', '17', '18', '19', '20', '33'] when associated Program Type equals "07"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3149	CRX068	CRX.002.068	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Value must have a corresponding value in Waive ID (CRX.002.069)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3150	CRX068	CRX.002.068	WAIVER-TYPE	Waiver Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	3151	CRX069	CRX.002.069	WAIVER-ID	Waiver ID	Conditional	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. Waiver IDs should actually only be the_x000D_"core" part of the waiver IDs, without including suffixes for renewals or amendments.	Value must be associated with a populated Waiver Type	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3152	CRX069	CRX.002.069	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3153	CRX069	CRX.002.069	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	(1115 demonstration waivers) If value begins with "11-W-" or "21-W-", the associated Claim Waiver Type value must be 01 or in [21-30]	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3154	CRX069	CRX.002.069	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	(1915(b) or 1915(c) waivers) If value begins with the two-letter state abbreviation followed by a period (.), the associated Claim Waiver Type value must be in [02-20, 32, 33]	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3155	CRX069	CRX.002.069	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3156	CRX070	CRX.002.070	BILLING-PROV-NUM	Billing Provider Number	Conditional	A unique identification number assigned by the state to a provider or capitation plan. This data element should represent the entity billing for the service. For encounter records, if associated Type of Claim value equals 3, C, or W, then value must be the state identifier of the provider or entity_x000D_(billing or reporting) to the managed care plan.	Value must be 30 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3157	CRX070	CRX.002.070	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3158	CRX070	CRX.002.070	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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A2	3159	CRX070	CRX.002.070	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.002.019) Submitting State Provider ID or When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match (PRV.005.081) Provider Identifier where the Provider Identifier Type = '1'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3160	CRX070	CRX.002.070	BILLING-PROV-NUM	Billing Provider Number	Not Applicable	Not Applicable	Prescription Fill Date (CRX.002.085) may be between Provider Attributes Effective Date (PRV.002.020) and Provider Attributes End Date (PRV.002.021) or Prescription Fill Date (CRX.002.085) may be between Provider Identifier Effective Date (PRV.005.079) and Provider Identifier End Date (PRV.005.080)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3161	CRX071	CRX.002.071	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3162	CRX071	CRX.002.071	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3163	CRX071	CRX.002.071	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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C2	3164	CRX071	CRX.002.071	BILLING-PROV-NPI-NUM	Billing Provider NPI Number	Not Applicable	Not Applicable	When Type of Claim not in ('3','C','W') then value must match Provider Identifier (PRV.002.081)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3165	CRX072	CRX.002.072	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Conditional	The taxonomy code for the provider billing for the service.	Value must be in Provider Taxonomy List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3166	CRX072	CRX.002.072	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3167	CRX072	CRX.002.072	BILLING-PROV-TAXONOMY	Billing Provider Taxonomy	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3168	CRX073	CRX.002.073	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Conditional	This code describes the area of specialty for the provider being reported.	Value must be in Provider Specialty List (VVL).	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3169	CRX073	CRX.002.073	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3170	CRX073	CRX.002.073	BILLING-PROV-SPECIALTY	Billing Provider Specialty	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3171	CRX074	CRX.002.074	PRESCRIBING-PROV-NUM	Prescribing Provider Number	Mandatory	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. If the prescribing physician provider ID is not available, but the physician's Drug Enforcement Agency (DEA) _x000D_ ID is on the state file, then the State should use the DEA ID for this data element	Value must be 30 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3172	CRX074	CRX.002.074	PRESCRIBING-PROV-NUM	Prescribing Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3173	CRX074	CRX.002.074	PRESCRIBING-PROV-NUM	Prescribing Provider Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3174	CRX075	CRX.002.075	PRESCRIBING-PROV-NPI-NUM	Prescribing Provider NPI Number	Mandatory	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3175	CRX075	CRX.002.075	PRESCRIBING-PROV-NPI-NUM	Prescribing Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3176	CRX075	CRX.002.075	PRESCRIBING-PROV-NPI-NUM	Prescribing Provider NPI Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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D1	3177	CRX076	CRX.002.076	PRESCRIBING-PROV-TAXONOMY	Prescribing Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
D1	3178	CRX077	CRX.002.077	PRESCRIBING-PROV-TYPE	Prescribing Provider Type	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
D1	3179	CRX078	CRX.002.078	PRESCRIBING-PROV-SPECIALTY	Prescribing Provider Specialty	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3180	CRX079	CRX.002.079	MEDICARE-HIC-NUM	Medicare HIC Number	Conditional	The Medicare HIC Number (HICN) is an identifier formerly used by SSA and CMS to identify all Medicare beneficiaries. For many beneficiaries, their SSN was a major component of their HICN. To prevent identify theft, among other reasons, HICN gradually were retired and replaced by the _x000D_ Medicare Beneficiary Identifier (MBI) over the course of 2018 and 2019. HICN continue to be used by Medicare for limited administrative purposes after 2019 but starting in 2020 the MBI became the primary identifier for Medicare beneficiaries. HICN consists of two components: SSN & _x000D_ alpha-suffix or (for Railroad IDs) prefix and ID (not always SSN based)	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3181	CRX079	CRX.002.079	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3182	CRX079	CRX.002.079	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3183	CRX079	CRX.002.079	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	(Not Dual Eligible) if Dual Eligible Code (ELG.DE.085) value = "00", then value must not be populated.	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3184	CRX079	CRX.002.079	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must be populated when Crossover Indicator (CRX.002.023) equals '1' and Medicare Beneficiary Identifier (CRX.002.105) must not be populated.	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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A2	3185	CRX081	CRX.002.081	REMITTANCE-NUM	Remittance Number	Mandatory	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 five (5) positions are Julian date following a YYDDD format. The RA is the detailed _x000D_ explanation of the reason for the payment amount. The RA number is not the check number.	Value must be 30 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3186	CRX081	CRX.002.081	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	First five (5) characters of the value must be a Julian date express in the form YYDDD (e.g. 19095, 95th day of 20(19))	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3187	CRX081	CRX.002.081	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3188	CRX081	CRX.002.081	REMITTANCE-NUM	Remittance Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3189	CRX082	CRX.002.082	BORDER-STATE-IND	Border State Indicator	Conditional	A code to indicate 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.)	Value must be in Border State Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3190	CRX082	CRX.002.082	BORDER-STATE-IND	Border State Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3191	CRX082	CRX.002.082	BORDER-STATE-IND	Border State Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3192	CRX084	CRX.002.084	DATE-PRESCRIBED	Date Prescribed	Mandatory	The date the drug, device, or supply was prescribed by the physician or other practitioner. This should not be confused with the PRESCRIPTION-FILL-DATE, which represents the date the prescription was actually filled by the provider.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3193	CRX084	CRX.002.084	DATE-PRESCRIBED	Date Prescribed	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3194	CRX084	CRX.002.084	DATE-PRESCRIBED	Date Prescribed	Not Applicable	Not Applicable	Value must be on or after associated eligible party's Date of Birth (ELG.002.024)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3195	CRX084	CRX.002.084	DATE-PRESCRIBED	Date Prescribed	Not Applicable	Not Applicable	Value must be on or before associated Prescription Fill Date (CRX.002.085)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	3196	CRX084	CRX.002.084	DATE-PRESCRIBED	Date Prescribed	Not Applicable	Not Applicable	Value must be on or before associated Adjudication Date (CRX.002.027)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3197	CRX084	CRX.002.084	DATE-PRESCRIBED	Date Prescribed	Not Applicable	Not Applicable	Value must be on or before associated eligible party's Date of Death (ELG.002.025)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3198	CRX084	CRX.002.084	DATE-PRESCRIBED	Date Prescribed	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3199	CRX084	CRX.002.084	DATE-PRESCRIBED	Date Prescribed	Not Applicable	Not Applicable	Value should be on or before End of Time Period (CRX.001.010)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3200	CRX085	CRX.002.085	PRESCRIPTION-FILL-DATE	Prescription Fill Date	Mandatory	Date the drug, device, or supply was dispensed by the provider. see Date (DT.001)	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3201	CRX085	CRX.002.085	PRESCRIPTION-FILL-DATE	Prescription Fill Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3202	CRX085	CRX.002.085	PRESCRIPTION-FILL-DATE	Prescription Fill Date	Not Applicable	Not Applicable	Value must be on or before associated End of Time Period (CRX.001.010)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3203	CRX085	CRX.002.085	PRESCRIPTION-FILL-DATE	Prescription Fill Date	Not Applicable	Not Applicable	Value must be on or after associated Start of Time Period (CRX.001.009)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3204	CRX085	CRX.002.085	PRESCRIPTION-FILL-DATE	Prescription Fill Date	Not Applicable	Not Applicable	Value must be on or after associated Date Prescribed (CRX.002.084)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3205	CRX085	CRX.002.085	PRESCRIPTION-FILL-DATE	Prescription Fill Date	Not Applicable	Not Applicable	Value must be on or after associated eligible party's Date of Birth (ELG.002.024)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3206	CRX085	CRX.002.085	PRESCRIPTION-FILL-DATE	Prescription Fill Date	Not Applicable	Not Applicable	Value must be on or before associated eligible party's Date of Death (ELG.002.025)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3207	CRX085	CRX.002.085	PRESCRIPTION-FILL-DATE	Prescription Fill Date	Not Applicable	Not Applicable	Value must be populated when Adjustment Indicator (CRX.002.025) does not equal '1' and Type of Claim (CRX.002.029) does not equal 'Z'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3208	CRX085	CRX.002.085	PRESCRIPTION-FILL-DATE	Prescription Fill Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	3209	CRX086	CRX.002.086	COMPOUND-DRUG-IND	Compound Drug Indicator	Conditional	Indicator to specify if the drug is compound or not. see Compound Drug Indicator List (VVL.038)	Value must be in Compound Drug Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3210	CRX086	CRX.002.086	COMPOUND-DRUG-IND	Compound Drug Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3211	CRX086	CRX.002.086	COMPOUND-DRUG-IND	Compound Drug Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3212	CRX087	CRX.002.087	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Conditional	The amount of money the beneficiary paid towards coinsurance.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3213	CRX087	CRX.002.087	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3214	CRX087	CRX.002.087	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Coinsurance Date Paid	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3215	CRX087	CRX.002.087	BENEFICIARY-COINSURANCE-AMOUNT	Beneficiary Coinsurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3216	CRX088	CRX.002.088	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Conditional	The date the beneficiary paid the coinsurance amount.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3217	CRX088	CRX.002.088	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3218	CRX088	CRX.002.088	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Coinsurance Amount	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3219	CRX088	CRX.002.088	BENEFICIARY-COINSURANCE-DATE-PAID	Beneficiary Coinsurance Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3220	CRX089	CRX.002.089	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Conditional	The amount of money the beneficiary paid towards a co-payment.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3221	CRX089	CRX.002.089	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3222	CRX089	CRX.002.089	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Copayment Date Paid	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3223	CRX089	CRX.002.089	BENEFICIARY-COPAYMENT-AMOUNT	Beneficiary Copayment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3224	CRX090	CRX.002.090	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Conditional	The date the beneficiary paid the copayment amount.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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C2	3225	CRX090	CRX.002.090	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3226	CRX090	CRX.002.090	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Copayment Amount	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3227	CRX090	CRX.002.090	BENEFICIARY-COPAYMENT-DATE-PAID	Beneficiary Copayment Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3228	CRX092	CRX.002.092	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Conditional	The amount of money the beneficiary paid towards an annual deductible.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3229	CRX092	CRX.002.092	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3230	CRX092	CRX.002.092	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Must have an associated Beneficiary Deductible Date Paid	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3231	CRX092	CRX.002.092	BENEFICIARY-DEDUCTIBLE-AMOUNT	Beneficiary Deductible Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3232	CRX093	CRX.002.093	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Conditional	The date the beneficiary paid the deductible amount.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3233	CRX093	CRX.002.093	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3234	CRX093	CRX.002.093	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	Must have an associated Beneficiary Deductible Date Paid	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3235	CRX093	CRX.002.093	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Beneficiary Deductible Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3236	CRX094	CRX.002.094	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Mandatory	An indicator to identify a claim that the state refused pay in its entirety.	Value must be in Claim Denied Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3237	CRX094	CRX.002.094	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	If value is '0', then Claim Status Category must equal "F2"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3238	CRX094	CRX.002.094	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C1	3239	CRX094	CRX.002.094	CLAIM-DENIED-INDICATOR	Claim Denied Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3240	CRX095	CRX.002.095	COPAY-WAIVED-IND	Copayment Waived Indicator	Optional	An indicator signifying that the copay was waived by the provider.	Value must be in Copay Waived Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3241	CRX095	CRX.002.095	COPAY-WAIVED-IND	Copayment Waived Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	3242	CRX095	CRX.002.095	COPAY-WAIVED-IND	Copayment Waived Indicator	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3243	CRX096	CRX.002.096	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Conditional	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 team. A "Health Home Entity" can be a designated provider (e.g., physician, clinic, _x000D_ 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.	Value must 50 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3244	CRX096	CRX.002.096	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3245	CRX096	CRX.002.096	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3246	CRX099	CRX.002.099	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Conditional	The date a Third Party Coinsurance amount was paid on this claim or adjustment.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3247	CRX099	CRX.002.099	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3248	CRX099	CRX.002.099	THIRD-PARTY-COINSURANCE-DATE-PAID	Third Party Coinsurance Date Paid	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3249	CRX100	CRX.002.100	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Optional	The amount of money a third-party on behalf of the beneficiary paid towards a copayment.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3250	CRX100	CRX.002.100	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3251	CRX100	CRX.002.100	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Third Party Copayment Amount Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3252	CRX101	CRX.002.101	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Optional	The date a Third Party copayment amount was paid on a claim or adjustment.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3253	CRX101	CRX.002.101	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3254	CRX101	CRX.002.101	THIRD-PARTY-COPAYMENT-DATE-PAID	Third Party Copayment Date Paid	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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A2	3255	CRX102	CRX.002.102	DISPENSING-PRESCRIPTION-DRUG-PROV-NPI	Dispensing Prescription Drug Provider NPI Number	Mandatory	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3256	CRX102	CRX.002.102	DISPENSING-PRESCRIPTION-DRUG-PROV-NPI	Dispensing Prescription Drug Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3257	CRX102	CRX.002.102	DISPENSING-PRESCRIPTION-DRUG-PROV-NPI	Dispensing Prescription Drug Provider NPI Number	Not Applicable	Not Applicable	When Type of Claim not in ('3','C','W') then value must match Provider Identifier (PRV.005.081)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3258	CRX102	CRX.002.102	DISPENSING-PRESCRIPTION-DRUG-PROV-NPI	Dispensing Prescription Drug Provider NPI Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
D1	3259	CRX103	CRX.002.103	DISPENSING-PRESCRIPTION-DRUG-PROV-TAXONOMY	Dispensing Prescription Drug Provider Taxonomy	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3260	CRX104	CRX.002.104	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Conditional	A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers in the United States by CMS. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. The NPI is a 10-position, _x000D_ intelligence-free numeric identifier (10-digit number).	Value must be 10 digits, consisting of 9 numeric digits followed by one check digit calculated using the Luhn formula (algorithm)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3261	CRX104	CRX.002.104	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type equal to '2'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3262	CRX104	CRX.002.104	HEALTH-HOME-PROVIDER-NPI	Health Home Provider NPI Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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X1	3263	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Conditional	The Medicare Beneficiary Identifier (MBI) is a randomly generated identifier used to identify all Medicare beneficiaries. It replaced the previously-used SSN-based Medicare HIC Number (HICN). To prevent identify theft, among other reasons, HICN gradually were retired and replaced by the MBI _x000D_ over the course of 2018 and 2019. Starting in 2020, the MBI became the primary identifier for Medicare beneficiaries.	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3264	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Value must be an 11-character string	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3265	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 1 must be numeric values 1 thru 9	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3266	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 2 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3267	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 3 must be alphanumeric values 0 thru 9 or A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3268	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 4 must be numeric values 0 thru 9	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3269	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 5 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3270	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 6 must be alphanumeric values 0 thru 9 or A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3271	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 7 must be numeric values 0 thru 9	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3272	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 8 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3273	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 9 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3274	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 10 must be numeric values 0 thru 9	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3275	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 11 must be numeric values 0 thru 9	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3276	CRX105	CRX.002.105	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3277	CRX106	CRX.002.106	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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C2	3278	CRX106	CRX.002.106	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3279	CRX106	CRX.002.106	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
D1	3280	CRX107	CRX.002.107	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3281	CRX156	CRX.002.156	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM	Dispensing Prescription Drug Provider Number	Mandatory	The state-specific provider id of the provider who actually dispensed the prescription medication.	Value must be 30 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3282	CRX156	CRX.002.156	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM	Dispensing Prescription Drug Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3283	CRX156	CRX.002.156	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM	Dispensing Prescription Drug Provider Number	Not Applicable	Not Applicable	When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match Submitting State Provider ID (PRV.002.019) or When Type of Claim not in ('Z','3','C','W','2','B','V','4','D','X') then value may match Provider Identifier (PRV.005.081) where the Provider Identifier Type (PRV.005.077) = '1'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3284	CRX156	CRX.002.156	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM	Dispensing Prescription Drug Provider Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3285	CRX160	CRX.002.160	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Conditional	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.	Value must be in Medicare Combined Deductible Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3286	CRX160	CRX.002.160	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3287	CRX160	CRX.002.160	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	If value equals '1', then Medicare Coinsurance amount is not populated.	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002

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A2	3288	CRX160	CRX.002.160	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Value must equal '0' if associated Type of Claim is '3', 'C' or 'W'	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3289	CRX160	CRX.002.160	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
C2	3290	CRX161	CRX.002.161	PROV-LOCATION-ID	Provider Location ID	Mandatory	A code to uniquely identify the geographic location where the provider's services were performed. The Provider Location Identifier values reported on Inpatient, Long-Term Care, Other, and Pharmacy Claim Header Segments must correspond to an active Provider Location Identifier _x000D_ value on a Provider Location & Contact Info (PRV00003) segment. If a particular license (e.g., a physician's medical license) or provider identifier (e.g., an individual provider's NPI or SSN) is applicable to all of their servicing locations, value "000" (a string of exactly three zeros) can _x000D_ be used in the PRV00004 or PRV00005, respectively, to represent all locations, however that location identifier must not be attributed to claims or provider bed type info.	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
A2	3291	CRX161	CRX.002.161	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3292	CRX161	CRX.002.161	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002
X1	3293	CRX108	CRX.003.108	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3294	CRX108	CRX.003.108	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "CRX00003"	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3295	CRX109	CRX.003.109	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3296	CRX109	CRX.003.109	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3297	CRX109	CRX.003.109	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3298	CRX109	CRX.003.109	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (CRX.001.007)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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C2	3299	CRX110	CRX.003.110	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3300	CRX110	CRX.003.110	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3301	CRX110	CRX.003.110	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3302	CRX110	CRX.003.110	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3303	CRX111	CRX.003.111	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3304	CRX111	CRX.003.111	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3305	CRX111	CRX.003.111	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3306	CRX111	CRX.003.111	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3307	CRX111	CRX.003.111	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	When TYPE-OF-CLAIM = 4, D or X (lump sum payment), value must begin with an '&'	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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A2	3308	CRX112	CRX.003.112	ICN-ORIG	Original ICN	Mandatory	A unique number assigned by the state's payment system that identifies an original or adjustment claim.	Value must be 50 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3309	CRX112	CRX.003.112	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3310	CRX112	CRX.003.112	ICN-ORIG	Original ICN	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3311	CRX113	CRX.003.113	ICN-ADJ	Adjustment ICN	Conditional	A unique claim number assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Value must be 50 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3312	CRX113	CRX.003.113	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3313	CRX113	CRX.003.113	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	If associated Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3314	CRX113	CRX.003.113	ICN-ADJ	Adjustment ICN	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3315	CRX114	CRX.003.114	LINE-NUM-ORIG	Original Line Number	Mandatory	A unique number to identify the transaction line number that is being reported on the original claim.	Value must be 3 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3316	CRX114	CRX.003.114	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3317	CRX114	CRX.003.114	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3318	CRX114	CRX.003.114	LINE-NUM-ORIG	Original Line Number	Not Applicable	Not Applicable	When populated, value must be one or greater	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3319	CRX115	CRX.003.115	LINE-NUM-ADJ	Adjustment Line Number	Conditional	A unique number to identify the transaction line number that identifies the line number on the adjustment claim.	Value must be 3 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3320	CRX115	CRX.003.115	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	If associated Line Adjustment Indicator value is 0, then value must not be populated	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3321	CRX115	CRX.003.115	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	If associated Line Adjustment Indicator value is 1, then value is mandatory and must be provided	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3322	CRX115	CRX.003.115	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3323	CRX115	CRX.003.115	LINE-NUM-ADJ	Adjustment Line Number	Not Applicable	Not Applicable	When populated, value must be one or greater	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3324	CRX116	CRX.003.116	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Conditional	A code to indicate the type of adjustment record claim/encounter represents at claim detail level.	Value must be in Line Adjustment Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3325	CRX116	CRX.003.116	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [1, 3, 5, A, C, E, U, W, Y], then value must be in [0, 1, 4]	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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X1	3326	CRX116	CRX.003.116	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Type of Claim value is in [4, D, X], then value must be in [5, 6]	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3327	CRX116	CRX.003.116	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3328	CRX116	CRX.003.116	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3329	CRX116	CRX.003.116	LINE-ADJUSTMENT-IND	Line Adjustment Indicator	Not Applicable	Not Applicable	If associated Line Adjustment Number is populated, then value must be populated	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3330	CRX117	CRX.003.117	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Conditional	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Value must be in Line Adjustment Reason Code List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3331	CRX117	CRX.003.117	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3332	CRX117	CRX.003.117	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3333	CRX117	CRX.003.117	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code	Not Applicable	Not Applicable	When populated, Line Adjustment Indicator must be populated	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3334	CRX118	CRX.003.118	SUBMITTER-ID	Submitter ID	Mandatory	The Submitter Identification number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Value must be 12 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3335	CRX118	CRX.003.118	SUBMITTER-ID	Submitter ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3336	CRX119	CRX.003.119	CLAIM-LINE-STATUS	Claim Line Status	Conditional	The Claim Line Status conveys the status of a specific service line using the X12 Claim Status Codes from the claim adjudication process.	Value must be in Claim Status List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3337	CRX119	CRX.003.119	CLAIM-LINE-STATUS	Claim Line Status	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3338	CRX119	CRX.003.119	CLAIM-LINE-STATUS	Claim Line Status	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3339	CRX120	CRX.003.120	NATIONAL-DRUG-CODE	National Drug Code	Mandatory	A code following the National Drug Code format indicating the drug, device, or medical supply covered by this claim.	Characters 1-5 of value must be numeric	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3340	CRX120	CRX.003.120	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Characters 6-9 of value must be numeric	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3341	CRX120	CRX.003.120	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Characters 10-12 of value must be numeric or blank	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3342	CRX120	CRX.003.120	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Value must be 12 digits or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3343	CRX120	CRX.003.120	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Value must be a valid National Drug Code	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3344	CRX120	CRX.003.120	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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A2	3345	CRX120	CRX.003.120	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Value must have an associated DTL Metric Decimal Quantity (CRX.003.144)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3346	CRX120	CRX.003.120	NATIONAL-DRUG-CODE	National Drug Code	Not Applicable	Not Applicable	Value must have an associated Unit of Measure (CRX.003.133)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3347	CRX121	CRX.003.121	BILLED-AMT	Billed Amount	Conditional	The amount billed at the claim detail level as submitted by the provider. For encounter records, Type of Claim = 3, C, or W, this field should be populated with the amount that the provider billed the managed care plan.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3348	CRX121	CRX.003.121	BILLED-AMT	Billed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3349	CRX121	CRX.003.121	BILLED-AMT	Billed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3350	CRX122	CRX.003.122	ALLOWED-AMT	Allowed Amount	Conditional	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. On Fee for Service claims the Allowed Amount is determined by the state's MMIS (or PBM). On managed _x000D_ care encounters the Allowed Amount is determined by the managed care organization.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3351	CRX122	CRX.003.122	ALLOWED-AMT	Allowed Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3352	CRX122	CRX.003.122	ALLOWED-AMT	Allowed Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3353	CRX123	CRX.003.123	COPAY-AMT	Copayment Amount	Conditional	The copayment amount paid by an enrollee for the service, which does not include the amount paid by the insurance company.	Value must be 5 digits or less left of the decimal i.e. 99999.99	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3354	CRX123	CRX.003.123	COPAY-AMT	Copayment Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3355	CRX124	CRX.003.124	TPL-AMT	Third Party Liability Amount	Conditional	Third-party liability 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.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3356	CRX124	CRX.003.124	TPL-AMT	Third Party Liability Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3357	CRX124	CRX.003.124	TPL-AMT	Third Party Liability Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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C2	3358	CRX125	CRX.003.125	MEDICAID-PAID-AMT	Medicaid Paid Amount	Conditional	The amount paid by Medicaid/CHIP agency or the managed care plan on this claim or adjustment at the claim detail level. For claims where Medicaid payment is only available at the header level, report the entire _x000D_ payment amount on the T-MSIS record corresponding to the line item with the highest charge or the 1st detail. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3359	CRX125	CRX.003.125	MEDICAID-PAID-AMT	Medicaid Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3360	CRX125	CRX.003.125	MEDICAID-PAID-AMT	Medicaid Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3361	CRX126	CRX.003.126	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Conditional	The amount that would have been paid had the services been provided on a Fee for Service basis.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3362	CRX126	CRX.003.126	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3363	CRX126	CRX.003.126	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	If associated Type of Claim value equals '3, C, W', then value is mandatory and must be provided	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3364	CRX126	CRX.003.126	MEDICAID-FFS-EQUIVALENT-AMT	Medicaid FFS Equivalent Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3365	CRX127	CRX.003.127	MEDICARE-DEDUCTIBLE-AMT	Medicare Deductible Amount	Conditional	The amount paid by Medicaid/CHIP on this claim at the claim line level toward the beneficiary's Medicare deductible. If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and _x000D_ deductible payments cannot be separated, fill this field with the combined payment amount and MEDICARE-COINSURANCE-PAYMENT is not required.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3366	CRX127	CRX.003.127	MEDICARE-DEDUCTIBLE-AMT	Medicare Deductible Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3367	CRX127	CRX.003.127	MEDICARE-DEDUCTIBLE-AMT	Medicare Deductible Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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C2	3368	CRX128	CRX.003.128	MEDICARE-COINS-AMT	Medicare Coinsurance Amount	Conditional	The amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare coinsurance at the claim detail level. If the Medicare coinsurance amount can be identified separately from Medicare deductible payments, code that amount in this field. If Medicare coinsurance and _x000D_ deductible payments cannot be separated, populate the MEDICARE-DEDUCTIBLE-AMT. See US Dollar Amount (DT)	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3369	CRX128	CRX.003.128	MEDICARE-COINS-AMT	Medicare Coinsurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3370	CRX128	CRX.003.128	MEDICARE-COINS-AMT	Medicare Coinsurance Amount	Not Applicable	Not Applicable	(payments can't be separated) value 99998 is an exception to the US Dollar Amount requirements	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3371	CRX128	CRX.003.128	MEDICARE-COINS-AMT	Medicare Coinsurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3372	CRX129	CRX.003.129	MEDICARE-PAID-AMT	Medicare Paid Amount	Conditional	The amount paid by Medicare on this claim or adjustment.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3373	CRX129	CRX.003.129	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3374	CRX129	CRX.003.129	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	If associated Crossover Indicator value is "0", then the Medicare Paid Amount must not be populated.	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3375	CRX129	CRX.003.129	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3376	CRX129	CRX.003.129	MEDICARE-PAID-AMT	Medicare Paid Amount	Not Applicable	Not Applicable	If value is populated, Crossover Indicator must be equal to "1"	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3377	CRX131	CRX.003.131	OT-RX-CLAIM-QUANTITY-ALLOWED	OT RX Claim Quantity Allowed	Conditional	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.	Value may include up to 6 digits to the left of the decimal point, and 3 digits to the right e.g. 123456.789	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3378	CRX131	CRX.003.131	OT-RX-CLAIM-QUANTITY-ALLOWED	OT RX Claim Quantity Allowed	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3379	CRX131	CRX.003.131	OT-RX-CLAIM-QUANTITY-ALLOWED	OT RX Claim Quantity Allowed	Not Applicable	Not Applicable	If Type of Claim is in [1, 3, A, C, U, W], then this value must be reported.	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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A2	3380	CRX132	CRX.003.132	OT-RX-CLAIM-QUANTITY-ACTUAL	OT RX Claim Quantity Actual	Conditional	The quantity of a drug, service, or product that is rendered/dispensed for a prescription, specific date of service, or billing time span. 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 _x000D_ prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder _x000D_ filled vials, use 1 as the number of units.	Value may include up to 6 digits to the left of the decimal point, and 3 digits to the right e.g. 123456.789	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C1	3381	CRX132	CRX.003.132	OT-RX-CLAIM-QUANTITY-ACTUAL	OT RX Claim Quantity Actual	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3382	CRX132	CRX.003.132	OT-RX-CLAIM-QUANTITY-ACTUAL	OT RX Claim Quantity Actual	Not Applicable	Not Applicable	If Type of Claim is in [1, 3, A, C, U, W], then this value must be reported.	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3383	CRX132	CRX.003.132	OT-RX-CLAIM-QUANTITY-ACTUAL	OT RX Claim Quantity Actual	Not Applicable	Not Applicable	When populated, corresponding Unit of Measure must be populated	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3384	CRX133	CRX.003.133	UNIT-OF-MEASURE	Unit of Measure	Conditional	A code to indicate the basis by which the quantity of the drug or supply is expressed.	Value must be in NDC Unit of Measure List (VVL).	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3385	CRX133	CRX.003.133	UNIT-OF-MEASURE	Unit of Measure	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3386	CRX133	CRX.003.133	UNIT-OF-MEASURE	Unit of Measure	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3387	CRX134	CRX.003.134	TYPE-OF-SERVICE	Type of Service	Mandatory	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Value must be 3 characters	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3388	CRX134	CRX.003.134	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3389	CRX134	CRX.003.134	TYPE-OF-SERVICE	Type of Service	Not Applicable	Not Applicable	Value must satisfy the requirements of Type of Service (RX Claim) List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3390	CRX135	CRX.003.135	HCBS-SERVICE-CODE	HCBS Service Code	Conditional	A code to indicate 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 help to delineate between acute care and long-term care provided in the home and community setting (e.g. _x000D_ 1915(c), 1915(i), 1915(j), and 1915(k) services).	Value must be in HCBS Service Code List (VVL).	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3391	CRX135	CRX.003.135	HCBS-SERVICE-CODE	HCBS Service Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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C2	3392	CRX135	CRX.003.135	HCBS-SERVICE-CODE	HCBS Service Code	Not Applicable	Not Applicable	If value is 1-7, then HCBS Taxonomy must be populated.	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3393	CRX135	CRX.003.135	HCBS-SERVICE-CODE	HCBS Service Code	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3394	CRX136	CRX.003.136	HCBS-TAXONOMY	HCBS Taxonomy	Conditional	A code to classify the home and community based services listed on the claim into the HCBS taxonomy.	Value must be in HCBS Taxonomy Code List (VVL).	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3395	CRX136	CRX.003.136	HCBS-TAXONOMY	HCBS Taxonomy	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3396	CRX136	CRX.003.136	HCBS-TAXONOMY	HCBS Taxonomy	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3397	CRX137	CRX.003.137	OTHER-TPL-COLLECTION	Other TPL Collection	Conditional	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.	Value must be in Other TPL Collection List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3398	CRX137	CRX.003.137	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3399	CRX137	CRX.003.137	OTHER-TPL-COLLECTION	Other TPL Collection	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3400	CRX138	CRX.003.138	DAYS-SUPPLY	Days Supply	Mandatory	Number of days supply dispensed.	Value must be 5 digits or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3401	CRX138	CRX.003.138	DAYS-SUPPLY	Days Supply	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3402	CRX138	CRX.003.138	DAYS-SUPPLY	Days Supply	Not Applicable	Not Applicable	Value should be between - 365 and 365	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3403	CRX139	CRX.003.139	NEW-REFILL-IND	New Refill Indicator	Mandatory	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.	Value must be in New Refill Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3404	CRX139	CRX.003.139	NEW-REFILL-IND	New Refill Indicator	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3405	CRX139	CRX.003.139	NEW-REFILL-IND	New Refill Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3406	CRX140	CRX.003.140	BRAND-GENERIC-IND	Brand Generic Indicator	Mandatory	Indicates whether the drug is a brand name, generic, single-source, or multi-source drug.	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3407	CRX140	CRX.003.140	BRAND-GENERIC-IND	Brand Generic Indicator	Not Applicable	Not Applicable	Value must be in Brand Generic Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3408	CRX140	CRX.003.140	BRAND-GENERIC-IND	Brand Generic Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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A2	3409	CRX141	CRX.003.141	DISPENSE-FEE	Dispense Fee	Mandatory	The charge to cover the cost of dispensing the prescription. Dispensing costs include overhead, supplies, and labor, etc. to fill the prescription. Dispense Fee reflects the amount billed by the provider towards the professional dispensing fee._x000D_ If the provider does not break out the professional dispensing fee on the NCPDP transaction, this field should be left blank in T-MSIS._x000D_ There is currently no specific field in T-MSIS to capture either the professional dispensing fee amount paid, or the amount billed or paid towards ingredient costs.	Value may include up to 6 digits to the left of the decimal point, and 3 digits to the right e.g. 123456.789	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3410	CRX141	CRX.003.141	DISPENSE-FEE	Dispense Fee	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3411	CRX142	CRX.003.142	PRESCRIPTION-NUM	Prescription Number	Mandatory	The unique identification number assigned by the pharmacy or supplier to the prescription.	Value must not contain a pipe or asterisk symbol	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3412	CRX142	CRX.003.142	PRESCRIPTION-NUM	Prescription Number	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3413	CRX142	CRX.003.142	PRESCRIPTION-NUM	Prescription Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	3414	CRX143	CRX.003.143	DRUG-UTILIZATION-CODE	Drug Utilization Code	Mandatory	<p>A code indicating the conflict, intervention and outcome of a prescription presented for fulfillment. _x000D_</p> <p>The T-MSIS Drug Utilization Code data element is composite field comprised of three distinct NCPDP data elements: "Reason for Service Code" (439-E4); "Professional Service Code" (44-E5); and "Result of Service Code" (441-E6). All 3 of these NCPDP fields are situationally required and _x000D_ independent of one another. Pharmacists may report none, one, two or all three. NCPDP situational rules call for one or more of these values in situations where the field(s) could result in different coverage, pricing, patient financial responsibility, drug utilization review outcome, or if the _x000D_ information affects payment for, or documentation of, professional pharmacy service. _x000D_</p> <p>The NCPDP "Results of Service Code" (bytes 1 & 2 of the T-MSIS Drug Utilization Code) explains whether the pharmacist filled the prescription, filled part of the prescription, etc. The NCPDP "Professional Service Code" (bytes 3 & 4 of the T-MSIS Drug Utilization Code) describes what the _x000D_ pharmacist did for the patient. The NCPDP "Result of Service Code" (bytes 5 & 6 of the T-MSIS Drug Utilization Code) describes the action the pharmacist took in response to a conflict or the result of a pharmacist's professional service. _x000D_</p> <p>_x000D_</p> <p>Because the T-MSIS Drug Utilization Code data element is a composite field, it is necessary for the state to populate all six bytes if any of the three NCPDP fields has a value. In such situations, use 'spaces' as placeholders for not applicable codes. _x000D_</p> <p>_x000D_</p>	Value must be 6 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3415	CRX143	CRX.003.143	DRUG-UTILIZATION-CODE	Drug Utilization Code	Not Applicable	Not Applicable	Characters 1 and 2 (2-character string) may be in Drug Utilization Result of Service Code List (VVL), or spaces in cases where code is unused or not available	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3416	CRX143	CRX.003.143	DRUG-UTILIZATION-CODE	Drug Utilization Code	Not Applicable	Not Applicable	Characters 3 and 4 (2-character string) may be in Drug Utilization Professional Service Code List (VVL), or spaces in cases where code is unused or not available	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	3417	CRX143	CRX.003.143	DRUG-UTILIZATION-CODE	Drug Utilization Code	Not Applicable	Not Applicable	Characters 5 and 6 (2-character string) may be in Drug Utilization Reason For Service Code List (VVL), or not populated in cases where code is unused or not available	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3418	CRX143	CRX.003.143	DRUG-UTILIZATION-CODE	Drug Utilization Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3419	CRX145	CRX.003.145	COMPOUND-DOSAGE-FORM	Compound Dosage Form	Conditional	The physical form of a dose of medication, such as a capsule or injection. see Compound Dosage Form List (VVL.037)	Value must be in Compound Dosage Form List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3420	CRX145	CRX.003.145	COMPOUND-DOSAGE-FORM	Compound Dosage Form	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3421	CRX145	CRX.003.145	COMPOUND-DOSAGE-FORM	Compound Dosage Form	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3422	CRX146	CRX.003.146	REBATE-ELIGIBLE-INDICATOR	Rebate Eligible Indicator	Conditional	An indicator to identify claim lines with an NDC that is eligible for the drug rebate program.	Value must be in Rebate Eligible Indicator List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3423	CRX146	CRX.003.146	REBATE-ELIGIBLE-INDICATOR	Rebate Eligible Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3424	CRX146	CRX.003.146	REBATE-ELIGIBLE-INDICATOR	Rebate Eligible Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
D1	3425	CRX147	CRX.003.147	IMMUNIZATION-TYPE	Immunization Type	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3426	CRX148	CRX.003.148	BENEFIT-TYPE	Benefit Type	Mandatory	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 (MACPro) benefit type list. See Appendix H: Benefit Types	Value must be in Benefit Type Code List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3427	CRX148	CRX.003.148	BENEFIT-TYPE	Benefit Type	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3428	CRX148	CRX.003.148	BENEFIT-TYPE	Benefit Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3429	CRX149	CRX.003.149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Conditional	A code to indicate the Federal funding source for the payment.	Value must be in CMS 64 Category for Federal Reimbursement List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3430	CRX149	CRX.003.149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3431	CRX149	CRX.003.149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	(Federal Funding under Title XXI) if value equals '02', then the eligible's CHIP Code (ELG.003.054) must be in ['2', '3']	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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A2	3432	CRX149	CRX.003.149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	(Federal Funding under Title XIX) if value equals '01' then the eligible's CHIP Code (ELG.003.054) must be '1'	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C1	3433	CRX149	CRX.003.149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3434	CRX149	CRX.003.149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	If Type of Claim is in ['1','2','5','A','B','E','U','V','Y'] and the Total Medicaid Paid Amount is populated on the corresponding claim header, then value must be reported.	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3435	CRX149	CRX.003.149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	CMS 64 Category for Federal Reimbursement	Not Applicable	Not Applicable	If Type of Claim is in ['4','D'] and the Service Tracking Payment Amount on the relevant record is populated, then value must be reported.	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3436	CRX150	CRX.003.150	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Conditional	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.	Value must be in XIX MBESCBES Category of Service List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3437	CRX150	CRX.003.150	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3438	CRX150	CRX.003.150	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3439	CRX150	CRX.003.150	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	(Medicaid Claim) if the associated CMS-64 Category for Federal Reimbursement value is '1', then a valid value is mandatory and must be reported	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3440	CRX150	CRX.003.150	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	If value is in ['14', '35', '42' or '44'], then Sex (ELG.002.023) must not equal 'M'	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3441	CRX150	CRX.003.150	XIX-MBESCBES-CATEGORY-OF-SERVICE	XIX MBESCBES Category of Service	Not Applicable	Not Applicable	If XXI MBESCBES Category of Service is populated then must not be populated	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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X1	3442	CRX151	CRX.003.151	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Conditional	A code to indicate 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.	Value must be in XXI MBESCBES Category of Service List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3443	CRX151	CRX.003.151	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3444	CRX151	CRX.003.151	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	(CHIP Claim) if the associated CMS-64 Category for Federal Reimbursement value is '2', then a valid value is mandatory and must be reported	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3445	CRX151	CRX.003.151	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	If XIX MBESCBES Category of Service is populated then value must not be populated	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3446	CRX151	CRX.003.151	XXI-MBESCBES-CATEGORY-OF-SERVICE	XXI MBESCBES Category of Service	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3447	CRX152	CRX.003.152	OTHER-INSURANCE-AMT	Other Insurance Amount	Conditional	The amount paid by insurance other than Medicare or Medicaid on this claim.	Value must be between - 9999999999.99 and 9999999999.99	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3448	CRX152	CRX.003.152	OTHER-INSURANCE-AMT	Other Insurance Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3449	CRX152	CRX.003.152	OTHER-INSURANCE-AMT	Other Insurance Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3450	CRX153	CRX.003.153	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3451	CRX153	CRX.003.153	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3452	CRX153	CRX.003.153	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
D1	3453	CRX154	CRX.003.154	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3454	CRX157	CRX.003.157	ADJUDICATION-DATE	Adjudication Date	Mandatory	The date on which the payment status of the claim was finally adjudicated by the state.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3455	CRX157	CRX.003.157	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003

