Centers for Medicaid and CHIP Services (CMCS)

Transformed Medicaid Statistical Information S

Valid Value Lists (VVLs)

Version: v4.0.0

Last Modified: 2024-06-03

ystem (T-MSIS)

ation System (T-MSIS) is used to assist the Centers for Medicare & Medicaid Services ((rough the new Medicaid and CHIP Scoreboard. Section 4735 of the Balanced Budget Act of 1997 es necessary for program integrity, program oversight, and administration. Under the Privacy A ontrol number. The valid OMB control number for this information collection is 0938-0345 (Exp the information collection. If you have comments concerning the accuracy of the time estimate

CMS) with monitoring and oversight of Medicaid and CHIP programs, to enable evaluati
included a statutory requirement for states to submit claims data, enrollee encounter data, and
ct of 1974 any personally identifying information obtained will be kept private to the extent of t
ires: 03/31/2026). The time required to complete this information collection is estimated to ave
(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn:

ɔn of demonstrations under section 1115 of the Social Security Act
d supporting information. Section 6504 of the Affordable Care Act strengthened
he law. According to the Paperwork Reduction Act of 1995, no persons are
rage 10 hours per response, including the time to review instructions,
PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

T-MSIS Valid Value Lists (VVLs) - v4.0.0

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64.21U Form List	24
64.21U Form List	26
64.21U Form List	31
64.21U Form List	1A
64.21U Form List	1B
64.21U Form List	1C
64.21U Form List	1D
64.21U Form List	21A
64.21U Form List	2A
64.21U Form List	3A
64.21U Form List	3B
64.21U Form List	8A1
64.21U Form List	8A2
64.21U Form List	8A3
64.21U Form List	8A4
64.21U Form List	8A5
64.21U Form List	8A6
64.21U Form List	8A7
64.21UP Form List	2
64.21UP Form List	3
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64.21UP Form List	26
64.21UP Form List	31
64.21UP Form List	1A
64.21UP Form List	1B
64.21UP Form List	1C
64.21UP Form List	1D
64.21UP Form List	21A
64.21UP Form List	2A
64.21UP Form List	3A
64.21UP Form List	3B
64.21UP Form List	8A1
64.21UP Form List	8A2
64.21UP Form List	8A3
64.21UP Form List	8A4
64.21UP Form List	8A5
64.21UP Form List	8A6
64.21UP Form List	8A7
64.9A Form List	A1A
64.9A Form List	A1B1
64.9A Form List	A1B2
64.9A Form List	A1C
64.9A Form List	A1C1
64.9A Form List	A1C2
64.9A Form List	A1C3
64.9A Form List	A1C4
64.9A Form List	A2
64.9A Form List	B1
64.9A Form List	B2
64.9A Form List	B3
64.9BASE Form List	7
64.9BASE Form List	8

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64.9BASE Form List	46
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64.9BASE Form List	49
64.9BASE Form List	69
64.9BASE Form List	10A
64.9BASE Form List	10B
64.9BASE Form List	17A
64.9BASE Form List	17B
64.9BASE Form List	17C1
64.9BASE Form List	17D
64.9BASE Form List	18A
64.9BASE Form List	18A1
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64.9BASE Form List	18A4
64.9BASE Form List	18A5
64.9BASE Form List	18A6
64.9BASE Form List	18B1

64.9BASE Form List	18B1a
64.9BASE Form List	18B1b
64.9BASE Form List	18B1c
64.9BASE Form List	18B1d
64.9BASE Form List	18B1e
64.9BASE Form List	18B1f
64.9BASE Form List	18B2
64.9BASE Form List	18B2a
64.9BASE Form List	18B2b
64.9BASE Form List	18B2c
64.9BASE Form List	18B2d
64.9BASE Form List	18B2e
64.9BASE Form List	18B2f
64.9BASE Form List	18C
64.9BASE Form List	18D
64.9BASE Form List	18E
64.9BASE Form List	19A
64.9BASE Form List	19B
64.9BASE Form List	19C
64.9BASE Form List	19D
64.9BASE Form List	1A
64.9BASE Form List	1B
64.9BASE Form List	1C
64.9BASE Form List	1D
64.9BASE Form List	23A
64.9BASE Form List	23B
64.9BASE Form List	24A
64.9BASE Form List	24B
64.9BASE Form List	29A
64.9BASE Form List	29B
64.9BASE Form List	2A
64.9BASE Form List	2B
64.9BASE Form List	2C
64.9BASE Form List	34A
64.9BASE Form List	37A
64.9BASE Form List	37B
64.9BASE Form List	37C
64.9BASE Form List	3A
64.9BASE Form List	3B
64.9BASE Form List	46A1
64.9BASE Form List	46A2
64.9BASE Form List	46A3
64.9BASE Form List	46A4
64.9BASE Form List	46A5
64.9BASE Form List	46A6

64.9BASE Form List	46B
64.9BASE Form List	4A
64.9BASE Form List	4B
64.9BASE Form List	4C
64.9BASE Form List	5A
64.9BASE Form List	5B
64.9BASE Form List	5C
64.9BASE Form List	5D
64.9BASE Form List	6A
64.9BASE Form List	6B
64.9BASE Form List	7A1
64.9BASE Form List	7A2
64.9BASE Form List	7A3
64.9BASE Form List	7A4
64.9BASE Form List	7A5
64.9BASE Form List	7A6
64.9BASE Form List	7A7
64.9BASE Form List	9A
64.9BASE Form List	9B
64.9P Form List	7
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64.9P Form List	13
64.9P Form List	14
64.9P Form List	15
64.9P Form List	16
64.9P Form List	22
64.9P Form List	25
64.9P Form List	26
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64.9P Form List	41
64.9P Form List	42
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64.9P Form List	44
64.9P Form List	45
64.9P Form List	46
64.9P Form List	47
64.9P Form List	48
64.9P Form List	49
64.9P Form List	69
64.9P Form List	10A
64.9P Form List	10B
64.9P Form List	17A
64.9P Form List	17B
64.9P Form List	17C1
64.9P Form List	17D
64.9P Form List	18A
64.9P Form List	18A1
64.9P Form List	18A2
64.9P Form List	18A3
64.9P Form List	18A4
64.9P Form List	18A5
64.9P Form List	18A6
64.9P Form List	18B1
64.9P Form List	18B1a
64.9P Form List	18B1b
64.9P Form List	18B1c
64.9P Form List	18B1d
64.9P Form List	18B1e
64.9P Form List	18B1f
64.9P Form List	18B2
64.9P Form List	18B2a
64.9P Form List	18B2b
64.9P Form List	18B2c
64.9P Form List	18B2d
64.9P Form List	18B2e
64.9P Form List	18B2f
64.9P Form List	18C
64.9P Form List	18D
64.9P Form List	18E
64.9P Form List	19A
64.9P Form List	19B
64.9P Form List	19C
64.9P Form List	19D
64.9P Form List	1A

64.9P Form List	1B
64.9P Form List	1C
64.9P Form List	1D
64.9P Form List	23A
64.9P Form List	23B
64.9P Form List	24A
64.9P Form List	24B
64.9P Form List	29A
64.9P Form List	29B
64.9P Form List	2A
64.9P Form List	2B
64.9P Form List	2C
64.9P Form List	34A
64.9P Form List	37A
64.9P Form List	37B
64.9P Form List	37C
64.9P Form List	3A
64.9P Form List	3B
64.9P Form List	46A1
64.9P Form List	46A2
64.9P Form List	46A3
64.9P Form List	46A4
64.9P Form List	46A5
64.9P Form List	46A6
64.9P Form List	46B
64.9P Form List	4A
64.9P Form List	4B
64.9P Form List	4C
64.9P Form List	5A
64.9P Form List	5B
64.9P Form List	5C
64.9P Form List	5D
64.9P Form List	6A
64.9P Form List	6B
64.9P Form List	7A1
64.9P Form List	7A2
64.9P Form List	7A3
64.9P Form List	7A4
64.9P Form List	7A5
64.9P Form List	7A6
64.9P Form List	7A7
64.9P Form List	9A

64.9P Form List	9B
Accepting New Patients Indicator List	0
Accepting New Patients Indicator List	1
Accepting New Patients Indicator List	8
Accreditation Organization List	01
Accreditation Organization List	02
Accreditation Organization List	03
Accreditation Organization List	05
Accreditation Organization List	06
Accreditation Organization List	07
Accreditation Organization List	08
Accreditation Organization List	11
Accreditation Organization List	12
Accreditation Organization List	13
Accreditation Organization List	14
Accreditation Organization List	15
Accreditation Organization List	16
Accreditation Organization List	See "VVL_Code_Description" field
Address Border State Indicator List	0
Address Border State Indicator List	1
Address Border State Indicator List	8
Adjustment Indicator List	0

Adjustment Indicator List	1
Adjustment Indicator List	4
Adjustment Indicator List	5
Adjustment Indicator List	6

Adjustment Reason Code List	See "VVL_Code_Description" field
Admission Type List	1
Admission Type List	2
Admission Type List	3
Admission Type List	4
Admission Type List	5
Admission Type List	9
Admission Type List	See "VVL_Code_Description" field
Affiliated Program Type List	2
Affiliated Program Type List	3
Affiliated Program Type List	4
Affiliated Program Type List	5
Affiliated Program Type List	6

Affiliated Program Type List	7
American Indian Alaska Native Indicator List	0
American Indian Alaska Native Indicator List	1
American Indian Alaska Native Indicator List	2
Atypical Provider Indicator List	0
Atypical Provider Indicator List	1
Bed Type Code List	1
Bed Type Code List	2
Bed Type Code List	3
Bed Type Code List	4
Bed Type Code List	5
Bed Type Code List	6
Bed Type Code List	7
Billing Unit List	01
Billing Unit List	02
Billing Unit List	03
Billing Unit List	04
Billing Unit List	05
Billing Unit List	06
Billing Unit List	07
Border State Indicator List	0
Border State Indicator List	1
Brand Generic Indicator List	0
Brand Generic Indicator List	1
Brand Generic Indicator List	2
Category for Federal Reimbursement List	01
Category for Federal Reimbursement List	02
Category for Federal Reimbursement List	03
Category for Federal Reimbursement List	04
CHIP Code List	0
CHIP Code List	1

CHIP Code List	2
CHIP Code List	3
Citizenship Indicator List	0
Citizenship Indicator List	1
Citizenship Indicator List	2
Citizenship Verification Flag List	0
Citizenship Verification Flag List	1
Claim Denied Indicator List	0
Claim Denied Indicator List	1
Claim Payment Remittance Code List	See "VVL_Code_Description" field
Claim Status Code List	See "VVL_Code_Description" field
Claim Status Category List	See "VVL_Code_Description" field
Compound Dosage Form List	01
Compound Dosage Form List	02
Compound Dosage Form List	03
Compound Dosage Form List	04
Compound Dosage Form List	05
Compound Dosage Form List	06

Compound Dosage Form List	07
Compound Dosage Form List	10
Compound Dosage Form List	11
Compound Dosage Form List	12
Compound Dosage Form List	13
Compound Dosage Form List	14
Compound Dosage Form List	15
Compound Dosage Form List	16
Compound Dosage Form List	17
Compound Dosage Form List	18
Compound Dosage Form List	See "VVL_Code_Description" field
Compound Drug Indicator List	0
Compound Drug Indicator List	1
Conception to Birth Indicator List	0
Conception to Birth Indicator List	1
Continuous Eligibility Code List	001
Continuous Eligibility Code List	002
Continuous Eligibility Code List	995
Copay Waived Indicator List	0
Copay Waived Indicator List	1
Core Based Statistical Area Code List	1
Core Based Statistical Area Code List	2
Core Based Statistical Area Code List	3
US County Code List	See "VVL_Code_Description" field
Coverage Type List	01
Coverage Type List	02
Coverage Type List	03
Coverage Type List	04
Coverage Type List	05