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A2	3456	CRX157	CRX.003.157	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Value should be on or before End of Time Period value found in associated T-MSIS File Header Record	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3457	CRX157	CRX.003.157	ADJUDICATION-DATE	Adjudication Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3458	CRX158	CRX.003.158	SELF-DIRECTION-TYPE	Self Direction Type	Conditional	This data element is not applicable to this file type.	Value must be in Self Direction Type List (VVL)	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3459	CRX158	CRX.003.158	SELF-DIRECTION-TYPE	Self Direction Type	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3460	CRX158	CRX.003.158	SELF-DIRECTION-TYPE	Self Direction Type	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
A2	3461	CRX159	CRX.003.159	PRE-AUTHORIZATION-NUM	Preauthorization Number	Conditional	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 referred to as a Prior Authorization or Referral Number).	Value must be 18 characters or less	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
C2	3462	CRX159	CRX.003.159	PRE-AUTHORIZATION-NUM	Preauthorization Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3463	CRX159	CRX.003.159	PRE-AUTHORIZATION-NUM	Preauthorization Number	Not Applicable	Not Applicable	Conditional	2/12/2021	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003
X1	3464	ELG001	ELG.001.001	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3465	ELG001	ELG.001.001	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00001"	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3466	ELG002	ELG.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Mandatory	A data element to capture the version of the T-MSIS data dictionary that was used to build the file. Use the version number specified on the Cover Sheet of the data dictionary" to V2.4.	Value must be 10 characters or less	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3467	ELG002	ELG.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Value must not include the pipe (" ") symbol	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3468	ELG002	ELG.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3469	ELG003	ELG.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Mandatory	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.	Value must be in Submission Transaction Type List (VVL)	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3470	ELG003	ELG.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3471	ELG003	ELG.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001

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X1	3472	ELG004	ELG.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Mandatory	Denotes which supported file encoding standard was used to create the file.	Value must be in File Encoding Specification List (VVL)	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3473	ELG004	ELG.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3474	ELG004	ELG.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3475	ELG005	ELG.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Mandatory	Identifies the version of the T-MSIS data mapping document used to build a state submission file. Use the version number specified on the title page of the data mapping document	Value must be 9 characters or less	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3476	ELG005	ELG.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3477	ELG006	ELG.001.006	FILE-NAME	File Name	Not Applicable	A code to identify the subject area to which the records in its file relate. Each T-MSIS submission file should only _x000D_ contain records for one subject area (i.e., Eligible, Third-party liability, Provider, Managed Care Plan Information, _x000D_ Inpatient, Long-Term Care, Other, and Pharmacy Claim).	Value must equal 'ELIGIBLE'	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3478	ELG007	ELG.001.007	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3479	ELG007	ELG.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3480	ELG007	ELG.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3481	ELG007	ELG.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same for all records	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3482	ELG008	ELG.001.008	DATE-FILE-CREATED	Date File Created	Mandatory	The date on which the file was created.	Value of the CC component must be "20"	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3483	ELG008	ELG.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3484	ELG008	ELG.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3485	ELG008	ELG.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be equal to or after the value of associated End of Time Period	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3486	ELG008	ELG.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001

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C2	3487	ELG009	ELG.001.009	START-OF-TIME-PERIOD	Start of Time Period	Mandatory	This value must be the first day of the reporting month, regardless of the actual date span of the data in the file.	Value of the CC component must be "20"	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3488	ELG009	ELG.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3489	ELG009	ELG.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3490	ELG009	ELG.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be less than current date	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3491	ELG009	ELG.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3492	ELG009	ELG.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be before associated End of Time Period	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3493	ELG009	ELG.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3494	ELG010	ELG.001.010	END-OF-TIME-PERIOD	End of Time Period	Mandatory	This value must be the last day of the reporting month, regardless of the actual date span.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3495	ELG010	ELG.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value of the CC component must be "20"	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3496	ELG010	ELG.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3497	ELG010	ELG.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3498	ELG010	ELG.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or after associated Start of Time Period	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3499	ELG010	ELG.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3500	ELG011	ELG.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Mandatory	A code to indicate whether the records in the file are test or production records.	For production files, value must be equal to 'P'	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3501	ELG011	ELG.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3502	ELG011	ELG.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	3503	ELG012	ELG.001.012	SSN-INDICATOR	SSN Indicator	Mandatory	Indicates whether the state uses the eligible person's social security number instead of an MSIS Identification Number as the unique, unchanging eligible person identifier. A state's SSN/Non-SSN designation on the eligibility file should match on the claims and third party liability _x000D_ files.	Value must be in SSN Indicator List (VVL)	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3504	ELG012	ELG.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3505	ELG012	ELG.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3506	ELG013	ELG.001.013	TOT-REC-CNT	Total Record Count	Mandatory	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.	Value must be a positive integer	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3507	ELG013	ELG.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be between 0:9999999999 (inclusive)	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3508	ELG013	ELG.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3509	ELG013	ELG.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must equal the number of records included in the file submission except for the file header record.	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3510	ELG013	ELG.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3511	ELG014	ELG.001.014	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3512	ELG014	ELG.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3513	ELG014	ELG.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
D1	3514	ELG015	ELG.001.015	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3515	ELG247	ELG.001.247	SEQUENCE-NUMBER	Sequence Number	Mandatory	To enable states to sequentially number files, when related, follow-on files are necessary (i.e. update files, replace files). This should begin with 1 for the _x000D_ original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject _x000D_ area).	Value must be between 1 and 9999	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	3516	ELG247	ELG.001.247	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be equal to the largest of any prior values for the same reporting period and file type, plus 1 (i.e. incremented by 1)	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
C2	3517	ELG247	ELG.001.247	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
A2	3518	ELG247	ELG.001.247	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3519	ELG247	ELG.001.247	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001
X1	3520	ELG016	ELG.002.016	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3521	ELG016	ELG.002.016	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00002"	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3522	ELG017	ELG.002.017	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3523	ELG017	ELG.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3524	ELG017	ELG.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3525	ELG017	ELG.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3526	ELG018	ELG.002.018	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3527	ELG018	ELG.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3528	ELG018	ELG.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3529	ELG018	ELG.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002

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X1	3530	ELG019	ELG.002.019	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3531	ELG019	ELG.002.019	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3532	ELG019	ELG.002.019	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3533	ELG019	ELG.002.019	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3534	ELG020	ELG.002.020	ELIGIBLE-FIRST-NAME	Eligible First Name	Mandatory	Individual's first name; first name component of full name (e.g. First Name, Middle Initial, Last Name).	Value must be 30 characters or less	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3535	ELG020	ELG.002.020	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C1	3536	ELG020	ELG.002.020	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3537	ELG021	ELG.002.021	ELIGIBLE-LAST-NAME	Eligible Last Name	Mandatory	Individual's last name; last name component of full name (e.g. First Name, Middle Initial, Last Name).	Value must be 30 characters or less	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3538	ELG021	ELG.002.021	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3539	ELG021	ELG.002.021	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002

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C2	3540	ELG022	ELG.002.022	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Conditional	Individual's middle initial; middle initial component of full name (e.g. First Name, Middle Initial, Last Name).	Value may include any alphanumeric characters, digits or symbols	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3541	ELG022	ELG.002.022	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3542	ELG022	ELG.002.022	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3543	ELG022	ELG.002.022	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3544	ELG023	ELG.002.023	SEX	Sex	Mandatory	Either individual's biological sex or their self-identified sex.	Value must be in Sex List (VVL)	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3545	ELG023	ELG.002.023	SEX	Sex	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3546	ELG023	ELG.002.023	SEX	Sex	Not Applicable	Not Applicable	(Pregnancy) if value equals "M", then associated Pregnancy Indicator (ELG.003.049) value must not equal '1'	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3547	ELG023	ELG.002.023	SEX	Sex	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3548	ELG024	ELG.002.024	DATE-OF-BIRTH	Date of Birth	Mandatory	An individual's date of birth.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3549	ELG024	ELG.002.024	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3550	ELG024	ELG.002.024	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Children enrolled in the Separate CHIP prenatal program option should have a date of birth missing or a date of birth equal to the pregnant mother's date of birth	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3551	ELG024	ELG.002.024	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	When Conception to Birth Indicator (ELG.005.094) does not equal '1' and Eligibility Group (ELG.005.087) does not equal '64' value must be less than or equal to associated End of Time Period value	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3552	ELG024	ELG.002.024	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Value must be less than or equal to associated Date File Created (ELG.001.008) value	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002

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X1	3553	ELG024	ELG.002.024	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3554	ELG024	ELG.002.024	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	When Conception to Birth Indicator (ELG.005.094) does not equal '1' and Eligibility Group (ELG.005.087) does not equal '64' value minus Start of Time Period (ELG.001.10) must be less than 125 years	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3555	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Conditional	The date an individual died on.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3556	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3557	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3558	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	If populated, value must be on or after individual's Date of Birth	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3559	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	Value must be less than or equal to associated Date File Created (ELG.001.008) value	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3560	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	There must never be more than one Date of Death value reported across Primary Demographic segments that have the same MSIS Identification number	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3561	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	When populated, Procedure Code Dates on a claim must be less than or equal to this value	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3562	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	When populated, Admission Date on a claim must be less than or equal to this value	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3563	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	When populated, Discharge Date on a claim must be less than or equal to this value	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002

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A2	3564	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	When populated, Ending Date of Service on a claim must be less than or equal to this value	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3565	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	When populated, value must be less than or equal to Enrollment End Date (ELG.021.254)	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3566	ELG025	ELG.002.025	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	When populated, value minus Date of Birth (ELG.002.024) is less than or equal to 125 years	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3567	ELG026	ELG.002.026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE	Primary Demographic Element Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3568	ELG026	ELG.002.026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE	Primary Demographic Element Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3569	ELG026	ELG.002.026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE	Primary Demographic Element Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3570	ELG026	ELG.002.026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE	Primary Demographic Element Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3571	ELG026	ELG.002.026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE	Primary Demographic Element Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3572	ELG027	ELG.002.027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Primary Demographic Element End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3573	ELG027	ELG.002.027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Primary Demographic Element End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3574	ELG027	ELG.002.027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Primary Demographic Element End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3575	ELG027	ELG.002.027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Primary Demographic Element End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
C2	3576	ELG027	ELG.002.027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	Primary Demographic Element End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
A2	3577	ELG028	ELG.002.028	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	3578	ELG028	ELG.002.028	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3579	ELG028	ELG.002.028	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
D1	3580	ELG029	ELG.002.029	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002
X1	3581	ELG030	ELG.003.030	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3582	ELG030	ELG.003.030	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00003"	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3583	ELG031	ELG.003.031	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3584	ELG031	ELG.003.031	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3585	ELG031	ELG.003.031	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3586	ELG031	ELG.003.031	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3587	ELG032	ELG.003.032	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3588	ELG032	ELG.003.032	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3589	ELG032	ELG.003.032	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3590	ELG032	ELG.003.032	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003

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X1	3591	ELG033	ELG.003.033	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3592	ELG033	ELG.003.033	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3593	ELG033	ELG.003.033	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3594	ELG033	ELG.003.033	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3595	ELG034	ELG.003.034	MARITAL-STATUS	Marital Status	Mandatory	A code to classify eligible individual's marital/domestic-relationship status. An eligible individual who is younger than 12 years should have a marital status of never married or _x000D_ unknown. This element should be reported by the state when the information is material to eligibility (i.e., institutionalization).	Value must be in Marital Status List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3596	ELG034	ELG.003.034	MARITAL-STATUS	Marital Status	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3597	ELG034	ELG.003.034	MARITAL-STATUS	Marital Status	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003

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C2	3598	ELG035	ELG.003.035	MARITAL-STATUS-OTHER-EXPLANATION	Marital Status Other Explanation	Conditional	A free-text field to capture the description of the marital/domestic-relationship status when Marital Status =14 (Other) is selected.	If associated Marital Status (ELG.003.035) equals '14' (Other), then value is mandatory and must be provided	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3599	ELG035	ELG.003.035	MARITAL-STATUS-OTHER-EXPLANATION	Marital Status Other Explanation	Not Applicable	Not Applicable	Value must be 50 characters or less	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3600	ELG035	ELG.003.035	MARITAL-STATUS-OTHER-EXPLANATION	Marital Status Other Explanation	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3601	ELG036	ELG.003.036	SSN	SSN	Conditional	The eligible individual's social security number. For newborns when value is unknown it is not required. For SSN states, in instances where the social security number is not known and a temporary MSIS Identification Number is used, the MSIS Identification Number field should be populated _x000D_ with the temporary MSIS Identification Number and the SSN field should be space-filled, or blank. When the SSN becomes known, the MSIS Identification Number field should continue to be populated with the temporary MSIS Identification Number and the SSN field should be populated with the _x000D_ newly acquired SSN for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS Identification Number and the social security number.	Value must be 9-digit number	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3602	ELG036	ELG.003.036	SSN	SSN	Not Applicable	Not Applicable	For any individual, the value must be the same over all segment effective and end dates	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3603	ELG036	ELG.003.036	SSN	SSN	Not Applicable	Not Applicable	(SSN State) if associated SSN Indicator (ELG.001.012) value is coded as "1", then value must equal MSIS Identification Number (ELG.002.019) value	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3604	ELG036	ELG.003.036	SSN	SSN	Not Applicable	Not Applicable	Value can only be reported with one MSIS Identification Number (ELG.002.019)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3605	ELG036	ELG.003.036	SSN	SSN	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003

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C2	3606	ELG036	ELG.003.036	SSN	SSN	Not Applicable	Not Applicable	(Non-SSN State) if associated SSN Indicator (ELG.001.012) value is coded as "0", then value must not equal MSIS Identification Number (ELG.002.019)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3607	ELG037	ELG.003.037	SSN-VERIFICATION-FLAG	SSN Verification Flag	Mandatory	A code describing whether the state has verified the social security number (SSN) with the Social Security Administration (SSA).	Value must be in SSN Verification Flag List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3608	ELG037	ELG.003.037	SSN-VERIFICATION-FLAG	SSN Verification Flag	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3609	ELG037	ELG.003.037	SSN-VERIFICATION-FLAG	SSN Verification Flag	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3610	ELG038	ELG.003.038	INCOME-CODE	Income Code	Mandatory	A code indicating the family income level.	Value must be in Income Code List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3611	ELG038	ELG.003.038	INCOME-CODE	Income Code	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3612	ELG038	ELG.003.038	INCOME-CODE	Income Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3613	ELG039	ELG.003.039	VETERAN-IND	Veteran Indicator	Conditional	A flag indicating if a non-citizen is exempt from the 5-year bar on benefits because they are a veteran or an active member of the military, naval or air service.	Value must be in Veteran Indicator List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3614	ELG039	ELG.003.039	VETERAN-IND	Veteran Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3615	ELG039	ELG.003.039	VETERAN-IND	Veteran Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3616	ELG039	ELG.003.039	VETERAN-IND	Veteran Indicator	Not Applicable	Not Applicable	Value must be populated when Immigration Status (ELG.003.042) is in ['1', '2', '3']	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3617	ELG040	ELG.003.040	CITIZENSHIP-IND	Citizenship Indicator	Mandatory	Indicates if the individual is identified as a U.S. Citizen.	Value must be in Citizenship Indicator List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3618	ELG040	ELG.003.040	CITIZENSHIP-IND	Citizenship Indicator	Not Applicable	Not Applicable	If value is coded as '0', then associated Immigration Status (ELG.003.042) value must be in [1, 2, 3]	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3619	ELG040	ELG.003.040	CITIZENSHIP-IND	Citizenship Indicator	Not Applicable	Not Applicable	If value is coded as '1', then associated Immigration Status (ELG.003.042) value must equal '8'	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3620	ELG040	ELG.003.040	CITIZENSHIP-IND	Citizenship Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003

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X1	3621	ELG040	ELG.003.040	CITIZENSHIP-IND	Citizenship Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3622	ELG041	ELG.003.041	CITIZENSHIP-VERIFICATION-FLAG	Citizenship Verification Flag	Conditional	Indicates the individual is enrolled in Medicaid pending citizenship verification.	Value must be in Citizenship Verification Flag List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3623	ELG041	ELG.003.041	CITIZENSHIP-VERIFICATION-FLAG	Citizenship Verification Flag	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3624	ELG041	ELG.003.041	CITIZENSHIP-VERIFICATION-FLAG	Citizenship Verification Flag	Not Applicable	Not Applicable	Value must be populated when Citizenship Indicator (ELG.003.040) equals '1' (Yes)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3625	ELG041	ELG.003.041	CITIZENSHIP-VERIFICATION-FLAG	Citizenship Verification Flag	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3626	ELG042	ELG.003.042	IMMIGRATION-STATUS	Immigration Status	Mandatory	The immigration status of the individual.	Value must be in Immigration Status List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3627	ELG042	ELG.003.042	IMMIGRATION-STATUS	Immigration Status	Not Applicable	Not Applicable	If associated Citizenship Indicator (ELG.003.040) value is coded as '0', then value must be in [1, 2, 3]	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3628	ELG042	ELG.003.042	IMMIGRATION-STATUS	Immigration Status	Not Applicable	Not Applicable	If associated Citizenship Indicator (ELG.003.040) value is coded as '1', then value must equal '8'	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3629	ELG042	ELG.003.042	IMMIGRATION-STATUS	Immigration Status	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3630	ELG042	ELG.003.042	IMMIGRATION-STATUS	Immigration Status	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3631	ELG043	ELG.003.043	IMMIGRATION-VERIFICATION-FLAG	Immigration Verification Flag	Conditional	Indicates the individual is enrolled in Medicaid pending immigration verification.	Value must be in Immigration Verification Flag List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3632	ELG043	ELG.003.043	IMMIGRATION-VERIFICATION-FLAG	Immigration Verification Flag	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3633	ELG043	ELG.003.043	IMMIGRATION-VERIFICATION-FLAG	Immigration Verification Flag	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3634	ELG044	ELG.003.044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	Immigration Status Five Year Bar End Date	Conditional	The date the five-year bar for an individual ends. _x000D_ 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 are not eligible to receive federally-funded benefits, including Medicaid and the State Children's _x000D_ Health Insurance Program (Separate CHIP), for five years from the date they enter the country with a status as a "qualified alien."	(U.S. Citizen) if associated Citizenship Indicator (ELG.003.040) value is '1', then value should not be populated	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003

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C2	3635	ELG044	ELG.003.044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	Immigration Status Five Year Bar End Date	Not Applicable	Not Applicable	(Non U.S. Citizen) if associated Citizenship Indicator (ELG.003.040) value is '0', then value should be populated	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3636	ELG044	ELG.003.044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	Immigration Status Five Year Bar End Date	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3637	ELG044	ELG.003.044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	Immigration Status Five Year Bar End Date	Not Applicable	Not Applicable	(U.S. Citizen) value should not be populated when Immigration Status (ELG.003.042) equals '8'	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3638	ELG045	ELG.003.045	PRIMARY-LANGUAGE-ENGL-PROF-CODE	Primary Language English Proficiency Code	Conditional	A code indicating the level of spoken English proficiency by the individual.	Value must be in Primary Language English Proficiency Code List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3639	ELG045	ELG.003.045	PRIMARY-LANGUAGE-ENGL-PROF-CODE	Primary Language English Proficiency Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3640	ELG045	ELG.003.045	PRIMARY-LANGUAGE-ENGL-PROF-CODE	Primary Language English Proficiency Code	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3641	ELG046	ELG.003.046	PRIMARY-LANGUAGE-CODE	Primary Language Code	Conditional	A code indicating the language the individual speaks other than English at home.	Value must be in Primary Language Code List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3642	ELG046	ELG.003.046	PRIMARY-LANGUAGE-CODE	Primary Language Code	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3643	ELG046	ELG.003.046	PRIMARY-LANGUAGE-CODE	Primary Language Code	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3644	ELG047	ELG.003.047	HOUSEHOLD-SIZE	Household Size	Mandatory	Household Size used in the Medicaid or CHIP eligibility determination process.	Value must be in Household Size List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3645	ELG047	ELG.003.047	HOUSEHOLD-SIZE	Household Size	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3646	ELG047	ELG.003.047	HOUSEHOLD-SIZE	Household Size	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3647	ELG049	ELG.003.049	PREGNANCY-IND	Pregnancy Indicator	Conditional	A flag indicating the individual is pregnant at the time of application based on self-attestation.	Value must be in Pregnancy Indicator List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3648	ELG049	ELG.003.049	PREGNANCY-IND	Pregnancy Indicator	Not Applicable	Not Applicable	If value equals '1', then Sex (ELG.002.023) value must equal 'F'	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3649	ELG049	ELG.003.049	PREGNANCY-IND	Pregnancy Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3650	ELG049	ELG.003.049	PREGNANCY-IND	Pregnancy Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003

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C2	3651	ELG050	ELG.003.050	MEDICARE-HIC-NUM	Medicare HIC Number	Conditional	The Medicare HIC Number (HICN) is an identifier formerly used by SSA and CMS to identify all Medicare beneficiaries. For many beneficiaries, their SSN was a major component of their HICN. To prevent identify theft, among other reasons, HICN gradually were retired and replaced by the _x000D_ Medicare Beneficiary Identifier (MBI) over the course of 2018 and 2019. HICN continue to be used by Medicare for limited administrative purposes after 2019 but starting in 2020 the MBI became the primary identifier for Medicare beneficiaries. HICN consists of two components: SSN & _x000D_ alpha-suffix or (for Railroad IDs) prefix and ID (not always SSN based)	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3652	ELG050	ELG.003.050	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3653	ELG050	ELG.003.050	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3654	ELG050	ELG.003.050	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	(Not Dual Eligible) if Dual Eligible Code (ELG.DE.085) value = "00", then value must not be populated.	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3655	ELG050	ELG.003.050	MEDICARE-HIC-NUM	Medicare HIC Number	Not Applicable	Not Applicable	(Medicare Enrolled) if associated Dual Eligible Code (ELG.005.085) value is in ["01", "02", "03", "04", "05", "06", "08", "09", or "10"], then value for either HICN or MBI is mandatory and must be provided	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3656	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Conditional	The Medicare Beneficiary Identifier (MBI) is a randomly generated identifier used to identify all Medicare beneficiaries. It replaced the previously-used SSN-based Medicare HIC Number (HICN). To prevent identify theft, among other reasons, HICN gradually were retired and replaced by the MBI _x000D_ over the course of 2018 and 2019. Starting in 2020, the MBI became the primary identifier for Medicare beneficiaries.	Conditional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3657	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Value must be an 11-character string	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3658	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 1 must be numeric values 1 thru 9	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003

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A2	3659	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 2 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3660	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 3 must be alphanumeric values 0 thru 9 or A thru Z (minus S, L, O, I, B, Z)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3661	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 4 must be numeric values 0 thru 9	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3662	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 5 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3663	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 6 must be alphanumeric values 0 thru 9 or A thru Z (minus S, L, O, I, B, Z)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3664	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 7 must be numeric values 0 thru 9	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3665	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 8 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3666	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 9 must be alphabetic values A thru Z (minus S, L, O, I, B, Z)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3667	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 10 must be numeric values 0 thru 9	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3668	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Character 11 must be numeric values 0 thru 9	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3669	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3670	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	When Dual Eligible Code (ELG.005.085) equals '00' and End of Time Period (ELG.001.010) greater than or equal to '2015-11-01', value should not be populated	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3671	ELG051	ELG.003.051	MEDICARE-BENEFICIARY-IDENTIFIER	Medicare Beneficiary Identifier	Not Applicable	Not Applicable	(Medicare Enrolled) if associated Dual Eligible Code value (ELG.005.085) is in ["01", "02", "03", "04", "05", "06", "08", "09", or "10"], then the value for either HICN or MBI is mandatory and must be provided	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003

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X1	3672	ELG054	ELG.003.054	CHIP-CODE	CHIP Code	Mandatory	A code used to distinguish among Medicaid, Medicaid Expansion CHIP, and Separate CHIP populations.	Value must be in CHIP Code List (VVL)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3673	ELG054	ELG.003.054	CHIP-CODE	CHIP Code	Not Applicable	Not Applicable	If value is in [2, 3], then associated Eligibility Group (ELG.005.087) value must be in ["07", "31", "61", "62", "63", "64", "65", "66", "67", or "68"]	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3674	ELG054	ELG.003.054	CHIP-CODE	CHIP Code	Not Applicable	Not Applicable	If value is "1", then associated Eligibility Group (ELG.005.087) value must not be in ["61", "62", "63", "64", "65", "66", "67", or "68"]	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3675	ELG054	ELG.003.054	CHIP-CODE	CHIP Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3676	ELG054	ELG.003.054	CHIP-CODE	CHIP Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3677	ELG057	ELG.003.057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE	Variable Demographic Element Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3678	ELG057	ELG.003.057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE	Variable Demographic Element Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3679	ELG057	ELG.003.057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE	Variable Demographic Element Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3680	ELG057	ELG.003.057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE	Variable Demographic Element Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3681	ELG057	ELG.003.057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE	Variable Demographic Element Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3682	ELG058	ELG.003.058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Variable Demographic Element End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3683	ELG058	ELG.003.058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Variable Demographic Element End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3684	ELG058	ELG.003.058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Variable Demographic Element End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003

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X1	3685	ELG058	ELG.003.058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Variable Demographic Element End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3686	ELG058	ELG.003.058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	Variable Demographic Element End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
A2	3687	ELG059	ELG.003.059	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
C2	3688	ELG059	ELG.003.059	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3689	ELG059	ELG.003.059	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
D1	3690	ELG060	ELG.003.060	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003
X1	3691	ELG061	ELG.004.061	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3692	ELG061	ELG.004.061	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00004"	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3693	ELG062	ELG.004.062	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3694	ELG062	ELG.004.062	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3695	ELG062	ELG.004.062	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3696	ELG062	ELG.004.062	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3697	ELG063	ELG.004.063	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3698	ELG063	ELG.004.063	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3699	ELG063	ELG.004.063	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3700	ELG063	ELG.004.063	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004

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X1	3701	ELG064	ELG.004.064	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicare.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3702	ELG064	ELG.004.064	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3703	ELG064	ELG.004.064	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3704	ELG064	ELG.004.064	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3705	ELG065	ELG.004.065	ADDR-TYPE	Eligible Address Type	Mandatory	The type of address and contact information for the eligible submitted in the record segment.	Value must be in Eligible Address Type List (VVL)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3706	ELG065	ELG.004.065	ADDR-TYPE	Eligible Address Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3707	ELG065	ELG.004.065	ADDR-TYPE	Eligible Address Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3708	ELG066	ELG.004.066	ELIGIBLE-ADDR-LN1	Eligible Address Line 1	Mandatory	The first line of a potentially multi-line physical street or mailing address for a given entity (e.g. person, organization, agency, etc.).	Value must be 60 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3709	ELG066	ELG.004.066	ELIGIBLE-ADDR-LN1	Eligible Address Line 1	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 2 or Address Line 3 value(s)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004