Coverage Type List	06
Coverage Type List	07
Coverage Type List	08
Coverage Type List	09
Coverage Type List	10
Coverage Type List	11
Coverage Type List	12
Coverage Type List	13
Coverage Type List	14
Coverage Type List	15
Coverage Type List	16
Coverage Type List	17
Coverage Type List	18
Coverage Type List	19
Coverage Type List	20
Coverage Type List	21
Coverage Type List	22
Coverage Type List	23
Coverage Type List	98
Crossover Indicator List	0
Crossover Indicator List	1
Data Dictionary Version List	DEC13V2.3
Data Dictionary Version List	NOV07V2.1
Data Dictionary Version List	NOV13V1.1
Data Dictionary Version List	NOV15V2.0
Data Dictionary Version List	NOV17V2.1
Data Dictionary Version List	NOV23V2.2
Data Dictionary Version List	v2.4.0
Data Dictionary Version List	v3.0.0
Data Dictionary Version List	v4.0.0
Diagnosis Code List	See "VVL_Code_Description" field
Diagnosis Code Flag List	1
Diagnosis Code Flag List	2
Diagnosis POA Flag List	1
Diagnosis POA Flag List	N

Diagnosis POA Flag List	See "VVL_Code_Description" field
Diagnosis POA Flag List	U
Diagnosis POA Flag List	W
Diagnosis POA Flag List	Y
Diagnosis Type List	A
Diagnosis Type List	D
Diagnosis Type List	E
Diagnosis Type List	O
Diagnosis Type List	P
Diagnosis Type List	R
Disability Type Code List	01
Disability Type Code List	02
Disability Type Code List	03
Disability Type Code List	04
Disability Type Code List	05
Disability Type Code List	06
Disability Type Code List	07
Disability Type Code List	08
Drug Utilization Code List	See "VVL_Code_Description" field
Drug Utilization Reason for Service Code List	AD
Drug Utilization Reason for Service Code List	AN

Drug Utilization Reason for Service Code List	AR
Drug Utilization Reason for Service Code List	AT
Drug Utilization Reason for Service Code List	CD
Drug Utilization Reason for Service Code List	CH
Drug Utilization Reason for Service Code List	CS
Drug Utilization Reason for Service Code List	DA
Drug Utilization Reason for Service Code List	DC
Drug Utilization Reason for Service Code List	DD
Drug Utilization Reason for Service Code List	DF
Drug Utilization Reason for Service Code List	DI
Drug Utilization Reason for Service Code List	DL
Drug Utilization Reason for Service Code List	DM
Drug Utilization Reason for Service Code List	DS
Drug Utilization Reason for Service Code List	ED
Drug Utilization Reason for Service Code List	ER
Drug Utilization Reason for Service Code List	EX
Drug Utilization Reason for Service Code List	HD
Drug Utilization Reason for Service Code List	IC
Drug Utilization Reason for Service Code List	ID
Drug Utilization Reason for Service Code List	LD
Drug Utilization Reason for Service Code List	LK
Drug Utilization Reason for Service Code List	LR

Drug Utilization Reason for Service Code List	MC
Drug Utilization Reason for Service Code List	MN
Drug Utilization Reason for Service Code List	MS
Drug Utilization Reason for Service Code List	MX
Drug Utilization Reason for Service Code List	NA
Drug Utilization Reason for Service Code List	NC
Drug Utilization Reason for Service Code List	ND
Drug Utilization Reason for Service Code List	NF
Drug Utilization Reason for Service Code List	NN
Drug Utilization Reason for Service Code List	NP
Drug Utilization Reason for Service Code List	NR
Drug Utilization Reason for Service Code List	NS
Drug Utilization Reason for Service Code List	OH
Drug Utilization Reason for Service Code List	PA
Drug Utilization Reason for Service Code List	PC
Drug Utilization Reason for Service Code List	PG
Drug Utilization Reason for Service Code List	PH
Drug Utilization Reason for Service Code List	PN
Drug Utilization Reason for Service Code List	PP
Drug Utilization Reason for Service Code List	PR
Drug Utilization Reason for Service Code List	PS
Drug Utilization Reason for Service Code List	RE

Drug Utilization Reason for Service Code List	RF
Drug Utilization Reason for Service Code List	SC
Drug Utilization Reason for Service Code List	SD
Drug Utilization Reason for Service Code List	SE
Drug Utilization Reason for Service Code List	SF
Drug Utilization Reason for Service Code List	SR
Drug Utilization Reason for Service Code List	SX
Drug Utilization Reason for Service Code List	TD
Drug Utilization Reason for Service Code List	TN
Drug Utilization Reason for Service Code List	TP
Drug Utilization Professional Service Code List	00
Drug Utilization Professional Service Code List	AS
Drug Utilization Professional Service Code List	CC
Drug Utilization Professional Service Code List	DE
Drug Utilization Professional Service Code List	FE
Drug Utilization Professional Service Code List	GP
Drug Utilization Professional Service Code List	M0
Drug Utilization Professional Service Code List	MA
Drug Utilization Professional Service Code List	MR
Drug Utilization Professional Service Code List	P0
Drug Utilization Professional Service Code List	PE
Drug Utilization Professional Service Code List	PH

Drug Utilization Professional Service Code List	PM
Drug Utilization Professional Service Code List	PT
Drug Utilization Professional Service Code List	R0
Drug Utilization Professional Service Code List	RT
Drug Utilization Professional Service Code List	SC
Drug Utilization Professional Service Code List	SW
Drug Utilization Professional Service Code List	TC
Drug Utilization Professional Service Code List	TH
Drug Utilization Result of Service Code List	00
Drug Utilization Result of Service Code List	1A
Drug Utilization Result of Service Code List	1B
Drug Utilization Result of Service Code List	1C
Drug Utilization Result of Service Code List	1D
Drug Utilization Result of Service Code List	1E
Drug Utilization Result of Service Code List	1F
Drug Utilization Result of Service Code List	1G
Drug Utilization Result of Service Code List	1H
Drug Utilization Result of Service Code List	1J
Drug Utilization Result of Service Code List	1K
Drug Utilization Result of Service Code List	2A
Drug Utilization Result of Service Code List	2B
Drug Utilization Result of Service Code List	3A

Drug Utilization Result of Service Code List	3B
Drug Utilization Result of Service Code List	3C
Drug Utilization Result of Service Code List	3D
Drug Utilization Result of Service Code List	3E
Drug Utilization Result of Service Code List	3F
Drug Utilization Result of Service Code List	3G
Drug Utilization Result of Service Code List	3H
Drug Utilization Result of Service Code List	3J
Drug Utilization Result of Service Code List	3K
Drug Utilization Result of Service Code List	3M
Drug Utilization Result of Service Code List	3N
Dual Eligible Code List	00
Dual Eligible Code List	01
Dual Eligible Code List	02
Dual Eligible Code List	03
Dual Eligible Code List	04
Dual Eligible Code List	05
Dual Eligible Code List	06
Dual Eligible Code List	08
Dual Eligible Code List	09
Dual Eligible Code List	10
Eligible Identifier Type List	1
Eligible Identifier Type List	2
Eligibility Extension Code List	001
Eligibility Extension Code List	002
Eligibility Extension Code List	003
Eligibility Extension Code List	995
Eligibility Group List	01
Eligibility Group List	02
Eligibility Group List	03
Eligibility Group List	04

Eligibility Group List	05
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Eligibility Group List	71
Eligibility Group List	72
Eligibility Group List	73
Eligibility Group List	74
Eligibility Group List	75
Eligibility Group List	76
Eligibility Termination Reason List	01
Eligibility Termination Reason List	02
Eligibility Termination Reason List	03
Eligibility Termination Reason List	04
Eligibility Termination Reason List	05
Eligibility Termination Reason List	06
Eligibility Termination Reason List	07
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Eligibility Termination Reason List	19
Eligibility Termination Reason List	20
Eligibility Termination Reason List	21
Eligibility Termination Reason List	22
Eligibility Termination Reason List	23
Eligibility Termination Reason List	24
Eligibility Termination Reason List	25
Eligibility Termination Reason List	26
Eligibility Termination Reason List	27
Eligibility Termination Reason List	28
Eligibility Termination Reason List	29
Eligibility Termination Reason List	30
Eligibility Termination Reason List	31
Eligible Address Type List	01
Eligible Address Type List	02

Eligible Address Type List	03
Eligible Address Type List	04
Eligible Address Type List	05
Eligible Address Type List	06
Engl Prof List	0
Engl Prof List	1
Engl Prof List	2
Engl Prof List	3
Enrollment Type List	1
Enrollment Type List	2
Ethnicity Code List	0
Ethnicity Code List	1
Ethnicity Code List	2
Ethnicity Code List	3
Ethnicity Code List	4
Ethnicity Code List	5
Ethnicity Code List	6
Expenditure Authority Type List	01
Expenditure Authority Type List	95
Facility Group Individual Code List	01
Facility Group Individual Code List	02
Facility Group Individual Code List	03
File Encoding Specification List	FLF
File Encoding Specification List	PSV
T-MSIS File Type List	CLAIM-IP
T-MSIS File Type List	CLAIM-LT
T-MSIS File Type List	CLAIM-OT
T-MSIS File Type List	CLAIM-RX
T-MSIS File Type List	ELIGIBLE
T-MSIS File Type List	FINTRANS
T-MSIS File Type List	MNGDCARE
T-MSIS File Type List	PROVIDER
T-MSIS File Type List	TPL-FILE
File Status Indicator List	P
File Status Indicator List	T
File Submission Method List	01
File Submission Method List	02
File Submission Method List	03
File Submission Method List	04
File Submission Method List	05
Fixed Payment Indicator List	0
Fixed Payment Indicator List	1

Forced Claim Indicator List	0
Forced Claim Indicator List	1
Funding Code List	A
Funding Code List	B
Funding Code List	C
Funding Code List	D
Funding Code List	E
Funding Code List	F
Funding Code List	G
Funding Code List	H
Funding Code List	I
Funding Source Non-Federal Share List	01
Funding Source Non-Federal Share List	02
Funding Source Non-Federal Share List	03
Funding Source Non-Federal Share List	04
Funding Source Non-Federal Share List	05
Funding Source Non-Federal Share List	06
Gender Identity List	1
Gender Identity List	2
Gender Identity List	3
Gender Identity List	4
Gender Identity List	5
Gender Identity List	6
Gender Identity List	7
HCBS Chronic Condition Non Health Home Code List	001
HCBS Chronic Condition Non Health Home Code List	002
HCBS Chronic Condition Non Health Home Code List	003
HCBS Chronic Condition Non Health Home Code List	004
HCBS Chronic Condition Non Health Home Code List	005
HCBS Chronic Condition Non Health Home Code List	006
HCBS Chronic Condition Non Health Home Code List	007
HCBS Chronic Condition Non Health Home Code List	008
HCBS Chronic Condition Non Health Home Code List	009
HCBS Chronic Condition Non Health Home Code List	010
HCBS Service Code List	1

HCBS Service Code List	2
HCBS Service Code List	3
HCBS Service Code List	4
HCBS Service Code List	5
HCBS Service Code List	6
HCBS Service Code List	7
HCBS Taxonomy Code List	01010
HCBS Taxonomy Code List	02011
HCBS Taxonomy Code List	02012
HCBS Taxonomy Code List	02013
HCBS Taxonomy Code List	02021
HCBS Taxonomy Code List	02022
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HCBS Taxonomy Code List	03022
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HCBS Taxonomy Code List	05020
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HCBS Taxonomy Code List	14020
HCBS Taxonomy Code List	14031
HCBS Taxonomy Code List	14032
HCBS Taxonomy Code List	15010
HCBS Taxonomy Code List	16010
HCBS Taxonomy Code List	17010
HCBS Taxonomy Code List	17020
HCBS Taxonomy Code List	17030
HCBS Taxonomy Code List	17990
Healthcare Acquired Condition Indicator List	0
Healthcare Acquired Condition Indicator List	1
Health Home Chronic Condition List	A
Health Home Chronic Condition List	B
Health Home Chronic Condition List	C
Health Home Chronic Condition List	D
Health Home Chronic Condition List	E
Health Home Chronic Condition List	F
Health Home Chronic Condition List	G
Health Home Chronic Condition List	H