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C2	3710	ELG066	ELG.004.066	ELIGIBLE-ADDR-LN1	Eligible Address Line 1	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3711	ELG066	ELG.004.066	ELIGIBLE-ADDR-LN1	Eligible Address Line 1	Not Applicable	Not Applicable	When populated, the associated Address Type is required	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3712	ELG066	ELG.004.066	ELIGIBLE-ADDR-LN1	Eligible Address Line 1	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3713	ELG067	ELG.004.067	ELIGIBLE-ADDR-LN2	Eligible Address Line 2	Conditional	The second line of a multi-line physical street or mailing address for a given entity (e.g. person, organization, agency, etc.).	Value must be 60 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3714	ELG067	ELG.004.067	ELIGIBLE-ADDR-LN2	Eligible Address Line 2	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 1 or Address Line 3 value(s)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3715	ELG067	ELG.004.067	ELIGIBLE-ADDR-LN2	Eligible Address Line 2	Not Applicable	Not Applicable	There must be an Address Line 1 in order to have an Address Line 2	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3716	ELG067	ELG.004.067	ELIGIBLE-ADDR-LN2	Eligible Address Line 2	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3717	ELG067	ELG.004.067	ELIGIBLE-ADDR-LN2	Eligible Address Line 2	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3718	ELG068	ELG.004.068	ELIGIBLE-ADDR-LN3	Eligible Address Line 3	Conditional	The third line of a multi-line physical street or mailing address for a given entity (e.g. person, organization, agency, etc.).	Value must be 60 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3719	ELG068	ELG.004.068	ELIGIBLE-ADDR-LN3	Eligible Address Line 3	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 1 or Address Line 2 value(s)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3720	ELG068	ELG.004.068	ELIGIBLE-ADDR-LN3	Eligible Address Line 3	Not Applicable	Not Applicable	If Address Line 2 is not populated, then value should not be populated	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3721	ELG068	ELG.004.068	ELIGIBLE-ADDR-LN3	Eligible Address Line 3	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3722	ELG068	ELG.004.068	ELIGIBLE-ADDR-LN3	Eligible Address Line 3	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3723	ELG069	ELG.004.069	ELIGIBLE-CITY	Eligible City	Mandatory	The city component of an address associated with a given entity (e.g. person, organization, agency, etc.).	Value must be 28 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3724	ELG069	ELG.004.069	ELIGIBLE-CITY	Eligible City	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3725	ELG069	ELG.004.069	ELIGIBLE-CITY	Eligible City	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3726	ELG070	ELG.004.070	ELIGIBLE-STATE	Eligible State	Mandatory	The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code for where the individual _x000D_ eligible to receive healthcare services resides. (The state for the type of address indicated in Address Type.)	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004

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A2	3727	ELG070	ELG.004.070	ELIGIBLE-STATE	Eligible State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3728	ELG070	ELG.004.070	ELIGIBLE-STATE	Eligible State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3729	ELG071	ELG.004.071	ELIGIBLE-ZIP-CODE	Eligible Zip Code	Mandatory	U.S. Zip Code component of an address associated with a given entity (e.g. person, organization, agency, etc.)	Value may only be 5 digits (0-9) (Example: 91320) or 9 digits (0-9) (Example: 913200011)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3730	ELG071	ELG.004.071	ELIGIBLE-ZIP-CODE	Eligible Zip Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3731	ELG072	ELG.004.072	ELIGIBLE-COUNTY-CODE	Eligible County Code	Mandatory	Standard ANSI code used to identify a specific U.S. County.	Value must be in US County Code List (VVL)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3732	ELG072	ELG.004.072	ELIGIBLE-COUNTY-CODE	Eligible County Code	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3733	ELG072	ELG.004.072	ELIGIBLE-COUNTY-CODE	Eligible County Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3734	ELG073	ELG.004.073	ELIGIBLE-PHONE-NUM	Eligible Phone Number	Optional	Phone number for a given entity (e.g. person, organization, agency).	Value must be 10 characters, digits (0-9) only	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3735	ELG073	ELG.004.073	ELIGIBLE-PHONE-NUM	Eligible Phone Number	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3736	ELG074	ELG.004.074	TYPE-OF-LIVING-ARRANGEMENT	Type Of Living Arrangement	Conditional	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 value lists.	Value must not contain a pipe or asterisk symbol	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3737	ELG074	ELG.004.074	TYPE-OF-LIVING-ARRANGEMENT	Type Of Living Arrangement	Not Applicable	Not Applicable	Value must be 100 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3738	ELG074	ELG.004.074	TYPE-OF-LIVING-ARRANGEMENT	Type Of Living Arrangement	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3739	ELG075	ELG.004.075	ELIGIBLE-ADDR-EFF-DATE	Eligible Address Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3740	ELG075	ELG.004.075	ELIGIBLE-ADDR-EFF-DATE	Eligible Address Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3741	ELG075	ELG.004.075	ELIGIBLE-ADDR-EFF-DATE	Eligible Address Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3742	ELG075	ELG.004.075	ELIGIBLE-ADDR-EFF-DATE	Eligible Address Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004

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C2	3743	ELG075	ELG.004.075	ELIGIBLE-ADDR-EFF-DATE	Eligible Address Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3744	ELG076	ELG.004.076	ELIGIBLE-ADDR-END-DATE	Eligible Address End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3745	ELG076	ELG.004.076	ELIGIBLE-ADDR-END-DATE	Eligible Address End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3746	ELG076	ELG.004.076	ELIGIBLE-ADDR-END-DATE	Eligible Address End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3747	ELG076	ELG.004.076	ELIGIBLE-ADDR-END-DATE	Eligible Address End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3748	ELG076	ELG.004.076	ELIGIBLE-ADDR-END-DATE	Eligible Address End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
A2	3749	ELG077	ELG.004.077	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
C2	3750	ELG077	ELG.004.077	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3751	ELG077	ELG.004.077	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
D1	3752	ELG078	ELG.004.078	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	ELIGIBLE-CONTACT-INFORMATION-ELG00004
X1	3753	ELG079	ELG.005.079	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3754	ELG079	ELG.005.079	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00005"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3755	ELG080	ELG.005.080	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3756	ELG080	ELG.005.080	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3757	ELG080	ELG.005.080	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005

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A2	3758	ELG080	ELG.005.080	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3759	ELG081	ELG.005.081	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3760	ELG081	ELG.005.081	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3761	ELG081	ELG.005.081	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3762	ELG081	ELG.005.081	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3763	ELG082	ELG.005.082	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3764	ELG082	ELG.005.082	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3765	ELG082	ELG.005.082	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3766	ELG082	ELG.005.082	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005

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C2	3767	ELG083	ELG.005.083	MSIS-CASE-NUM	MSIS Case Num	Mandatory	The state-assigned number which uniquely identifies the Medicaid case to which the enrollee belongs. The definition of a case varies. There are single-person cases (mostly aged and blind/disabled) and multi-person cases (mostly TANF) in which all members of the case have the same case _x000D_ number, but a unique identification number. A warning for longitudinal research efforts: a case numbers associated with an individual may change over time.	Value must not contain a pipe symbol	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3768	ELG083	ELG.005.083	MSIS-CASE-NUM	MSIS Case Num	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3769	ELG083	ELG.005.083	MSIS-CASE-NUM	MSIS Case Num	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
D1	3770	ELG084	ELG.005.084	MEDICAID-BASIS-OF-ELIGIBILITY	Medicaid Basis Of Eligibility	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3771	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Conditional	Indicates coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.	Value must be in Dual Eligible Code List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3772	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	If value is "05", then Eligibility Group (ELG.005.087) must be "24"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3773	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	If value is "06", then Eligibility Group (ELG.005.087) must be "26"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3774	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	If Dual Eligible Code (ELG.005.085) is "01", "02", "03", "04", "05", "06", "08", "09", or "10", then Primary Eligibility Group Indicator (ELG.005.086) must be "1" (Yes)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3775	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3776	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	A partial dual eligible (values="01", "03", "05" or "06") then Restricted Benefits Code (ELG.005.097) must be "3"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005

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A2	3777	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	(Not Dual Eligible) if value = "00", then associated Medicare Beneficiary Identifier (ELG.003.051) value must not be populated.	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3778	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3779	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	If value is in ["08", "10"] then Restricted Benefits Code (ELG.005.097) must be "1"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3780	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	If value is "09", then Eligibility Group (ELG.005.087) and Restricted Benefits Code (ELG.005.097) must not be populated	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3781	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	If value equals "10", then CHIP Code (ELG.003.054) must be "03" (S-CHIP) and Medicare Beneficiary Identifier (ELG.003.051) must be populated	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3782	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	If value is "01", then Eligibility Group (ELG.005.087) must be "23"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3783	ELG085	ELG.005.085	DUAL-ELIGIBLE-CODE	Dual Eligible Code	Not Applicable	Not Applicable	If value is "03", then Eligibility Group (ELG.005.087) must be "25"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3784	ELG086	ELG.005.086	PRIMARY-ELIGIBILITY-GROUP-IND	Primary Eligibility Group Indicator	Mandatory	A flag indicating the eligibility record is the primary eligibility in cases where there are multiple eligibility records submitted with overlapping or concurrent eligibility determinant effective and _x000D_ end dates.	Value must be in Primary Eligibility Group Indicator List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3785	ELG086	ELG.005.086	PRIMARY-ELIGIBILITY-GROUP-IND	Primary Eligibility Group Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3786	ELG086	ELG.005.086	PRIMARY-ELIGIBILITY-GROUP-IND	Primary Eligibility Group Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3787	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Conditional	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).	Value must be in Eligibility Group List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005

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C1	3788	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Not Applicable	Not Applicable	If value is "26", then Dual Eligible Code value must be "06"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3789	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3790	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Not Applicable	Not Applicable	Value is mandatory and must be provided when associated Eligibility Determinant Effective Date value is on or after 1 January, 2014.	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3791	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Not Applicable	Not Applicable	If value is in ["72", "73", "74", "75"], then associated Restricted Benefits Code value must equal "7" and State Plan Option Type must equal "06"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3792	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Not Applicable	Not Applicable	If associated CHIP Code value is "2", then value must be in ["07", "31", "61"]	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C1	3793	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Not Applicable	Not Applicable	If associated CHIP Code value is "3", then value must be in ["61", "62", "63", "64", "65", "66", "67", "68"]	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3794	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3795	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Not Applicable	Not Applicable	If value is "23", then Dual Eligible Code value must be in ["01", "02"]	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3796	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Not Applicable	Not Applicable	If value is "25", then Dual Eligible Code value must be in ["03", "04"]	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3797	ELG087	ELG.005.087	ELIGIBILITY-GROUP	Eligibility Group	Not Applicable	Not Applicable	If value is "24", then Dual Eligible Code value must be "05"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3798	ELG088	ELG.005.088	LEVEL-OF-CARE-STATUS	Level Of Care Status	Conditional	The level of care required to meet an individual's needs and to determine LTSS program eligibility.	Value must be in Level of Care Status List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3799	ELG088	ELG.005.088	LEVEL-OF-CARE-STATUS	Level Of Care Status	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3800	ELG088	ELG.005.088	LEVEL-OF-CARE-STATUS	Level Of Care Status	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005

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X1	3801	ELG089	ELG.005.089	SSDI-IND	SSDI Indicator	Conditional	A flag indicating if the individual is enrolled in Social Security Disability Insurance (SSDI) administered via the Social Security Administration (SSA).	Value must be in SSDI Indicator List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3802	ELG089	ELG.005.089	SSDI-IND	SSDI Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3803	ELG089	ELG.005.089	SSDI-IND	SSDI Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3804	ELG090	ELG.005.090	SSI-IND	SSI Indicator	Conditional	A flag indicating if the individual receives Supplemental Security Income (SSI) administered via the Social Security Administration (SSA).	Value must be in SSI Indicator List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3805	ELG090	ELG.005.090	SSI-IND	SSI Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3806	ELG090	ELG.005.090	SSI-IND	SSI Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3807	ELG090	ELG.005.090	SSI-IND	SSI Indicator	Not Applicable	Not Applicable	Value must equal '0' when SSI Status equals '003' or is not populated	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3808	ELG091	ELG.005.091	SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Status Code	Conditional	Indicates the individual's State Supplemental Income Status.	Value must be in SSI State Supplement Status Code List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3809	ELG091	ELG.005.091	SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Status Code	Not Applicable	Not Applicable	(individual not receiving Federal SSI) If SSI State Supplemental Status Code is "001" or "002", then SSI Status cannot be "000" or "003"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3810	ELG091	ELG.005.091	SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Status Code	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3811	ELG091	ELG.005.091	SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Status Code	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3812	ELG091	ELG.005.091	SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Status Code	Not Applicable	Not Applicable	Value must not be populated when SSI Status is not populated	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3813	ELG092	ELG.005.092	SSI-STATUS	SSI Status	Conditional	Indicates the individual's SSI Status.	Value must be in SSI Status List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3814	ELG092	ELG.005.092	SSI-STATUS	SSI Status	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3815	ELG092	ELG.005.092	SSI-STATUS	SSI Status	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3816	ELG092	ELG.005.092	SSI-STATUS	SSI Status	Not Applicable	Not Applicable	Value must be populated when SSI Indicator equals '1'	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005

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X1	3817	ELG093	ELG.005.093	STATE-SPEC-ELIG-GROUP	State Specific Eligibility Group	Mandatory	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 values (on or after January 1, 2014). This field should not include information _x000D_ that already appears elsewhere on the Eligible File record even if it is part of the MAS and BOE or Eligibility Group algorithm (e.g., age information computed from Date of Birth or County Code).	If value is in the range [000000 .. 999999], then associated Date of Death value must not be before the start of the reporting period.	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3818	ELG093	ELG.005.093	STATE-SPEC-ELIG-GROUP	State Specific Eligibility Group	Not Applicable	Not Applicable	Value must be 6 characters or less	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3819	ELG093	ELG.005.093	STATE-SPEC-ELIG-GROUP	State Specific Eligibility Group	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3820	ELG094	ELG.005.094	CONCEPTION-TO-BIRTH-IND	Conception To Birth Indicator	Conditional	A flag to identify children eligible through the conception to birth option, which is available only through a Separate CHIP Program.	Value must be in Conception to Birth Indicator List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3821	ELG094	ELG.005.094	CONCEPTION-TO-BIRTH-IND	Conception To Birth Indicator	Not Applicable	Not Applicable	If the value is equal to "1", then the Eligibility Group (ELG.005.087) must equal "64"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3822	ELG094	ELG.005.094	CONCEPTION-TO-BIRTH-IND	Conception To Birth Indicator	Not Applicable	Not Applicable	If the value is equal to "1", then any associated claims must indicate the Program Type ='14' (State Plan CHIP)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3823	ELG094	ELG.005.094	CONCEPTION-TO-BIRTH-IND	Conception To Birth Indicator	Not Applicable	Not Applicable	If the value is equal to "1", then CHIP Code (ELG.003.054) must equal "3" (Individual was not Medicaid Expansion CHIP eligible, but was included in a separate title XXI CHIP Program	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3824	ELG094	ELG.005.094	CONCEPTION-TO-BIRTH-IND	Conception To Birth Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3825	ELG094	ELG.005.094	CONCEPTION-TO-BIRTH-IND	Conception To Birth Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3826	ELG095	ELG.005.095	ELIGIBILITY-CHANGE-REASON	Eligibility Change Reason	Conditional	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.	Value must be in Eligibility Change Reason List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3827	ELG095	ELG.005.095	ELIGIBILITY-CHANGE-REASON	Eligibility Change Reason	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005

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X1	3828	ELG095	ELG.005.095	ELIGIBILITY-CHANGE-REASON	Eligibility Change Reason	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
D1	3829	ELG096	ELG.005.096	MAINTENANCE-ASSISTANCE-STATUS	Maintenance Assistance Status	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3830	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Mandatory	A flag that indicates the scope of Medicaid or CHIP benefits to which an individual is entitled to.	Value must be in Restricted Benefits Code List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3831	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	(Restricted Benefits) if value is "3" and Dual Eligible Code (ELG.005.085) value is "06", then Eligibility Group (ELG.005.087) must be "26"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3832	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	(Restricted Benefits) if value is "1" and Dual Eligible Code (ELG.005.085) value is "02", then Eligibility Group (ELG.005.087) must be "23"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3833	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	(Restricted Benefits) if value is "1" and Dual Eligible Code (ELG.005.085) value is "04", then Eligibility Group (ELG.005.087) must be "25"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3834	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	(Restricted Benefits) if value is "3", then Dual Eligible Code (ELG.005.085) cannot be "00"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3835	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3836	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	If value is populated, then Eligibility Group (ELG.005.087) must be populated.	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3837	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	If value is "6" then ELIGIBILITY-GROUP(ELG.DE.087) must be in ("35", "70")	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005

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C2	3838	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	(Restricted Pregnancy-Related) if value is "4", then associated Sex (ELG.002.023) value must be 'F'	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3839	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	(Non-Citizen) if value is "2", then associated Citizenship Indicator (ELG.003.040) value must not be equal to "1"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3840	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	If value is "D", there must be a corresponding MFP enrollment segment (ELG00010) with Effective and End dates that are within the timespan of this segment	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3841	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3842	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	(Restricted Benefits) if value is "3" and Dual Eligible Code (ELG.005.085) value is "01", then Eligibility Group (ELG.005.087) must be "23"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3843	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	(Restricted Benefits) if value is "3" and Dual Eligible Code (ELG.005.085) value is "03", then Eligibility Group (ELG.005.087) must be "25"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3844	ELG097	ELG.005.097	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code	Not Applicable	Not Applicable	(Restricted Benefits) if value is "3" and Dual Eligible Code (ELG.005.085) value is "05", then Eligibility Group (ELG.005.087) must be "24"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3845	ELG098	ELG.005.098	TANF-CASH-CODE	TANF Cash Code	Conditional	A flag that indicates whether the individual received Federal Temporary Assistance for Needy Families (TANF) benefits.	Value must be in TANF Cash Code List (VVL)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3846	ELG098	ELG.005.098	TANF-CASH-CODE	TANF Cash Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3847	ELG098	ELG.005.098	TANF-CASH-CODE	TANF Cash Code	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005

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C2	3848	ELG099	ELG.005.099	ELIGIBILITY-DETERMINANT-EFF-DATE	Eligibility Determinant Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3849	ELG099	ELG.005.099	ELIGIBILITY-DETERMINANT-EFF-DATE	Eligibility Determinant Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3850	ELG099	ELG.005.099	ELIGIBILITY-DETERMINANT-EFF-DATE	Eligibility Determinant Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3851	ELG099	ELG.005.099	ELIGIBILITY-DETERMINANT-EFF-DATE	Eligibility Determinant Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3852	ELG099	ELG.005.099	ELIGIBILITY-DETERMINANT-EFF-DATE	Eligibility Determinant Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3853	ELG100	ELG.005.100	ELIGIBILITY-DETERMINANT-END-DATE	Eligibility Determinant End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3854	ELG100	ELG.005.100	ELIGIBILITY-DETERMINANT-END-DATE	Eligibility Determinant End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3855	ELG100	ELG.005.100	ELIGIBILITY-DETERMINANT-END-DATE	Eligibility Determinant End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3856	ELG100	ELG.005.100	ELIGIBILITY-DETERMINANT-END-DATE	Eligibility Determinant End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3857	ELG100	ELG.005.100	ELIGIBILITY-DETERMINANT-END-DATE	Eligibility Determinant End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
A2	3858	ELG101	ELG.005.101	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
C2	3859	ELG101	ELG.005.101	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
X1	3860	ELG101	ELG.005.101	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005
D1	3861	ELG102	ELG.005.102	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005

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X1	3862	ELG103	ELG.006.103	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
A2	3863	ELG103	ELG.006.103	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00006"	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
X1	3864	ELG104	ELG.006.104	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
A2	3865	ELG104	ELG.006.104	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
X1	3866	ELG104	ELG.006.104	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
A2	3867	ELG104	ELG.006.104	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3868	ELG105	ELG.006.105	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
A2	3869	ELG105	ELG.006.105	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
A2	3870	ELG105	ELG.006.105	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
X1	3871	ELG105	ELG.006.105	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006

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X1	3872	ELG106	ELG.006.106	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3873	ELG106	ELG.006.106	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3874	ELG106	ELG.006.106	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3875	ELG106	ELG.006.106	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
A1	3876	ELG107	ELG.006.107	HEALTH-HOME-SPA-NAME	Health Home SPA Name	Mandatory	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.	Value must be 100 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3877	ELG107	ELG.006.107	HEALTH-HOME-SPA-NAME	Health Home SPA Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C1	3878	ELG107	ELG.006.107	HEALTH-HOME-SPA-NAME	Health Home SPA Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
A2	3879	ELG108	ELG.006.108	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Mandatory	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.	Value must 100 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3880	ELG108	ELG.006.108	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006

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C1	3881	ELG108	ELG.006.108	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3882	ELG109	ELG.006.109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE	Health Home SPA Participation Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3883	ELG109	ELG.006.109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE	Health Home SPA Participation Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
X1	3884	ELG109	ELG.006.109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE	Health Home SPA Participation Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
X1	3885	ELG109	ELG.006.109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE	Health Home SPA Participation Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3886	ELG109	ELG.006.109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE	Health Home SPA Participation Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3887	ELG110	ELG.006.110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE	Health Home SPA Participation End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3888	ELG110	ELG.006.110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE	Health Home SPA Participation End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
X1	3889	ELG110	ELG.006.110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE	Health Home SPA Participation End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
X1	3890	ELG110	ELG.006.110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE	Health Home SPA Participation End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3891	ELG110	ELG.006.110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE	Health Home SPA Participation End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3892	ELG111	ELG.006.111	HEALTH-HOME-ENTITY-EFF-DATE	Health Home Entity Effective Date	Not Applicable	The date on which the health home entity was approved by CMS to participate in the Health Home Program.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
C2	3893	ELG111	ELG.006.111	HEALTH-HOME-ENTITY-EFF-DATE	Health Home Entity Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
A2	3894	ELG112	ELG.006.112	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	3895	ELG112	ELG.006.112	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
X1	3896	ELG112	ELG.006.112	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
D1	3897	ELG113	ELG.006.113	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006
X1	3898	ELG114	ELG.007.114	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
A2	3899	ELG114	ELG.007.114	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00007"	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
X1	3900	ELG115	ELG.007.115	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
A2	3901	ELG115	ELG.007.115	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
X1	3902	ELG115	ELG.007.115	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
A2	3903	ELG115	ELG.007.115	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
X1	3904	ELG116	ELG.007.116	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
A2	3905	ELG116	ELG.007.116	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
A2	3906	ELG116	ELG.007.116	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
X1	3907	ELG116	ELG.007.116	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	3908	ELG117	ELG.007.117	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3909	ELG117	ELG.007.117	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3910	ELG117	ELG.007.117	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
A2	3911	ELG117	ELG.007.117	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
A2	3912	ELG118	ELG.007.118	HEALTH-HOME-SPA-NAME	Health Home SPA Name	Mandatory	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.	Value must be 100 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3913	ELG118	ELG.007.118	HEALTH-HOME-SPA-NAME	Health Home SPA Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C1	3914	ELG118	ELG.007.118	HEALTH-HOME-SPA-NAME	Health Home SPA Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
A2	3915	ELG119	ELG.007.119	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Mandatory	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.	Value must 100 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3916	ELG119	ELG.007.119	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007

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C1	3917	ELG119	ELG.007.119	HEALTH-HOME-ENTITY-NAME	Health Home Entity Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
A2	3918	ELG120	ELG.007.120	HEALTH-HOME-PROV-NUM	Health Home Provider Number	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3919	ELG120	ELG.007.120	HEALTH-HOME-PROV-NUM	Health Home Provider Number	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3920	ELG120	ELG.007.120	HEALTH-HOME-PROV-NUM	Health Home Provider Number	Not Applicable	Not Applicable	Value must match Provider Identifier (PRV.005.081)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C1	3921	ELG120	ELG.007.120	HEALTH-HOME-PROV-NUM	Health Home Provider Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3922	ELG121	ELG.007.121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE	Health Home SPA Provider Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3923	ELG121	ELG.007.121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE	Health Home SPA Provider Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
X1	3924	ELG121	ELG.007.121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE	Health Home SPA Provider Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
X1	3925	ELG121	ELG.007.121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE	Health Home SPA Provider Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3926	ELG121	ELG.007.121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE	Health Home SPA Provider Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3927	ELG122	ELG.007.122	HEALTH-HOME-SPA-PROVIDER-END-DATE	Health Home Spa Provider End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3928	ELG122	ELG.007.122	HEALTH-HOME-SPA-PROVIDER-END-DATE	Health Home Spa Provider End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007

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X1	3929	ELG122	ELG.007.122	HEALTH-HOME-SPA-PROVIDER-END-DATE	Health Home Spa Provider End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
X1	3930	ELG122	ELG.007.122	HEALTH-HOME-SPA-PROVIDER-END-DATE	Health Home Spa Provider End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3931	ELG122	ELG.007.122	HEALTH-HOME-SPA-PROVIDER-END-DATE	Health Home Spa Provider End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3932	ELG123	ELG.007.123	HEALTH-HOME-ENTITY-EFF-DATE	Health Home Entity Effective Date	Mandatory	The date on which the health home entity was approved by CMS to participate in the Health Home Program.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3933	ELG123	ELG.007.123	HEALTH-HOME-ENTITY-EFF-DATE	Health Home Entity Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C1	3934	ELG123	ELG.007.123	HEALTH-HOME-ENTITY-EFF-DATE	Health Home Entity Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
A2	3935	ELG124	ELG.007.124	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
C2	3936	ELG124	ELG.007.124	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
X1	3937	ELG124	ELG.007.124	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
D1	3938	ELG125	ELG.007.125	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007
X1	3939	ELG126	ELG.008.126	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
A2	3940	ELG126	ELG.008.126	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00008"	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
X1	3941	ELG127	ELG.008.127	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
A2	3942	ELG127	ELG.008.127	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
X1	3943	ELG127	ELG.008.127	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
A2	3944	ELG127	ELG.008.127	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008

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C2	3945	ELG128	ELG.008.128	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
A2	3946	ELG128	ELG.008.128	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
A2	3947	ELG128	ELG.008.128	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
X1	3948	ELG128	ELG.008.128	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
X1	3949	ELG129	ELG.008.129	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3950	ELG129	ELG.008.129	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3951	ELG129	ELG.008.129	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
A2	3952	ELG129	ELG.008.129	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
X1	3953	ELG130	ELG.008.130	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition	Mandatory	The chronic condition used to determine the individual's eligibility for the health home provision.	Value must be in Health Home Chronic Condition List (VVL)	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008

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C2	3954	ELG130	ELG.008.130	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition	Not Applicable	Not Applicable	If value equals "H", associated Health Home Chronic Condition Other Explanation must be provided	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
A2	3955	ELG130	ELG.008.130	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C1	3956	ELG130	ELG.008.130	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3957	ELG131	ELG.008.131	HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION	Health Home Chronic Condition Other Explanation	Conditional	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.	Value must be 50 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3958	ELG131	ELG.008.131	HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION	Health Home Chronic Condition Other Explanation	Not Applicable	Not Applicable	If associated Health Home Chronic Condition (ELG.008.130) value equals "H", then value is mandatory and must be provided	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3959	ELG131	ELG.008.131	HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION	Health Home Chronic Condition Other Explanation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C1	3960	ELG131	ELG.008.131	HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION	Health Home Chronic Condition Other Explanation	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3961	ELG132	ELG.008.132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE	Health Home Chronic Condition Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3962	ELG132	ELG.008.132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE	Health Home Chronic Condition Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
X1	3963	ELG132	ELG.008.132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE	Health Home Chronic Condition Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C1	3964	ELG132	ELG.008.132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE	Health Home Chronic Condition Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3965	ELG132	ELG.008.132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE	Health Home Chronic Condition Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3966	ELG133	ELG.008.133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE	Health Home Chronic Condition End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008

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C2	3967	ELG133	ELG.008.133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE	Health Home Chronic Condition End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
X1	3968	ELG133	ELG.008.133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE	Health Home Chronic Condition End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C1	3969	ELG133	ELG.008.133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE	Health Home Chronic Condition End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3970	ELG133	ELG.008.133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE	Health Home Chronic Condition End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
A2	3971	ELG134	ELG.008.134	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
C2	3972	ELG134	ELG.008.134	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
X1	3973	ELG134	ELG.008.134	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
D1	3974	ELG135	ELG.008.135	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008
X1	3975	ELG136	ELG.009.136	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
A2	3976	ELG136	ELG.009.136	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00009"	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
X1	3977	ELG137	ELG.009.137	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
A2	3978	ELG137	ELG.009.137	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
X1	3979	ELG137	ELG.009.137	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
A2	3980	ELG137	ELG.009.137	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
X1	3981	ELG138	ELG.009.138	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	3982	ELG138	ELG.009.138	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
A2	3983	ELG138	ELG.009.138	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
X1	3984	ELG138	ELG.009.138	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
X1	3985	ELG139	ELG.009.139	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C2	3986	ELG139	ELG.009.139	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C2	3987	ELG139	ELG.009.139	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
A2	3988	ELG139	ELG.009.139	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
A2	3989	ELG140	ELG.009.140	LOCKIN-PROV-NUM	Lockin Provider Num	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	3990	ELG140	ELG.009.140	LOCKIN-PROV-NUM	Lockin Provider Num	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C1	3991	ELG140	ELG.009.140	LOCKIN-PROV-NUM	Lockin Provider Num	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
A2	3992	ELG140	ELG.009.140	LOCKIN-PROV-NUM	Lockin Provider Num	Not Applicable	Not Applicable	Value must match Provider Identifier (PRV.005.081)	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
X1	3993	ELG141	ELG.009.141	LOCKIN-PROV-TYPE	Lockin Provider Type	Mandatory	A code describing the provider type classification for which the provider/beneficiary lock-in relationship exists.	Value must be in Lockin Provider Type List (VVL)	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
A2	3994	ELG141	ELG.009.141	LOCKIN-PROV-TYPE	Lockin Provider Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C1	3995	ELG141	ELG.009.141	LOCKIN-PROV-TYPE	Lockin Provider Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C2	3996	ELG142	ELG.009.142	LOCKIN-EFF-DATE	Lockin Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C2	3997	ELG142	ELG.009.142	LOCKIN-EFF-DATE	Lockin Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
X1	3998	ELG142	ELG.009.142	LOCKIN-EFF-DATE	Lockin Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C1	3999	ELG142	ELG.009.142	LOCKIN-EFF-DATE	Lockin Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C2	4000	ELG142	ELG.009.142	LOCKIN-EFF-DATE	Lockin Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C2	4001	ELG143	ELG.009.143	LOCKIN-END-DATE	Lockin End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C2	4002	ELG143	ELG.009.143	LOCKIN-END-DATE	Lockin End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
X1	4003	ELG143	ELG.009.143	LOCKIN-END-DATE	Lockin End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
X1	4004	ELG143	ELG.009.143	LOCKIN-END-DATE	Lockin End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	4005	ELG143	ELG.009.143	LOCKIN-END-DATE	Lockin End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
A2	4006	ELG144	ELG.009.144	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C2	4007	ELG144	ELG.009.144	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
X1	4008	ELG144	ELG.009.144	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
D1	4009	ELG145	ELG.009.145	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009
C2	4010	ELG146	ELG.010.146	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4011	ELG146	ELG.010.146	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00010"	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4012	ELG147	ELG.010.147	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4013	ELG147	ELG.010.147	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4014	ELG147	ELG.010.147	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4015	ELG147	ELG.010.147	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4016	ELG148	ELG.010.148	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4017	ELG148	ELG.010.148	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4018	ELG148	ELG.010.148	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4019	ELG148	ELG.010.148	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	4020	ELG149	ELG.010.149	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4021	ELG149	ELG.010.149	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4022	ELG149	ELG.010.149	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4023	ELG149	ELG.010.149	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4024	ELG150	ELG.010.150	MFP-LIVES-WITH-FAMILY	MFP Lives with Family	Mandatory	A code indicating if the individual lives with his/her family or is not a participant in the MFP program.	Value must be in MFP Lives with Family List (VVL)	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4025	ELG150	ELG.010.150	MFP-LIVES-WITH-FAMILY	MFP Lives with Family	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C1	4026	ELG150	ELG.010.150	MFP-LIVES-WITH-FAMILY	MFP Lives with Family	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4027	ELG151	ELG.010.151	MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution	Mandatory	A code describing type of qualified institution at the time of transition to the community for an eligible MFP Demonstration participant.	Value must be in MFP Qualified Institution List (VVL)	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4028	ELG151	ELG.010.151	MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C1	4029	ELG151	ELG.010.151	MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010

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X1	4030	ELG152	ELG.010.152	MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence	Mandatory	A code describing type of qualified institution at the time of transition to the community for an eligible MFP Demonstration participant.	Value must be in MFP Qualified Residence List (VVL)	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4031	ELG152	ELG.010.152	MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C1	4032	ELG152	ELG.010.152	MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4033	ELG153	ELG.010.153	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended	Conditional	A code describing why an individual's participation in Money Follows the Person demonstration ended.	Value must be in MFP Reason Participation Ended List (VVL)	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4034	ELG153	ELG.010.153	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4035	ELG153	ELG.010.153	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4036	ELG153	ELG.010.153	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended	Not Applicable	Not Applicable	Value must not be populated when Enrollment End Date equals '9999-12-31'	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4037	ELG154	ELG.010.154	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason	Conditional	A code describing why the individual was reinstitutionalized after participation in the Money Follows the Person Demonstration.	Value must be in MFP Reinstitutionalized Reason (VVL)	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4038	ELG154	ELG.010.154	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4039	ELG154	ELG.010.154	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4040	ELG155	ELG.010.155	MFP-ENROLLMENT-EFF-DATE	MFP Enrollment Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4041	ELG155	ELG.010.155	MFP-ENROLLMENT-EFF-DATE	MFP Enrollment Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4042	ELG155	ELG.010.155	MFP-ENROLLMENT-EFF-DATE	MFP Enrollment Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C1	4043	ELG155	ELG.010.155	MFP-ENROLLMENT-EFF-DATE	MFP Enrollment Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4044	ELG155	ELG.010.155	MFP-ENROLLMENT-EFF-DATE	MFP Enrollment Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4045	ELG156	ELG.010.156	MFP-ENROLLMENT-END-DATE	MFP Enrollment End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010

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C2	4046	ELG156	ELG.010.156	MFP-ENROLLMENT-END-DATE	MFP Enrollment End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4047	ELG156	ELG.010.156	MFP-ENROLLMENT-END-DATE	MFP Enrollment End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4048	ELG156	ELG.010.156	MFP-ENROLLMENT-END-DATE	MFP Enrollment End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4049	ELG156	ELG.010.156	MFP-ENROLLMENT-END-DATE	MFP Enrollment End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
A2	4050	ELG157	ELG.010.157	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4051	ELG157	ELG.010.157	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
X1	4052	ELG157	ELG.010.157	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
D1	4053	ELG158	ELG.010.158	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	MFP-INFORMATION-ELG00010
C2	4054	ELG159	ELG.011.159	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
A2	4055	ELG159	ELG.011.159	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00011"	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
X1	4056	ELG160	ELG.011.160	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
A2	4057	ELG160	ELG.011.160	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
X1	4058	ELG160	ELG.011.160	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
A2	4059	ELG160	ELG.011.160	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4060	ELG161	ELG.011.161	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	4061	ELG161	ELG.011.161	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
A2	4062	ELG161	ELG.011.161	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
X1	4063	ELG161	ELG.011.161	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
X1	4064	ELG162	ELG.011.162	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4065	ELG162	ELG.011.162	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4066	ELG162	ELG.011.162	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
A2	4067	ELG162	ELG.011.162	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
X1	4068	ELG163	ELG.011.163	STATE-PLAN-OPTION-TYPE	State Plan Option Type	Mandatory	This field specifies the State Plan Options in which the individual is enrolled. Use on occurrence for each State Plan Option enrollment.	Value must be in State Plan Option Type List (VVL)	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4069	ELG163	ELG.011.163	STATE-PLAN-OPTION-TYPE	State Plan Option Type	Not Applicable	Not Applicable	If associated Eligibility Group (ELG.005.087) value is in ["72", "73", "74", "75"], then value must be "06"	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011

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A2	4070	ELG163	ELG.011.163	STATE-PLAN-OPTION-TYPE	State Plan Option Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C1	4071	ELG163	ELG.011.163	STATE-PLAN-OPTION-TYPE	State Plan Option Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
A2	4072	ELG163	ELG.011.163	STATE-PLAN-OPTION-TYPE	State Plan Option Type	Not Applicable	Not Applicable	Value must equal '02' when Program Type (CIP.002.129) equals '13'	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
A2	4073	ELG163	ELG.011.163	STATE-PLAN-OPTION-TYPE	State Plan Option Type	Not Applicable	Not Applicable	Value must equal '02' when Program Type (COT.002.065) equals '13'	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4074	ELG164	ELG.011.164	STATE-PLAN-OPTION-EFF-DATE	State Plan Option Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4075	ELG164	ELG.011.164	STATE-PLAN-OPTION-EFF-DATE	State Plan Option Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4076	ELG164	ELG.011.164	STATE-PLAN-OPTION-EFF-DATE	State Plan Option Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
X1	4077	ELG164	ELG.011.164	STATE-PLAN-OPTION-EFF-DATE	State Plan Option Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4078	ELG164	ELG.011.164	STATE-PLAN-OPTION-EFF-DATE	State Plan Option Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4079	ELG165	ELG.011.165	STATE-PLAN-OPTION-END-DATE	State Plan Option End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4080	ELG165	ELG.011.165	STATE-PLAN-OPTION-END-DATE	State Plan Option End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4081	ELG165	ELG.011.165	STATE-PLAN-OPTION-END-DATE	State Plan Option End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
X1	4082	ELG165	ELG.011.165	STATE-PLAN-OPTION-END-DATE	State Plan Option End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4083	ELG165	ELG.011.165	STATE-PLAN-OPTION-END-DATE	State Plan Option End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
A2	4084	ELG166	ELG.011.166	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4085	ELG166	ELG.011.166	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011

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X1	4086	ELG166	ELG.011.166	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
D1	4087	ELG167	ELG.011.167	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011
C2	4088	ELG168	ELG.012.168	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
A2	4089	ELG168	ELG.012.168	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00012"	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
X1	4090	ELG169	ELG.012.169	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
A2	4091	ELG169	ELG.012.169	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
X1	4092	ELG169	ELG.012.169	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
A2	4093	ELG169	ELG.012.169	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4094	ELG170	ELG.012.170	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
A2	4095	ELG170	ELG.012.170	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
A2	4096	ELG170	ELG.012.170	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
X1	4097	ELG170	ELG.012.170	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012

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C2	4098	ELG171	ELG.012.171	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4099	ELG171	ELG.012.171	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4100	ELG171	ELG.012.171	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4101	ELG171	ELG.012.171	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4102	ELG172	ELG.012.172	WAIVER-ID	Waiver ID	Mandatory	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. Waiver IDs should actually only be the _x000D_ "core" part of the waiver IDs, without including suffixes for renewals or amendments.	Value must be associated with a populated Waiver Type	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
A2	4103	ELG172	ELG.012.172	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012

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A2	4104	ELG172	ELG.012.172	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	(1115 demonstration waivers) If value begins with "11-W-" or "21-W-", the associated Claim Waiver Type value must be 01 or in [21-30]	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
A2	4105	ELG172	ELG.012.172	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	(1915(b) or 1915(c) waivers) If value begins with the two-letter state abbreviation followed by a period (.), the associated Claim Waiver Type value must be in [02-20, 32, 33]	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4106	ELG172	ELG.012.172	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Value must have a corresponding value in Waiver Type (ELG.012.173)	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
X1	4107	ELG172	ELG.012.172	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
X1	4108	ELG173	ELG.012.173	WAIVER-TYPE	Eligible Waiver Type	Mandatory	Code for specifying waiver types under which the eligible individual is covered during the month.	Value must be in Waiver Type List (VVL)	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
X1	4109	ELG173	ELG.012.173	WAIVER-TYPE	Eligible Waiver Type	Not Applicable	Not Applicable	Value must have a corresponding value in Waiver ID (ELG.012.172)	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C1	4110	ELG173	ELG.012.173	WAIVER-TYPE	Eligible Waiver Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
A2	4111	ELG173	ELG.012.173	WAIVER-TYPE	Eligible Waiver Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4112	ELG174	ELG.012.174	WAIVER-ENROLLMENT-EFF-DATE	Waiver Enrollment Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4113	ELG174	ELG.012.174	WAIVER-ENROLLMENT-EFF-DATE	Waiver Enrollment Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
X1	4114	ELG174	ELG.012.174	WAIVER-ENROLLMENT-EFF-DATE	Waiver Enrollment Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C1	4115	ELG174	ELG.012.174	WAIVER-ENROLLMENT-EFF-DATE	Waiver Enrollment Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4116	ELG174	ELG.012.174	WAIVER-ENROLLMENT-EFF-DATE	Waiver Enrollment Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4117	ELG175	ELG.012.175	WAIVER-ENROLLMENT-END-DATE	Waiver Enrollment End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012

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C2	4118	ELG175	ELG.012.175	WAIVER-ENROLLMENT-END-DATE	Waiver Enrollment End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
X1	4119	ELG175	ELG.012.175	WAIVER-ENROLLMENT-END-DATE	Waiver Enrollment End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C1	4120	ELG175	ELG.012.175	WAIVER-ENROLLMENT-END-DATE	Waiver Enrollment End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4121	ELG175	ELG.012.175	WAIVER-ENROLLMENT-END-DATE	Waiver Enrollment End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
A2	4122	ELG176	ELG.012.176	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4123	ELG176	ELG.012.176	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
X1	4124	ELG176	ELG.012.176	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
D1	4125	ELG177	ELG.012.177	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012
C2	4126	ELG178	ELG.013.178	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
A2	4127	ELG178	ELG.013.178	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00013"	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
X1	4128	ELG179	ELG.013.179	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
A2	4129	ELG179	ELG.013.179	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
X1	4130	ELG179	ELG.013.179	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
A2	4131	ELG179	ELG.013.179	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4132	ELG180	ELG.013.180	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013

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A2	4133	ELG180	ELG.013.180	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
A2	4134	ELG180	ELG.013.180	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
X1	4135	ELG180	ELG.013.180	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4136	ELG181	ELG.013.181	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4137	ELG181	ELG.013.181	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4138	ELG181	ELG.013.181	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
A2	4139	ELG181	ELG.013.181	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
X1	4140	ELG182	ELG.013.182	LTSS-LEVEL-CARE	LTSS Level Care	Mandatory	The level of care provided to the individual by the long term care facility.	Value must be in LTSS Level Care List (VVL)	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
A2	4141	ELG182	ELG.013.182	LTSS-LEVEL-CARE	LTSS Level Care	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C1	4142	ELG182	ELG.013.182	LTSS-LEVEL-CARE	LTSS Level Care	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
A2	4143	ELG183	ELG.013.183	LTSS-PROV-NUM	LTSS Provider Num	Mandatory	A unique identification number assigned by the state to the long term care facility furnishing healthcare services to the individual.	Value must be 30 characters or less	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013

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C2	4144	ELG183	ELG.013.183	LTSS-PROV-NUM	LTSS Provider Num	Not Applicable	Not Applicable	Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1'	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C1	4145	ELG183	ELG.013.183	LTSS-PROV-NUM	LTSS Provider Num	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
A2	4146	ELG183	ELG.013.183	LTSS-PROV-NUM	LTSS Provider Num	Not Applicable	Not Applicable	Value must match Provider Identifier (PRV.005.081)	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4147	ELG184	ELG.013.184	LTSS-ELIGIBILITY-EFF-DATE	LTSS Eligibility Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4148	ELG184	ELG.013.184	LTSS-ELIGIBILITY-EFF-DATE	LTSS Eligibility Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
X1	4149	ELG184	ELG.013.184	LTSS-ELIGIBILITY-EFF-DATE	LTSS Eligibility Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C1	4150	ELG184	ELG.013.184	LTSS-ELIGIBILITY-EFF-DATE	LTSS Eligibility Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4151	ELG184	ELG.013.184	LTSS-ELIGIBILITY-EFF-DATE	LTSS Eligibility Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4152	ELG185	ELG.013.185	LTSS-ELIGIBILITY-END-DATE	LTSS Eligibility End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4153	ELG185	ELG.013.185	LTSS-ELIGIBILITY-END-DATE	LTSS Eligibility End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
X1	4154	ELG185	ELG.013.185	LTSS-ELIGIBILITY-END-DATE	LTSS Eligibility End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
X1	4155	ELG185	ELG.013.185	LTSS-ELIGIBILITY-END-DATE	LTSS Eligibility End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4156	ELG185	ELG.013.185	LTSS-ELIGIBILITY-END-DATE	LTSS Eligibility End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
A2	4157	ELG186	ELG.013.186	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4158	ELG186	ELG.013.186	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
X1	4159	ELG186	ELG.013.186	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013

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D1	4160	ELG187	ELG.013.187	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	LTSS-PARTICIPATION-ELG00013
C2	4161	ELG188	ELG.014.188	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
A2	4162	ELG188	ELG.014.188	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00014"	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
X1	4163	ELG189	ELG.014.189	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
A2	4164	ELG189	ELG.014.189	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
X1	4165	ELG189	ELG.014.189	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
A2	4166	ELG189	ELG.014.189	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4167	ELG190	ELG.014.190	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
A2	4168	ELG190	ELG.014.190	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
A2	4169	ELG190	ELG.014.190	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
X1	4170	ELG190	ELG.014.190	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014

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X1	4171	ELG191	ELG.014.191	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicare.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4172	ELG191	ELG.014.191	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4173	ELG191	ELG.014.191	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
A2	4174	ELG191	ELG.014.191	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014

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A2	4182	ELG193	ELG.014.193	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type	Not Applicable	Not Applicable	Value must not be populated when Managed Care Plan ID (ELG.014.192) is not populated	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
A2	4183	ELG193	ELG.014.193	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type	Not Applicable	Not Applicable	Value must equal the Managed Care Plan Type (MCR.002.024) associated with the State Plan Identification Number (MCR.002.018)	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
D1	4184	ELG194	ELG.014.194	NATIONAL-HEALTH-CARE-ENTITY-ID	National Health Care Entity ID	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
D1	4185	ELG195	ELG.014.195	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	National Health Care Entity ID Type	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4186	ELG196	ELG.014.196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE	Managed Care Plan Enrollment Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4187	ELG196	ELG.014.196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE	Managed Care Plan Enrollment Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
X1	4188	ELG196	ELG.014.196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE	Managed Care Plan Enrollment Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C1	4189	ELG196	ELG.014.196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE	Managed Care Plan Enrollment Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4190	ELG196	ELG.014.196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE	Managed Care Plan Enrollment Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4191	ELG197	ELG.014.197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Managed Care Plan Enrollment End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4192	ELG197	ELG.014.197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Managed Care Plan Enrollment End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014

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C2	4193	ELG197	ELG.014.197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Managed Care Plan Enrollment End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
X1	4194	ELG197	ELG.014.197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Managed Care Plan Enrollment End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4195	ELG197	ELG.014.197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Managed Care Plan Enrollment End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
A2	4196	ELG198	ELG.014.198	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4197	ELG198	ELG.014.198	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
X1	4198	ELG198	ELG.014.198	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
D1	4199	ELG199	ELG.014.199	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014
C2	4200	ELG200	ELG.015.200	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
A2	4201	ELG200	ELG.015.200	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00015"	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
X1	4202	ELG201	ELG.015.201	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
A2	4203	ELG201	ELG.015.201	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
X1	4204	ELG201	ELG.015.201	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
A2	4205	ELG201	ELG.015.201	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4206	ELG202	ELG.015.202	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
A2	4207	ELG202	ELG.015.202	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
A2	4208	ELG202	ELG.015.202	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015

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X1	4209	ELG202	ELG.015.202	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4210	ELG203	ELG.015.203	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4211	ELG203	ELG.015.203	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4212	ELG203	ELG.015.203	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
A2	4213	ELG203	ELG.015.203	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015

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X1	4214	ELG204	ELG.015.204	ETHNICITY-CODE	Ethnicity Code	Mandatory	A code indicating that the individual's ethnicity is Hispanic, Latino/a, or Spanish ethnicity of a Medicaid/CHIP enrolled individual.._x000D_ _x000D_ Ethnicity Code clarifications: _x000D_ 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." _x000D_ _x000D_ NOTE 1: The "Ethnicity Unspecified" 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.	Value must be in Ethnicity Code List (VVL)	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
A2	4215	ELG204	ELG.015.204	ETHNICITY-CODE	Ethnicity Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C1	4216	ELG204	ELG.015.204	ETHNICITY-CODE	Ethnicity Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4217	ELG205	ELG.015.205	ETHNICITY-DECLARATION-EFF-DATE	Ethnicity Declaration Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4218	ELG205	ELG.015.205	ETHNICITY-DECLARATION-EFF-DATE	Ethnicity Declaration Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4219	ELG205	ELG.015.205	ETHNICITY-DECLARATION-EFF-DATE	Ethnicity Declaration Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C1	4220	ELG205	ELG.015.205	ETHNICITY-DECLARATION-EFF-DATE	Ethnicity Declaration Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4221	ELG205	ELG.015.205	ETHNICITY-DECLARATION-EFF-DATE	Ethnicity Declaration Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4222	ELG206	ELG.015.206	ETHNICITY-DECLARATION-END-DATE	Ethnicity Declaration End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4223	ELG206	ELG.015.206	ETHNICITY-DECLARATION-END-DATE	Ethnicity Declaration End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	4224	ELG206	ELG.015.206	ETHNICITY-DECLARATION-END-DATE	Ethnicity Declaration End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C1	4225	ELG206	ELG.015.206	ETHNICITY-DECLARATION-END-DATE	Ethnicity Declaration End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4226	ELG206	ELG.015.206	ETHNICITY-DECLARATION-END-DATE	Ethnicity Declaration End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
A2	4227	ELG207	ELG.015.207	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4228	ELG207	ELG.015.207	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
X1	4229	ELG207	ELG.015.207	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
D1	4230	ELG208	ELG.015.208	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015
C2	4231	ELG209	ELG.016.209	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
A2	4232	ELG209	ELG.016.209	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00016"	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4233	ELG210	ELG.016.210	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
A2	4234	ELG210	ELG.016.210	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
X1	4235	ELG210	ELG.016.210	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
A2	4236	ELG210	ELG.016.210	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4237	ELG211	ELG.016.211	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
A2	4238	ELG211	ELG.016.211	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
A2	4239	ELG211	ELG.016.211	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
X1	4240	ELG211	ELG.016.211	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	4241	ELG212	ELG.016.212	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicare.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4242	ELG212	ELG.016.212	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4243	ELG212	ELG.016.212	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
A2	4244	ELG212	ELG.016.212	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	4245	ELG213	ELG.016.213	RACE	Race	Mandatory	A code indicating the individual's race either in accordance with requirements of Section 4302 of the Affordable Care Act classifications _x000D_ _x000D_ Race Code clarifications: _x000D_ If state has beneficiaries coded in their database as "Asian" with no additional detail, then code them in T-MSIS as "Asian Unknown" (valid value "011"). DO NOT USE "Other Asian," "Unspecified" or "Unknown." _x000D_ If state has beneficiaries coded in their database as "Native Hawaiian or Other Pacific Islander" with no additional detail, then code them in T-MSIS as "Native Hawaiian and Other Pacific Islander Unknown" (valid value "016"). DO NOT USE "Native Hawaiian," "Other Pacific Islander," _x000D_ "Unspecified" or "Unknown." _x000D_ _x000D_ NOTE 1: The "Other Asian" category in T-MSIS (valid value "010") should be used in situations in which an individual's specific Asian subgroup is not available in the code set provided (e.g., Malaysian, Burmese). _x000D_ _x000D_ NOTE 2: The "Unspecified" category in T-MSIS (valid value "017") should be used with an individual who explicitly did not provide information or refused to answer a question.	Value must be in Race List (VVL)	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
A2	4246	ELG213	ELG.016.213	RACE	Race	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C1	4247	ELG213	ELG.016.213	RACE	Race	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4248	ELG214	ELG.016.214	RACE-OTHER	Race Other	Conditional	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).	If associated Race (ELG.016.213) value is in ["010", "015"], then value must be populated.	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4249	ELG214	ELG.016.214	RACE-OTHER	Race Other	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbol	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
A2	4250	ELG214	ELG.016.214	RACE-OTHER	Race Other	Not Applicable	Not Applicable	Value must be 25 characters or less	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
X1	4251	ELG214	ELG.016.214	RACE-OTHER	Race Other	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	4252	ELG215	ELG.016.215	AMERICAN-INDIAN-ALASKAN-NATIVE-INDICATOR	American Indian Alaskan Native Indicator	Conditional	"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: _x000D_ a. Is a member of a Federally-recognized Indian tribe; _x000D_ b. Resides in an urban center and meets one or more of the following four criteria: _x000D_ i. Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member; _x000D_ ii. Is an Eskimo or Aleut or other Alaska Native; _x000D_ iii. Is considered by the Secretary of the Interior to be an Indian for any purpose; or _x000D_ iv. Is determined to be an Indian under regulations promulgated by the Secretary of Health and Human Services; _x000D_ c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or _x000D_ d. Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native. _x000D_ _x000D_ NOTE _x000D_ Applicants who complete Appendix B of the Marketplace/Medicaid application and respond affirmatively to the two questions shown below are considered to meet the definition of an American Indian/Alaskan Native. _x000D_ Are you a member of a federally recognized tribe? _x000D_ Has this person ever gotten a service from the	Value must be in American Indian Alaskan Native Indicator List (VVL)	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
A2	4253	ELG215	ELG.016.215	AMERICAN-INDIAN-ALASKAN-NATIVE-INDICATOR	American Indian Alaskan Native Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
X1	4254	ELG215	ELG.016.215	AMERICAN-INDIAN-ALASKAN-NATIVE-INDICATOR	American Indian Alaskan Native Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4255	ELG216	ELG.016.216	RACE-DECLARATION-EFF-DATE	Race Declaration Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4256	ELG216	ELG.016.216	RACE-DECLARATION-EFF-DATE	Race Declaration Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
X1	4257	ELG216	ELG.016.216	RACE-DECLARATION-EFF-DATE	Race Declaration Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C1	4258	ELG216	ELG.016.216	RACE-DECLARATION-EFF-DATE	Race Declaration Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4259	ELG216	ELG.016.216	RACE-DECLARATION-EFF-DATE	Race Declaration Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4260	ELG217	ELG.016.217	RACE-DECLARATION-END-DATE	Race Declaration End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4261	ELG217	ELG.016.217	RACE-DECLARATION-END-DATE	Race Declaration End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
X1	4262	ELG217	ELG.016.217	RACE-DECLARATION-END-DATE	Race Declaration End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C1	4263	ELG217	ELG.016.217	RACE-DECLARATION-END-DATE	Race Declaration End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4264	ELG217	ELG.016.217	RACE-DECLARATION-END-DATE	Race Declaration End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
A2	4265	ELG218	ELG.016.218	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4266	ELG218	ELG.016.218	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
X1	4267	ELG218	ELG.016.218	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
D1	4268	ELG219	ELG.016.219	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	RACE-INFORMATION-ELG00016
C2	4269	ELG220	ELG.017.220	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
A2	4270	ELG220	ELG.017.220	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00017"	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4271	ELG221	ELG.017.221	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
A2	4272	ELG221	ELG.017.221	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
X1	4273	ELG221	ELG.017.221	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	4274	ELG221	ELG.017.221	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4275	ELG222	ELG.017.222	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
A2	4276	ELG222	ELG.017.222	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
A2	4277	ELG222	ELG.017.222	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
X1	4278	ELG222	ELG.017.222	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4279	ELG223	ELG.017.223	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4280	ELG223	ELG.017.223	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4281	ELG223	ELG.017.223	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
A2	4282	ELG223	ELG.017.223	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017

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D1	4283	ELG224	ELG.017.224	DISABILITY-TYPE-CODE	Disability Type Code	Conditional	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
A2	4284	ELG224	ELG.017.224	DISABILITY-TYPE-CODE	Disability Type Code	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
X1	4285	ELG224	ELG.017.224	DISABILITY-TYPE-CODE	Disability Type Code	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4286	ELG225	ELG.017.225	DISABILITY-TYPE-EFF-DATE	Disability Type Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4287	ELG225	ELG.017.225	DISABILITY-TYPE-EFF-DATE	Disability Type Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4288	ELG225	ELG.017.225	DISABILITY-TYPE-EFF-DATE	Disability Type Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
X1	4289	ELG225	ELG.017.225	DISABILITY-TYPE-EFF-DATE	Disability Type Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4290	ELG225	ELG.017.225	DISABILITY-TYPE-EFF-DATE	Disability Type Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4291	ELG226	ELG.017.226	DISABILITY-TYPE-END-DATE	Disability Type End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4292	ELG226	ELG.017.226	DISABILITY-TYPE-END-DATE	Disability Type End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4293	ELG226	ELG.017.226	DISABILITY-TYPE-END-DATE	Disability Type End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
X1	4294	ELG226	ELG.017.226	DISABILITY-TYPE-END-DATE	Disability Type End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4295	ELG226	ELG.017.226	DISABILITY-TYPE-END-DATE	Disability Type End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
A2	4296	ELG227	ELG.017.227	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4297	ELG227	ELG.017.227	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017

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X1	4298	ELG227	ELG.017.227	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
D1	4299	ELG228	ELG.017.228	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	DISABILITY-INFORMATION-ELG00017
C2	4300	ELG229	ELG.018.229	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
A2	4301	ELG229	ELG.018.229	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00018"	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4302	ELG230	ELG.018.230	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
A2	4303	ELG230	ELG.018.230	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
X1	4304	ELG230	ELG.018.230	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
A2	4305	ELG230	ELG.018.230	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4306	ELG231	ELG.018.231	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
A2	4307	ELG231	ELG.018.231	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
A2	4308	ELG231	ELG.018.231	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
X1	4309	ELG231	ELG.018.231	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	4310	ELG232	ELG.018.232	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicare.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4311	ELG232	ELG.018.232	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4312	ELG232	ELG.018.232	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
A2	4313	ELG232	ELG.018.232	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
X1	4314	ELG233	ELG.018.233	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Conditional	Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Value must be in 1115A Demonstration Indicator List (VVL)	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
A2	4315	ELG233	ELG.018.233	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
X1	4316	ELG233	ELG.018.233	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4317	ELG234	ELG.018.234	1115A-EFF-DATE	1115A Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	4318	ELG234	ELG.018.234	1115A-EFF-DATE	1115A Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
X1	4319	ELG234	ELG.018.234	1115A-EFF-DATE	1115A Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C1	4320	ELG234	ELG.018.234	1115A-EFF-DATE	1115A Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4321	ELG234	ELG.018.234	1115A-EFF-DATE	1115A Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4322	ELG235	ELG.018.235	1115A-END-DATE	1115A End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4323	ELG235	ELG.018.235	1115A-END-DATE	1115A End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
A2	4324	ELG235	ELG.018.235	1115A-END-DATE	1115A End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
X1	4325	ELG235	ELG.018.235	1115A-END-DATE	1115A End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4326	ELG235	ELG.018.235	1115A-END-DATE	1115A End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
A2	4327	ELG236	ELG.018.236	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4328	ELG236	ELG.018.236	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
X1	4329	ELG236	ELG.018.236	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
D1	4330	ELG237	ELG.018.237	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018
C2	4331	ELG238	ELG.020.238	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	4332	ELG238	ELG.020.238	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00020"	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4333	ELG239	ELG.020.239	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
A2	4334	ELG239	ELG.020.239	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
X1	4335	ELG239	ELG.020.239	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
A2	4336	ELG239	ELG.020.239	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4337	ELG240	ELG.020.240	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
A2	4338	ELG240	ELG.020.240	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
A2	4339	ELG240	ELG.020.240	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
X1	4340	ELG240	ELG.020.240	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4341	ELG241	ELG.020.241	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier._x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods._x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number._x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	4342	ELG241	ELG.020.241	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4343	ELG241	ELG.020.241	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
A2	4344	ELG241	ELG.020.241	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
X1	4345	ELG242	ELG.020.242	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code	Mandatory	The chronic condition for which the eligible person is receiving non-Health-Home home and community based care.	Value must be in HCBS Chronic Condition Non Health Home Code List (VVL)	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
A2	4346	ELG242	ELG.020.242	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C1	4347	ELG242	ELG.020.242	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4348	ELG243	ELG.020.243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	HCBS Chronic Condition Non Health Home Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4349	ELG243	ELG.020.243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	HCBS Chronic Condition Non Health Home Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
X1	4350	ELG243	ELG.020.243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	HCBS Chronic Condition Non Health Home Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C1	4351	ELG243	ELG.020.243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	HCBS Chronic Condition Non Health Home Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4352	ELG243	ELG.020.243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	HCBS Chronic Condition Non Health Home Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4353	ELG244	ELG.020.244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	HCBS Chronic Condition Non Health Home End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4354	ELG244	ELG.020.244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	HCBS Chronic Condition Non Health Home End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
X1	4355	ELG244	ELG.020.244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	HCBS Chronic Condition Non Health Home End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	4356	ELG244	ELG.020.244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	HCBS Chronic Condition Non Health Home End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4357	ELG244	ELG.020.244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	HCBS Chronic Condition Non Health Home End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
A2	4358	ELG245	ELG.020.245	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4359	ELG245	ELG.020.245	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4360	ELG245	ELG.020.245	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
D1	4361	ELG246	ELG.020.246	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020
C2	4362	ELG248	ELG.021.248	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
A2	4363	ELG248	ELG.021.248	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00021"	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4364	ELG249	ELG.021.249	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
A2	4365	ELG249	ELG.021.249	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
X1	4366	ELG249	ELG.021.249	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
A2	4367	ELG249	ELG.021.249	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4368	ELG250	ELG.021.250	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
A2	4369	ELG250	ELG.021.250	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
A2	4370	ELG250	ELG.021.250	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
X1	4371	ELG250	ELG.021.250	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021

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C2	4372	ELG251	ELG.021.251	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4373	ELG251	ELG.021.251	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4374	ELG251	ELG.021.251	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
A2	4375	ELG251	ELG.021.251	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4376	ELG252	ELG.021.252	ENROLLMENT-TYPE	Enrollment Type	Mandatory	Identify the type of enrollment that the eligible person has been enrolled into as either Medicaid/Medicaid Expansion CHIP or Separate CHIP.	Value must be in Enrollment Type List (VVL)	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
A2	4377	ELG252	ELG.021.252	ENROLLMENT-TYPE	Enrollment Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4378	ELG252	ELG.021.252	ENROLLMENT-TYPE	Enrollment Type	Not Applicable	Not Applicable	If value equals 1, then associated CHIP Code (ELG.003.054) value must be in [1, 2]	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4379	ELG252	ELG.021.252	ENROLLMENT-TYPE	Enrollment Type	Not Applicable	Not Applicable	If value equals 2, then associated CHIP Code (ELG.003.054) value must be "3"	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	4380	ELG252	ELG.021.252	ENROLLMENT-TYPE	Enrollment Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4381	ELG253	ELG.021.253	ENROLLMENT-EFF-DATE	Enrollment Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4382	ELG253	ELG.021.253	ENROLLMENT-EFF-DATE	Enrollment Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
X1	4383	ELG253	ELG.021.253	ENROLLMENT-EFF-DATE	Enrollment Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
X1	4384	ELG253	ELG.021.253	ENROLLMENT-EFF-DATE	Enrollment Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4385	ELG253	ELG.021.253	ENROLLMENT-EFF-DATE	Enrollment Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4386	ELG254	ELG.021.254	ENROLLMENT-END-DATE	Enrollment End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4387	ELG254	ELG.021.254	ENROLLMENT-END-DATE	Enrollment End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4388	ELG254	ELG.021.254	ENROLLMENT-END-DATE	Enrollment End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
X1	4389	ELG254	ELG.021.254	ENROLLMENT-END-DATE	Enrollment End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4390	ELG254	ELG.021.254	ENROLLMENT-END-DATE	Enrollment End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
A2	4391	ELG255	ELG.021.255	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
C2	4392	ELG255	ELG.021.255	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
X1	4393	ELG255	ELG.021.255	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	ENROLLMENT-TIME-SPAN-ELG00021
A1	4394	ELG257	ELG.022.257	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A1	4395	ELG257	ELG.022.257	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "ELG00022"	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4396	ELG258	ELG.022.258	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4397	ELG258	ELG.022.258	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4398	ELG258	ELG.022.258	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4399	ELG258	ELG.022.258	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (ELG.001.007)	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4400	ELG259	ELG.022.259	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4401	ELG259	ELG.022.259	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4402	ELG259	ELG.022.259	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4403	ELG259	ELG.022.259	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4404	ELG260	ELG.022.260	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022

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A1	4405	ELG260	ELG.022.260	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4406	ELG260	ELG.022.260	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4407	ELG260	ELG.022.260	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4408	ELG261	ELG.022.261	ELG-IDENTIFIER-TYPE	Eligible Identifier Type	Mandatory	A code to identify the kind of eligible identifier that is captured in the Eligible Identifier data element.	Value must be in Eligible Identifier Type List (VVL)	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4409	ELG261	ELG.022.261	ELG-IDENTIFIER-TYPE	Eligible Identifier Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4410	ELG261	ELG.022.261	ELG-IDENTIFIER-TYPE	Eligible Identifier Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4411	ELG262	ELG.022.262	ELG-IDENTIFIER-ISSUING-ENTITY-ID	Eligible Identifier Issuing Entity Identifier	Optional	This data element is reserved for future use.	Value must be 18 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4412	ELG262	ELG.022.262	ELG-IDENTIFIER-ISSUING-ENTITY-ID	Eligible Identifier Issuing Entity Identifier	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4413	ELG263	ELG.022.263	ELG-IDENTIFIER-EFF-DATE	Eligible Identifier Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4414	ELG263	ELG.022.263	ELG-IDENTIFIER-EFF-DATE	Eligible Identifier Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4415	ELG263	ELG.022.263	ELG-IDENTIFIER-EFF-DATE	Eligible Identifier Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4416	ELG263	ELG.022.263	ELG-IDENTIFIER-EFF-DATE	Eligible Identifier Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4417	ELG263	ELG.022.263	ELG-IDENTIFIER-EFF-DATE	Eligible Identifier Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4418	ELG264	ELG.022.264	ELG-IDENTIFIER-END-DATE	Eligible Identifier End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4419	ELG264	ELG.022.264	ELG-IDENTIFIER-END-DATE	Eligible Identifier End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4420	ELG264	ELG.022.264	ELG-IDENTIFIER-END-DATE	Eligible Identifier End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022

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A1	4421	ELG264	ELG.022.264	ELG-IDENTIFIER-END-DATE	Eligible Identifier End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4422	ELG264	ELG.022.264	ELG-IDENTIFIER-END-DATE	Eligible Identifier End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4423	ELG265	ELG.022.265	ELG-IDENTIFIER	Eligible Identifier	Mandatory	A data element to capture the various identifiers assigned to Medicaid and CHIP beneficiary by various entities. The specific type of identifier is shown in the corresponding value in the Eligible Identifier Type data element. States should provide all Old MSIS Identification Number with _x000D_ Eligible Identifier Type = 2 to T-MSIS in case the state changes the MSIS Identification Number of a beneficiary. The state should submit updates to T-MSIS whenever an identifier is retired or issued. _x000D_ _x000D_ States should provide Old MSIS Identification Number with Reason for Change = 'MERGE' to T-MSIS if the state was reporting multiple MSIS Identification Numbers for a single beneficiary and merges them under a single MSIS Identification Number. _x000D_ _x000D_ States should provide Old MSIS Identification Number with Reason for Change = 'UNMERGE' to T-MSIS if the state unmerges a beneficiary from another beneficiary. For example, if a newborn child is originally reported with the mother's MSIS Identification Number and is then _x000D_ assigned a different MSIS Identification Number. _x000D_ _x000D_ States should provide Old MSIS Identification Number with Reason for Change = 'LSE' to T-MSIS if the state assigns a new MSIS Identification Number to any beneficiaries during large system enhancement in state MMIS. _x000D_ _x000D_ States should provide Old MSIS Identification Number with Reason for Change = 'TCAM' to T-MSIS if the Medicaid and Separate CHIP programs use different MSIS Identifier Number	Value must be 20 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4424	ELG265	ELG.022.265	ELG-IDENTIFIER	Eligible Identifier	Not Applicable	Not Applicable	Mandatory	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4425	ELG265	ELG.022.265	ELG-IDENTIFIER	Eligible Identifier	Not Applicable	Not Applicable	Must not contain a pipe symbol	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4426	ELG266	ELG.022.266	REASON-FOR-CHANGE	Reason for Change	Conditional	A code to identify the reason for changing the MSIS Identification Number of a beneficiary and only required for ELG-IDENTIFIER-TYPE '2-Old MSIS Identification Number'. For example, if MSIS Identification Number of a beneficiary is being changed due to 'Merge with other MSIS ID' or _x000D_ 'Unmerge'.	Value must be in Reason for Change List (VVL)	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022