Health Home Provider Indicator List	0
Health Home Provider Indicator List	1
Hour List	00
Hour List	01
Hour List	02
Hour List	03
Hour List	04
Hour List	05
Hour List	06
Hour List	07
Hour List	08
Hour List	09
Hour List	10
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Hour List	18
Hour List	19
Hour List	20
Hour List	21
Hour List	22
Hour List	23
Household Size List	01
Household Size List	02
Household Size List	03
Household Size List	04
Household Size List	05
Household Size List	06
Household Size List	07
Household Size List	08
IHS Service Indicator Code List	0
IHS Service Indicator Code List	1
Immigration Status List	1
Immigration Status List	2
Immigration Status List	3
Immigration Status List	8
Immigration Verification Flag List	0
Immigration Verification Flag List	1
Income Code List	01
Income Code List	02
Income Code List	03

Income Code List	04
Income Code List	05
Income Code List	06
Income Code List	07
Income Code List	08
Income Standard Code List	01
Income Standard Code List	02
Income Standard Code List	95
Insurance Plan Type List	01
Insurance Plan Type List	02
Insurance Plan Type List	03
Insurance Plan Type List	04
Insurance Plan Type List	05
Insurance Plan Type List	06
Insurance Plan Type List	07
Insurance Plan Type List	08
Insurance Plan Type List	09
Insurance Plan Type List	10
Insurance Plan Type List	11
Insurance Plan Type List	12
Insurance Plan Type List	13
Insurance Plan Type List	14
Insurance Plan Type List	15
Insurance Plan Type List	16
Level of Care Status List	001
Level of Care Status List	002
Level of Care Status List	003
Level of Care Status List	004
Level of Care Status List	005
Level of Care Status List	888
License Type List	1
License Type List	2
License Type List	3
License Type List	4
License Type List	5
Line Adjustment Indicator List	0

Line Adjustment Indicator List	1
Line Adjustment Indicator List	4
Line Adjustment Indicator List	5
Line Adjustment Indicator List	6
Line Adjustment Reason Code List	See "VVL_Code_Description" field
LTSS Level of Care List	1
LTSS Level of Care List	2
LTSS Level of Care List	3

Managed Care Address Type List	1
Managed Care Address Type List	2
Managed Care Address Type List	3
Managed Care Address Type List	4
Managed Care Address Type List	5
Managed Care Address Type List	6
Managed Care Address Type List	7
Managed Care Plan Other ID Type List	01
Managed Care Plan Other ID Type List	02
Managed Care Plan Type List	01
Managed Care Plan Type List	02
Managed Care Plan Type List	03
Managed Care Plan Type List	04
Managed Care Plan Type List	05
Managed Care Plan Type List	06
Managed Care Plan Type List	07
Managed Care Plan Type List	08
Managed Care Plan Type List	09
Managed Care Plan Type List	10
Managed Care Plan Type List	11
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Managed Care Plan Type List	16
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Managed Care Plan Type List	18
Managed Care Plan Type List	19
Managed Care Plan Type List	20
Managed Care Plan Type List	60
Managed Care Plan Type List	70
Managed Care Plan Type List	80
Managed Care Profit Status List	01
Managed Care Profit Status List	02
Managed Care Profit Status List	03
Managed Care Profit Status List	04
Managed Care Program List	1
Managed Care Program List	2
Managed Care Program List	3
Managed Care Service Area List	1

Managed Care Service Area List	2
Managed Care Service Area List	3
Managed Care Service Area List	4
Managed Care Service Area List	5
Managed Care Service Area List	6
Managed Care Service Area Name List	See "VVL_Code_Description" field
Marital Status List	01
Marital Status List	02
Marital Status List	03
Marital Status List	04
Marital Status List	05
Marital Status List	06
Marital Status List	07
Marital Status List	08
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Marital Status List	28
Marital Status List	29
Marital Status List	30
Marital Status List	31
Marital Status List	32
Marital Status List	33
MBESCBES Form Group List	1
MBESCBES Form Group List	2
MBESCBES Form Group List	3
MBESCBES Form Group 1 List	64.10BASE
MBESCBES Form Group 1 List	64.9A
MBESCBES Form Group 1 List	64.9BASE
MBESCBES Form Group 1 List	64.9P
MBESCBES Form Group 2 List	64.21U
MBESCBES Form Group 2 List	64.21UP
MBESCBES Form Group 3 List	21BASE
MBESCBES Form Group 3 List	21P
Medicare Combined Deductible Indicator List	0
Medicare Combined Deductible Indicator List	1
Medicare Reimbursement Type List	01
Medicare Reimbursement Type List	02
Medicare Reimbursement Type List	03
Medicare Reimbursement Type List	04
Medicare Reimbursement Type List	05
Medicare Reimbursement Type List	06
Medicare Reimbursement Type List	07
Medicare Reimbursement Type List	08
Medicare Reimbursement Type List	09
MFP Lives with Family List	0
MFP Lives with Family List	1
MFP Lives with Family List	2
MFP Qualified Institution List	00
MFP Qualified Institution List	01
MFP Qualified Institution List	02
MFP Qualified Institution List	03
MFP Qualified Institution List	04
MFP Qualified Institution List	05

MFP Qualified Residence List	00
MFP Qualified Residence List	01
MFP Qualified Residence List	02
MFP Qualified Residence List	03
MFP Qualified Residence List	04
MFP Qualified Residence List	05
MFP Reason Participation Ended List	00
MFP Reason Participation Ended List	01
MFP Reason Participation Ended List	02
MFP Reason Participation Ended List	03
MFP Reason Participation Ended List	04
MFP Reason Participation Ended List	05
MFP Reason Participation Ended List	06
MFP Reason Participation Ended List	07
MFP Reinstitutionalized Reason List	00
MFP Reinstitutionalized Reason List	01
MFP Reinstitutionalized Reason List	02
MFP Reinstitutionalized Reason List	03
MFP Reinstitutionalized Reason List	04
MFP Reinstitutionalized Reason List	05
MFP Reinstitutionalized Reason List	06
MFP Reinstitutionalized Reason List	07
MFP Reinstitutionalized Reason List	08
NDC Unit of Measure List	F2
NDC Unit of Measure List	GR
NDC Unit of Measure List	ME
NDC Unit of Measure List	ML
NDC Unit of Measure List	See "VVL_Code_Description" field
NDC Unit of Measure List	UN
New Refill Indicator List	00
New Refill Indicator List	01
New Refill Indicator List	02
New Refill Indicator List	03
New Refill Indicator List	04
New Refill Indicator List	05
New Refill Indicator List	06
New Refill Indicator List	07
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New Refill Indicator List	09

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New Refill Indicator List	96
New Refill Indicator List	97
New Refill Indicator List	98
New Refill Indicator List	99

Occurrence Code List	See "VVL_Code_Description" field
Offset Transaction Type List	1
Offset Transaction Type List	2
Offset Transaction Type List	3
Operating Authority List	01
Operating Authority List	02
Operating Authority List	03
Operating Authority List	04
Operating Authority List	05
Operating Authority List	06
Operating Authority List	07
Operating Authority List	08
Operating Authority List	09
Operating Authority List	10

Operating Authority List	11
Operating Authority List	12
Operating Authority List	13
Operating Authority List	14
Operating Authority List	15
Operating Authority List	16
Operating Authority List	17
Operating Authority List	18
Operating Authority List	19
Operating Authority List	20
Operating Authority List	21
Operating Authority List	22
Operating Authority List	23
Other Insurance Indicator List	0
Other Insurance Indicator List	1
Other TPL Collection List	000
Other TPL Collection List	001
Other TPL Collection List	002
Other TPL Collection List	003
Other TPL Collection List	004
Other TPL Collection List	005
Other TPL Collection List	006
Other TPL Collection List	007
Outlier Code List	00
Outlier Code List	01
Outlier Code List	02
Outlier Code List	06
Outlier Code List	07

Outlier Code List	08
Outlier Code List	09
Outlier Code List	10
Ownership Code List	01
Ownership Code List	02
Ownership Code List	03
Ownership Code List	04
Ownership Code List	05
Ownership Code List	06
Ownership Code List	07
Ownership Code List	08
Ownership Code List	09
Ownership Code List	10
Ownership Code List	11
Ownership Code List	12
Ownership Code List	13
Ownership Code List	14
Ownership Code List	15
Ownership Code List	16
Ownership Code List	17
Ownership Code List	18
Ownership Code List	19
Ownership Code List	88
Patient Status List	See "VVL_Code_Description" field
Payee ID Type List	01
Payee ID Type List	02
Payee ID Type List	03
Payee ID Type List	04
Payee ID Type List	05
Payee ID Type List	06
Payee ID Type List	07
Payee ID Type List	08
Payee ID Type List	09
Payee ID Type List	95
Payee Tax ID Type List	01
Payee Tax ID Type List	02
Payee Tax ID Type List	03
Payee Tax ID Type List	04
Payee Tax ID Type List	95

Payer ID Type List	01
Payer ID Type List	02
Payer ID Type List	03
Payer ID Type List	04
Payer ID Type List	95
Payment Level Indicator List	1
Payment Level Indicator List	2
Payment Level Indicator List	3
Payment Period Type List	01
Payment Period Type List	02
Payment Period Type List	03
Payment Period Type List	04
Payment Period Type List	05
Payment Period Type List	95
Place of Service Code List	See "VVL_Code_Description" field
Policy Owner Code List	01
Policy Owner Code List	02
Policy Owner Code List	03
Policy Owner Code List	04
Policy Owner Code List	05
Policy Owner Code List	06
Policy Owner Code List	07
Policy Owner Code List	08
Policy Owner Code List	09
Preferred Language Code List	See "VVL_Code_Description" field
Pregnancy Indicator List	0

Pregnancy Indicator List	1
Prescription Origin Code List	See "VVL_Code_Description" field
Primary Eligibility Group Indicator List	0
Primary Eligibility Group Indicator List	1
Procedure Code Flag List	01
Procedure Code Flag List	02
Procedure Code Flag List	06
Procedure Code Flag List	07
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Procedure Code Flag List	86
Procedure Code Flag List	87
Program Type List	00
Program Type List	01
Program Type List	02
Program Type List	03
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Program Type List	05
Program Type List	07
Program Type List	08
Program Type List	10
Program Type List	11
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Program Type List	15
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Program Type List	17
Provider Address Type List	1
Provider Address Type List	2
Provider Address Type List	3
Provider Address Type List	4
Provider Authorized Category of Service Code List	001
Provider Authorized Category of Service Code List	002
Provider Authorized Category of Service Code List	003
Provider Authorized Category of Service Code List	004
Provider Authorized Category of Service Code List	005
Provider Authorized Category of Service Code List	006
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Provider Authorized Category of Service Code List	147
Provider Classification Type List	1
Provider Classification Type List	2
Provider Classification Type List	3
Provider Classification Type List	4
Provider Enrollment Method	1
Provider Enrollment Method	2
Provider Enrollment Method	3
Provider Facility Type	100000000
Provider Facility Type	170000000
Provider Facility Type	250000000
Provider Facility Type	260000000
Provider Facility Type	270000000
Provider Facility Type	280000000