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A1	4427	ELG266	ELG.022.266	REASON-FOR-CHANGE	Reason for Change	Not Applicable	Not Applicable	Value must be 10 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4428	ELG266	ELG.022.266	REASON-FOR-CHANGE	Reason for Change	Not Applicable	Not Applicable	Conditional	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4429	ELG266	ELG.022.266	REASON-FOR-CHANGE	Reason for Change	Not Applicable	Not Applicable	(Old MSIS Identification Number) value must be populated when Eligible Identifier Type (ELG.022.261) equals '2'	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A2	4430	ELG267	ELG.022.267	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4431	ELG267	ELG.022.267	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
A1	4432	ELG267	ELG.022.267	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	ELIGIBLE	ELIGIBLE-IDENTIFIER-ELG00022
C2	4433	MCR001	MCR.001.001	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
A2	4434	MCR001	MCR.001.001	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "MCR00001"	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4435	MCR002	MCR.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Mandatory	A data element to capture the version of the T-MSIS data dictionary that was used to build the file. Use the version number specified on the Cover Sheet of the data dictionary" to V2.4.	Value must be 10 characters or less	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4436	MCR002	MCR.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Value must not include the pipe (" ") symbol	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4437	MCR002	MCR.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4438	MCR003	MCR.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Mandatory	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.	Value must be in Submission Transaction Type List (VVL)	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
A2	4439	MCR003	MCR.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4440	MCR003	MCR.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4441	MCR004	MCR.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Mandatory	Denotes which supported file encoding standard was used to create the file.	Value must be in File Encoding Specification List (VVL)	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
A2	4442	MCR004	MCR.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4443	MCR004	MCR.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001

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A2	4444	MCR005	MCR.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Mandatory	Identifies the version of the T-MSIS data mapping document used to build a state submission file. Use the version number specified on the title page of the data mapping document	Value must be 9 characters or less	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4445	MCR005	MCR.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4446	MCR006	MCR.001.006	FILE-NAME	File Name	Not Applicable	A code to identify the subject area to which the records in its file relate. Each T-MSIS submission file should only _x000D_ contain records for one subject area (i.e., Eligible, Third-party liability, Provider, Managed Care Plan Information, _x000D_ Inpatient, Long-Term Care, Other, and Pharmacy Claim).	Value must equal 'MNGDCARE'	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4447	MCR007	MCR.001.007	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
A2	4448	MCR007	MCR.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4449	MCR007	MCR.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4450	MCR007	MCR.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same for all records	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4451	MCR008	MCR.001.008	DATE-FILE-CREATED	Date File Created	Mandatory	The date on which the file was created.	Value of the CC component must be "20"	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4452	MCR008	MCR.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4453	MCR008	MCR.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4454	MCR008	MCR.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be equal to or after the value of associated End of Time Period	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4455	MCR008	MCR.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4456	MCR009	MCR.001.009	START-OF-TIME-PERIOD	Start of Time Period	Mandatory	This value must be the first day of the reporting month, regardless of the actual date span of the data in the file.	Value of the CC component must be "20"	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4457	MCR009	MCR.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	4458	MCR009	MCR.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4459	MCR009	MCR.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be less than current date	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4460	MCR009	MCR.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4461	MCR009	MCR.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be before associated End of Time Period	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4462	MCR009	MCR.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4463	MCR010	MCR.001.010	END-OF-TIME-PERIOD	End of Time Period	Mandatory	This value must be the last day of the reporting month, regardless of the actual date span.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4464	MCR010	MCR.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value of the CC component must be "20"	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4465	MCR010	MCR.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4466	MCR010	MCR.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4467	MCR010	MCR.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or after associated Start of Time Period	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4468	MCR010	MCR.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4469	MCR011	MCR.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Mandatory	A code to indicate whether the records in the file are test or production records.	For production files, value must be equal to 'P'	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
A2	4470	MCR011	MCR.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4471	MCR011	MCR.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4472	MCR013	MCR.001.013	TOT-REC-CNT	Total Record Count	Mandatory	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.	Value must be a positive integer	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4473	MCR013	MCR.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be between 0:99999999999 (inclusive)	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
A2	4474	MCR013	MCR.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001

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C2	4475	MCR013	MCR.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must equal the number of records included in the file submission except for the file header record.	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4476	MCR013	MCR.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
A2	4477	MCR014	MCR.001.014	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4478	MCR014	MCR.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4479	MCR014	MCR.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4480	MCR112	MCR.001.112	SEQUENCE-NUMBER	Sequence Number	Mandatory	To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update files, _x000D_ replacement files). This should begin with 1 for the original Create submission type and be incremented by one for _x000D_ each Replacement or Update submission for the same reporting period and file type (subject area).	Value must be between 1 and 9999	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
A2	4481	MCR112	MCR.001.112	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be equal to the largest of any prior values for the same reporting period and file type, plus 1 (i.e. incremented by 1)	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4482	MCR112	MCR.001.112	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
A2	4483	MCR112	MCR.001.112	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
X1	4484	MCR112	MCR.001.112	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001
C2	4485	MCR016	MCR.002.016	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4486	MCR016	MCR.002.016	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "MCR00002"	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4487	MCR017	MCR.002.017	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4488	MCR017	MCR.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002

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X1	4489	MCR017	MCR.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4490	MCR017	MCR.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (MCR.001.007)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4491	MCR018	MCR.002.018	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4492	MCR018	MCR.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4493	MCR018	MCR.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4494	MCR018	MCR.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4495	MCR019	MCR.002.019	STATE-PLAN-ID-NUM	State Plan ID Number	Mandatory	The ID number a state issues to a managed care entity	Value must be 12 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4496	MCR019	MCR.002.019	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4497	MCR019	MCR.002.019	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4498	MCR020	MCR.002.020	MANAGED-CARE-CONTRACT-EFF-DATE	Managed Care Contract Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4499	MCR020	MCR.002.020	MANAGED-CARE-CONTRACT-EFF-DATE	Managed Care Contract Effective Date	Mandatory	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4500	MCR020	MCR.002.020	MANAGED-CARE-CONTRACT-EFF-DATE	Managed Care Contract Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4501	MCR020	MCR.002.020	MANAGED-CARE-CONTRACT-EFF-DATE	Managed Care Contract Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4502	MCR020	MCR.002.020	MANAGED-CARE-CONTRACT-EFF-DATE	Managed Care Contract Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4503	MCR020	MCR.002.020	MANAGED-CARE-CONTRACT-EFF-DATE	Managed Care Contract Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4504	MCR020	MCR.002.020	MANAGED-CARE-CONTRACT-EFF-DATE	Managed Care Contract Effective Date	Not Applicable	Not Applicable	Value must occur before Managed Care Contract End Date (MCR.002.021)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4505	MCR021	MCR.002.021	MANAGED-CARE-CONTRACT-END-DATE	Managed Care Contract End Date	Mandatory	The expiration date of the managed care contract period with the state.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002

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C2	4506	MCR021	MCR.002.021	MANAGED-CARE-CONTRACT-END-DATE	Managed Care Contract End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4507	MCR021	MCR.002.021	MANAGED-CARE-CONTRACT-END-DATE	Managed Care Contract End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4508	MCR022	MCR.002.022	MANAGED-CARE-NAME	Managed Care Name	Mandatory	The name of the managed care entity under contract with the State Medicaid Agency. The name _x000D_ should be as it appears on the contract.	Value must not contain a pipe or asterisk symbol	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4509	MCR022	MCR.002.022	MANAGED-CARE-NAME	Managed Care Name	Not Applicable	Not Applicable	Value must be 55 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4510	MCR022	MCR.002.022	MANAGED-CARE-NAME	Managed Care Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4511	MCR023	MCR.002.023	MANAGED-CARE-PROGRAM	Managed Care Program	Mandatory	The state program through which a managed care plan is approved to operate.	Value must be in Managed Care Program List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4512	MCR023	MCR.002.023	MANAGED-CARE-PROGRAM	Managed Care Program	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4513	MCR023	MCR.002.023	MANAGED-CARE-PROGRAM	Managed Care Program	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4514	MCR024	MCR.002.024	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type	Mandatory	The type of managed care plan that corresponds to the State Plan Identification Number. The value reported in this data element should match the Managed Care Plan Type value reported on the Eligible file for the corresponding managed care plan number._x000D_ Assign plan type value "15" for plans that primarily cover non-emergency medical transportation (NEMT)._x000D_ _x000D_ 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" _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47540 _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting MANAGED-CARE-PLAN-TYPE in the T-MSIS Managed Care File" _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47564	Value must be in Managed Care Plan Type List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002

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A2	4515	MCR024	MCR.002.024	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4516	MCR024	MCR.002.024	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4517	MCR025	MCR.002.025	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement	Mandatory	A code indicating the how the managed care entity is reimbursed.	Value must be in Reimbursement Arrangement List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4518	MCR025	MCR.002.025	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4519	MCR025	MCR.002.025	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4520	MCR026	MCR.002.026	MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status	Mandatory	A code denoting the profit status of managed care entity.	Value must be in Managed Care Profit Status List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4521	MCR026	MCR.002.026	MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4522	MCR026	MCR.002.026	MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002

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A2	4523	MCR027	MCR.002.027	CORE-BASED-STATISTICAL-AREA-CODE	Core Based Statistical Area Code	Mandatory	A code signifying whether the Managed Care Organization's (MCO) service area falls into one or more metropolitan or micropolitan statistical areas. Whenever a service area straddles two types of areas (e.g., metropolitan & micropolitan, metropolitan & non-CBSA area) classify the _x000D_ service area based on the denser classification. Metropolitan and micropolitan statistical areas (metro and micro areas) are geographic entities defined by the U.S. Office of Management and Budget (OMB). The term "Core Based Statistical Area" (CBSA) is a collective term for both _x000D_ metro and micro areas. A metro area contains a core urban area of 50,000 or more population, and a micro area contains an urban core of at least 10,000 (but less than 50,000) population. Each metro or micro area consists of one or more counties and includes the counties _x000D_ containing the core urban area, as well as any adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core. _x000D_ The U.S. Office of Management and Budget (OMB) defines metropolitan or micropolitan statistical areas based on published standards. The standards for defining the areas are reviewed and revised once every ten years, prior to each decennial census. Between censuses, the _x000D_ definitions are updated annually to reflect the most recent Census Bureau population estimates. The current definitions are as of December 2009. _x000D_ See the hyperlink below for further information. _x000D_ http://www.whitehouse.gov/sites/default/files/omb/assets/bulletins/b10-02.pdf	Value must be in Core Based Statistical Area Code List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4524	MCR027	MCR.002.027	CORE-BASED-STATISTICAL-AREA-CODE	Core Based Statistical Area Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4525	MCR027	MCR.002.027	CORE-BASED-STATISTICAL-AREA-CODE	Core Based Statistical Area Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4526	MCR028	MCR.002.028	PERCENT-BUSINESS	Percent Business	Mandatory	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 insurer tax exemption as required in ACA.	Value must be between 0 and 100 inclusively	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4527	MCR028	MCR.002.028	PERCENT-BUSINESS	Percent Business	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002

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C2	4528	MCR029	MCR.002.029	MANAGED-CARE-SERVICE-AREA	Managed Care Service Area	Mandatory	Identifies the geographic unit under which the managed care entity is under contract to provide services. The value reported in Managed Care Service Area should represent the geographical unit of the values reported in the Managed Care Service Area Name_x000D_ See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed Care Service Area in the Managed Care File"_x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47542	Value must be in Managed Care Service Area List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4529	MCR029	MCR.002.029	MANAGED-CARE-SERVICE-AREA	Managed Care Service Area	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4530	MCR029	MCR.002.029	MANAGED-CARE-SERVICE-AREA	Managed Care Service Area	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4531	MCR029	MCR.002.029	MANAGED-CARE-SERVICE-AREA	Managed Care Service Area	Not Applicable	Not Applicable	When value equals '2', the associated Managed Care Service Area Name (MCR.004.058) value must be a valid US County Code	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4532	MCR030	MCR.002.030	MANAGED-CARE-MAIN-REC-EFF-DATE	Managed Care Main Record Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4533	MCR030	MCR.002.030	MANAGED-CARE-MAIN-REC-EFF-DATE	Managed Care Main Record Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4534	MCR030	MCR.002.030	MANAGED-CARE-MAIN-REC-EFF-DATE	Managed Care Main Record Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4535	MCR030	MCR.002.030	MANAGED-CARE-MAIN-REC-EFF-DATE	Managed Care Main Record Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4536	MCR030	MCR.002.030	MANAGED-CARE-MAIN-REC-EFF-DATE	Managed Care Main Record Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4537	MCR031	MCR.002.031	MANAGED-CARE-MAIN-REC-END-DATE	Managed Care Main Record End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4538	MCR031	MCR.002.031	MANAGED-CARE-MAIN-REC-END-DATE	Managed Care Main Record End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002

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C2	4539	MCR031	MCR.002.031	MANAGED-CARE-MAIN-REC-END-DATE	Managed Care Main Record End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4540	MCR031	MCR.002.031	MANAGED-CARE-MAIN-REC-END-DATE	Managed Care Main Record End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4541	MCR031	MCR.002.031	MANAGED-CARE-MAIN-REC-END-DATE	Managed Care Main Record End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
A2	4542	MCR032	MCR.002.032	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
C2	4543	MCR032	MCR.002.032	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4544	MCR032	MCR.002.032	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
D1	4545	MCR033	MCR.002.033	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	MANAGED-CARE-MAIN-MCR00002
X1	4546	MCR034	MCR.003.034	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4547	MCR034	MCR.003.034	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "MCR00003"	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4548	MCR035	MCR.003.035	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4549	MCR035	MCR.003.035	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4550	MCR035	MCR.003.035	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4551	MCR035	MCR.003.035	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (MCR.001.007)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4552	MCR036	MCR.003.036	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4553	MCR036	MCR.003.036	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4554	MCR036	MCR.003.036	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003

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X1	4555	MCR036	MCR.003.036	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4556	MCR037	MCR.003.037	STATE-PLAN-ID-NUM	State Plan ID Number	Mandatory	The ID number a state issues to a managed care entity	Value must be 12 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4557	MCR037	MCR.003.037	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4558	MCR037	MCR.003.037	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4559	MCR038	MCR.003.038	MANAGED-CARE-LOCATION-ID	Managed Care Location ID	Mandatory	A field to differentiate a managed care entity's service locations through adding a sequential number in this data element identifier field. Use sequential numbers to indicate additional services locations.	Value must not contain a pipe symbol	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4560	MCR038	MCR.003.038	MANAGED-CARE-LOCATION-ID	Managed Care Location ID	Not Applicable	Not Applicable	Each managed care entity's locations must have a unique identifier	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4561	MCR038	MCR.003.038	MANAGED-CARE-LOCATION-ID	Managed Care Location ID	Not Applicable	Not Applicable	(Managed care entity's service location address) value must be populated if associated Managed Care Address Type (MCR.003.041) equals 3	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4562	MCR038	MCR.003.038	MANAGED-CARE-LOCATION-ID	Managed Care Location ID	Not Applicable	Not Applicable	Value must be 15 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4563	MCR038	MCR.003.038	MANAGED-CARE-LOCATION-ID	Managed Care Location ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4564	MCR039	MCR.003.039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Managed Care Location and Contract Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4565	MCR039	MCR.003.039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Managed Care Location and Contract Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4566	MCR039	MCR.003.039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Managed Care Location and Contract Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4567	MCR039	MCR.003.039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Managed Care Location and Contract Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4568	MCR039	MCR.003.039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	Managed Care Location and Contract Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4569	MCR040	MCR.003.040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Managed Care Location and Contract End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003

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C2	4570	MCR040	MCR.003.040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Managed Care Location and Contract End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4571	MCR040	MCR.003.040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Managed Care Location and Contract End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4572	MCR040	MCR.003.040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Managed Care Location and Contract End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4573	MCR040	MCR.003.040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	Managed Care Location and Contract End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4574	MCR041	MCR.003.041	MANAGED-CARE-ADDR-TYPE	Managed Care Address Type	Mandatory	The type of address for the managed care organization submitted in the record segment.	Value must be in Managed Care Address Type List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4575	MCR041	MCR.003.041	MANAGED-CARE-ADDR-TYPE	Managed Care Address Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4576	MCR041	MCR.003.041	MANAGED-CARE-ADDR-TYPE	Managed Care Address Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4577	MCR042	MCR.003.042	MANAGED-CARE-ADDR-LN1	Managed Care Address Line 1	Mandatory	The managed care entity's address listed on the contract with the state.	Value must be 60 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4578	MCR042	MCR.003.042	MANAGED-CARE-ADDR-LN1	Managed Care Address Line 1	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 2 or Address Line 3 value(s)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4579	MCR042	MCR.003.042	MANAGED-CARE-ADDR-LN1	Managed Care Address Line 1	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4580	MCR042	MCR.003.042	MANAGED-CARE-ADDR-LN1	Managed Care Address Line 1	Not Applicable	Not Applicable	When populated, the associated Address Type is required	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4581	MCR042	MCR.003.042	MANAGED-CARE-ADDR-LN1	Managed Care Address Line 1	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4582	MCR043	MCR.003.043	MANAGED-CARE-ADDR-LN2	Managed Care Address Line 2	Conditional	The managed care entity's address listed on the contract with the state.	Value must be 60 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4583	MCR043	MCR.003.043	MANAGED-CARE-ADDR-LN2	Managed Care Address Line 2	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 1 or Address Line 3 value(s)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4584	MCR043	MCR.003.043	MANAGED-CARE-ADDR-LN2	Managed Care Address Line 2	Not Applicable	Not Applicable	There must be an Address Line 1 in order to have an Address Line 2	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4585	MCR043	MCR.003.043	MANAGED-CARE-ADDR-LN2	Managed Care Address Line 2	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4586	MCR043	MCR.003.043	MANAGED-CARE-ADDR-LN2	Managed Care Address Line 2	Not Applicable	Not Applicable	Conditional	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003

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A2	4587	MCR044	MCR.003.044	MANAGED-CARE-ADDR-LN3	Managed Care Address Line 3	Conditional	The managed care entity's address listed on the contract with the state.	Value must be 60 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4588	MCR044	MCR.003.044	MANAGED-CARE-ADDR-LN3	Managed Care Address Line 3	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 1 or Address Line 2 value(s)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4589	MCR044	MCR.003.044	MANAGED-CARE-ADDR-LN3	Managed Care Address Line 3	Not Applicable	Not Applicable	If Address Line 2 is not populated, then value should not be populated	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4590	MCR044	MCR.003.044	MANAGED-CARE-ADDR-LN3	Managed Care Address Line 3	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4591	MCR044	MCR.003.044	MANAGED-CARE-ADDR-LN3	Managed Care Address Line 3	Not Applicable	Not Applicable	Conditional	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4592	MCR045	MCR.003.045	MANAGED-CARE-CITY	Managed Care City	Mandatory	The city component of an address associated with a given entity (e.g. person, organization, agency, etc.).	Value must be 28 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4593	MCR045	MCR.003.045	MANAGED-CARE-CITY	Managed Care City	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4594	MCR045	MCR.003.045	MANAGED-CARE-CITY	Managed Care City	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4595	MCR046	MCR.003.046	MANAGED-CARE-STATE	Managed Care State	Mandatory	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.	Value must be in State Code List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4596	MCR046	MCR.003.046	MANAGED-CARE-STATE	Managed Care State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4597	MCR046	MCR.003.046	MANAGED-CARE-STATE	Managed Care State	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4598	MCR047	MCR.003.047	MANAGED-CARE-ZIP-CODE	Managed Care Zip Code	Mandatory	U.S. Zip Code component of an address associated with a given entity (e.g. person, organization, agency, etc.)	Value may only be 5 digits (0-9) (Example: 91320) or 9 digits (0-9) (Example: 913200011)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4599	MCR047	MCR.003.047	MANAGED-CARE-ZIP-CODE	Managed Care Zip Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4600	MCR048	MCR.003.048	MANAGED-CARE-COUNTY	Managed Care County	Mandatory	The ANSI County numeric code for the county or county equivalent. One county code should be captured for each of a managed care entity's locations identified.	Value must be in US County Code List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4601	MCR048	MCR.003.048	MANAGED-CARE-COUNTY	Managed Care County	Not Applicable	Not Applicable	Value must be 3 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4602	MCR048	MCR.003.048	MANAGED-CARE-COUNTY	Managed Care County	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4603	MCR049	MCR.003.049	MANAGED-CARE-TELEPHONE	Managed Care Phone Number	Optional	Phone number for a given entity (e.g. person, organization, agency).	Value must be 10 characters, digits (0-9) only	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4604	MCR049	MCR.003.049	MANAGED-CARE-TELEPHONE	Managed Care Phone Number	Not Applicable	Not Applicable	Optional	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003

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A2	4605	MCR050	MCR.003.050	MANAGED-CARE-EMAIL	Managed Care Email	Optional	The email address of the managed care entity listed on the contract with the state.	Must contain the '@' symbol	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4606	MCR050	MCR.003.050	MANAGED-CARE-EMAIL	Managed Care Email	Not Applicable	Not Applicable	May contain uppercase and lowercase Latin letters A to Z and a to z	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4607	MCR050	MCR.003.050	MANAGED-CARE-EMAIL	Managed Care Email	Not Applicable	Not Applicable	May contain digits 0-9	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4608	MCR050	MCR.003.050	MANAGED-CARE-EMAIL	Managed Care Email	Not Applicable	Not Applicable	Must contain a dot '.' that is not the first or last character and provided that it does not appear consecutively	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4609	MCR050	MCR.003.050	MANAGED-CARE-EMAIL	Managed Care Email	Not Applicable	Not Applicable	Value must be 60 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4610	MCR050	MCR.003.050	MANAGED-CARE-EMAIL	Managed Care Email	Not Applicable	Not Applicable	Optional	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4611	MCR051	MCR.003.051	MANAGED-CARE-FAX-NUMBER	Managed Care Fax Number	Optional	A fax number, including area code, as listed on the contract with the state.	Optional	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
A2	4612	MCR052	MCR.003.052	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4613	MCR052	MCR.003.052	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
X1	4614	MCR052	MCR.003.052	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
D1	4615	MCR053	MCR.003.053	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003
C2	4616	MCR054	MCR.004.054	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
A2	4617	MCR054	MCR.004.054	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "MCR00004"	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4618	MCR055	MCR.004.055	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4619	MCR055	MCR.004.055	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
X1	4620	MCR055	MCR.004.055	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
A2	4621	MCR055	MCR.004.055	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (MCR.001.007)	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	4622	MCR056	MCR.004.056	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
A2	4623	MCR056	MCR.004.056	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
A2	4624	MCR056	MCR.004.056	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
X1	4625	MCR056	MCR.004.056	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4626	MCR057	MCR.004.057	STATE-PLAN-ID-NUM	State Plan ID Number	Mandatory	The ID number a state issues to a managed care entity	Value must be 12 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4627	MCR057	MCR.004.057	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
X1	4628	MCR057	MCR.004.057	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
A2	4629	MCR058	MCR.004.058	MANAGED-CARE-SERVICE-AREA-NAME	Managed Care Service Area Name	Conditional	The specific identifiers for the counties, cities, regions, zip codes and/or other geographic areas that the managed care entity serves._x000D_ _x000D_ Put each zip code, city, county, region, or other area descriptor on a separate record._x000D_ Use 5 digit zip codes when service area definition is zip code based._x000D_ Use ANSI codes when service area is defined by counties or cities_x000D_ The value reported in Managed Care Service Area should represent the geographical unit of the values reported in the Managed Care Service Area Name_x000D_ See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed Care Service Area in the Managed Care File"._x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47542	Value must be in Managed Care Service Area Name List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
A2	4630	MCR058	MCR.004.058	MANAGED-CARE-SERVICE-AREA-NAME	Managed Care Service Area Name	Not Applicable	Not Applicable	If associated Managed Care Service Area (MCR.002.029) is in [2, 3, 4, 5, 6], then value is mandatory and must be provided	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4631	MCR058	MCR.004.058	MANAGED-CARE-SERVICE-AREA-NAME	Managed Care Service Area Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbol	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004

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A2	4632	MCR058	MCR.004.058	MANAGED-CARE-SERVICE-AREA-NAME	Managed Care Service Area Name	Not Applicable	Not Applicable	Value must be 30 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C1	4633	MCR058	MCR.004.058	MANAGED-CARE-SERVICE-AREA-NAME	Managed Care Service Area Name	Not Applicable	Not Applicable	Conditional	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4634	MCR058	MCR.004.058	MANAGED-CARE-SERVICE-AREA-NAME	Managed Care Service Area Name	Not Applicable	Not Applicable	If associated Managed Care Service Area (MCR.002.029) equals '5' (zip code), then value must be a 5-digit zip code	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
A2	4635	MCR058	MCR.004.058	MANAGED-CARE-SERVICE-AREA-NAME	Managed Care Service Area Name	Not Applicable	Not Applicable	If associated Managed Care Service Area (MCR.002.029) equals '2' (county code), then value must be a 3-digit number	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4636	MCR059	MCR.004.059	MANAGED-CARE-SERVICE-AREA-EFF-DATE	Managed Care Service Area Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4637	MCR059	MCR.004.059	MANAGED-CARE-SERVICE-AREA-EFF-DATE	Managed Care Service Area Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
X1	4638	MCR059	MCR.004.059	MANAGED-CARE-SERVICE-AREA-EFF-DATE	Managed Care Service Area Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
X1	4639	MCR059	MCR.004.059	MANAGED-CARE-SERVICE-AREA-EFF-DATE	Managed Care Service Area Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4640	MCR059	MCR.004.059	MANAGED-CARE-SERVICE-AREA-EFF-DATE	Managed Care Service Area Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4641	MCR060	MCR.004.060	MANAGED-CARE-SERVICE-AREA-END-DATE	Managed Care Service Area End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4642	MCR060	MCR.004.060	MANAGED-CARE-SERVICE-AREA-END-DATE	Managed Care Service Area End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4643	MCR060	MCR.004.060	MANAGED-CARE-SERVICE-AREA-END-DATE	Managed Care Service Area End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
X1	4644	MCR060	MCR.004.060	MANAGED-CARE-SERVICE-AREA-END-DATE	Managed Care Service Area End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4645	MCR060	MCR.004.060	MANAGED-CARE-SERVICE-AREA-END-DATE	Managed Care Service Area End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004

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A2	4646	MCR061	MCR.004.061	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4647	MCR061	MCR.004.061	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
X1	4648	MCR061	MCR.004.061	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
D1	4649	MCR062	MCR.004.062	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004
C2	4650	MCR063	MCR.005.063	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
A2	4651	MCR063	MCR.005.063	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "MCR00005"	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4652	MCR064	MCR.005.064	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
A2	4653	MCR064	MCR.005.064	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
X1	4654	MCR064	MCR.005.064	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
A2	4655	MCR064	MCR.005.064	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (MCR.001.007)	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4656	MCR065	MCR.005.065	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
A2	4657	MCR065	MCR.005.065	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
A2	4658	MCR065	MCR.005.065	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
X1	4659	MCR065	MCR.005.065	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
A2	4660	MCR066	MCR.005.066	STATE-PLAN-ID-NUM	State Plan ID Number	Mandatory	The ID number a state issues to a managed care entity	Value must be 12 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4661	MCR066	MCR.005.066	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
X1	4662	MCR066	MCR.005.066	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005

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C2	4663	MCR067	MCR.005.067	OPERATING-AUTHORITY	Operating Authority	Mandatory	The type of operating authority through which the managed care entity receives its contract authority. The Managed Care Plan Type assigned to the managed care plan in the Managed Care Main segment should be consistent with the Operating Authority value reported. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Managed Care Plan Type in the T-MSIS Managed Care File" _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47566	Value must be in Operating Authority List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
A2	4664	MCR067	MCR.005.067	OPERATING-AUTHORITY	Operating Authority	Not Applicable	Not Applicable	Value must be 2 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
X1	4665	MCR067	MCR.005.067	OPERATING-AUTHORITY	Operating Authority	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4666	MCR068	MCR.005.068	WAIVER-ID	Waiver ID	Mandatory	Field specifying the ID of the waiver, demonstration or other authority which authorizes the state to operate the managed care program. These IDs must be the approved, full federal ID number assigned during the state submission and CMS approval process.	Value must be 20 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4667	MCR068	MCR.005.068	WAIVER-ID	Waiver ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4668	MCR069	MCR.005.069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE	Managed Care Op Authority Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4669	MCR069	MCR.005.069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE	Managed Care Op Authority Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4670	MCR069	MCR.005.069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE	Managed Care Op Authority Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
X1	4671	MCR069	MCR.005.069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE	Managed Care Op Authority Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4672	MCR069	MCR.005.069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE	Managed Care Op Authority Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4673	MCR070	MCR.005.070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Managed Care Op Authority End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005

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C2	4674	MCR070	MCR.005.070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Managed Care Op Authority End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
X1	4675	MCR070	MCR.005.070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Managed Care Op Authority End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
X1	4676	MCR070	MCR.005.070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Managed Care Op Authority End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4677	MCR070	MCR.005.070	MANAGED-CARE-OP-AUTHORITY-END-DATE	Managed Care Op Authority End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
A2	4678	MCR071	MCR.005.071	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4679	MCR071	MCR.005.071	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
X1	4680	MCR071	MCR.005.071	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
D1	4681	MCR072	MCR.005.072	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005
C2	4682	MCR073	MCR.006.073	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
A2	4683	MCR073	MCR.006.073	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "MCR00006"	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4684	MCR074	MCR.006.074	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4685	MCR074	MCR.006.074	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
X1	4686	MCR074	MCR.006.074	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
A2	4687	MCR074	MCR.006.074	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (MCR.001.007)	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006

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C2	4688	MCR075	MCR.006.075	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
A2	4689	MCR075	MCR.006.075	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
A2	4690	MCR075	MCR.006.075	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
X1	4691	MCR075	MCR.006.075	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
A2	4692	MCR076	MCR.006.076	STATE-PLAN-ID-NUM	State Plan ID Number	Mandatory	The ID number a state issues to a managed care entity	Value must be 12 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4693	MCR076	MCR.006.076	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
X1	4694	MCR076	MCR.006.076	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4695	MCR077	MCR.006.077	MANAGED-CARE-PLAN-POP	Managed Care Plan Population	Mandatory	The eligibility group(s) the state is authorized to enroll in managed care plans by its operating authority. 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.	Value must be in Managed Care Plan Pop List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
A2	4696	MCR077	MCR.006.077	MANAGED-CARE-PLAN-POP	Managed Care Plan Population	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
X1	4697	MCR077	MCR.006.077	MANAGED-CARE-PLAN-POP	Managed Care Plan Population	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4698	MCR078	MCR.006.078	MANAGED-CARE-PLAN-POP-EFF-DATE	Managed Care Plan Population Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4699	MCR078	MCR.006.078	MANAGED-CARE-PLAN-POP-EFF-DATE	Managed Care Plan Population Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006

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C2	4700	MCR078	MCR.006.078	MANAGED-CARE-PLAN-POP-EFF-DATE	Managed Care Plan Population Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
X1	4701	MCR078	MCR.006.078	MANAGED-CARE-PLAN-POP-EFF-DATE	Managed Care Plan Population Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4702	MCR078	MCR.006.078	MANAGED-CARE-PLAN-POP-EFF-DATE	Managed Care Plan Population Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4703	MCR079	MCR.006.079	MANAGED-CARE-PLAN-POP-END-DATE	Managed Care Plan Population End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4704	MCR079	MCR.006.079	MANAGED-CARE-PLAN-POP-END-DATE	Managed Care Plan Population End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4705	MCR079	MCR.006.079	MANAGED-CARE-PLAN-POP-END-DATE	Managed Care Plan Population End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
X1	4706	MCR079	MCR.006.079	MANAGED-CARE-PLAN-POP-END-DATE	Managed Care Plan Population End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4707	MCR079	MCR.006.079	MANAGED-CARE-PLAN-POP-END-DATE	Managed Care Plan Population End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
A2	4708	MCR080	MCR.006.080	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4709	MCR080	MCR.006.080	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
X1	4710	MCR080	MCR.006.080	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
D1	4711	MCR081	MCR.006.081	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006
C2	4712	MCR082	MCR.007.082	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007

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A2	4713	MCR082	MCR.007.082	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "MCR00007"	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4714	MCR083	MCR.007.083	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
A2	4715	MCR083	MCR.007.083	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
X1	4716	MCR083	MCR.007.083	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
X1	4717	MCR083	MCR.007.083	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (MCR.001.007)	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4718	MCR084	MCR.007.084	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
A2	4719	MCR084	MCR.007.084	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
A2	4720	MCR084	MCR.007.084	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
X1	4721	MCR084	MCR.007.084	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
A2	4722	MCR085	MCR.007.085	STATE-PLAN-ID-NUM	State Plan ID Number	Mandatory	The ID number a state issues to a managed care entity	Value must be 12 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4723	MCR085	MCR.007.085	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
X1	4724	MCR085	MCR.007.085	STATE-PLAN-ID-NUM	State Plan ID Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4725	MCR086	MCR.007.086	ACCREDITATION-ORGANIZATION	Accreditation Organization	Mandatory	Identify the accreditation awarded to the managed care entity.	Value must be in Accreditation Organization List (VVL)	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
X1	4726	MCR086	MCR.007.086	ACCREDITATION-ORGANIZATION	Accreditation Organization	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C1	4727	MCR086	MCR.007.086	ACCREDITATION-ORGANIZATION	Accreditation Organization	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4728	MCR087	MCR.007.087	DATE-ACCREDITATION-ACHIEVED	Date Accreditation Achieved	Mandatory	The date the organization achieved accreditation.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4729	MCR087	MCR.007.087	DATE-ACCREDITATION-ACHIEVED	Date Accreditation Achieved	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007