Provider Facility Type	290000000
Provider Facility Type	300000000
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Provider Facility Type	340000000
Provider Facility Type	380000000
Provider Facility Type	See "VVL_Code_Description" field
Provider Identifier Type List	1
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Provider Identifier Type List	4
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Provider Medicaid Enrollment Status Code List	01
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Provider Medicaid Enrollment Status Code List	77
Provider Medicaid Enrollment Status Code List	78
Provider Medicaid Enrollment Status Code List	79
Provider Medicaid Enrollment Status Code List	80
Provider Medicaid Enrollment Status Code List	81
Provider Medicaid Enrollment Status Code List	82
Provider Medicaid Enrollment Status Code List	83
Provider Profit Status List	01
Provider Profit Status List	02
Provider Profit Status List	03
Provider Profit Status List	04
Provider Profit Status List	88
Provider Profit Status List	99
Provider Specialty List	01
Provider Specialty List	02
Provider Specialty List	03
Provider Specialty List	04
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Provider Specialty List	96
Provider Specialty List	97
Provider Specialty List	98
Provider Specialty List	99
Provider Specialty List	A0
Provider Specialty List	A1
Provider Specialty List	A2
Provider Specialty List	A3
Provider Specialty List	A4
Provider Specialty List	A5
Provider Specialty List	A6
Provider Specialty List	A7

Provider Specialty List	A8
Provider Specialty List	A9
Provider Specialty List	B1
Provider Specialty List	B2
Provider Specialty List	B3
Provider Specialty List	B4
Provider Specialty List	B5
Provider Specialty List	C0
Provider Specialty List	C1
Provider Specialty List	C2
Provider Specialty List	C3
Provider Specialty List	C4
Provider Specialty List	C5
Provider Specialty List	C6
Provider Specialty List	C7
Provider Specialty List	C8
Provider Specialty List	C9
Provider Specialty List	D1
Provider Specialty List	D2
Provider Specialty List	D3
Provider Specialty List	D4
Provider Specialty List	D5
Provider Specialty List	D6
Provider Specialty List	D7
Provider Specialty List	D8
Provider Taxonomy List	See "VVL_Code_Description" field
Provider Type Code List	01
Provider Type Code List	02
Provider Type Code List	03
Provider Type Code List	04
Provider Type Code List	05
Provider Type Code List	06
Provider Type Code List	07
Provider Type Code List	08
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Provider Type Code List	56
Provider Type Code List	57
Provider Type Code List	58

Provider Claim Form Code List	01
Provider Claim Form Code List	02
Provider Claim Form Code List	03
Provider Claim Form Code List	11
Provider Claim Form Code List	12
Provider Claim Form Code List	13
Provider Claim Form Code List	21
Provider Claim Form Code List	22
Provider Claim Form Code List	23
Provider Claim Form Code List	31
Provider Claim Form Code List	95
Race List	001
Race List	002
Race List	003
Race List	004
Race List	005
Race List	006
Race List	007
Race List	008
Race List	009
Race List	010
Race List	011
Race List	012
Race List	013
Race List	014
Race List	015
Race List	016
Race List	017
Race List	018
Reason for Change List	LSE
Reason for Change List	MERGE
Reason for Change List	TCAM
Reason for Change List	UNMERGE
Rebate Eligible Indicator List	0
Rebate Eligible Indicator List	1
Rebate Eligible Indicator List	2
Record ID List	CIP00001
Record ID List	CIP00002
Record ID List	CIP00003
Record ID List	CIP00004
Record ID List	CLT00001
Record ID List	CLT00002
Record ID List	CLT00003
Record ID List	CLT00004

Record ID List	COT00001
Record ID List	COT00002
Record ID List	COT00003
Record ID List	COT00004
Record ID List	CRX00001
Record ID List	CRX00002
Record ID List	CRX00003
Record ID List	CRX00004
Record ID List	ELG00001
Record ID List	ELG00002
Record ID List	ELG00003
Record ID List	ELG00004
Record ID List	ELG00005
Record ID List	ELG00006
Record ID List	ELG00007
Record ID List	ELG00008
Record ID List	ELG00009
Record ID List	ELG00010
Record ID List	ELG00011
Record ID List	ELG00012
Record ID List	ELG00013
Record ID List	ELG00014
Record ID List	ELG00015
Record ID List	ELG00016
Record ID List	ELG00017
Record ID List	ELG00018
Record ID List	ELG00020
Record ID List	ELG00021
Record ID List	ELG00022
Record ID List	ELG00023
Record ID List	FTX00001
Record ID List	FTX00002
Record ID List	FTX00003
Record ID List	FTX00004
Record ID List	FTX00005
Record ID List	FTX00006
Record ID List	FTX00007
Record ID List	FTX00008
Record ID List	FTX00009
Record ID List	FTX00095
Record ID List	MCR00001
Record ID List	MCR00002
Record ID List	MCR00003
Record ID List	MCR00004
Record ID List	MCR00005

Record ID List	MCR00006
Record ID List	MCR00007
Record ID List	MCR00008
Record ID List	MCR00009
Record ID List	MCR00010
Record ID List	PRV00001
Record ID List	PRV00002
Record ID List	PRV00003
Record ID List	PRV00004
Record ID List	PRV00005
Record ID List	PRV00006
Record ID List	PRV00007
Record ID List	PRV00008
Record ID List	PRV00009
Record ID List	PRV00010
Record ID List	TPL00001
Record ID List	TPL00002
Record ID List	TPL00003
Record ID List	TPL00004
Record ID List	TPL00005
Record ID List	TPL00006
Reimbursement Arrangement List	01
Reimbursement Arrangement List	02
Reimbursement Arrangement List	03
Reimbursement Arrangement List	04
Reimbursement Arrangement List	05
Reimbursement Arrangement List	06
Reimbursement Arrangement List	07
Reimbursement Arrangement List	08
Restricted Benefits Code List	0
Restricted Benefits Code List	1
Restricted Benefits Code List	2
Restricted Benefits Code List	3
Restricted Benefits Code List	4
Restricted Benefits Code List	5
Restricted Benefits Code List	6

Restricted Benefits Code List	7
Restricted Benefits Code List	A
Restricted Benefits Code List	B
Restricted Benefits Code List	C
Restricted Benefits Code List	D
Restricted Benefits Code List	E
Restricted Benefits Code List	F
Restricted Benefits Code List	G
Revenue Code List	See "VVL_Code_Description" field
State Directed Payment Indicator List	0
State Directed Payment Indicator List	1
Self Direction Type List	000
Self Direction Type List	001
Self Direction Type List	002
Self Direction Type List	003
Sex List	F
Sex List	M
Sex List	U
Sex Assigned at Birth List	1
Sex Assigned at Birth List	2

Sex Assigned at Birth List	3
Sex Assigned at Birth List	4
Sex Assigned at Birth List	5
Sexual Orientation List	1
Sexual Orientation List	2
Sexual Orientation List	3
Sexual Orientation List	4
Sexual Orientation List	5
Sexual Orientation List	6
Source Location List	01
Source Location List	02
Source Location List	03
Source Location List	04
Source Location List	05
Source Location List	06
Source Location List	07
Source Location List	08
Source Location List	09
Source Location List	10
Source Location List	20
Source Location List	22
Source Location List	23
Split Claim Indicator List	0
Split Claim Indicator List	1
SSDI Indicator List	0
SSDI Indicator List	1
SSI Indicator List	0
SSI Indicator List	1
SSI State Supplement Code List	000
SSI State Supplement Code List	001
SSI State Supplement Code List	002
SSI Status List	000
SSI Status List	001
SSI Status List	002
SSI Status List	003
SSN Indicator List	0
SSN Indicator List	1
SSN Verification Flag List	0
SSN Verification Flag List	1
SSN Verification Flag List	2
State Code List	01
State Code List	02
State Code List	04
State Code List	05

State Code List	06
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State Code List	93
State Code List	94
State Code List	95
State Code List	96
State Code List	97
State Code List	99
State Code List	See "VVL_Code_Description" field
State Plan Enrollment List	1
State Plan Enrollment List	2
State Plan Enrollment List	3
State Plan Enrollment List	4
State Plan Option Type List	00
State Plan Option Type List	01
State Plan Option Type List	02
State Plan Option Type List	03
State Plan Option Type List	04
State Plan Option Type List	05
State Plan Option Type List	06
Subcapitation Indicator List	1

Subcapitation Indicator List	2
Submission Transaction Type List	C
Submission Transaction Type List	R
Submission Transaction Type List	U
TANF Cash Code List	0
TANF Cash Code List	1
TANF Cash Code List	2
Teaching Indicator List	0
Teaching Indicator List	1
Tooth Designation System List	JO
Tooth Designation System List	JP
Tooth Number List	1
Tooth Number List	2
Tooth Number List	3
Tooth Number List	4
Tooth Number List	5
Tooth Number List	6
Tooth Number List	7
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Tooth Number List	82
Tooth Number List	A
Tooth Number List	AS
Tooth Number List	B
Tooth Number List	BS
Tooth Number List	C
Tooth Number List	CS
Tooth Number List	D
Tooth Number List	DS
Tooth Number List	E
Tooth Number List	ES

Tooth Number List	F
Tooth Number List	FS
Tooth Number List	G
Tooth Number List	GS
Tooth Number List	H
Tooth Number List	HS
Tooth Number List	I
Tooth Number List	IS
Tooth Number List	J
Tooth Number List	JS
Tooth Number List	K
Tooth Number List	KS
Tooth Number List	L
Tooth Number List	LS
Tooth Number List	M
Tooth Number List	MS
Tooth Number List	N
Tooth Number List	NS
Tooth Number List	O
Tooth Number List	OS
Tooth Number List	P
Tooth Number List	PS

Tooth Number List	Q
Tooth Number List	QS
Tooth Number List	R
Tooth Number List	RS
Tooth Number List	S
Tooth Number List	See "VVL_Code_Description" field
Tooth Number List	SS
Tooth Number List	T
Tooth Number List	TS
Tooth Quad Code List	00
Tooth Quad Code List	01
Tooth Quad Code List	02
Tooth Quad Code List	03
Tooth Quad Code List	04
Tooth Quad Code List	05
Tooth Quad Code List	06
Tooth Quad Code List	07
Tooth Quad Code List	08
Tooth Quad Code List	09
Tooth Quad Code List	10
Tooth Quad Code List	20
Tooth Quad Code List	30
Tooth Quad Code List	40

Tooth Quad Code List	See "VVL_Code_Description" field
Tooth Surface Code List	B
Tooth Surface Code List	D
Tooth Surface Code List	F
Tooth Surface Code List	I
Tooth Surface Code List	L
Tooth Surface Code List	M
Tooth Surface Code List	O
Tooth Surface Code List	See "VVL_Code_Description" field
TPL Entity Address Type List	06
TPL Entity Address Type List	07
TPL Entity Address Type List	08
TPL Entity Address Type List	09
TPL Entity Address Type List	10
TPL Entity Address Type List	11
TPL Health Insurance Coverage Indicator List	0
TPL Health Insurance Coverage Indicator List	1
TPL Other Coverage Indicator List	0
TPL Other Coverage Indicator List	1
Transaction Type List	01
Transaction Type List	02
Transaction Type List	03
Transaction Type List	04

Transaction Type List	95
Type of Bill List	See "VVL_Code_Description" field
Type of Bill List (2nd position; Facility Type)	1
Type of Bill List (2nd position; Facility Type)	2
Type of Bill List (2nd position; Facility Type)	3
Type of Bill List (2nd position; Facility Type)	4
Type of Bill List (2nd position; Facility Type)	5
Type of Bill List (2nd position; Facility Type)	6
Type of Bill List (2nd position; Facility Type)	7
Type of Bill List (2nd position; Facility Type)	8
Type of Bill List (2nd position; Facility Type)	9
Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	1
Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	2
Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	3
Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	4
Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	5
Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	6
Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	7
Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	8
Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	9

Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	1
Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	2
Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	3
Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	4
Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	5
Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	6
Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	7
Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	8
Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	9
Type of Bill List (3rd position; Facility Type: Other; Type of Care)	1
Type of Bill List (3rd position; Facility Type: Other; Type of Care)	2
Type of Bill List (3rd position; Facility Type: Other; Type of Care)	3
Type of Bill List (3rd position; Facility Type: Other; Type of Care)	4
Type of Bill List (3rd position; Facility Type: Other; Type of Care)	5
Type of Bill List (3rd position; Facility Type: Other; Type of Care)	6
Type of Bill List (3rd position; Facility Type: Other; Type of Care)	7
Type of Bill List (3rd position; Facility Type: Other; Type of Care)	8
Type of Bill List (3rd position; Facility Type: Other; Type of Care)	9
Type of Bill list (4th position; Frequency)	0
Type of Bill list (4th position; Frequency)	1
Type of Bill list (4th position; Frequency)	2
Type of Bill list (4th position; Frequency)	3
Type of Bill list (4th position; Frequency)	A
Type of Bill list (4th position; Frequency)	B
Type of Bill list (4th position; Frequency)	C

Type of Bill list (4th position; Frequency)	D
Type of Bill list (4th position; Frequency)	E
Type of Bill list (4th position; Frequency)	F
Type of Bill list (4th position; Frequency)	G
Type of Bill list (4th position; Frequency)	H
Type of Bill list (4th position; Frequency)	I
Type of Bill list (4th position; Frequency)	J
Type of Bill list (4th position; Frequency)	K
Type of Bill list (4th position; Frequency)	M
Type of Bill list (4th position; Frequency)	P
Type of Claim List	1
Type of Claim List	3
Type of Claim List	A
Type of Claim List	C
Type of Claim List	U
Type of Claim List	W
Type of Claim List	Z
Type of Hospital List	00
Type of Hospital List	01
Type of Hospital List	02
Type of Hospital List	03
Type of Hospital List	04
Type of Hospital List	05
Type of Hospital List	06
Type of Hospital List	07
Type of Hospital List	08
Type of Other Third-Party Liability List	1
Type of Other Third-Party Liability List	2
Type of Other Third-Party Liability List	3
Type of Other Third-Party Liability List	4
Type of Other Third-Party Liability List	5
Type of Other Third-Party Liability List	6
Type of Other Third-Party Liability List	7
Type of Service IP List	001

Type of Service IP List	058
Type of Service IP List	060
Type of Service IP List	084
Type of Service IP List	086
Type of Service IP List	090
Type of Service IP List	091
Type of Service IP List	092
Type of Service IP List	093
Type of Service IP List	136
Type of Service IP List	137
Type of Service LT List	009
Type of Service LT List	044
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Type of Service LT List	047
Type of Service LT List	048
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Type of Service LT List	059
Type of Service LT List	136
Type of Service LT List	137
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Type of Service LT List	147
Type of Service OT List	002
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Type of Service OT List	007
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Type of Service OT List	089
Type of Service OT List	115
Type of Service OT List	127
Type of Service OT List	136
Type of Service OT List	137
Type of Service RX List	011
Type of Service RX List	018
Type of Service RX List	033
Type of Service RX List	034
Type of Service RX List	036
Type of Service RX List	085
Type of Service RX List	089
Type of Service RX List	127
Type of Service RX List	136
Type of Service RX List	137
Type of Service RX List	145
Unit of Measure List	EA
Unit of Measure List	F2
Unit of Measure List	GM
Unit of Measure List	GR
Unit of Measure List	ME
Unit of Measure List	ML
Unit of Measure List	See "VVL_Code_Description" field
NDC Unit of Measure List	UN
Value Based Payment Model Type List	2A
Value Based Payment Model Type List	2B

Value Based Payment Model Type List	2C
Value Based Payment Model Type List	3A
Value Based Payment Model Type List	3B
Value Based Payment Model Type List	3N
Value Based Payment Model Type List	4A
Value Based Payment Model Type List	4B
Value Based Payment Model Type List	4C
Value Based Payment Model Type List	4N
Veteran Indicator List	0
Veteran Indicator List	1
Waiver Type List	01
Waiver Type List	02
Waiver Type List	03
Waiver Type List	04
Waiver Type List	05
Waiver Type List	06
Waiver Type List	07
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Waiver Type List	32
Waiver Type List	33
Zip Code List	See "VVL_Code_Description" field

VVL Code Description
Not a 1115A
1115A
Inpatient Hospital
Inpatient Mental Health
Nursing Care Services
Physician/Surgical
Outpatient Hospital
Outpatient Mental Health
Prescribed Drugs
Dental Services
Vision Services
Other Practitioners
Clinic Services
Therapy Services
Laboratory/Radiological
Medical Equipment
Family Planning
Abortions
Screening Services
Home Health
Health Services Initiatives
Home and Community
Hospice
Medical Transportation
Case Management
Translation and Interpretation
ARP Section 9821 COVID Vaccine/Vaccine Administration
Other Services
Outreach
Administration
PERM Administration
Citizenship Verification Technology-CHIPRA
Premiums: Up To 150% - Gross Premiums Paid
Premiums: Up To 150% - Cost Sharing Offset
Premiums: Over 150% - Gross Premiums Paid
Premiums: Over 150% - Cost Sharing Offset
Increased Outreach and Enrollment of Indians
Increase Outreach and Enrollment of children through premium subsidies
CVT Development
CVT Operation

Drug Rebate
Inpatient Hospital
Inpatient Mental Health
Nursing Care
Physician/Surgical
Outpatient Hospital
Outpatient Mental Health
Prescribed Drugs
Dental Services
Vision Services
Other Practitioners
Clinic Services
Therapy
Laboratory/Radiological
Medical Equipment
Family Planning
Abortions
Screening Services
Home Health
Health Services Initiatives
Home And Community-Based Services
Hospice
Medical Transportation
Case Management
Translation and Interpretation
ARP Section 9821 COVID Vaccine/Vaccine Administration
Other Services
Outreach
Administration
PERM Administration
Citizenship Verification Technology-CHIPRA
Premiums - Up To 150%: Gross Premiums Paid
Premiums - Up To 150%: Cost Sharing Offset
Premiums - Over 150%: Gross Premiums Paid
Premiums - Over 150%: Cost Sharing Offset
Increased Outreach and Enrollment of Indians
Increase Outreach and Enrollment of children through premium subsidies
CVT Development
CVT Operation
Drug Rebate
Non-Emergency Medical Transportation
Inpatient Hospital Services - Reg. Payments
Inpatient Mental Health - Reg. Payment
Nursing Care Services
Physician/Surgical

Outpatient Hospital Services
Outpatient Mental Health
Prescribed Drugs
Dental Services
Vision Services
Other Practitioners
Clinic Services
Therapy Services
Laboratory/Radiological
Medical Equipment
Family Planning
Abortions
Screening Services
Home Health
Medicare Payments
Home And Community
Hospice
Medical Transport
Case Management
ARP Section 9821 COVID Vaccine/Vaccine Administration
Other Services
Premiums: Up To 150% - Gross Premiums Paid
Premiums: Up To 150% - Cost Sharing Offset
Premiums: Over 150% - Gross Premiums Paid
Premiums: Over 150% - Cost Sharing Offset
Home and Community-Based Services - Regular Payment (WAIVER)
Inpatient Hospital Services - DSH
Inpatient Mental Health - DSH
Certified Community Behavior Health Clinic Payments
Drug Rebate - National
Drug Rebate - State
MCO - National Agreement
MCO - State Sidebar Agreement
Increased ACA OFFSET - Fee for Service - 100%
Increased ACA OFFSET - MCO - 100%
Drug Rebate Offset - Value Based Purchasing
Inpatient Hospital - Reg. Payments
Inpatient Mental Health - Reg. Payments
Nursing
Physician/Surgical
Outpatient Hospital
Outpatient Mental Health
Prescribed Drugs
Dental Services
Vision Services

Other Practitioners
Clinic services
Therapy Services
Laboratory/Radiological
Medical Equipment
Family Planning
Abortions
Screening
Home Health
Medicare Payments
Home And Community
Hospice
Medical Transport
Case Management
ARP Section 9821 COVID Vaccine/Vaccine Administration
Other Services
Premiums Up To 150% - Gross Premiums Paid
Premiums Up To 150% - Cost Sharing Offset
Premiums Over 150% - Gross Premiums Paid
Premiums Over 150% - Cost Sharing Offset
Home and Community-Based Services - Regular Payment (WAIVER)
Inpatient Hospital - DSH
Inpatient Mental Health - DSH
Certified Community Behavior Health Clinic Payments
Drug Rebate - National
Drug Rebate - State
MCO - National Agreement
MCO - State Sidebar Agreement
Increased ACA OFFSET - Fee for Service - 100%
Increased ACA OFFSET - MCO - 100%
Drug Rebate Offset - Value Based Purchasing
Medicare Collections
Other Collection - Health Insurance
Other Collections - Casualty Insurance
Total Collections - Cooperative Agreements & Assign of Rights
Less: Excess Paid to Individuals
Net Collections To Reimburse State Title XIX Medical Payments
Less 15% Incentive Actually Paid Under Section 1903(p)(1)
Net Federal Share
Total TPL Collections
Medicare Title XVIII
Health Insurance
Other Cost Avoidance
Prescribed Drugs
Dental Services

Laboratory/Radiological
Home Health Services
Sterilizations
Abortions
EPSDT Screening
Rural Health
All-Inclusive Care Elderly
Primary Care Case Management
Hospice Benefits
Emergency Services for Undocumented Aliens
Federally-Qualified Health Center
Physical Therapy
Occupational Therapy
Services for Speech, Hearing & Language
Prosthetic Devices, Dentures, Eyeglasses
Diagnostic Screening & Preventive Services
Nurse Mid-Wife
Emergency Hospital Services
Nurse Practitioner Services
School Based Services
Rehabilitative Services (non-school-based)
Private Duty Nursing
Freestanding Birth Center
Health Home for Enrollees w Chronic Conditions
Tobacco Cessation for Pregnant Women
Health Home for Enrollees w Substance-Use-Disorder
OUD Medicaid Assisted Treatment – Drugs
ARP Section 9811 COVID Vaccine/Vaccine Administration
ARP Section 9813 Qualified Community Based Mobile Crisis Intervention – 85%
Health Homes for Children with Medically Complex Conditions
Other Care Services
Clinic Services - Reg. Payments
Clinic Services - Sup. Payments
Medicare - Part A
Medicare - Part B
120% - 134% Of Poverty
Coinsurance
Medicaid - MCO
Medicaid MCO - Evaluation and Management
Medicaid MCO - Vaccine codes
Medicaid MCO - Community First Choice
Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin
Medicaid MCO - Certified Community Behavior Health Clinic Payments
Medicaid MCO - Services Subject to Electronic Visit Verification Requirements
Prepaid Ambulatory Health Plan

MCO PAHP - Evaluation and Management
MCO PAHP - Vaccine codes
MCO PAHP - Community First Choice
MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin
Medicaid PAHP - Certified Community Behavior Health Clinic Payments
MCO PAHP - Services Subject to Electronic Visit Verification Requirements
Prepaid Inpatient Health Plan
MCO PIHP - Evaluation and Management
MCO PIHP - Vaccine codes
MCO PIHP - Community First Choice
MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin
Medicaid PIHP - Certified Community Behavior Health Clinic Payments
MCO PIHP - Services Subject to Electronic Visit Verification Requirements
Medicaid - Group Health
Medicaid - Coinsurance
Medicaid - Other
Home & Community-Based Services - Regular Payment (1915(c) Waiver)
Home & Community-Based Services - St. Plan 1915(i) Only Pay.
Home & Community-Based Services - St. Plan 1915(j) Only Pay.
Home & Community Based Services State Plan 1915(k) Community First Choice
Inpatient Hospital - Reg. Payments
Inpatient Hospital - DSH
Inpatient Hospital - Sup. Payments
Inpatient Hospital - GME Sup Payments
Personal Care Services - Reg. Payments
Personal Care Services - SDS 1915(j)
Targeted Case Management Services - Com. Case-Man.
Case Management - State Wide
Non-Emergency Medical Transportation - Reg. Payments
Non-Emergency Medical Transportation - Sup. Payments
Mental Health Facility Services - Reg. Payments
Mental Health Facility - DSH
Certified Community Behavior Health Clinic Payments
Preventive Services Grade A OR B, ACIP Vaccines and their Admin
Critical Access Hospitals - Reg. Payments
Critical Access Hospitals Inpatient - Sup. Payments
Critical Access Hospitals Outpatient - Sup. Payments
Nursing Facility Services - Reg. Payments
Nursing Facility Services - Sup. Payments
OUD MAT DRUG REBATE/National Agreement
OUD MAT DRUG REBATE/State Sidebar
OUD MAT DRUG REBATE MCO /National Agreement
OUD MAT DRUG REBATE MCO /State Sidebar
OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%
OUD MAT DRUG REBATE/Increased ACA Offset MCO – 100%