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C2	4730	MCR087	MCR.007.087	DATE-ACCREDITATION-ACHIEVED	Date Accreditation Achieved	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
X1	4731	MCR087	MCR.007.087	DATE-ACCREDITATION-ACHIEVED	Date Accreditation Achieved	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4732	MCR087	MCR.007.087	DATE-ACCREDITATION-ACHIEVED	Date Accreditation Achieved	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4733	MCR088	MCR.007.088	DATE-ACCREDITATION-END	Date Accreditation End	Mandatory	The date when organization's accreditation ends.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4734	MCR088	MCR.007.088	DATE-ACCREDITATION-END	Date Accreditation End	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
X1	4735	MCR088	MCR.007.088	DATE-ACCREDITATION-END	Date Accreditation End	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
X1	4736	MCR088	MCR.007.088	DATE-ACCREDITATION-END	Date Accreditation End	Not Applicable	Not Applicable	Mandatory	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4737	MCR088	MCR.007.088	DATE-ACCREDITATION-END	Date Accreditation End	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
A2	4738	MCR089	MCR.007.089	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
C2	4739	MCR089	MCR.007.089	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
X1	4740	MCR089	MCR.007.089	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
D1	4741	MCR090	MCR.007.090	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	MANAGED-CARE-ACCREDITATION-ORGANIZATION-MCR00007
D1	4742	MCR091	MCR.008.091	RECORD-ID	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008
D1	4743	MCR092	MCR.008.092	SUBMITTING-STATE	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008

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D1	4744	MCR093	MCR.008.093	RECORD-NUMBER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008
D1	4745	MCR094	MCR.008.094	STATE-PLAN-ID-NUM	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008
D1	4746	MCR095	MCR.008.095	NATIONAL-HEALTH-CARE-ENTITY-ID	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008
D1	4747	MCR096	MCR.008.096	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008
D1	4748	MCR097	MCR.008.097	NATIONAL-HEALTH-CARE-ENTITY-NAME	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008
D1	4749	MCR098	MCR.008.098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008
D1	4750	MCR099	MCR.008.099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008
D1	4751	MCR100	MCR.008.100	STATE-NOTATION	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008
D1	4752	MCR101	MCR.008.101	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008

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D1	4753	MCR102	MCR.009.102	RECORD-ID	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009
D1	4754	MCR103	MCR.009.103	SUBMITTING-STATE	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009
D1	4755	MCR104	MCR.009.104	RECORD-NUMBER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009
D1	4756	MCR105	MCR.009.105	STATE-PLAN-ID-NUM	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009
D1	4757	MCR106	MCR.009.106	CHPID	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009
D1	4758	MCR107	MCR.009.107	SHPID	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009
D1	4759	MCR108	MCR.009.108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009
D1	4760	MCR109	MCR.009.109	CHPID-SHPID-RELATIONSHIP-END-DATE	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009
D1	4761	MCR110	MCR.009.110	STATE-NOTATION	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009

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D1	4762	MCR111	MCR.009.111	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009
C2	4763	PRV001	PRV.001.001	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4764	PRV001	PRV.001.001	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "PRV00001"	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4765	PRV002	PRV.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Mandatory	A data element to capture the version of the T-MSIS data dictionary that was used to build the file. Use the version number specified on the Cover Sheet of the data dictionary" to V2.4.	Value must be 10 characters or less	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4766	PRV002	PRV.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Value must not include the pipe (" ") symbol	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4767	PRV002	PRV.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4768	PRV003	PRV.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Mandatory	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.	Value must be in Submission Transaction Type List (VVL)	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4769	PRV003	PRV.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4770	PRV003	PRV.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4771	PRV004	PRV.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Mandatory	Denotes which supported file encoding standard was used to create the file.	Value must be in File Encoding Specification List (VVL)	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4772	PRV004	PRV.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4773	PRV004	PRV.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4774	PRV005	PRV.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Mandatory	Identifies the version of the T-MSIS data mapping document used to build a state submission file. Use the version number specified on the title page of the data mapping document	Value must be 9 characters or less	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4775	PRV005	PRV.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	4776	PRV006	PRV.001.006	FILE-NAME	File Name	Not Applicable	A code to identify the subject area to which the records in its file relate. Each T-MSIS submission file should only _x000D_ contain records for one subject area (i.e., Eligible, Third-party liability, Provider, Managed Care Plan Information, _x000D_ Inpatient, Long-Term Care, Other, and Pharmacy Claim).	Value must equal 'PROVIDER'	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4777	PRV007	PRV.001.007	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4778	PRV007	PRV.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4779	PRV007	PRV.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4780	PRV007	PRV.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same for all records	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4781	PRV008	PRV.001.008	DATE-FILE-CREATED	Date File Created	Mandatory	The date on which the file was created.	Value of the CC component must be "20"	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4782	PRV008	PRV.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4783	PRV008	PRV.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4784	PRV008	PRV.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be equal to or after the value of associated End of Time Period	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4785	PRV008	PRV.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4786	PRV009	PRV.001.009	START-OF-TIME-PERIOD	Start of Time Period	Mandatory	This value must be the first day of the reporting month, regardless of the actual date span of the data in the file.	Value of the CC component must be "20"	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4787	PRV009	PRV.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4788	PRV009	PRV.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4789	PRV009	PRV.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be less than current date	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001

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X1	4790	PRV009	PRV.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4791	PRV009	PRV.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be before associated End of Time Period	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4792	PRV009	PRV.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4793	PRV010	PRV.001.010	END-OF-TIME-PERIOD	End of Time Period	Mandatory	This value must be the last day of the reporting month, regardless of the actual date span.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4794	PRV010	PRV.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value of the CC component must be "20"	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4795	PRV010	PRV.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4796	PRV010	PRV.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4797	PRV010	PRV.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or after associated Start of Time Period	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4798	PRV010	PRV.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4799	PRV011	PRV.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Mandatory	A code to indicate whether the records in the file are test or production records.	For production files, value must be equal to 'P'	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4800	PRV011	PRV.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4801	PRV011	PRV.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
D1	4802	PRV012	PRV.001.012	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4803	PRV013	PRV.001.013	TOT-REC-CNT	Total Record Count	Mandatory	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.	Value must be a positive integer	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4804	PRV013	PRV.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be between 0:9999999999 (inclusive)	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4805	PRV013	PRV.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001

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C2	4806	PRV013	PRV.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must equal the number of records included in the file submission except for the file header record.	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4807	PRV013	PRV.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4808	PRV014	PRV.001.014	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4809	PRV014	PRV.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4810	PRV014	PRV.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4811	PRV138	PRV.001.138	SEQUENCE-NUMBER	Sequence Number	Mandatory	To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update files, _x000D_ replacement files). This should begin with 1 for the original Create submission type and be incremented by one for _x000D_ each Replacement or Update submission for the same reporting period and file type (subject area).	Value must be between 1 and 9999	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4812	PRV138	PRV.001.138	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be equal to the largest of any prior values for the same reporting period and file type, plus 1 (i.e. incremented by 1)	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4813	PRV138	PRV.001.138	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
A2	4814	PRV138	PRV.001.138	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
X1	4815	PRV138	PRV.001.138	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001
C2	4816	PRV016	PRV.002.016	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4817	PRV016	PRV.002.016	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "PRV00002"	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4818	PRV017	PRV.002.017	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4819	PRV017	PRV.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002

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X1	4820	PRV017	PRV.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4821	PRV017	PRV.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (PRV.001.007)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4822	PRV018	PRV.002.018	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4823	PRV018	PRV.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4824	PRV018	PRV.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4825	PRV018	PRV.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4826	PRV019	PRV.002.019	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4828	PRV019	PRV.002.019	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4829	PRV020	PRV.002.020	PROV-ATTRIBUTES-EFF-DATE	Provider Attributes Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4830	PRV020	PRV.002.020	PROV-ATTRIBUTES-EFF-DATE	Provider Attributes Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4831	PRV020	PRV.002.020	PROV-ATTRIBUTES-EFF-DATE	Provider Attributes Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4832	PRV020	PRV.002.020	PROV-ATTRIBUTES-EFF-DATE	Provider Attributes Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4833	PRV020	PRV.002.020	PROV-ATTRIBUTES-EFF-DATE	Provider Attributes Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4834	PRV021	PRV.002.021	PROV-ATTRIBUTES-END-DATE	Provider Attributes End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	4835	PRV021	PRV.002.021	PROV-ATTRIBUTES-END-DATE	Provider Attributes End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4836	PRV021	PRV.002.021	PROV-ATTRIBUTES-END-DATE	Provider Attributes End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4837	PRV021	PRV.002.021	PROV-ATTRIBUTES-END-DATE	Provider Attributes End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4838	PRV021	PRV.002.021	PROV-ATTRIBUTES-END-DATE	Provider Attributes End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4839	PRV022	PRV.002.022	PROV-DOING-BUSINESS-AS-NAME	Provider DBA Name	Conditional	The provider's name that is commonly used by the public when the "doing-business-as" name is different than the _x000D_ legal name. DBA is an abbreviation for "doing business as." Registering a DBA is required to operate a business _x000D_ under a name that differs from the company's legal name.	Value must not contain a pipe or asterisk symbol	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4840	PRV022	PRV.002.022	PROV-DOING-BUSINESS-AS-NAME	Provider DBA Name	Not Applicable	Not Applicable	Value must be 100 characters or less	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C1	4841	PRV022	PRV.002.022	PROV-DOING-BUSINESS-AS-NAME	Provider DBA Name	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4842	PRV023	PRV.002.023	PROV-LEGAL-NAME	Provider Legal Name	Mandatory	The name as it appears on the provider agreement between the state and the entity. Both persons and other entities _x000D_ can have a legal name.	Value must not contain a pipe or asterisk symbol	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4843	PRV023	PRV.002.023	PROV-LEGAL-NAME	Provider Legal Name	Not Applicable	Not Applicable	Value must be 100 characters or less	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4844	PRV023	PRV.002.023	PROV-LEGAL-NAME	Provider Legal Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4845	PRV024	PRV.002.024	PROV-ORGANIZATION-NAME	Provider Organization Name	Conditional	The name of the provider when the provider is an organization. If the provider organization name exceeds 60 characters submit only the first 60 characters of the name.	Value must not contain a pipe or asterisk symbol	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4846	PRV024	PRV.002.024	PROV-ORGANIZATION-NAME	Provider Organization Name	Not Applicable	Not Applicable	Value must be 60 characters or less	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C1	4847	PRV024	PRV.002.024	PROV-ORGANIZATION-NAME	Provider Organization Name	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4848	PRV025	PRV.002.025	PROV-TAX-NAME	Provider Tax Name	Mandatory	The name that the provider entity uses on IRS filings.	Value must not contain a pipe or asterisk symbol	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4849	PRV025	PRV.002.025	PROV-TAX-NAME	Provider Tax Name	Not Applicable	Not Applicable	Value must be 100 characters or less	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002

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X1	4850	PRV025	PRV.002.025	PROV-TAX-NAME	Provider Tax Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4851	PRV026	PRV.002.026	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code	Mandatory	A code to identify whether the Submitting State Provider Identifier is assigned to an individual, group, or a facility.	Value must be in Facility Group Individual Code List (VVL)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4852	PRV026	PRV.002.026	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4853	PRV026	PRV.002.026	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4854	PRV026	PRV.002.026	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code	Not Applicable	Not Applicable	(individual) if value equals '03', then Provider First Name (PRV.002.028) must be populated	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4855	PRV026	PRV.002.026	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code	Not Applicable	Not Applicable	(organization) if value does not equal '03', then Provider Middle Initial (PRV.002.029) must not be populated	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4856	PRV026	PRV.002.026	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code	Not Applicable	Not Applicable	(individual) if value equals '03', then Provider Last Name (PRV.002.030) must be populated	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4857	PRV026	PRV.002.026	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code	Not Applicable	Not Applicable	(individual) if value equals '03', then Provider Sex (PRV.002.031) must be populated	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4858	PRV026	PRV.002.026	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code	Not Applicable	Not Applicable	(individual) if value equals '03', then Provider Date of Birth (PRV.002.034) must be populated	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4859	PRV026	PRV.002.026	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code	Not Applicable	Not Applicable	(organization) if value equals '01' or '02', then Provider Date of Death (PRV.002.035) must not be populated	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4860	PRV027	PRV.002.027	TEACHING-IND	Teaching Indicator	Conditional	A code indicating if the provider's organization is a teaching facility.	Value must be in Teaching Indicator List (VVL)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4861	PRV027	PRV.002.027	TEACHING-IND	Teaching Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4862	PRV027	PRV.002.027	TEACHING-IND	Teaching Indicator	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4863	PRV028	PRV.002.028	PROV-FIRST-NAME	Provider First Name	Conditional	Individual's first name; first name component of full name (e.g. First Name, Middle Initial, Last Name).	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4864	PRV028	PRV.002.028	PROV-FIRST-NAME	Provider First Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002

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X1	4865	PRV028	PRV.002.028	PROV-FIRST-NAME	Provider First Name	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4866	PRV029	PRV.002.029	PROV-MIDDLE-INITIAL	Provider Middle Initial	Conditional	Individual's middle initial; middle initial component of full name (e.g. First Name, Middle Initial, Last Name).	Value may include any alphanumeric characters, digits or symbols	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4867	PRV029	PRV.002.029	PROV-MIDDLE-INITIAL	Provider Middle Initial	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4868	PRV029	PRV.002.029	PROV-MIDDLE-INITIAL	Provider Middle Initial	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4869	PRV029	PRV.002.029	PROV-MIDDLE-INITIAL	Provider Middle Initial	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4870	PRV030	PRV.002.030	PROV-LAST-NAME	Provider Last Name	Conditional	Individual's last name; last name component of full name (e.g. First Name, Middle Initial, Last Name).	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4871	PRV030	PRV.002.030	PROV-LAST-NAME	Provider Last Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4872	PRV030	PRV.002.030	PROV-LAST-NAME	Provider Last Name	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4873	PRV031	PRV.002.031	SEX	Sex	Conditional	Either individual's biological sex or their self-identified sex.	Value must be in Sex List (VVL)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4874	PRV031	PRV.002.031	SEX	Sex	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4875	PRV031	PRV.002.031	SEX	Sex	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4876	PRV032	PRV.002.032	OWNERSHIP-CODE	Ownership Code	Conditional	A code denoting the ownership interest and/or managing control information. The valid values list is a Medicare standard list.	Value must be in Ownership Code List (VVL)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4877	PRV032	PRV.002.032	OWNERSHIP-CODE	Ownership Code	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4878	PRV032	PRV.002.032	OWNERSHIP-CODE	Ownership Code	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4879	PRV032	PRV.002.032	OWNERSHIP-CODE	Ownership Code	Not Applicable	Not Applicable	Value is mandatory when associated Facility Group Individual Code (PRV.002.026) is in ['01, '02'] (organization)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4880	PRV033	PRV.002.033	PROV-PROFIT-STATUS	Provider Profit Status	Mandatory	A code denoting the profit status of the provider.	Value must be in Provider Profit Status List (VVL)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4881	PRV033	PRV.002.033	PROV-PROFIT-STATUS	Provider Profit Status	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4882	PRV033	PRV.002.033	PROV-PROFIT-STATUS	Provider Profit Status	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4883	PRV034	PRV.002.034	DATE-OF-BIRTH	Date of Birth	Conditional	An individual's date of birth.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002

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C2	4884	PRV034	PRV.002.034	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4885	PRV034	PRV.002.034	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Value must be less than or equal to associated End of Time Period (PRV.001.010)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4886	PRV034	PRV.002.034	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Value must be less than or equal to associated Date File Created (PRV.001.008)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4887	PRV034	PRV.002.034	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4888	PRV034	PRV.002.034	DATE-OF-BIRTH	Date of Birth	Not Applicable	Not Applicable	The difference between current value and Start of Time Period (PRV.001.009) must be between 18 and 85 years	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4889	PRV035	PRV.002.035	DATE-OF-DEATH	Date of Death	Conditional	The date an individual died on.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4890	PRV035	PRV.002.035	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4891	PRV035	PRV.002.035	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4892	PRV035	PRV.002.035	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	If populated, value must be on or after individual's Date of Birth	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4893	PRV035	PRV.002.035	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	Value must be less than or equal to associated End of Time Period (PRV.001.010)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4894	PRV035	PRV.002.035	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	There can only be one value on all records when the value is populated	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4895	PRV035	PRV.002.035	DATE-OF-DEATH	Date of Death	Not Applicable	Not Applicable	When populated, the difference between value and Date of Birth (PRV.002.034) must be 18 years or greater	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4896	PRV036	PRV.002.036	ACCEPTING-NEW-PATIENTS-IND	Accepting New Patients Indicator	Mandatory	An indicator to identify providers who are accepting new patients.	Value must be in Accepting New Patients Indicator List (VVL)	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002

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C2	4897	PRV036	PRV.002.036	ACCEPTING-NEW-PATIENTS-IND	Accepting New Patients Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4898	PRV036	PRV.002.036	ACCEPTING-NEW-PATIENTS-IND	Accepting New Patients Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
A2	4899	PRV037	PRV.002.037	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4900	PRV037	PRV.002.037	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
X1	4901	PRV037	PRV.002.037	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
D1	4902	PRV038	PRV.002.038	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002
C2	4903	PRV039	PRV.003.039	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4904	PRV039	PRV.003.039	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "PRV00003"	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4905	PRV040	PRV.003.040	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4906	PRV040	PRV.003.040	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4907	PRV040	PRV.003.040	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4908	PRV040	PRV.003.040	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (PRV.001.007)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4909	PRV041	PRV.003.041	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4910	PRV041	PRV.003.041	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4911	PRV041	PRV.003.041	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4912	PRV041	PRV.003.041	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003

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A2	4913	PRV042	PRV.003.042	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4915	PRV042	PRV.003.042	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4916	PRV043	PRV.003.043	PROV-LOCATION-ID	Provider Location ID	Not Applicable	A code to uniquely identify the geographic location where the provider's services were performed. The Provider Location Identifier values reported on Inpatient, Long-Term Care, Other, and Pharmacy Claim Header Segments must correspond to an active Provider Location Identifier _x000D_ value on a Provider Location & Contact Info (PRV00003) segment. If a particular license (e.g., a physician's medical license) or provider identifier (e.g., an individual provider's NPI or SSN) is applicable to all of their servicing locations, value "000" (a string of exactly three zeros) can _x000D_ be used in the PRV00004 or PRV00005, respectively, to represent all locations, however that location identifier must not be attributed to claims or provider bed type info.	Value must not contain a pipe symbol	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4917	PRV043	PRV.003.043	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4918	PRV044	PRV.003.044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Provider Location & Contact Info Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4919	PRV044	PRV.003.044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Provider Location & Contact Info Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4920	PRV044	PRV.003.044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Provider Location & Contact Info Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4921	PRV044	PRV.003.044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Provider Location & Contact Info Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4922	PRV044	PRV.003.044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	Provider Location & Contact Info Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003

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C2	4923	PRV045	PRV.003.045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Provider Location & Contact Info End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4924	PRV045	PRV.003.045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Provider Location & Contact Info End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4925	PRV045	PRV.003.045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Provider Location & Contact Info End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4926	PRV045	PRV.003.045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Provider Location & Contact Info End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4927	PRV045	PRV.003.045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	Provider Location & Contact Info End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4928	PRV046	PRV.003.046	ADDR-TYPE	Provider Address Type	Mandatory	The type of address and contact information for the provider submitted in the record segment.	Value must be in Provider Address Type List (VVL)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4929	PRV046	PRV.003.046	ADDR-TYPE	Provider Address Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4930	PRV046	PRV.003.046	ADDR-TYPE	Provider Address Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4931	PRV047	PRV.003.047	ADDR-LN1	Provider Address Line 1	Mandatory	The first line of a potentially multi-line physical street or mailing address for a given entity (e.g. person, organization, agency, etc.).	Value must be 60 characters or less	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4932	PRV047	PRV.003.047	ADDR-LN1	Provider Address Line 1	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 2 or Address Line 3 value(s)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4933	PRV047	PRV.003.047	ADDR-LN1	Provider Address Line 1	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4934	PRV047	PRV.003.047	ADDR-LN1	Provider Address Line 1	Not Applicable	Not Applicable	When populated, the associated Address Type is required	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4935	PRV047	PRV.003.047	ADDR-LN1	Provider Address Line 1	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4936	PRV048	PRV.003.048	ADDR-LN2	Provider Address Line 2	Conditional	The second line of a multi-line physical street or mailing address for a given entity (e.g. person, organization, agency, etc.).	Value must be 60 characters or less	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4937	PRV048	PRV.003.048	ADDR-LN2	Provider Address Line 2	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 1 or Address Line 3 value(s)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003

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A2	4938	PRV048	PRV.003.048	ADDR-LN2	Provider Address Line 2	Not Applicable	Not Applicable	There must be an Address Line 1 in order to have an Address Line 2	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4939	PRV048	PRV.003.048	ADDR-LN2	Provider Address Line 2	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4940	PRV048	PRV.003.048	ADDR-LN2	Provider Address Line 2	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4941	PRV049	PRV.003.049	ADDR-LN3	Provider Address Line 3	Conditional	The third line of a multi-line physical street or mailing address for a given entity (e.g. person, organization, agency, etc.).	Value must be 60 characters or less	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4942	PRV049	PRV.003.049	ADDR-LN3	Provider Address Line 3	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 1 or Address Line 2 value(s)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4943	PRV049	PRV.003.049	ADDR-LN3	Provider Address Line 3	Not Applicable	Not Applicable	If Address Line 2 is not populated, then value should not be populated	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4944	PRV049	PRV.003.049	ADDR-LN3	Provider Address Line 3	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4945	PRV049	PRV.003.049	ADDR-LN3	Provider Address Line 3	Not Applicable	Not Applicable	Conditional	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4946	PRV050	PRV.003.050	ADDR-CITY	Provider City	Mandatory	The city component of an address associated with a given entity (e.g. person, organization, agency, etc.).	Value must be 28 characters or less	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4947	PRV050	PRV.003.050	ADDR-CITY	Provider City	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4948	PRV050	PRV.003.050	ADDR-CITY	Provider City	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4949	PRV051	PRV.003.051	ADDR-STATE	Provider State	Mandatory	The ANSI numeric state code component of an address associated with a given entity (e.g. person, organization, agency, etc.)	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4950	PRV051	PRV.003.051	ADDR-STATE	Provider State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4951	PRV051	PRV.003.051	ADDR-STATE	Provider State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4952	PRV052	PRV.003.052	ADDR-ZIP-CODE	Provider Zip Code	Mandatory	U.S. Zip Code component of an address associated with a given entity (e.g. person, organization, agency, etc.)	Value may only be 5 digits (0-9) (Example: 91320) or 9 digits (0-9) (Example: 91320011)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4953	PRV052	PRV.003.052	ADDR-ZIP-CODE	Provider Zip Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4954	PRV053	PRV.003.053	ADDR-TELEPHONE	Provider Phone Number	Optional	Phone number for a given entity (e.g. person, organization, agency).	Value must be 10 characters, digits (0-9) only	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4955	PRV053	PRV.003.053	ADDR-TELEPHONE	Provider Phone Number	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4956	PRV054	PRV.003.054	ADDR-EMAIL	Provider Address Email	Optional	The email address of the provider for the location being captured on this record	Must contain the '@' symbol	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	4957	PRV054	PRV.003.054	ADDR-EMAIL	Provider Address Email	Not Applicable	Not Applicable	May contain uppercase and lowercase Latin letters A to Z and a to z	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4958	PRV054	PRV.003.054	ADDR-EMAIL	Provider Address Email	Not Applicable	Not Applicable	May contain digits 0-9	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4959	PRV054	PRV.003.054	ADDR-EMAIL	Provider Address Email	Not Applicable	Not Applicable	Must contain a dot '.' that is not the first or last character and provided that it does not appear consecutively	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4960	PRV054	PRV.003.054	ADDR-EMAIL	Provider Address Email	Not Applicable	Not Applicable	Value must be 60 characters or less	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4961	PRV054	PRV.003.054	ADDR-EMAIL	Provider Address Email	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4962	PRV055	PRV.003.055	ADDR-FAX-NUM	Provider Address Fax	Optional	The fax number of the provider for the location being captured on this record.	Value must be 10 characters, digits (0-9) only	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4963	PRV055	PRV.003.055	ADDR-FAX-NUM	Provider Address Fax	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4964	PRV056	PRV.003.056	ADDR-BORDER-STATE-IND	Address Border State Indicator	Mandatory	A code identify an out of state provider enrolled with the state (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Value must be in Address Border State Indicator List (VVL)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4965	PRV056	PRV.003.056	ADDR-BORDER-STATE-IND	Address Border State Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4966	PRV057	PRV.003.057	ADDR-COUNTY	Provider County Code	Mandatory	Standard ANSI code used to identify a specific U.S. County.	Value must be in US County Code List (VVL)	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4967	PRV057	PRV.003.057	ADDR-COUNTY	Provider County Code	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4968	PRV057	PRV.003.057	ADDR-COUNTY	Provider County Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
A2	4969	PRV058	PRV.003.058	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
C2	4970	PRV058	PRV.003.058	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
X1	4971	PRV058	PRV.003.058	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003
D1	4972	PRV059	PRV.003.059	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003

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C2	4973	PRV060	PRV.004.060	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	4974	PRV060	PRV.004.060	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "PRV00004"	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	4975	PRV061	PRV.004.061	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	4976	PRV061	PRV.004.061	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
X1	4977	PRV061	PRV.004.061	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	4978	PRV061	PRV.004.061	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (PRV.001.007)	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	4979	PRV062	PRV.004.062	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	4980	PRV062	PRV.004.062	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	4981	PRV062	PRV.004.062	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
X1	4982	PRV062	PRV.004.062	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	4983	PRV063	PRV.004.063	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
X1	4985	PRV063	PRV.004.063	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004

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C2	4986	PRV064	PRV.004.064	PROV-LOCATION-ID	Provider Location ID	Not Applicable	A code to uniquely identify the geographic location where the provider's services were performed. The Provider Location Identifier values reported on Inpatient, Long-Term Care, Other, and Pharmacy Claim Header Segments must correspond to an active Provider Location Identifier _x000D_ value on a Provider Location & Contact Info (PRV00003) segment. If a particular license (e.g., a physician's medical license) or provider identifier (e.g., an individual provider's NPI or SSN) is applicable to all of their servicing locations, value "000" (a string of exactly three zeros) can _x000D_ be used in the PRV00004 or PRV00005, respectively, to represent all locations, however that location identifier must not be attributed to claims or provider bed type info.	Value must not contain a pipe symbol	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	4987	PRV064	PRV.004.064	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	4988	PRV065	PRV.004.065	PROV-LICENSE-EFF-DATE	Provider License Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	4989	PRV065	PRV.004.065	PROV-LICENSE-EFF-DATE	Provider License Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	4990	PRV065	PRV.004.065	PROV-LICENSE-EFF-DATE	Provider License Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
X1	4991	PRV065	PRV.004.065	PROV-LICENSE-EFF-DATE	Provider License Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	4992	PRV065	PRV.004.065	PROV-LICENSE-EFF-DATE	Provider License Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	4993	PRV066	PRV.004.066	PROV-LICENSE-END-DATE	Provider License End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	4994	PRV066	PRV.004.066	PROV-LICENSE-END-DATE	Provider License End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004

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X1	4995	PRV066	PRV.004.066	PROV-LICENSE-END-DATE	Provider License End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
X1	4996	PRV066	PRV.004.066	PROV-LICENSE-END-DATE	Provider License End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	4997	PRV066	PRV.004.066	PROV-LICENSE-END-DATE	Provider License End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
X1	4998	PRV067	PRV.004.067	LICENSE-TYPE	License Type	Mandatory	A code to identify the kind of license or accreditation number that is captured in the LICENSE-OR-ACCREDITATION-NUMBER data element.	Value must be in License Type List (VVL)	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	4999	PRV067	PRV.004.067	LICENSE-TYPE	License Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C1	5000	PRV067	PRV.004.067	LICENSE-TYPE	License Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	5001	PRV068	PRV.004.068	LICENSE-ISSUING-ENTITY-ID	License Issuing Entity ID	Mandatory	A free text field to capture the identity of the entity issuing the license or accreditation. Enter the applicable state code, county code, municipality name, "DEA", professional society's name, or the CLIA accreditation body's name. _x000D_ (county) if associated License Type is equal to 1 and issuing authority is a State, then value must be a 5-digit, concatenated code consisting of the ANSI 2-digit state code plus the ANSI county 3-digit code of the applicable. _x000D_ If associated License Type is equal to 1 and the issuing authority is the State, then value must be a 5-digit, concatenated code consisting of the ANSI 2 digit state code plus the ANSI 3 digit county code. _x000D_ For example, Orange County, CA would be 06059 Orange County, NC 37135. A list of codes can be found here: https://www.nrcs.usda.gov/wps/portal/nrcs/detail/national/home/?cid=nrcs143_013697 _x000D_ (CLIA) if associated License Type is equal to 4, then value must be the text string identifying the CLIA accreditation body's name. _x000D_ (Professional society accreditation) if associated License Type is equal to three, then enter the text string identifying the professional society issuing the accreditation. _x000D_ (DEA) if associated License Type is equal to 2, then value must be the text string "DEA" _x000D_ (state) if associated License Type is equal to 1 and issuing authority is a State, then value must be a 2 digit ANSI State abbreviation code.	Value must not contain a pipe or asterisk symbol	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	5002	PRV068	PRV.004.068	LICENSE-ISSUING-ENTITY-ID	License Issuing Entity ID	Not Applicable	Not Applicable	Value must be 60 characters or less	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004

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C2	5003	PRV068	PRV.004.068	LICENSE-ISSUING-ENTITY-ID	License Issuing Entity ID	Not Applicable	Not Applicable	(required) if associated License or Accreditation Number (PRV.005.069) value is populated, then value is mandatory and must be provided	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C1	5004	PRV068	PRV.004.068	LICENSE-ISSUING-ENTITY-ID	License Issuing Entity ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	5005	PRV068	PRV.004.068	LICENSE-ISSUING-ENTITY-ID	License Issuing Entity ID	Not Applicable	Not Applicable	Value must equal 'DEA' when associated License Type equals '2'	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	5006	PRV069	PRV.004.069	LICENSE-OR-ACCREDITATION-NUMBER	License or Accreditation Number	Mandatory	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.	Value must not contain a pipe and asterisk symbol	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	5007	PRV069	PRV.004.069	LICENSE-OR-ACCREDITATION-NUMBER	License or Accreditation Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
X1	5008	PRV069	PRV.004.069	LICENSE-OR-ACCREDITATION-NUMBER	License or Accreditation Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
A2	5009	PRV070	PRV.004.070	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	5010	PRV070	PRV.004.070	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
X1	5011	PRV070	PRV.004.070	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
D1	5012	PRV071	PRV.004.071	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	PROVIDER	PROV-LICENSING-INFO-PRV00004
C2	5013	PRV072	PRV.005.072	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
A2	5014	PRV072	PRV.005.072	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "PRV00005"	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5015	PRV073	PRV.005.073	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
A2	5016	PRV073	PRV.005.073	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
X1	5017	PRV073	PRV.005.073	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
A2	5018	PRV073	PRV.005.073	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (PRV.001.007)	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005

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A2	5019	PRV074	PRV.005.074	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5020	PRV074	PRV.005.074	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
A2	5021	PRV074	PRV.005.074	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
X1	5022	PRV074	PRV.005.074	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
A2	5023	PRV075	PRV.005.075	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
X1	5025	PRV075	PRV.005.075	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
A2	5026	PRV076	PRV.005.076	PROV-LOCATION-ID	Provider Location ID	Not Applicable	A code to uniquely identify the geographic location where the provider's services were performed. The Provider Location Identifier values reported on Inpatient, Long-Term Care, Other, and Pharmacy Claim Header Segments must correspond to an active Provider Location Identifier _x000D_ value on a Provider Location & Contact Info (PRV00003) segment. If a particular license (e.g., a physician's medical license) or provider identifier (e.g., an individual provider's NPI or SSN) is applicable to all of their servicing locations, value "000" (a string of exactly three zeros) can _x000D_ be used in the PRV00004 or PRV00005, respectively, to represent all locations, however that location identifier must not be attributed to claims or provider bed type info.	Value must not contain a pipe symbol	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5027	PRV076	PRV.005.076	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
X1	5028	PRV077	PRV.005.077	PROV-IDENTIFIER-TYPE	Provider Identifier Type	Mandatory	A code to identify the kind of provider identifier that is captured in the Provider Identifier data element. The state should _x000D_ submit updates to T-MSIS whenever an identifier is retired or issued. see Provider Identifier Type List (VVL.146)	Value must be in Provider Identifier Type List (VVL)	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
X1	5029	PRV077	PRV.005.077	PROV-IDENTIFIER-TYPE	Provider Identifier Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005

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A2	5030	PRV077	PRV.005.077	PROV-IDENTIFIER-TYPE	Provider Identifier Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5031	PRV077	PRV.005.077	PROV-IDENTIFIER-TYPE	Provider Identifier Type	Not Applicable	Not Applicable	When value equals '2', the associated Provider Identifier (PRV.005.081) must be a valid NPI	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5032	PRV078	PRV.005.078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Provider Identifier Issuing Entity ID	Mandatory	A free text field to capture the identity of the entity that issued the provider identifier in the PROV-IDENTIFIER data element. For (State Tax ID), if associated Provider Identifier Type (DE) value is equal to 6, then value must be the name of the state's taxation division. For (Other), if associated Provider Identifier Type (DE) value is equal to 8, then _x000D_ value must be the name of the entity that issued the identifier.	Value must not contain a pipe or asterisk symbol	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5033	PRV078	PRV.005.078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Provider Identifier Issuing Entity ID	Not Applicable	Not Applicable	(State-specific Medicaid Provider) if associated Provider Identifier Type (PRV.005.077) value is equal to 1, then value must equal (PRV.005.073) Submitting State	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5034	PRV078	PRV.005.078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Provider Identifier Issuing Entity ID	Not Applicable	Not Applicable	(NPI) if associated Provider Identifier Type (PRV.005.077) value is equal to 2, then value must equal 'NPI'	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5035	PRV078	PRV.005.078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Provider Identifier Issuing Entity ID	Not Applicable	Not Applicable	(Medicare) if associated Provider Identifier Type (PRV.005.077) value is equal to 3, then value must equal 'CMS'	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5036	PRV078	PRV.005.078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Provider Identifier Issuing Entity ID	Not Applicable	Not Applicable	(NCPDP) if associated Provider Identifier Type (PRV.005.077) value is equal to 4, then value must equal 'NCPDP'	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5037	PRV078	PRV.005.078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Provider Identifier Issuing Entity ID	Not Applicable	Not Applicable	(Federal Tax ID) if associated Provider Identifier Type (PRV.005.077) value is equal to 5, then value must equal 'IRS'	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	5038	PRV078	PRV.005.078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Provider Identifier Issuing Entity ID	Not Applicable	Not Applicable	(SSN) if associated Provider Identifier Type (PRV.005.077) value is equal to 7, then value must be equal to 'SSA'	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
A2	5039	PRV078	PRV.005.078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Provider Identifier Issuing Entity ID	Not Applicable	Not Applicable	Value must be 18 characters or less	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
X1	5040	PRV078	PRV.005.078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	Provider Identifier Issuing Entity ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5041	PRV079	PRV.005.079	PROV-IDENTIFIER-EFF-DATE	Provider Identifier Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5042	PRV079	PRV.005.079	PROV-IDENTIFIER-EFF-DATE	Provider Identifier Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5043	PRV079	PRV.005.079	PROV-IDENTIFIER-EFF-DATE	Provider Identifier Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
X1	5044	PRV079	PRV.005.079	PROV-IDENTIFIER-EFF-DATE	Provider Identifier Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5045	PRV079	PRV.005.079	PROV-IDENTIFIER-EFF-DATE	Provider Identifier Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5046	PRV080	PRV.005.080	PROV-IDENTIFIER-END-DATE	Provider Identifier End Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5047	PRV080	PRV.005.080	PROV-IDENTIFIER-END-DATE	Provider Identifier End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5048	PRV080	PRV.005.080	PROV-IDENTIFIER-END-DATE	Provider Identifier End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
X1	5049	PRV080	PRV.005.080	PROV-IDENTIFIER-END-DATE	Provider Identifier End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5050	PRV080	PRV.005.080	PROV-IDENTIFIER-END-DATE	Provider Identifier End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005

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X1	5051	PRV081	PRV.005.081	PROV-IDENTIFIER	Provider Identifier	Mandatory	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 defined in the corresponding value in the PROVIDER-IDENTIFIER-TYPE data element.	Mandatory	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5052	PRV081	PRV.005.081	PROV-IDENTIFIER	Provider Identifier	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbol	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5053	PRV081	PRV.005.081	PROV-IDENTIFIER	Provider Identifier	Not Applicable	Not Applicable	Value must have an associated Provider Identifier Type (PRV.005.077)	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
A2	5054	PRV081	PRV.005.081	PROV-IDENTIFIER	Provider Identifier	Not Applicable	Not Applicable	One record must have a Provider Identifier Type (PRV.005.077) equal to "1"	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
A2	5055	PRV081	PRV.005.081	PROV-IDENTIFIER	Provider Identifier	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
A2	5056	PRV082	PRV.005.082	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5057	PRV082	PRV.005.082	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
X1	5058	PRV082	PRV.005.082	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
D1	5059	PRV083	PRV.005.083	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	PROVIDER	PROV-IDENTIFIERS-PRV00005
C2	5060	PRV084	PRV.006.084	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
A2	5061	PRV084	PRV.006.084	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "PRV00006"	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5062	PRV085	PRV.006.085	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5063	PRV085	PRV.006.085	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
X1	5064	PRV085	PRV.006.085	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
A2	5065	PRV085	PRV.006.085	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (PRV.001.007)	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006

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A2	5066	PRV086	PRV.006.086	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5067	PRV086	PRV.006.086	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
A2	5068	PRV086	PRV.006.086	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
X1	5069	PRV086	PRV.006.086	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
A2	5070	PRV087	PRV.006.087	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
X1	5072	PRV087	PRV.006.087	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
X1	5073	PRV088	PRV.006.088	PROV-CLASSIFICATION-TYPE	Provider Classification Type	Mandatory	A code to identify the schema used in the Provider Classification Code field to categorize providers. See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Provider Classification Type and Provider Classification Code in the T-MSIS Provider File" _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47562_x000D_ A provider may be reported with multiple active record segments with the same Provider Classification Type if different Provider Classification Code values apply.	Value must be in Provider Classification Type List (VVL)	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
A2	5074	PRV088	PRV.006.088	PROV-CLASSIFICATION-TYPE	Provider Classification Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
X1	5075	PRV088	PRV.006.088	PROV-CLASSIFICATION-TYPE	Provider Classification Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
A2	5076	PRV089	PRV.006.089	PROV-CLASSIFICATION-CODE	Provider Classification Code	Mandatory	The code values from the categorization schema identified in the Provider Classification Type data element. Note: States should apply these classification schemas consistently across all providers.	If associated Provider Classification Type equals 1, value must be in Provider Taxonomy List (VVL)	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006

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A2	5077	PRV089	PRV.006.089	PROV-CLASSIFICATION-CODE	Provider Classification Code	Not Applicable	Not Applicable	If associated Provider Classification Type equals 2, value must be in Provider Specialty Code List (VVL)	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
A2	5078	PRV089	PRV.006.089	PROV-CLASSIFICATION-CODE	Provider Classification Code	Not Applicable	Not Applicable	If associated Provider Classification Type equals 3, value must be in Provider Type Code List (VVL)	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
A2	5079	PRV089	PRV.006.089	PROV-CLASSIFICATION-CODE	Provider Classification Code	Not Applicable	Not Applicable	If associated Provider Classification Type equals 4, value must be in Provider Authorized Category of Service Code List (VVL)	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
A2	5080	PRV089	PRV.006.089	PROV-CLASSIFICATION-CODE	Provider Classification Code	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
X1	5081	PRV089	PRV.006.089	PROV-CLASSIFICATION-CODE	Provider Classification Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5082	PRV090	PRV.006.090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Provider Taxonomy Classification Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5083	PRV090	PRV.006.090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Provider Taxonomy Classification Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5084	PRV090	PRV.006.090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Provider Taxonomy Classification Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
X1	5085	PRV090	PRV.006.090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Provider Taxonomy Classification Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5086	PRV090	PRV.006.090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	Provider Taxonomy Classification Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5087	PRV091	PRV.006.091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Provider Taxonomy Classification End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5088	PRV091	PRV.006.091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Provider Taxonomy Classification End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006

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C2	5089	PRV091	PRV.006.091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Provider Taxonomy Classification End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
X1	5090	PRV091	PRV.006.091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Provider Taxonomy Classification End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5091	PRV091	PRV.006.091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	Provider Taxonomy Classification End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
A2	5092	PRV092	PRV.006.092	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5093	PRV092	PRV.006.092	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
X1	5094	PRV092	PRV.006.092	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
D1	5095	PRV093	PRV.006.093	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006
C2	5096	PRV094	PRV.007.094	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
A2	5097	PRV094	PRV.007.094	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "PRV00007"	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5098	PRV095	PRV.007.095	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5099	PRV095	PRV.007.095	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
X1	5100	PRV095	PRV.007.095	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
A2	5101	PRV095	PRV.007.095	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (PRV.001.007)	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
A2	5102	PRV096	PRV.007.096	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5103	PRV096	PRV.007.096	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
A2	5104	PRV096	PRV.007.096	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007

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X1	5105	PRV096	PRV.007.096	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
A2	5106	PRV097	PRV.007.097	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5108	PRV097	PRV.007.097	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5109	PRV098	PRV.007.098	PROV-MEDICAID-EFF-DATE	Provider Medicaid Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5110	PRV098	PRV.007.098	PROV-MEDICAID-EFF-DATE	Provider Medicaid Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5111	PRV098	PRV.007.098	PROV-MEDICAID-EFF-DATE	Provider Medicaid Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
X1	5112	PRV098	PRV.007.098	PROV-MEDICAID-EFF-DATE	Provider Medicaid Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5113	PRV098	PRV.007.098	PROV-MEDICAID-EFF-DATE	Provider Medicaid Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5114	PRV099	PRV.007.099	PROV-MEDICAID-END-DATE	Provider Medicaid End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5115	PRV099	PRV.007.099	PROV-MEDICAID-END-DATE	Provider Medicaid End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5116	PRV099	PRV.007.099	PROV-MEDICAID-END-DATE	Provider Medicaid End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
X1	5117	PRV099	PRV.007.099	PROV-MEDICAID-END-DATE	Provider Medicaid End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5118	PRV099	PRV.007.099	PROV-MEDICAID-END-DATE	Provider Medicaid End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	5119	PRV100	PRV.007.100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code	Mandatory	A code representing the provider's Medicaid 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-ENROLLMENT data element identifies whether the provider is enrolled in _x000D_ Medicaid, CHIP, or both.	Value must be in Provider Medicaid Enrollment Status Code List (VVL)	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
A2	5120	PRV100	PRV.007.100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
X1	5121	PRV100	PRV.007.100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
X1	5122	PRV101	PRV.007.101	STATE-PLAN-ENROLLMENT	State Plan Enrollment	Mandatory	The state plan with which a provider has an affiliation and is able to provide services to the state's fee for service enrollees.	Value must be in State Plan Enrollment List (VVL)	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
A2	5123	PRV101	PRV.007.101	STATE-PLAN-ENROLLMENT	State Plan Enrollment	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
X1	5124	PRV101	PRV.007.101	STATE-PLAN-ENROLLMENT	State Plan Enrollment	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
X1	5125	PRV102	PRV.007.102	PROV-ENROLLMENT-METHOD	Provider Enrollment Method	Mandatory	Process by which a provider was enrolled in Medicaid or CHIP.	Value must be in Provider Enrollment Method List (VVL)	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
A2	5126	PRV102	PRV.007.102	PROV-ENROLLMENT-METHOD	Provider Enrollment Method	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
X1	5127	PRV102	PRV.007.102	PROV-ENROLLMENT-METHOD	Provider Enrollment Method	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5128	PRV103	PRV.007.103	APPL-DATE	Application Date	Mandatory	The date on which the provider applied for enrollment into the State's Medicaid and/or CHIP program.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5129	PRV103	PRV.007.103	APPL-DATE	Application Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5130	PRV103	PRV.007.103	APPL-DATE	Application Date	Not Applicable	Not Applicable	Value must not be earlier than associated Provider Medicaid Effective Date (PRV.007.098) value	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
X1	5131	PRV103	PRV.007.103	APPL-DATE	Application Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
A2	5132	PRV104	PRV.007.104	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5133	PRV104	PRV.007.104	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
X1	5134	PRV104	PRV.007.104	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007

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D1	5135	PRV105	PRV.007.105	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007
C2	5136	PRV106	PRV.008.106	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
A2	5137	PRV106	PRV.008.106	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "PRV00008"	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5138	PRV107	PRV.008.107	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5139	PRV107	PRV.008.107	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
X1	5140	PRV107	PRV.008.107	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
A2	5141	PRV107	PRV.008.107	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (PRV.001.007)	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
A2	5142	PRV108	PRV.008.108	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5143	PRV108	PRV.008.108	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
A2	5144	PRV108	PRV.008.108	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
X1	5145	PRV108	PRV.008.108	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
A2	5146	PRV109	PRV.008.109	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
X1	5148	PRV109	PRV.008.109	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	5149	PRV110	PRV.008.110	SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY	Submitting State Provider ID of Affiliated Entity	Mandatory	The unique, state-assigned identification number for the group or subpart with which the individual or subpart is associated. (The submitting state's unique identifier for the group. (Note: The group will also be in the provider data set as a provider (i.e., the group-as-a-provider).	Value must not contain a pipe symbol	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
A2	5150	PRV110	PRV.008.110	SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY	Submitting State Provider ID of Affiliated Entity	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C1	5151	PRV110	PRV.008.110	SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY	Submitting State Provider ID of Affiliated Entity	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5152	PRV111	PRV.008.111	PROV-AFFILIATED-GROUP-EFF-DATE	Provider Affiliated Group Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5153	PRV111	PRV.008.111	PROV-AFFILIATED-GROUP-EFF-DATE	Provider Affiliated Group Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5154	PRV111	PRV.008.111	PROV-AFFILIATED-GROUP-EFF-DATE	Provider Affiliated Group Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
X1	5155	PRV111	PRV.008.111	PROV-AFFILIATED-GROUP-EFF-DATE	Provider Affiliated Group Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5156	PRV111	PRV.008.111	PROV-AFFILIATED-GROUP-EFF-DATE	Provider Affiliated Group Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5157	PRV112	PRV.008.112	PROV-AFFILIATED-GROUP-END-DATE	Provider Affiliated Group End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5158	PRV112	PRV.008.112	PROV-AFFILIATED-GROUP-END-DATE	Provider Affiliated Group End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5159	PRV112	PRV.008.112	PROV-AFFILIATED-GROUP-END-DATE	Provider Affiliated Group End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
X1	5160	PRV112	PRV.008.112	PROV-AFFILIATED-GROUP-END-DATE	Provider Affiliated Group End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5161	PRV112	PRV.008.112	PROV-AFFILIATED-GROUP-END-DATE	Provider Affiliated Group End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008

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A2	5162	PRV113	PRV.008.113	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5163	PRV113	PRV.008.113	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
X1	5164	PRV113	PRV.008.113	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
D1	5165	PRV114	PRV.008.114	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008
C2	5166	PRV115	PRV.009.115	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
A2	5167	PRV115	PRV.009.115	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "PRV00009"	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5168	PRV116	PRV.009.116	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5169	PRV116	PRV.009.116	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
X1	5170	PRV116	PRV.009.116	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
A2	5171	PRV116	PRV.009.116	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (PRV.001.007)	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
A2	5172	PRV117	PRV.009.117	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5173	PRV117	PRV.009.117	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
A2	5174	PRV117	PRV.009.117	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
X1	5175	PRV117	PRV.009.117	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
A2	5176	PRV118	PRV.009.118	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009

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X1	5178	PRV118	PRV.009.118	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
A2	5179	PRV119	PRV.009.119	AFFILIATED-PROGRAM-TYPE	Affiliated Program Type	Mandatory	A code to identify the category of program that the provider is affiliated._x000D_ see Affiliated Program Type List (VVL.004)_x000D_ (health plan federal assigned) if associated Affiliated Program Type (DE) value is 1, then value must be the federal-assigned plan ID of the health plan in which a provider is enrolled to provide services._x000D_ (health plan state assigned) if associated Affiliated Program Type (DE) value is 2, then value must be the state-assigned plan ID of the health plan in which a provider is enrolled to provide services._x000D_ (waiver) if associated Affiliated Program Type (DE) value is 3, then value must be the core Federal Waiver ID in which a provider is allowed to deliver services to eligible beneficiaries._x000D_ (health home entity) if associated Affiliated Program Type (DE) value is 4, then value must be the name of a health home in which a provider is participating._x000D_ (other) if associated Affiliated Program Type (DE) value is 5, then value must be an identifier for something other than a health plan, waiver, or health home entity.	Value must be in Affiliated Program Type List (VVL)	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
X1	5180	PRV119	PRV.009.119	AFFILIATED-PROGRAM-TYPE	Affiliated Program Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
X1	5181	PRV119	PRV.009.119	AFFILIATED-PROGRAM-TYPE	Affiliated Program Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	5182	PRV120	PRV.009.120	AFFILIATED-PROGRAM-ID	Affiliated Program ID	Mandatory	A data element to identify the Medicaid/CHIP programs, waivers and demonstrations in which the provider participates._x000D_(health plan federal assigned) if associated Affiliated Program Type (DE) value is 1, then value must be the federal-assigned plan ID of the health plan in which a provider is enrolled to provide services._x000D_(health plan state assigned) if associated Affiliated Program Type (DE) value is 2, then value must be the state-assigned plan ID of the health plan in which a provider is enrolled to provide services._x000D_(waiver) if associated Affiliated Program Type (DE) value is 3, then value must be the core Federal Waiver ID in which a provider is allowed to deliver services to eligible beneficiaries._x000D_(health home entity) if associated Affiliated Program Type (DE) value is 4, then value must be the name of a health home in which a provider is participating._x000D_(other) if associated Affiliated Program Type (DE) value is 5, then value must be an identifier for something other than a health plan, waiver, or health home entity.	Value must be 50 characters or less	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5183	PRV120	PRV.009.120	AFFILIATED-PROGRAM-ID	Affiliated Program ID	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
X1	5184	PRV120	PRV.009.120	AFFILIATED-PROGRAM-ID	Affiliated Program ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5185	PRV121	PRV.009.121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Provider Affiliated Program Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5186	PRV121	PRV.009.121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Provider Affiliated Program Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5187	PRV121	PRV.009.121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Provider Affiliated Program Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
X1	5188	PRV121	PRV.009.121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Provider Affiliated Program Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5189	PRV121	PRV.009.121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Provider Affiliated Program Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009

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C2	5190	PRV122	PRV.009.122	PROV-AFFILIATED-PROGRAM-END-DATE	Provider Affiliated Program End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5191	PRV122	PRV.009.122	PROV-AFFILIATED-PROGRAM-END-DATE	Provider Affiliated Program End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5192	PRV122	PRV.009.122	PROV-AFFILIATED-PROGRAM-END-DATE	Provider Affiliated Program End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
X1	5193	PRV122	PRV.009.122	PROV-AFFILIATED-PROGRAM-END-DATE	Provider Affiliated Program End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5194	PRV122	PRV.009.122	PROV-AFFILIATED-PROGRAM-END-DATE	Provider Affiliated Program End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
A2	5195	PRV123	PRV.009.123	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5196	PRV123	PRV.009.123	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
X1	5197	PRV123	PRV.009.123	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
D1	5198	PRV124	PRV.009.124	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009
C2	5199	PRV125	PRV.010.125	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
A2	5200	PRV125	PRV.010.125	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "PRV00010"	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5201	PRV126	PRV.010.126	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5202	PRV126	PRV.010.126	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
X1	5203	PRV126	PRV.010.126	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
A2	5204	PRV126	PRV.010.126	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (PRV.001.007)	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	5205	PRV127	PRV.010.127	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5206	PRV127	PRV.010.127	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
A2	5207	PRV127	PRV.010.127	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
X1	5208	PRV127	PRV.010.127	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
A2	5209	PRV128	PRV.010.128	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Mandatory	The State-specific Medicaid Provider Identifier is a state-assigned unique identifier that states should report with all individual providers, practice groups, facilities, and other entities. This should be the identifier that is used in the state's Medicaid Management Information System.	Value must be 30 characters or less	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
X1	5211	PRV128	PRV.010.128	SUBMITTING-STATE-PROV-ID	Submitting State Provider ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5212	PRV129	PRV.010.129	PROV-LOCATION-ID	Provider Location ID	Not Applicable	A code to uniquely identify the geographic location where the provider's services were performed. The Provider Location Identifier values reported on Inpatient, Long-Term Care, Other, and Pharmacy Claim Header Segments must correspond to an active Provider Location Identifier _x000D_ value on a Provider Location & Contact Info (PRV00003) segment. If a particular license (e.g., a physician's medical license) or provider identifier (e.g., an individual provider's NPI or SSN) is applicable to all of their servicing locations, value "000" (a string of exactly three zeros) can _x000D_ be used in the PRV00004 or PRV00005, respectively, to represent all locations, however that location identifier must not be attributed to claims or provider bed type info.	Value must not contain a pipe symbol	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
A2	5213	PRV129	PRV.010.129	PROV-LOCATION-ID	Provider Location ID	Not Applicable	Not Applicable	Value must be 5 characters or less	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5214	PRV130	PRV.010.130	BED-TYPE-EFF-DATE	Bed Type Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	5215	PRV130	PRV.010.130	BED-TYPE-EFF-DATE	Bed Type Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5216	PRV130	PRV.010.130	BED-TYPE-EFF-DATE	Bed Type Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
X1	5217	PRV130	PRV.010.130	BED-TYPE-EFF-DATE	Bed Type Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5218	PRV130	PRV.010.130	BED-TYPE-EFF-DATE	Bed Type Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5219	PRV131	PRV.010.131	BED-TYPE-END-DATE	Bed Type End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5220	PRV131	PRV.010.131	BED-TYPE-END-DATE	Bed Type End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5221	PRV131	PRV.010.131	BED-TYPE-END-DATE	Bed Type End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
X1	5222	PRV131	PRV.010.131	BED-TYPE-END-DATE	Bed Type End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5223	PRV131	PRV.010.131	BED-TYPE-END-DATE	Bed Type End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
A2	5224	PRV134	PRV.010.134	BED-TYPE-CODE	Bed Type Code	Mandatory	A code to classify beds available at a facility.	Value must be in Bed Type Code List (VVL)	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
A2	5225	PRV134	PRV.010.134	BED-TYPE-CODE	Bed Type Code	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
X1	5226	PRV134	PRV.010.134	BED-TYPE-CODE	Bed Type Code	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5227	PRV135	PRV.010.135	BED-COUNT	Bed Count	Mandatory	A count of the number of beds available at the facility for the category of bed identified in the Bed Type Code data element. See T-MSIS Guidance Document, "CMS Guidance: Best Practice for Reporting Provider Bed Information in the T-MSIS Provider File" _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47561	Value must be 5 digits or less	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
X1	5228	PRV135	PRV.010.135	BED-COUNT	Bed Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
A2	5229	PRV136	PRV.010.136	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5230	PRV136	PRV.010.136	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
X1	5231	PRV136	PRV.010.136	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010

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D1	5232	PRV137	PRV.010.137	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	PROVIDER	PROV-BED-TYPE-INFO-PRV00010
C2	5233	TPL001	TPL.001.001	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5234	TPL001	TPL.001.001	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "TPL00001"	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5235	TPL002	TPL.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Mandatory	A data element to capture the version of the T-MSIS data dictionary that was used to build the file. Use the version number specified on the Cover Sheet of the data dictionary" to V2.4.	Value must be 10 characters or less	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5236	TPL002	TPL.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Value must not include the pipe (" ") symbol	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5237	TPL002	TPL.001.002	DATA-DICTIONARY-VERSION	Data Dictionary Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5238	TPL003	TPL.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Mandatory	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.	Value must be in Submission Transaction Type List (VVL)	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5239	TPL003	TPL.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5240	TPL003	TPL.001.003	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5241	TPL004	TPL.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Mandatory	Denotes which supported file encoding standard was used to create the file.	Value must be in File Encoding Specification List (VVL)	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5242	TPL004	TPL.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Value must be 3 characters	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5243	TPL004	TPL.001.004	FILE-ENCODING-SPECIFICATION	File Encoding Specification	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5244	TPL005	TPL.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Mandatory	Identifies the version of the T-MSIS data mapping document used to build a state submission file. Use the version number specified on the title page of the data mapping document	Value must be 9 characters or less	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5245	TPL005	TPL.001.005	DATA-MAPPING-DOCUMENT-VERSION	Data Mapping Document Version	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001

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X1	5246	TPL006	TPL.001.006	FILE-NAME	File Name	Not Applicable	A code to identify the subject area to which the records in its file relate. Each T-MSIS submission file should only _x000D_ contain records for one subject area (i.e., Eligible, Third-party liability, Provider, Managed Care Plan Information, _x000D_ Inpatient, Long-Term Care, Other, and Pharmacy Claim).	Value must equal 'TPL-FILE'	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5247	TPL007	TPL.001.007	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5248	TPL007	TPL.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5249	TPL007	TPL.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5250	TPL007	TPL.001.007	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same for all records	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5251	TPL008	TPL.001.008	DATE-FILE-CREATED	Date File Created	Mandatory	The date on which the file was created.	Value of the CC component must be "20"	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5252	TPL008	TPL.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5253	TPL008	TPL.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5254	TPL008	TPL.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Value must be equal to or after the value of associated End of Time Period	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5255	TPL008	TPL.001.008	DATE-FILE-CREATED	Date File Created	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5256	TPL009	TPL.001.009	START-OF-TIME-PERIOD	Start of Time Period	Mandatory	This value must be the first day of the reporting month, regardless of the actual date span of the data in the file.	Value of the CC component must be "20"	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5257	TPL009	TPL.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5258	TPL009	TPL.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5259	TPL009	TPL.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be less than current date	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001

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X1	5260	TPL009	TPL.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5261	TPL009	TPL.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Value must be before associated End of Time Period	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5262	TPL009	TPL.001.009	START-OF-TIME-PERIOD	Start of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5263	TPL010	TPL.001.010	END-OF-TIME-PERIOD	End of Time Period	Mandatory	This value must be the last day of the reporting month, regardless of the actual date span.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5264	TPL010	TPL.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value of the CC component must be "20"	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5265	TPL010	TPL.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5266	TPL010	TPL.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or earlier than associated Date File Created	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5267	TPL010	TPL.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Value must be equal to or after associated Start of Time Period	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5268	TPL010	TPL.001.010	END-OF-TIME-PERIOD	End of Time Period	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5269	TPL011	TPL.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Mandatory	A code to indicate whether the records in the file are test or production records.	For production files, value must be equal to 'P'	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5270	TPL011	TPL.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5271	TPL011	TPL.001.011	FILE-STATUS-INDICATOR	File Status Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5272	TPL012	TPL.001.012	SSN-INDICATOR	SSN Indicator	Mandatory	Indicates whether the state uses the eligible person's social security number instead of an MSIS Identification Number as the unique, unchanging eligible person identifier. A state's SSN/Non-SSN designation on the eligibility file should match on the claims and third party liability _x000D_ files.	Value must be in SSN Indicator List (VVL)	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5273	TPL012	TPL.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5274	TPL012	TPL.001.012	SSN-INDICATOR	SSN Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001

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C2	5275	TPL013	TPL.001.013	TOT-REC-CNT	Total Record Count	Mandatory	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.	Value must be a positive integer	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5276	TPL013	TPL.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be between 0:9999999999 (inclusive)	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5277	TPL013	TPL.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5278	TPL013	TPL.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Value must equal the number of records included in the file submission except for the file header record.	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5279	TPL013	TPL.001.013	TOT-REC-CNT	Total Record Count	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5280	TPL014	TPL.001.014	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5281	TPL014	TPL.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5282	TPL014	TPL.001.014	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
D1	5283	TPL015	TPL.001.015	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5284	TPL088	TPL.001.088	SEQUENCE-NUMBER	Sequence Number	Mandatory	To enable states to sequentially number files, when related, follow-on files are necessary (i.e., update files, _x000D_ replacement files). This should begin with 1 for the original Create submission type and be incremented by one for _x000D_ each Replacement or Update submission for the same reporting period and file type (subject area).	Value must be between 1 and 9999	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5285	TPL088	TPL.001.088	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be equal to the largest of any prior values for the same reporting period and file type, plus 1 (i.e. incremented by 1)	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
C2	5286	TPL088	TPL.001.088	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must not contain a pipe symbol	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
A2	5287	TPL088	TPL.001.088	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Value must be 4 characters or less	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001
X1	5288	TPL088	TPL.001.088	SEQUENCE-NUMBER	Sequence Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	FILE-HEADER-RECORD-TPL-TPL00001

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	5289	TPL016	TPL.002.016	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5290	TPL016	TPL.002.016	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "TPL00002"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5291	TPL017	TPL.002.017	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5292	TPL017	TPL.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
X1	5293	TPL017	TPL.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5294	TPL017	TPL.002.017	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (TPL.001.007)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5295	TPL018	TPL.002.018	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5296	TPL018	TPL.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5297	TPL018	TPL.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
X1	5298	TPL018	TPL.002.018	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	5299	TPL019	TPL.002.019	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5300	TPL019	TPL.002.019	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5301	TPL019	TPL.002.019	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5302	TPL019	TPL.002.019	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
X1	5303	TPL020	TPL.002.020	TPL-HEALTH-INSURANCE-COVERAGE-IND	TPL Health Insurance Coverage Indicator	Mandatory	A flag to indicate that the Medicaid/CHIP eligible person has some form of third party insurance coverage.	Value must be in TPL Health Insurance Coverage Indicator List (VVL)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5304	TPL020	TPL.002.020	TPL-HEALTH-INSURANCE-COVERAGE-IND	TPL Health Insurance Coverage Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C1	5305	TPL020	TPL.002.020	TPL-HEALTH-INSURANCE-COVERAGE-IND	TPL Health Insurance Coverage Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
A2	5306	TPL020	TPL.002.020	TPL-HEALTH-INSURANCE-COVERAGE-IND	TPL Health Insurance Coverage Indicator	Not Applicable	Not Applicable	When value equals '1', there must be one corresponding TPL Medicaid Eligible Person Health Insurance Coverage Information (TPL.003) segment with the same MSIS ID.	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
X1	5307	TPL021	TPL.002.021	TPL-OTHER-COVERAGE-IND	TPL Other Coverage Indicator	Mandatory	A flag to indicate that the Medicaid/CHIP eligible person has some other form of third party funding besides insurance coverage.	Value must be in TPL Other Coverage Indicator List (VVL)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5308	TPL021	TPL.002.021	TPL-OTHER-COVERAGE-IND	TPL Other Coverage Indicator	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C1	5309	TPL021	TPL.002.021	TPL-OTHER-COVERAGE-IND	TPL Other Coverage Indicator	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5310	TPL022	TPL.002.022	ELIGIBLE-FIRST-NAME	Eligible First Name	Mandatory	The first name of the individual to whom the services were provided.	Value must be 30 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5311	TPL022	TPL.002.022	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C1	5312	TPL022	TPL.002.022	ELIGIBLE-FIRST-NAME	Eligible First Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5313	TPL023	TPL.002.023	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Conditional	Individual's middle initial; middle initial component of full name (e.g. First Name, Middle Initial, Last Name).	Value may include any alphanumeric characters, digits or symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5314	TPL023	TPL.002.023	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5315	TPL023	TPL.002.023	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
X1	5316	TPL023	TPL.002.023	ELIGIBLE-MIDDLE-INIT	Eligible Middle Initial	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5317	TPL024	TPL.002.024	ELIGIBLE-LAST-NAME	Eligible Last Name	Mandatory	The last name of the individual to whom the services were provided.	Value must be 30 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5318	TPL024	TPL.002.024	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C1	5319	TPL024	TPL.002.024	ELIGIBLE-LAST-NAME	Eligible Last Name	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5320	TPL025	TPL.002.025	ELIG-PRSN-MAIN-EFF-DATE	Eligible Person Main Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5321	TPL025	TPL.002.025	ELIG-PRSN-MAIN-EFF-DATE	Eligible Person Main Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5322	TPL025	TPL.002.025	ELIG-PRSN-MAIN-EFF-DATE	Eligible Person Main Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002

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X1	5323	TPL025	TPL.002.025	ELIG-PRSN-MAIN-EFF-DATE	Eligible Person Main Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5324	TPL025	TPL.002.025	ELIG-PRSN-MAIN-EFF-DATE	Eligible Person Main Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5325	TPL025	TPL.002.025	ELIG-PRSN-MAIN-EFF-DATE	Eligible Person Main Effective Date	Not Applicable	Not Applicable	Value must be equal to or less than the individual's Date of Death (ELG.002.025)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5326	TPL026	TPL.002.026	ELIG-PRSN-MAIN-END-DATE	Eligible Person Main End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5327	TPL026	TPL.002.026	ELIG-PRSN-MAIN-END-DATE	Eligible Person Main End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
X1	5328	TPL026	TPL.002.026	ELIG-PRSN-MAIN-END-DATE	Eligible Person Main End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
X1	5329	TPL026	TPL.002.026	ELIG-PRSN-MAIN-END-DATE	Eligible Person Main End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5330	TPL026	TPL.002.026	ELIG-PRSN-MAIN-END-DATE	Eligible Person Main End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
A2	5331	TPL027	TPL.002.027	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5332	TPL027	TPL.002.027	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
X1	5333	TPL027	TPL.002.027	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
D1	5334	TPL028	TPL.002.028	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002
C2	5335	TPL029	TPL.003.029	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5336	TPL029	TPL.003.029	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "TPL00003"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003

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C2	5337	TPL030	TPL.003.030	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5338	TPL030	TPL.003.030	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5339	TPL030	TPL.003.030	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5340	TPL030	TPL.003.030	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (TPL.001.007)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5341	TPL031	TPL.003.031	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5342	TPL031	TPL.003.031	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5343	TPL031	TPL.003.031	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5344	TPL031	TPL.003.031	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	5345	TPL032	TPL.003.032	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5346	TPL032	TPL.003.032	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5347	TPL032	TPL.003.032	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5348	TPL032	TPL.003.032	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5349	TPL033	TPL.003.033	INSURANCE-CARRIER-ID-NUM	Insurance Carrier ID Number	Conditional	The state's internal identification number of the Third Party Liability Insurance carrier.	Value must be 12 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5350	TPL033	TPL.003.033	INSURANCE-CARRIER-ID-NUM	Insurance Carrier ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5351	TPL033	TPL.003.033	INSURANCE-CARRIER-ID-NUM	Insurance Carrier ID Number	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5352	TPL034	TPL.003.034	INSURANCE-PLAN-ID	Insurance Plan ID	Conditional	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.	Value must be 20 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003