OUD Medicaid Assisted Treatment Services
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments
Physician & Surgical Services - Reg. Payments
Physician & Surgical Services - Sup. Payments
Physician & Surgical Services - Evaluation and Management
Physician & Surgical Services - Vaccine codes
Outpatient Hospital Services - Reg. Payments
Outpatient Hospital Services - Sup. Payments
Drug Rebate Offset - National
Drug Rebate Offset - State Sidebar Agreement
MCO - National Agreement
MCO - State Sidebar Agreement
Increased ACA OFFSET - Fee for Service - 100%
Increased ACA OFFSET - MCO - 100%
Drug Rebate Offset - Value Based Purchasing
Other Practitioners Services - Reg. Payments
Other Practitioners Services - Sup. Payments
Prescribed Drugs
Dental Services
Laboratory/Radiological
Home Health
Sterilizations
Abortions
EPSDT Screen
Rural Health Clinic
Programs/All-Inclusive
Primary Care Case Manage
Hospice
Emergency Services for Undocumented Aliens
Federally-Qualified Health Center
Physical Therapy
Occupational Therapy
Services for Speech, Hearing & Language
Prosthetic Devices, Dentures, Eyeglasses
Diagnostic Screening & Preventive Services
Nurse Mid-Wife
Emergency Hospital Services
Nurse Practitioner Services
School Based Services
Rehabilitative Services (non-school-based)

Private Duty Nursing
Freestanding Birth Center
Health Home for Enrollees w Chronic Conditions
Tobacco Cessation for Pregnant Women
Health Home for Enrollees w Substance-Use-Disorder
OUD Medicaid Assisted Treatment – Drugs
ARP Section 9811 COVID Vaccine/Vaccine Administration
ARP Section 9813 Qualified Community Based Mobile Crisis Intervention – 85%
Health Homes for Children with Medically Complex Conditions
Other Care Services
Clinic Services - Reg. Payments
Clinic Services - Sup. Payments
MHIP - Part A
MHIP - Part B
MHIP - Qual. Ind. 120-134
MHIP - Coinsurance
MHIP - MCO
Medicaid MCO - Evaluation and Management
Medicaid MCO - Vaccine codes
Medicaid MCO - Community First Choice
Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin
Medicaid MCO - Certified Community Behavior Health Clinic Payments
Medicaid MCO - Services Subject to Electronic Visit Verification Requirements
Prepaid Ambulatory Health Plan
MCO PAHP - Evaluation and Management
MCO PAHP - Vaccine codes
MCO PAHP - Community First Choice
MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin
Medicaid PAHP - Certified Community Behavior Health Clinic Payments
MCO PAHP - Services Subject to Electronic Visit Verification Requirements
Prepaid Inpatient Health Plan
MCO PIHP - Evaluation and Management
MCO PIHP - Vaccine codes
MCO PIHP - Community First Choice
MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin
Medicaid PIHP - Certified Community Behavior Health Clinic Payments
MCO PIHP - Services Subject to Electronic Visit Verification Requirements
MHIP - Group Health Plan
MHIP - Coinsurance and Deductibles
MHIP - Other
Home & Community-Based Services - Regular Payment (1915(c) Waiver)
Home & Community-Based Services - St. Plan 1915(i) Only Pay.
Home & Community-Based Services - St. Plan 1915(j) Only Pay.
Home & Community Based Services State Plan 1915(k) Community First Choice
Inpat. Hos. Serv. - Reg. Payments

Inpat. Hos. Serv. - DSH
Inpatient Hospital - Sup. Payments
Inpatient Hospital - GME Sup Payments
Personal Care Services - Reg. Payments
Personal Care Services - SDS 1915(j)
Targeted Case Management Services - Com. Case-Man.
Case Management - State Wide
Non-Emergency Medical Transportation - Reg. Payments
Non-Emergency Medical Transportation - Sup. Payments
Men. Health Fac. Serv. - Reg. Payments
Men. Health Fac. Serv. - DSH Adjustment Payments
Certified Community Behavior Health Clinic Payments
Preventive Services Grade A OR B, ACIP Vaccines and their Admin
Critical Access Hospitals - Reg. Payments
Critical Access Hospitals Inpatient - Sup. Payments
Critical Access Hospitals Outpatient - Sup. Payments
Nursing Facility Services - Reg. Payments
Nursing Facility Services - Sup. Payments
OUD MAT DRUG REBATE/National Agreement
OUD MAT DRUG REBATE/State Sidebar
OUD MAT DRUG REBATE MCO /National Agreement
OUD MAT DRUG REBATE MCO /State Sidebar
OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%
OUD MAT DRUG REBATE/Increased ACA Offset MCO – 100%
OUD Medicaid Assisted Treatment Services
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers
Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments
Physician & Surgical Services - Reg. Payments
Physician & Surgical Services - Sup. Payments
Physician & Surgical Services - Evaluation and Management
Physician & Surgical Services - Vaccine codes
Outpatient Hospital Services - Reg. Payments
Outpatient Hospital Services - Sup. Payments
Drug Rebate - National
Drug Rebate - State
MCO - National Agreement
MCO - State Sidebar Agreement
Increased ACA OFFSET - Fee for Service - 100%
Increased ACA OFFSET - MCO - 100%
Drug Rebate Offset - Value Based Purchasing
Other Practitioners Services - Reg. Payments

Other Practitioners Services - Sup. Payments
No
Yes
N/A - The individual only practices as a member of a group.
National committee for quality assurance - excellent
National committee for quality assurance - commendable
National committee for quality assurance - provisional
URAC - full
URAC - conditional
URAC - provisional
Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) - 3 years
Not accredited
Other
National committee for quality assurance-- accredited
National committee for quality assurance - interim
National committee for quality assurance - denied
JCAHO (Joint Commission on Accreditation of Healthcare Organizations)
This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.ncqa.org/programs/health-plans/health-plan-accreditation-hpa/ and https://www.aaahc.org/accreditation/accreditation-general-information/terms-of-accreditation/
No
Yes
N/A - State does not distinguish "border state providers".
Original Claim/Encounter/Payment/Financial Transaction - Indicates that this is the first (and, when applicable, only) fully adjudicated transaction in a claim/encounter/payment/financial transaction family (one or more claims with the related ICN-ORIG and/or ICN-ADJ and typically the same MSIS ID and provider ID(s) also).

Void/Reversal/Cancel of a prior submission - Use this code to convey that the purpose of the transaction is to void/reverse/cancel a previously paid/approved claim/encounter/payment/financial transaction where the claim/encounter/payment/financial transaction is not being replaced by a new paid/approved version of the claim/encounter/payment/financial transaction. Typically, this would be the last claim/encounter/payment/financial transaction that would ever be associated with a given claim/encounter/payment/financial transaction family. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter/financial transaction being voided. CMS expects a void transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment/financial transaction being voided/reversed/cancelled.

Replacement/Resubmission of a previously paid/approved claim/encounter/payment/financial transaction - Use when the purpose of the transaction is to replace a previously paid/approved claim/encounter/payment/financial transaction with a new paid/approved version of the claim/encounter/payment/financial transaction. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter/payment/financial transaction being replaced. CMS expects a replacement transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment/financial transaction being replaced/resubmitted.

Credit Gross Adjustment - Use this code to indicate an aggregate provider-level recoupment of payments (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as negative numbers. If a credit gross adjustment is reported with an ICN that is related to an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the credit gross adjustment with the more recent adjudication/transaction date should completely replace the preceding related gross adjustment. If the ICNs of a credit gross adjustment are not related to any other gross adjustments (credit or debit) then the credit gross adjustment will always be treated as a distinct financial transaction.

Debit Gross Adjustment - Use this code to indicate an aggregate provider-level payment to a provider (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as positive numbers.   If a debit gross adjustment is reported with an ICN that is related to an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the credit gross adjustment with the more recent adjudication/transaction date should completely replace the preceding related gross adjustment. If the ICNs of a debit gross adjustment are not related to any other gross adjustments (credit or debit) then the debit gross adjustment will always be treated as a distinct financial transaction.

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EMERGENCY
URGENT
ELECTIVE
NEWBORN
TRAUMA
UNKNOWN
This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.nubc.org/license
Health Plan (state-assigned health plan ID) - The value in the AFFILIATED-PROGRAM-ID data element contains the state-assigned health plan Identifier of health plan in which the provider is enrolled to provide services including through the state plan and a waiver.
Waiver - The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for the waiver in which a provider is allowed to deliver services to eligible beneficiaries.
Health Home Entity - The value in the AFFILIATED-PROGRAM-ID data element contains the name of the health home in which a provider is participating. The health home entity is responsible for providing health home services to the patient in conformance with the Health Home SPA. This is the name that the state uses to uniquely identify the health home team. This entity can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals).
Other - The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for something other than a health plan, waiver, or health home entity
Sub-capitated Network provider – The value in the AFFILIATED-PROGRAM-ID data element contains the state-assigned health plan identifier with which the network provider has a sub-capitated contract to provide services for managed care plan enrollees.

Fee-For-Service - (This value is used to identify providers that are affiliated directly with the state's Medicaid or CHIP agency (or their fiscal intermediary) and reimbursed by the Medicaid or CHIP agency on a FFS basis. The value in the AFFILIATED-PROGRAM-ID data element contains the ANSI state code of the state in which the provider is enrolled to provide services including through the state plan and a waiver.)
Individual does not meet the definition of an American Indian/Alaska Native
Individual meets the definition of an American Indian/Alaska Native
Yes, Individual does have CDIB
No, the State does not consider this to be an atypical provider
Yes, the State considers this to be an atypical provider
Intermediate Care Facility for the Intellectually Disabled bed not in an Institution for Mental Disease
Inpatient bed not in an Institution for Mental Disease
Nursing Facility bed not in an Institution for Mental Disease
Title 18 Skilled Nursing Facility (T18 SNF) bed not in an Institution for Mental Disease
Intermediate Care Facility for the Intellectually Disabled bed in an Institution for Mental Disease
Inpatient bed in an Institution for Mental Disease
Nursing Facility bed in an Institution for Mental Disease
Per Day
Per Hour
Per Case
Per Encounter
Per Week
Per Month
Other Arrangements
No
Yes
Non-Drug
Generic
Brand
Federal funding under Title XIX
Federal funding under Title XXI
Federal funding under ACA
Federal funding under other legislation
Individual was not Medicaid eligible and not eligible for separate CHIP for the month
Individual was Medicaid eligible, but was not included in either Medicaid-Expansion CHIP or a separate title XXI CHIP) program for the month

Individual was included in the Medicaid-Expansion CHIP program and subject to enhanced Federal matching for the month
Individual was not Medicaid-Expansion CHIP eligible, but was included in a separate title XXI CHIP program for the month.
Non-citizen
U.S. Citizen (If the state's eligibility determination system does not distinguish between U.S. citizens and U.S. nationals who are not U.S. citizens, then use this value for all U.S. citizens and U.S. nationals (see 42 CFR 435 and 436.).)
U.S. National (If the state's eligibility determination system does distinguish between U.S. citizens and U.S. nationals who are not U.S. citizens, then use this value for U.S. nationals who are not U.S. citizens (see 42 CFR 435 and 436.).)
Citizenship Verified
Enrolled in Medicaid pending citizenship verification
Denied: The payment of claim in its entirety was denied by the state.
Not Denied: The state paid some or all of the claim.
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This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://x12.org/codes/claim-status-codes and https://x12.org/codes/claim-status-codes
This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/
Capsule
Ointment
Cream
Suppository
Powder
Emulsion

Liquid
Tablet
Solution
Suspension
Lotion
Shampoo
Elixir
Syrup
Lozenge
Enema
This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.ncpdp.org/
Not Compound
Compound
No
Yes
Continuous eligibility for children (optional per SSA 1902(e)(12) or 2105(a)(4)(A))
1115 waiver for continuous eligibility
Other
Not Waived: The provider did not waive the beneficiary's copayment.
Waived: The provider waived the beneficiary's copayment.
The MCOs service area falls partially or entirely inside one or more metropolitan areas.
The MCOs service area falls partially or entirely inside one or more micropolitan areas, but not within any metropolitan areas.
The MCOs service area falls entirely outside of all metropolitan and micropolitan areas.
This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.census.gov/library/reference/code-lists/ansi.html#cou
Drug
Professional (Physician) Visit - Office
Dental Care
Inpatient Hospital
Outpatient Hospital

Nursing Home
Vision
Durable Med Equip (rent)
Durable Med Equip (purchase)
Home Health
Mental health-outpatient
Mental health -inpatient
Psychiatric care- outpatient
Psychiatric care- inpatient
Rehabilitation
Cancer
Emergency Services
Chiropractic
Surgical
Diagnostic Medical, including X-ray and Lab Services
PT/OT/ST
Hospice
Transportation
Other
Not Crossover Claim
Crossover Claim
This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes
ICD-9
ICD-10
Unreported/Not used. Exempt from POA reporting.
Diagnosis was not present at time of inpatient admission

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Documentation insufficient to determine if condition was present at the time of inpatient admission
Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.
Diagnosis was present at time of inpatient admission
Admitting (from 837I or UB-04 claim for IP and LT)
Diagnosis Code #1-5 (from NCPDP claim for RX) or #1-12 (from 837P, CMS-1500, 837D, or ADA claim for OT)
External Cause of Injury #1-12 (from 837I claim for IP, LT, and OT)
Other Diagnosis #1-24 (for IP, LT) or #1-12 (from 837I or UB-04 claim for OT)
Principal (from 837I or UB-04 claim for IP, LT, and OT)
Reason for Visit #1-3 (from 837I claim for OT)
Individual is deaf or has serious difficulty hearing.
Individual is blind or has serious difficulty seeing, even when wearing glasses.
Individual has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. (Applicable only to people who are 5 years old or older.)
Individual has serious difficulty walking or climbing stairs. (Applicable only to people who are 5 years old or older.)
Individual has difficulty dressing or bathing. (Applicable only to people who are 5 years old or older.)
Individual has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. (Applicable only to people who are 15 years old or older.)
Other
None
This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.ncpdp.org/
439-E4: Additional Drug Needed
439-E4: Prescription Authentication

439-E4: Adverse Drug Reaction
439-E4: Additive Toxicity
439-E4: Chronic Disease Management
439-E4: Call Help Desk
439-E4: Patient Complaint/Symptom
439-E4: Drug-Allergy
439-E4: Drug-Disease (Inferred)
439-E4: Drug-Drug Interaction
439-E4: Drug-Food interaction
439-E4: Drug Incompatibility
439-E4: Drug-Lab Conflict
439-E4: Apparent Drug Misuse
439-E4: Tobacco Use
439-E4: Patient Education/Instruction
439-E4: Overuse
439-E4: Excessive Quantity
439-E4: High Dose
439-E4: Iatrogenic Condition
439-E4: Ingredient Duplication
439-E4: Low Dose
439-E4: Lock In Recipient
439-E4: Underuse

439-E4: Drug-Disease (Reported)
439-E4: Insufficient Duration
439-E4: Missing Information/Clarification
439-E4: Excessive Duration
439-E4: Drug Not Available
439-E4: Non-covered Drug Purchase
439-E4: New Disease/Diagnosis
439-E4: Non-Formulary Drug
439-E4: Unnecessary Drug
439-E4: New Patient Processing
439-E4: Lactation/Nursing Interaction
439-E4: Insufficient Quantity
439-E4: Alcohol Conflict
439-E4: Drug-Age
439-E4: Patient Question/Concern
439-E4: Drug-Pregnancy
439-E4: Preventive Health Care
439-E4: Prescriber Consultation
439-E4: Plan Protocol
439-E4: Prior Adverse Reaction
439-E4: Product Selection Opportunity
439-E4: Suspected Environmental Risk

439-E4: Health Provider Referral
439-E4: Suboptimal Compliance
439-E4: Suboptimal Drug/Indication
439-E4: Side Effect
439-E4: Suboptimal Dosage Form
439-E4: Suboptimal Regimen
439-E4: Drug-Gender
439-E4: Therapeutic
439-E4: Laboratory Test Needed
439-E4: Payer/Processor Question
440-E5: No intervention
440-E5: Patient assessment
440-E5: Coordination of care
440-E5: Dosing evaluation/determination
440-E5: Formulary enforcement
440-E5: Generic product selection
440-E5: Prescriber consulted
440-E5: Medication administration
440-E5: Medication review
440-E5: Patient consulted
440-E5: Patient education/instruction
440-E5: Patient medication history

440-E5: Patient monitoring
440-E5: Perform laboratory test
440-E5: Pharmacist consulted other source
440-E5: Recommend laboratory test
440-E5: Self-care consultation
440-E5: Literature search/review
440-E5: Payer/processor consulted
440-E5: Therapeutic product interchange
441-E6: Not Specified
441-E6: Filled As Is
441-E6: Filled Prescription As Is
441-E6: Filled
441-E6: Filled
441-E6: Filled
441-E6: Filled
441-E6: Filled
441-E6: Brand-to-Generic Change
441-E6: Rx-to-OTC Change
441-E6: Filled with Different Dosage Form
441-E6: Prescription Not Filled
441-E6: Not Filled
441-E6: Recommendation Accepted

441-E6: Recommendation Not Accepted
441-E6: Discontinued Drug
441-E6: Regimen Changed
441-E6: Therapy Changed
441-E6: Therapy Changed-cost increased acknowledged
441-E6: Drug Therapy Unchanged
441-E6: Follow-Up/Report
441-E6: Patient Referral
441-E6: Instructions Understood
441-E6: Compliance Aid Provided
441-E6: Medication Administered
Eligible is not a Medicare beneficiary
Eligible is entitled to Medicare- QMB only
Eligible is entitled to Medicare- QMB AND Medicaid coverage
Eligible is entitled to Medicare- SLMB only
Eligible is entitled to Medicare- SLMB AND Medicaid coverage
Eligible is entitled to Medicare- QDWI
Eligible is entitled to Medicare- Qualifying individuals
Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI)
Eligible is entitled to Medicare - Other (This code is to be used only with specific CMS approval.)
Separate CHIP Eligible is entitled to Medicare
Medicaid Card ID
Old MSIS Identification Number
60-day extended postpartum coverage (mandatory per SSA 1902(e)(5) and 2112(d)(2)(A))
12-month extended postpartum coverage (optional per SSA 1902(e)(16) or 2107(e)(1)(J))
1115 waiver for extended postpartum coverage
Other
Parents and Other Caretaker Relatives
Transitional Medical Assistance
Extended Medicaid due to Earnings
Extended Medicaid due to Spousal Support Collections

Pregnant Women
Deemed Newborns
Infants and Children under Age 19
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care
Former Foster Care Children
Individuals Receiving SSI
Aged, Blind and Disabled Individuals in 209(b) States
Individuals Receiving Mandatory State Supplements
Individuals Who Are Essential Spouses
Institutionalized Individuals Continuously Eligible Since 1973
Blind or Disabled Individuals Eligible in 1973
Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security
Working Disabled under 1619(b)
Disabled Adult Children
Qualified Medicare Beneficiaries
Qualified Disabled and Working Individuals
Specified Low Income Medicare Beneficiaries
Qualifying Individuals
Optional Coverage of Parents and Other Caretaker Relatives
Reasonable Classifications of Individuals under Age 21
Children with Non-IV-E Adoption Assistance
Independent Foster Care Adolescents
Optional Targeted Low Income Children
Individuals Electing COBRA Continuation Coverage
Individuals above 133% FPL under Age 65
Certain Individuals Needing Treatment for Breast or Cervical Cancer
Individuals Eligible for Family Planning Services
Individuals with Tuberculosis
Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance
Individuals Eligible for Cash Assistance except for Institutionalization
Individuals Receiving Home and Community Based Services under Institutional Rules
Optional State Supplement Recipients - 1634 States, and SSI Criteria States with 1616 Agreements
Optional State Supplement Recipients - 209(b) States, and SSI Criteria States without 1616 Agreements
Institutionalized Individuals Eligible under a Special Income Level
Individuals participating in a PACE Program under Institutional Rules
Individuals Receiving Hospice Care

Qualified Disabled Children under Age 19
Poverty Level Aged or Disabled
Work Incentives Eligibility Group
Ticket to Work Basic Group
Ticket to Work Medical Improvements Group
Family Opportunity Act Children with Disabilities
Individuals Eligible for Home and Community-Based Services
Individuals Eligible for Home and Community-Based Services - Special Income Level
Medically Needy Pregnant Women
Medically Needy Children under Age 18
Medically Needy Children Age 18 through 20
Medically Needy Parents and Other Caretakers
Medically Needy Aged, Blind or Disabled
Medically Needy Blind or Disabled Individuals Eligible in 1973
Targeted Low-Income Children
Deemed Newborn
Children Ineligible for Medicaid Due to Loss of Income Disregards
Coverage from Conception to Birth
Children with Access to Public Employee Coverage
Children Eligible for Dental Only Supplemental Coverage
Targeted Low-Income Pregnant Women
Pregnant Women with Access to Public Employee Coverage
Individuals with Mental Health Conditions (expansion group)
Family Planning Participants (expansion group)
Other expansion group
Adult Group - Individuals at or below 133% FPL Age 19 through 64 - newly eligible for all states
Adult Group - Individuals at or below 133% FPL Age 19 through 64- not newly eligible for non 1905z(3) states
Adult Group - Individuals at or below 133% FPL Age 19 through 64 - not newly eligible parent/ caretaker-relative(s) in 1905z(3) states
Adult Group - Individuals at or below 133% FPL Age 19 through 64- not newly eligible non-parent/ caretaker-relative(s) in 1905z(3) states
Uninsured Individual eligible for COVID-19 testing
Income Requirement not met - do not use for changes in household composition
Asset requirement not met - do not use for changes in household composition
Income reduced - (do not use - typically not a reason for termination)
Aged out of program
No longer in the foster care system - (do not use - typically not a reason for termination)
Death
No longer disabled
No longer institutionalized
No longer in need of long-term care services
Obtained employer sponsored insurance (ESI)