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C2	5353	TPL034	TPL.003.034	INSURANCE-PLAN-ID	Insurance Plan ID	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5354	TPL034	TPL.003.034	INSURANCE-PLAN-ID	Insurance Plan ID	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5355	TPL035	TPL.003.035	GROUP-NUM	Group Number	Conditional	The group number of the TPL health insurance policy.	Value must not contain a pipe or asterisk symbol	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5356	TPL035	TPL.003.035	GROUP-NUM	Group Number	Not Applicable	Not Applicable	Value must be 16 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5357	TPL035	TPL.003.035	GROUP-NUM	Group Number	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5358	TPL036	TPL.003.036	MEMBER-ID	Member ID	Conditional	Member identification number as it appears on the card issued by the TPL insurance carrier.	Value must not contain a pipe or asterisk symbol	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5359	TPL036	TPL.003.036	MEMBER-ID	Member ID	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5360	TPL036	TPL.003.036	MEMBER-ID	Member ID	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5361	TPL037	TPL.003.037	INSURANCE-PLAN-TYPE	Insurance Plan Type	Conditional	Code to classify the type of insurance plan providing TPL coverage.	Value must be in Insurance Plan Type List (VVL)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5362	TPL037	TPL.003.037	INSURANCE-PLAN-TYPE	Insurance Plan Type	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5363	TPL037	TPL.003.037	INSURANCE-PLAN-TYPE	Insurance Plan Type	Not Applicable	Not Applicable	Value must be 2 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5364	TPL037	TPL.003.037	INSURANCE-PLAN-TYPE	Insurance Plan Type	Not Applicable	Not Applicable	Value must have an associated Insurance Plan ID	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5365	TPL038	TPL.003.038	ANNUAL-DEDUCTIBLE-AMT	Annual Deductible Amount	Conditional	Annual amount paid each year by the enrollee in the plan before a health plan benefit begins.	Value must be between -9999999999.99 and 9999999999.99	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5366	TPL038	TPL.003.038	ANNUAL-DEDUCTIBLE-AMT	Annual Deductible Amount	Not Applicable	Not Applicable	Value must be expressed as a number with 2-digit precision (e.g. 100.50)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5367	TPL038	TPL.003.038	ANNUAL-DEDUCTIBLE-AMT	Annual Deductible Amount	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5368	TPL044	TPL.003.044	POLICY-OWNER-FIRST-NAME	Policy Owner First Name	Not Applicable	Individual's first name; first name component of full name (e.g. First Name, Middle Initial, Last Name).	Value must be 30 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003

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C2	5369	TPL044	TPL.003.044	POLICY-OWNER-FIRST-NAME	Policy Owner First Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5370	TPL044	TPL.003.044	POLICY-OWNER-FIRST-NAME	Policy Owner First Name	Not Applicable	Not Applicable	If TPL Health Insurance Coverage Indicator (TPL.002.020) equals "1", then value is mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5371	TPL045	TPL.003.045	POLICY-OWNER-LAST-NAME	Policy Owner Last Name	Not Applicable	Individual's last name; last name component of full name (e.g. First Name, Middle Initial, Last Name).	Value must be 30 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5372	TPL045	TPL.003.045	POLICY-OWNER-LAST-NAME	Policy Owner Last Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5373	TPL045	TPL.003.045	POLICY-OWNER-LAST-NAME	Policy Owner Last Name	Not Applicable	Not Applicable	If TPL Health Insurance Coverage Indicator (TPL.002.020) equals "1", then value is mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5374	TPL046	TPL.003.046	POLICY-OWNER-SSN	Policy Owner SSN	Conditional	Unique identifier issued to an individual by the SSA for the purpose of identification.	Value must be 9-digit number	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5375	TPL046	TPL.003.046	POLICY-OWNER-SSN	Policy Owner SSN	Not Applicable	Not Applicable	For any individual, the value must be the same over all segment effective and end dates	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5376	TPL046	TPL.003.046	POLICY-OWNER-SSN	Policy Owner SSN	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5377	TPL047	TPL.003.047	POLICY-OWNER-CODE	Policy Owner Code	Conditional	This code identifies the relationship of the policy holder to the Medicaid/CHIP beneficiary.	Value must be in Policy Owner Code List (VVL)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5378	TPL047	TPL.003.047	POLICY-OWNER-CODE	Policy Owner Code	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5379	TPL047	TPL.003.047	POLICY-OWNER-CODE	Policy Owner Code	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5380	TPL048	TPL.003.048	INSURANCE-COVERAGE-EFF-DATE	Insurance Coverage Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5381	TPL048	TPL.003.048	INSURANCE-COVERAGE-EFF-DATE	Insurance Coverage Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5382	TPL048	TPL.003.048	INSURANCE-COVERAGE-EFF-DATE	Insurance Coverage Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003

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X1	5383	TPL048	TPL.003.048	INSURANCE-COVERAGE-EFF-DATE	Insurance Coverage Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5384	TPL048	TPL.003.048	INSURANCE-COVERAGE-EFF-DATE	Insurance Coverage Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5385	TPL049	TPL.003.049	INSURANCE-COVERAGE-END-DATE	Insurance Coverage End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5386	TPL049	TPL.003.049	INSURANCE-COVERAGE-END-DATE	Insurance Coverage End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5387	TPL049	TPL.003.049	INSURANCE-COVERAGE-END-DATE	Insurance Coverage End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5388	TPL049	TPL.003.049	INSURANCE-COVERAGE-END-DATE	Insurance Coverage End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5389	TPL049	TPL.003.049	INSURANCE-COVERAGE-END-DATE	Insurance Coverage End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5390	TPL049	TPL.003.049	INSURANCE-COVERAGE-END-DATE	Insurance Coverage End Date	Not Applicable	Not Applicable	When associated Date of Death (ELG.002.025) is populated, data element value must be less than or equal to Date of Death	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
A2	5391	TPL050	TPL.003.050	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5392	TPL050	TPL.003.050	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5393	TPL050	TPL.003.050	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
D1	5394	TPL051	TPL.003.051	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5395	TPL089	TPL.003.089	COVERAGE-TYPE	Coverage Type	Mandatory	A code to indicate the level of coverage being provided under this policy for the insured by the TPL carrier.	Value must be in Coverage Type List (VVL).	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003

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A2	5396	TPL089	TPL.003.089	COVERAGE-TYPE	Coverage Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
X1	5397	TPL089	TPL.003.089	COVERAGE-TYPE	Coverage Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003
C2	5398	TPL052	TPL.004.052	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
A2	5399	TPL052	TPL.004.052	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "TPL00004"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5400	TPL053	TPL.004.053	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5401	TPL053	TPL.004.053	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
X1	5402	TPL053	TPL.004.053	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
A2	5403	TPL053	TPL.004.053	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (TPL.001.007)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
A2	5404	TPL054	TPL.004.054	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5405	TPL054	TPL.004.054	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
A2	5406	TPL054	TPL.004.054	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
X1	5407	TPL054	TPL.004.054	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
X1	5408	TPL055	TPL.004.055	INSURANCE-CARRIER-ID-NUM	Insurance Carrier ID Number	Mandatory	The state's internal identification number of the Third Party Liability Insurance carrier.	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
A2	5409	TPL055	TPL.004.055	INSURANCE-CARRIER-ID-NUM	Insurance Carrier ID Number	Not Applicable	Not Applicable	Value must be 12 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004

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C2	5410	TPL055	TPL.004.055	INSURANCE-CARRIER-ID-NUM	Insurance Carrier ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5411	TPL056	TPL.004.056	INSURANCE-PLAN-ID	Insurance Plan ID	Mandatory	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 beneficiary's insurance card.	Value must not contain a pipe or asterisk symbol	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
A2	5412	TPL056	TPL.004.056	INSURANCE-PLAN-ID	Insurance Plan ID	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
X1	5413	TPL056	TPL.004.056	INSURANCE-PLAN-ID	Insurance Plan ID	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
X1	5414	TPL057	TPL.004.057	INSURANCE-PLAN-TYPE	Insurance Plan Type	Mandatory	Code to classify the entity providing TPL coverage.	Value must be in Insurance Plan Type List (VVL)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C1	5415	TPL057	TPL.004.057	INSURANCE-PLAN-TYPE	Insurance Plan Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
A2	5416	TPL057	TPL.004.057	INSURANCE-PLAN-TYPE	Insurance Plan Type	Not Applicable	Not Applicable	Value must be 2 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
A2	5417	TPL057	TPL.004.057	INSURANCE-PLAN-TYPE	Insurance Plan Type	Not Applicable	Not Applicable	Value must have an associated Insurance Plan ID	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
A2	5418	TPL058	TPL.004.058	COVERAGE-TYPE	Coverage Type	Mandatory	This code identifies the relationship of the policy holder to the Medicaid/CHIP beneficiary._x000D_ see Policy Owner Code List (VVL.099)	Value must be in Coverage Type List (VVL).	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
X1	5419	TPL058	TPL.004.058	COVERAGE-TYPE	Coverage Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C1	5420	TPL058	TPL.004.058	COVERAGE-TYPE	Coverage Type	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5421	TPL059	TPL.004.059	INSURANCE-CATEGORIES-EFF-DATE	Insurance Categories Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5422	TPL059	TPL.004.059	INSURANCE-CATEGORIES-EFF-DATE	Insurance Categories Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5423	TPL059	TPL.004.059	INSURANCE-CATEGORIES-EFF-DATE	Insurance Categories Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004

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X1	5424	TPL059	TPL.004.059	INSURANCE-CATEGORIES-EFF-DATE	Insurance Categories Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5425	TPL059	TPL.004.059	INSURANCE-CATEGORIES-EFF-DATE	Insurance Categories Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5426	TPL060	TPL.004.060	INSURANCE-CATEGORIES-END-DATE	Insurance Categories End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYMMDD"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5427	TPL060	TPL.004.060	INSURANCE-CATEGORIES-END-DATE	Insurance Categories End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5428	TPL060	TPL.004.060	INSURANCE-CATEGORIES-END-DATE	Insurance Categories End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
X1	5429	TPL060	TPL.004.060	INSURANCE-CATEGORIES-END-DATE	Insurance Categories End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5430	TPL060	TPL.004.060	INSURANCE-CATEGORIES-END-DATE	Insurance Categories End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
A2	5431	TPL061	TPL.004.061	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5432	TPL061	TPL.004.061	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
X1	5433	TPL061	TPL.004.061	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
D1	5434	TPL062	TPL.004.062	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004
C2	5435	TPL063	TPL.005.063	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
A2	5436	TPL063	TPL.005.063	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "TPL00005"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	5437	TPL064	TPL.005.064	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5438	TPL064	TPL.005.064	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
X1	5439	TPL064	TPL.005.064	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
A2	5440	TPL064	TPL.005.064	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (TPL.001.007)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
A2	5441	TPL065	TPL.005.065	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5442	TPL065	TPL.005.065	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
A2	5443	TPL065	TPL.005.065	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
X1	5444	TPL065	TPL.005.065	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	5445	TPL066	TPL.005.066	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Mandatory	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual (except on service tracking payments). Value may be an SSN, temporary SSN or State-assigned eligible individual identifier. _x000D_ _x000D_ MSIS Identification Numbers are a unique "key" value used to maintain referential integrity of data distributed over multiples files, segments and reporting periods. _x000D_ _x000D_ See T-MSIS Guidance Document, "CMS Guidance: Reporting Shared MSIS Identification Numbers" for information on reporting the MSIS Identification Numbers ID for pregnant women, unborn children, mothers, and their deemed newborns younger than 1 year of age who share the _x000D_ same MSIS Identification Number. _x000D_ https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/entry/47572	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5446	TPL066	TPL.005.066	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For SSN States (i.e. SSN Indicator = 1), value must be equal to eligible individual's SSN	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5447	TPL066	TPL.005.066	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	For Non-SSN States (i.e. SSN Indicator = 0), value must not be equal to eligible individual's SSN	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5448	TPL066	TPL.005.066	MSIS-IDENTIFICATION-NUM	MSIS Identification Number	Not Applicable	Not Applicable	Value must be 20 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
X1	5449	TPL067	TPL.005.067	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third Party Liability	Mandatory	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.	If value equals "Other". then Policy Owner (TPL.003.044-047) information is not required	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
A2	5450	TPL067	TPL.005.067	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third Party Liability	Not Applicable	Not Applicable	Value must be 1 character	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
A2	5451	TPL067	TPL.005.067	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third Party Liability	Not Applicable	Not Applicable	Value must be in Type of Other Third Party Liability List (VVL)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C1	5452	TPL067	TPL.005.067	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third Party Liability	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	5453	TPL068	TPL.005.068	OTHER-TPL-EFF-DATE	Other TPL Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5454	TPL068	TPL.005.068	OTHER-TPL-EFF-DATE	Other TPL Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5455	TPL068	TPL.005.068	OTHER-TPL-EFF-DATE	Other TPL Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
X1	5456	TPL068	TPL.005.068	OTHER-TPL-EFF-DATE	Other TPL Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5457	TPL068	TPL.005.068	OTHER-TPL-EFF-DATE	Other TPL Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
A2	5458	TPL068	TPL.005.068	OTHER-TPL-EFF-DATE	Other TPL Effective Date	Not Applicable	Not Applicable	Value must occur on or before individual's Date of Death (ELG.002.025) when populated	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5459	TPL069	TPL.005.069	OTHER-TPL-END-DATE	Other TPL End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5460	TPL069	TPL.005.069	OTHER-TPL-END-DATE	Other TPL End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5461	TPL069	TPL.005.069	OTHER-TPL-END-DATE	Other TPL End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
X1	5462	TPL069	TPL.005.069	OTHER-TPL-END-DATE	Other TPL End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5463	TPL069	TPL.005.069	OTHER-TPL-END-DATE	Other TPL End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
A2	5464	TPL070	TPL.005.070	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5465	TPL070	TPL.005.070	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
X1	5466	TPL070	TPL.005.070	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
D1	5467	TPL071	TPL.005.071	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005
C2	5468	TPL072	TPL.006.072	RECORD-ID	Record ID	Mandatory	The Record Identifier element uniquely identifies each segment in a multi-segment entity record and is primarily used as a "key" to maintain referential integrity between data distributed over many segments for a particular entity.	Mandatory	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
A2	5469	TPL072	TPL.006.072	RECORD-ID	Record ID	Not Applicable	Not Applicable	Value must equal "TPL00006"	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5470	TPL073	TPL.006.073	SUBMITTING-STATE	Submitting State	Mandatory	A code that uniquely identifies the U.S. State or Territory from which T-MSIS system data resources were received.	Value must be in State Code List (VVL)	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5471	TPL073	TPL.006.073	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
X1	5472	TPL073	TPL.006.073	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
A2	5473	TPL073	TPL.006.073	SUBMITTING-STATE	Submitting State	Not Applicable	Not Applicable	Value must be the same as Submitting State (TPL.001.007)	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
A2	5474	TPL074	TPL.006.074	RECORD-NUMBER	Record Number	Mandatory	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 Identifier, uniquely identifies a single record within the submission file.	Value must be unique within record segment over all records associated with a given Record ID	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5475	TPL074	TPL.006.074	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be greater than or equal to 1	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
A2	5476	TPL074	TPL.006.074	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Value must be 11 digits or less	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
X1	5477	TPL074	TPL.006.074	RECORD-NUMBER	Record Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5478	TPL075	TPL.006.075	INSURANCE-CARRIER-ID-NUM	Insurance Carrier ID Number	Mandatory	The state's internal identification number of the Third Party Liability Insurance carrier.	Value must be 12 characters or less	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5479	TPL075	TPL.006.075	INSURANCE-CARRIER-ID-NUM	Insurance Carrier ID Number	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
X1	5480	TPL075	TPL.006.075	INSURANCE-CARRIER-ID-NUM	Insurance Carrier ID Number	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
A2	5481	TPL076	TPL.006.076	TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type	Conditional	The type of address for a TPL Entity submitted in the record segment.	Value must be in TPL Entity Address Type List (VVL)	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006

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X1	5482	TPL076	TPL.006.076	TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
X1	5483	TPL076	TPL.006.076	TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5484	TPL077	TPL.006.077	INSURANCE-CARRIER-ADDR-LN1	Insurance Carrier Address Line 1	Optional	The first line of a potentially multi-line physical street or mailing address for a given entity (e.g. person, organization, agency, etc.).	Value must be 60 characters or less	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5485	TPL077	TPL.006.077	INSURANCE-CARRIER-ADDR-LN1	Insurance Carrier Address Line 1	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 2 or Address Line 3 value(s)	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5486	TPL077	TPL.006.077	INSURANCE-CARRIER-ADDR-LN1	Insurance Carrier Address Line 1	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5487	TPL077	TPL.006.077	INSURANCE-CARRIER-ADDR-LN1	Insurance Carrier Address Line 1	Not Applicable	Not Applicable	When populated, the associated Address Type is required	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
X1	5488	TPL077	TPL.006.077	INSURANCE-CARRIER-ADDR-LN1	Insurance Carrier Address Line 1	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5489	TPL078	TPL.006.078	INSURANCE-CARRIER-ADDR-LN2	Insurance Carrier Address Line 2	Conditional	The second line of a multi-line physical street or mailing address for a given entity (e.g. person, organization, agency, etc.).	Value must be 60 characters or less	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5490	TPL078	TPL.006.078	INSURANCE-CARRIER-ADDR-LN2	Insurance Carrier Address Line 2	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 1 or Address Line 3 value(s)	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5491	TPL078	TPL.006.078	INSURANCE-CARRIER-ADDR-LN2	Insurance Carrier Address Line 2	Not Applicable	Not Applicable	There must be an Address Line 1 in order to have an Address Line 2	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
C2	5492	TPL078	TPL.006.078	INSURANCE-CARRIER-ADDR-LN2	Insurance Carrier Address Line 2	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
X1	5493	TPL078	TPL.006.078	INSURANCE-CARRIER-ADDR-LN2	Insurance Carrier Address Line 2	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5494	TPL079	TPL.006.079	INSURANCE-CARRIER-ADDR-LN3	Insurance Carrier Address Line 3	Conditional	The third line of a multi-line physical street or mailing address for a given entity (e.g. person, organization, agency, etc.).	Value must be 60 characters or less	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5495	TPL079	TPL.006.079	INSURANCE-CARRIER-ADDR-LN3	Insurance Carrier Address Line 3	Not Applicable	Not Applicable	Value must not be equal to associated Address Line 1 or Address Line 2 value(s)	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5496	TPL079	TPL.006.079	INSURANCE-CARRIER-ADDR-LN3	Insurance Carrier Address Line 3	Not Applicable	Not Applicable	If Address Line 2 is not populated, then value should not be populated	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5497	TPL079	TPL.006.079	INSURANCE-CARRIER-ADDR-LN3	Insurance Carrier Address Line 3	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
X1	5498	TPL079	TPL.006.079	INSURANCE-CARRIER-ADDR-LN3	Insurance Carrier Address Line 3	Not Applicable	Not Applicable	Conditional	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006

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C2	5499	TPL080	TPL.006.080	INSURANCE-CARRIER-CITY	Insurance Carrier City	Optional	The city component of an address associated with a given entity (e.g. person, organization, agency, etc.).	Value must be 28 characters or less	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5500	TPL080	TPL.006.080	INSURANCE-CARRIER-CITY	Insurance Carrier City	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
X1	5501	TPL080	TPL.006.080	INSURANCE-CARRIER-CITY	Insurance Carrier City	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5502	TPL081	TPL.006.081	INSURANCE-CARRIER-STATE	Insurance Carrier State	Optional	The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code of the TPL Insurance carrier.	Value must be in State Code List (VVL)	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5503	TPL081	TPL.006.081	INSURANCE-CARRIER-STATE	Insurance Carrier State	Not Applicable	Not Applicable	Value must be 2 characters	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
X1	5504	TPL081	TPL.006.081	INSURANCE-CARRIER-STATE	Insurance Carrier State	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5505	TPL082	TPL.006.082	INSURANCE-CARRIER-ZIP-CODE	Insurance Carrier Zip Code	Optional	The Zip Code for the location being captured on the TPL Entity Contact Information record.	Value may only be 5 digits (0-9) (Example: 91320) or 9 digits (0-9) (Example: 913200011)	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
X1	5506	TPL082	TPL.006.082	INSURANCE-CARRIER-ZIP-CODE	Insurance Carrier Zip Code	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5507	TPL083	TPL.006.083	INSURANCE-CARRIER-PHONE-NUM	Insurance Carrier Phone Number	Optional	Phone number for a given entity (e.g. person, organization, agency).	Value must be 10 characters, digits (0-9) only	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
X1	5508	TPL083	TPL.006.083	INSURANCE-CARRIER-PHONE-NUM	Insurance Carrier Phone Number	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5509	TPL084	TPL.006.084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	TPL Entity Contact Info Effective Date	Mandatory	The first calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5510	TPL084	TPL.006.084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	TPL Entity Contact Info Effective Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5511	TPL084	TPL.006.084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	TPL Entity Contact Info Effective Date	Not Applicable	Not Applicable	Value must be before or the same as the associated Segment End Date value	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
X1	5512	TPL084	TPL.006.084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	TPL Entity Contact Info Effective Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5513	TPL084	TPL.006.084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	TPL Entity Contact Info Effective Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20']	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006
C2	5514	TPL085	TPL.006.085	TPL-ENTITY-CONTACT-INFO-END-DATE	TPL Entity Contact Info End Date	Mandatory	The last calendar day on which all of the other data elements in the same segment were effective.	Value must be 8 characters in the form "CCYYMMDD"	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
C2	5515	TPL085	TPL.006.085	TPL-ENTITY-CONTACT-INFO-END-DATE	TPL Entity Contact Info End Date	Not Applicable	Not Applicable	The date must be a valid calendar date (i.e. Feb 29th only on the leap year, never April 31st or Sept 31st)	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
C2	5516	TPL085	TPL.006.085	TPL-ENTITY-CONTACT-INFO-END-DATE	TPL Entity Contact Info End Date	Not Applicable	Not Applicable	Value must be greater than or equal to associated Segment Effective Date value	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
X1	5517	TPL085	TPL.006.085	TPL-ENTITY-CONTACT-INFO-END-DATE	TPL Entity Contact Info End Date	Not Applicable	Not Applicable	Mandatory	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
C2	5518	TPL085	TPL.006.085	TPL-ENTITY-CONTACT-INFO-END-DATE	TPL Entity Contact Info End Date	Not Applicable	Not Applicable	Value of the CC component must be in ['18', '19', '20', '99']	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5519	TPL086	TPL.006.086	STATE-NOTATION	State Notation	Optional	A free text field for the submitting state to enter whatever information it chooses.	Value must be 500 characters or less	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
C2	5520	TPL086	TPL.006.086	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
X1	5521	TPL086	TPL.006.086	STATE-NOTATION	State Notation	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
D1	5522	TPL087	TPL.006.087	FILLER	Not Applicable	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5523	TPL090	TPL.006.090	INSURANCE-CARRIER-NAIC-CODE	Insurance Carrier NAIC Code	Optional	The National Association of Insurance Commissioners (NAIC) code of the TPL Insurance carrier.	Value must be 10 characters or less	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
C2	5524	TPL090	TPL.006.090	INSURANCE-CARRIER-NAIC-CODE	Insurance Carrier NAIC Code	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
X1	5525	TPL090	TPL.006.090	INSURANCE-CARRIER-NAIC-CODE	Insurance Carrier NAIC Code	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
A2	5526	TPL091	TPL.006.091	INSURANCE-CARRIER-NAME	Insurance Carrier Name	Optional	The name of the TPL Insurance carrier.	Value must be 30 characters or less	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
C2	5527	TPL091	TPL.006.091	INSURANCE-CARRIER-NAME	Insurance Carrier Name	Not Applicable	Not Applicable	Value must not contain a pipe or asterisk symbols	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
X1	5528	TPL091	TPL.006.091	INSURANCE-CARRIER-NAME	Insurance Carrier Name	Not Applicable	Not Applicable	Optional	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
D1	5529	TPL092	TPL.006.092	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	National Health Care Entity ID Type	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006
D1	5530	TPL093	TPL.006.093	NATIONAL-HEALTH-CARE-ENTITY-ID	National Health Care Entity ID	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	TPL	TPL-ENTITY-CONTACT- INFORMATION-TPL00006

ACTION CODE	NEW ROW NBR	DE NO	DE NO EXTENDED	DATA ELEMENT NAME COMPUTING	DATA ELEMENT NAME TEXT	DATA ELEMENT LEVEL NECESSITY	DEFINITION	CODING REQUIREMENT	LAST UPDATE DATE	FILENAME	FILE SEGMENT NAME WITH RECORD ID COMPUTING
D1	5531	TPL094	TPL.006.094	NATIONAL-HEALTH-CARE-ENTITY-NAME	National Health Care Entity Name	Not Applicable	[No longer essential - Both data element and associated requirement(s); preserved for file submission integrity. See Data Dictionary v2.3 for specific definition and coding requirement description(s).]	Not Applicable	2/12/2021	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006

End of Sheet

Requirement Action Code Summary *(Disclaimer: Each requirement during this specific data dictionary rele*

Summary	Count
Total Requirement Count	5,522
A1: Add, new requirement from guidance	42
A2: Add, new testable requirement	1,704
Total Added	1,746
Total Added Percentage	32%
C1: Change, material requirement impact	180
C2: Change, non-material requirement impact	1,532
Total Change	1,712
Total Changed Percentage	31%
X1: No change from previous requirements	1,933
No change percentage	35%
D1: No longer essential - Data element and/or associated requirement(s); preserved for file submission integrity.	131
No longer essential percentage	2%

End of Sheet

Record Segment Keys and Constraints (a) = Data element is part of the record segment key, but is not considered when evaluating the date constraints

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	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	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.

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	1115A-END-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	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	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 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-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	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.

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	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.
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 records.
ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	Not Applicable	MEDICAID-BASIS-OF-ELIGIBILITY	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	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.
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.

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	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.
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.
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

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-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	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	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	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	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	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	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	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	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	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	Not Applicable	COVERAGE-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.

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	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	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	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	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-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	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	(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	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	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.

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	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-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	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	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	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	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	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.

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	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.
TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE	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	(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	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	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	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.

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-COVER	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.
TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVER	1	SUBMITTING-STATE	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-COVER	Not Applicable	RECORD-NUMBER	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-COVER	2	MSIS-IDENTIFICATION-NUM	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-COVER	3	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	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-COVER	(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.

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-COVER	Not Applicable	OTHER-TPL-END-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-COVER	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-COVER	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
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 contained within the set of effective date spans of the associated active parent records.
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 spans of the associated active parent records.
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.

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	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	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	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.
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.

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	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.
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.

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-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.
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.

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	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.
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-EN	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-EN	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.

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	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.
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.

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	(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-STATU	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-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.

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-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-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
PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	Not Applicable	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	2	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 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	3	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 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	(a)	PROV-LOCATION-AND-CONTACT-INFO	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	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	4	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

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-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
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.

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	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-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.

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	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 segment must be fully contained within the set of effective date spans of all active parent records.
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 segment must be fully contained within the set of effective date spans of all active parent records.
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.

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	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.
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.

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	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.
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.

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	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.
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-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.

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	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.
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.

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	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.
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.
PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	Not Applicable	RECORD-ID	Not Applicable	Not Applicable
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

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	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-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.
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.

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	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 segment must be fully contained within the set of effective date spans of all active parent records.
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 segment must be fully contained within the set of effective date spans of all active parent records.
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-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.
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.

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	3	SUBMITTING-STATE-PROV-ID-OF-AFFIL	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	(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 spans of all active parent records.
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.

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	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.
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.
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 spans of the associated active parent records.
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 contained within the set of effective date spans of the associated active parent records.
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.

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	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.
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.

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	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.
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.
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

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	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	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	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 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-ID-INFO	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 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	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
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.
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 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	(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-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	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-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	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	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
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

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	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
MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	(a)	MANAGED-CARE-SERVICE-AREA-EFF-D	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-D	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

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	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-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 active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-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-PLAN-POPULATION-ENROLLED-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-PLAN-POPULATION-ENROLLED-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-PLAN-POPULATION-ENROLLED-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

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-MCR00001	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-MCR00001	(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-MCR00001	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 set of effective date spans of the associated active parent records
MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00001	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-PLAN-POPULATION-ENROLLED-MCR00001	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
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

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
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	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELC	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.
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
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

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	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-D	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	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
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	3	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-MC	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-MC	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.

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-MC	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-LOCATION-AND-CONTACT-INFO-MC	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-LOCATION-AND-CONTACT-INFO-MC	3	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-MC	(a)	MANAGED-CARE-LOCATION-AND-CON	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-MC	Not Applicable	MANAGED-CARE-LOCATION-AND-CON	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-MC	4	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.

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-MC	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-MC	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.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MC	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-MC	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-MC	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-MC	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.

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-MC	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-MC	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-MC	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.
MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MC	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-MC	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-LOCATION-AND-CONTACT-INFO-MC	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-ACCREDITATION-ORGANIZATION-M	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-ACCREDITATION-ORGANIZATION-M	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-ACCREDITATION-ORGANIZATION-M	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-M	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-M	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-M	(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-M	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-M	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-M	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
ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELC	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-ELC	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	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELC	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	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELC	3	HCBS-CHRONIC-CONDITION-NON-HEA	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-ELC	(a)	HCBS-CHRONIC-CONDITION-NON-HEA	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-ELC	Not Applicable	HCBS-CHRONIC-CONDITION-NON-HEA	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-ELC	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	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELC	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-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 records.
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-OTHER-EXPLANATION	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-	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	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-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.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-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-SPA-PARTICIPATION-INFORMATION-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.

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-EL	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-EL	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.
ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-EL	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-EL	(a)	HEALTH-HOME-SPA-PARTICIPATION-EN	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-EL	Not Applicable	HEALTH-HOME-SPA-PARTICIPATION-EN	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-EL	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.

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	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.
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.

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	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 contained within the set of effective date spans of the associated active parent records.
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 contained within the set of effective date spans of the associated active parent records.
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.

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	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	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.
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.

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	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	LOCKIN-PROV-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	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 LOCKIN-PROV-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	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 LOCKIN-PROV-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	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.
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.

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	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 records.
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.
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.

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	(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 spans of the associated active parent records.
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-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	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	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.
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

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
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
TPL	FILE-HEADER-RECORD-TPL-TPL00001	Not Applicable	FILLER	Not Applicable	Not Applicable
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
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

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
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
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
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
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
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

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	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
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
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
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

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	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
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.
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	4	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.

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	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 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-TY	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	(a)	MANAGED-CARE-PLAN-ENROLLMENT-	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	MANAGED-CARE-PLAN-ENROLLMENT-	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.

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	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.
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.

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-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 records.
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.
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.

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	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	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
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-EN	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-EN	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	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.
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.

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	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-	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	(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 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	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 contained within the set of effective date spans of the associated active parent records.
ELIGIBLE	RACE-INFORMATION-ELG00016	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	RACE-INFORMATION-ELG00016	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	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.

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	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	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	3	STATE-PLAN-OPTION-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	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.

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	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.
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-EXPLANATIO	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	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.
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.

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	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	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-COD	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-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	HOUSEHOLD-SIZE	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	PREGNANCY-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	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-EL	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	VARIABLE-DEMOGRAPHIC-ELEMENT-EL	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	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	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.
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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. --ADJUSTMENT-IND (LINE-ADJUSTMENT-IND)
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	Not Applicable	CMS-64-CATEGORY-FOR-FEDERAL-REI	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-FLAG	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	PROCEDURE-CODE-MOD-1	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	TOOTH-DESIGNATION-SYSTEM	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORINATION-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORINATION-ADDR-LN2	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORINATION-CITY	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	ORINATION-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	ORINATION-ZIP-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-ADDR-LN2	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-CITY	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	Not Applicable	DESTINATION-ZIP-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	CMS-64-CATEGORY-FOR-FEDERAL-REI	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-4	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	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-OT-COT00002 record in the current OT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE. -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	Not Applicable	CMS-64-CATEGORY-FOR-FEDERAL-REI	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	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-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-LT-CLT00002 record in the current LT claim file submission that matches on: -- SUBMITTING-STATE -- ICN-ORIG -- ICN-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	CMS-64-CATEGORY-FOR-FEDERAL-REI	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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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 -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).

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	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-ADJ -- ADJUDICATION-DATE -- ADJUSTMENT-IND (LINE-ADJUSTMENT-IND).
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
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

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-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
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

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	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
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-SHAR	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
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

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-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	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	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-PRICE	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-PRICE	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-PRICE	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-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
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

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	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
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

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	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
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

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-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-SHAR	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
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-	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

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-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
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

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	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
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	BMI	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

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	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
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	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	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-TAXONO	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-TAXO	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
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
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

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-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
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

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	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
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

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	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-SHAR	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
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	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

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-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
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

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-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
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	BMI	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	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	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-TAXONO	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-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-TAXO	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	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
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
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

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-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
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

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-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
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

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-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
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

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-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
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	TOT-COPAY-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-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

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	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-SHAR	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
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-	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

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-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
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

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-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-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
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

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-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	BMI	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	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-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	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

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	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-TAXONO	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-TAXO	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
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 records
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

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	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 effective date spans of the associated active parent records
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 spans of the associated active parent records
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
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.
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.

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	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 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	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	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	ELG-IDENTIFIERS-ELG00022	Not Applicable	RECORD-ID	Not Applicable	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	1	SUBMITTING-STATE	Not Applicable	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	Not Applicable	RECORD-NUMBER	Not Applicable	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	2	MSIS-IDENTIFICATION-NUM	Not Applicable	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	3	ELG-IDENTIFIER-TYPE	Not Applicable	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	4	ELG-IDENTIFIER	Not Applicable	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	Not Applicable	ELG-IDENTIFIER-ISSUING-ENTITY-ID	Not Applicable	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.

File Name	File Segment (with Record-ID)	Key Field Identifier	Data Element Name	Intra-Record Segment Constraints	Inter-Record Segment Constraints
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	(a)	ELG-IDENTIFIER-EFF-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION NUM, and ELG-IDENTIFIER-TYPE	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	Not Applicable	ELG-IDENTIFIER-END-DATE	No overlapping date spans for a given combination of SUBMITTING-STATE, MSIS-IDENTIFICATION NUM, and ELG-IDENTIFIER-TYPE	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	Not Applicable	REASON-FOR-CHANGE	Not Applicable	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	Not Applicable	STATE-NOTATION	Not Applicable	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.
ELIGIBLE	ELG-IDENTIFIERS-ELG00022	Not Applicable	FILLER	Not Applicable	Both ELG-IDENTIFIER-EFF-DATE and ELG-IDENTIFIER-END-DATE must be valid dates and fall within a corresponding time span for the same SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM combination in the PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002 segment.

End of Sheet