Gained access to public employees health plan
Obtained other coverage (not ESI or public employees health plan)
Failure to respond
Failure to pay premium or enrollment fees
Residency requirement not met (e.g., individual moved to a different state, individual has entered or been discharged from an otherwise unspecified facility or institution)
Voluntary request for termination
Lack of verifications (e.g., unable to successfully verify citizenship status, immigration status, income, or other information from an application; if unverifiable due to non-response, document as "Failure to respond)
Fraud
Suspension/termination due to incarceration - use when the state is able to distinguish a more granular reason than just residency requirement not met
Disqualification for residence in an Institution for Mental Disease (IMD) - use when the state is able to distinguish a more granular reason than just residency requirement not met
Suspension/Termination with reason unknown
Other
Terminated due to Incorrect Granting of Eligibility (e.g., someone is given eligibility in error and then eligibility has to be retracted/terminated)
Household or family composition criteria not met (e.g., someone was incorrectly included or excluded from the household or family composition) - do not use for changes in income
Non-financial program requirements not met (e.g. child support not paid, failure of drug tests, failure to apply for SSN, etc.)
No longer meets categorical eligibility requirements.
End of pregnancy/postpartum coverage period - should only be used if the beneficiary did not obtain coverage through another coverage group like parent/caretaker relative
Time limited eligibility expired (e.g., Transitional Medical Assistance (TMA)
Closed as duplicate
Medical/health status or condition or level of care requirements no longer met - for reasons other than no longer being institutionalized or no longer meeting disability requirements (e.g., completed breast and/or cervical cancer treatment, incarcerated individual no longer requires temporary inpatient level of care)
Change in federal or state law or policy (e.g., a state or federal program is completely discontinued and not replaced by an equivalent or transitional program; unwinding of the Families First Coronavirus Response Act coverage of COVID testing for otherwise uninsured individuals who would have otherwise continued to be eligible if they had been re-determined eligible for at least the same program had the program not been terminated)
Primary home address and contact information, used for the eligibility determination process
Primary work address and contact information

Secondary residence and contact information
Secondary work address and contact information
Other category of address and contact information
Eligible person's official mailing address
Very Well
Well
Not well
No spoken proficiency
Medicaid
CHIP
Not of Hispanic or, Latino/a, or Spanish origin
Mexican, Mexican American, Chicano/a
Puerto Rican
Cuban
Another Hispanic, Latino, or Spanish origin
Hispanic or Latino Unknown
Ethnicity Unspecified
1115
Other
Facility - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a facility.
Group - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a group of individual practitioners.
Individual - The entity identified by the associated SUBMITTING-STATE-PROV-ID is an individual practitioner.
The file follows a fixed length format.
The file follows a pipe-delimited format.
Inpatient Claim/Encounters File
Long Term Care Claims/Encounters File
Other Claims/Encounters File
Pharmacy Claims/Encounters File
Eligible File
Financial Transaction File
Managed Care Plan Information File
Provider File
Third Party Liability File
Production File
Test File
True Full File Refresh (TFFR)
Rolling History File Refresh (RHFR)
Incremental Timespan (IT) - One month incremental Create files
Change-Segment Only (CSO)
Incremental Timespan (IT) - Multi-month incremental Create files
Not Fixed Payment
FFS Fixed Payment

No
Yes
Medicaid Agency
CHIP Agency
Mental Health Service Agency
Education Agency
Child and Family Services Agency
County
City
Providers
Other
State appropriations to the Medicaid agency
Intergovernmental transfers (IGT)
Certified public expenditures (CPE)
Provider taxes
Donations
State appropriations to the CHIP agency
Female
Male
Transgender female
Transgender male
Not sure
Prefer not to answer
Other
Aged
Physical Disabilities
Intellectual Disabilities
Autism Spectrum Disorder
Developmental Disabilities
Mental Illness and/or Serious Emotional Disturbance
Brain Injury
HIV/AIDs
Technology Dependent or Medically Fragile
Disabled (other)
The HCBS service was provided under 1915(i)

The HCBS service was provided under 1915(j)
The HCBS service was provided under 1915(k)
The HCBS service was provided under a 1915(c) HCBS Waiver
The HCBS service was provided under an 1115 waiver
The HCBS service was not provided under the statutes identified above and was of an acute care nature
The HCBS service was not provided under the statutes identified above and was of a long term care nature
Case Management
Group Living, Residential Habilitation
Group Living, Mental Health Services
Group Living, Other
Shared Living, Residential Habilitation
Shared Living, Mental Health Services
Shared Living, Other
In-e Residential Habilitation
In-Home Round-The-Clock Mental Health Services
In-Home Round-The-Clock Services, Other
Job Development
Ongoing Supported Employment, Individual
Ongoing Supported Employment, Group
Career Planning
Prevocational Services
Day Habilitation
Education Services
Day Treatment/Partial Hospitalization
Adult Day Health
Adult Day Services (Social Model)
Community Integration
Medical Day Care for Children
Private Duty Nursing
Skilled Nursing
Home Delivered Meals
Rent and Food Expenses For Live-In Caregiver
Home-Based Habilitation
Home Health Aide
Personal Care
Companion
Homemaker
Chore
Respite, Out-Of-Home
Respite, In-Home
Caregiver Counseling and/or Training
Mental Health Assessment
Assertive Community Treatment

Crisis Intervention
Behavior Support
Peer Specialist
Counseling
Psychosocial Rehabilitation
Clinic Services
Other Mental Health and Behavioral Services
Health Monitoring
Health Assessment
Medication Assessment and/or Management
Nutrition Consultation
Physician Services
Prescription Drugs
Dental Services
Occupational Therapy
Physical Therapy
Speech, Hearing, And Language Therapy
Respiratory Therapy
Cognitive Rehabilitative Therapy
Other Therapies
Financial Management Services In Support Of Participant Direction
Information and Assistance In Support Of Participant Direction
Participant Training
Personal Emergency Response System (Pers)
Home and/or Vehicle Accessibility Adaptations
Equipment and Technology
Supplies
Non-Medical Transportation
Community Transition Services
Goods and Services
Interpreter
Housing Consultation
Other
No
Yes
Mental health
Substance abuse
Asthma
Diabetes
Heart disease
Overweight (BMI of >25)
HIV/AIDS
Other

No
Yes
0:00-0:59
1:00-1:59
2:00-2:59
3:00-3:59
4:00-4:59
5:00-5:59
6:00-6:59
7:00-7:59
8:00-8:59
9:00-9:59
10:00-10:59
11:00-11:59
12:00-12:59
13:00-13:59
14:00-14:59
15:00-15:59
16:00-16:59
17:00-17:59
18:00-18:59
19:00-19:59
20:00-20:59
21:00-21:59
22:00-22:59
23:00-23:59
1 person
2 people
3 people
4 people
5 people
6 people
7 people
8 or more people
No
Yes
Qualified non-citizen
Lawfully present under CHIPRA 214
Eligible only for payment for emergency services
Not Applicable (U.S. citizen or U.S. national)
Immigration Status Verified
Enrolled in Medicaid pending immigration verification
Individual's State-defined family income is from 0 to 100% of the FPL
Individual's State-defined family income is from 101 to 133% of the FPL
Individual's State-defined family income is from 134 to 150% of the FPL

Individual's State-defined family income is from 151 to 200% of the FPL
Individual's State-defined family income is from 201 to 255% of the FPL
Individual's State-defined family income is from 256 to 300% of the FPL
Individual's State-defined family income is from 301 to 400% of the FPL
Individual's State-defined family income is over 400% of the FPL
MAGI
Non-MAGI
Other
Medical or comprehensive health insurance plan (e.g. HMO)
Dental health insurance plan
Vision health insurance plan
Prenatal/delivery health insurance plan
Long term care health insurance plan (Long Term PIHP)
Transportation health insurance plan (Transportation PAHP)
A managed care plan
Disease management health insurance plan (Disease Management PAHP)
PAHP (Medical only)
Comprehensive health insurance and Long Term Care (hybrid)
Other health insurance plan
Veterans Administration health benefits
Indian Health Service Program health benefits
TRICARE health benefits
Eligible enrolled in private LTC insurance
Fee-for-Service insurance
Hospital as defined in 42 CFR $440.10
Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR $440.160
Nursing Facility
ICF/IDD
Other Type of Facility
Not Applicable (Not in LTSS program)
State, county, or municipality professional or business license
DEA license
Professional society accreditation
CLIA accreditation
Other
Original Claim/Encounter/Payment - Indicates that this is the first (and, when applicable, only) fully adjudicated transaction in a claim family (one or more claims with the related ICN-ORIG and/or ICN-ADJ and typically the same MSIS ID and provider ID(s) also).

Void/Reversal/Cancel of a prior submission Use this code to convey that the purpose of the transaction is to void/reverse/cancel a previously paid/approved claim/encounter/payment where the claim/encounter/payment is not being replaced by a new paid/approved version of the claim/encounter/payment. Typically, this would be the last claim/encounter/payment that would ever be associated with a given claim family. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter being voided. CMS expects a void transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment being voided/reversed/cancelled.
Replacement/Resubmission of a previously paid/approved claim/encounter/payment - Use when the purpose of the transaction is to replace a previously paid/approved claim/encounter/payment with a new paid/approved version of the claim/encounter/payment. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter being replaced. CMS expects a replacement transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment being replaced/resubmitted.
Credit Gross Adjustment - Use this code to indicate an aggregate provider-level recoupment of payments (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as negative numbers. If a credit gross adjustment is reported with an ICN that is related to an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the credit gross adjustment with the more recent adjudication date should completely replace the preceding related gross adjustment. If the ICNs of a credit gross adjustment are not related to any other gross adjustments (credit or debit) then the credit gross adjustment will always be treated as a distinct financial transaction.
Debit Gross Adjustment - Use this code to indicate an aggregate provider-level payment to a provider (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as positive numbers.   If a debit gross adjustment is reported with an ICN that is related to an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the credit gross adjustment with the more recent adjudication date should completely replace the preceding related gross adjustment. If the ICNs of a debit gross adjustment are not related to any other gross adjustments (credit or debit) then the debit gross adjustment will always be treated as a distinct financial transaction.
This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://x12.org/codes/claim-adjustment-reason-codes
Skilled Care
Intermediate Care
Custodial Care

MCOs corporate address and contact information
MCOs mailing address
MCOs service location address
MCOs Billing address and contact information
CEO's address and contact information
CFO's address and contact information
Other
Federal Tax ID
State Tax ID
Comprehensive MCO
Traditional PCCM Provider
Enhanced PCCM Provider
HIO
Medical-only PIHP (risk or non-risk/non-comprehensive/with inpatient hospital or   institutional services)
Medical-only PAHP (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)
Long Term Care (LTC) PIHP
Mental Health (MH) PIHP
Mental Health (MH) PAHP
Substance Use Disorders (SUD) PIHP
Substance Use Disorders (SUD) PAHP
Mental Health (MH) and Substance Use Disorders (SUD) PIHP
Mental Health (MH) and Substance Use Disorders (SUD) PAHP
Dental PAHP
Transportation PAHP
Disease Management PAHP
PACE
Pharmacy PAHP
Individual is enrolled in Long-Term Services & Supports (LTSS) and Mental Health (MH) PIHP
Other
Accountable Care Organization
Health/Medical Home
Integrated Care For Dual Eligibles
501(C)(3) NON-PROFIT
FOR-PROFIT, CLOSELY HELD
FOR-PROFIT, PUBLICLY TRADED
OTHER
Medicaid State Plan
CHIP State Plan
Both Medicaid and CHIP
Statewide - The managed care entity provides services to beneficiaries throughout the entire state.

County - The managed care entity provides services to beneficiaries in specified counties.
City - The managed care entity provides services to beneficiaries in specified cities.
Region - The managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state ("region" is state-defined).
Zip Code - The managed care entity program provides services to beneficiaries in specified zip codes.
Other - The managed care entity provides services to beneficiaries in "other" area(s), not Statewide, County, City, or Region.
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Legally Married (to opposite sex), spouse present
Legally Married (to opposite sex), spouse absent
Legally Married (to same sex), spouse present
Legally Married (to same sex), spouse absent
Partnered or in Civil Union (to opposite sex), spouse present
Partnered or in Civil Union (to opposite sex), spouse absent
Partnered or in Civil Union (to same sex), spouse present
Partnered or in Civil Union (to same sex), spouse absent
Legally separated (and not married or partnered)
Divorced (and not currently married or partnered)
Separated (and not currently married or partnered)
Widower/Widow (and not currently married or partnered)
Never married/partnered
Other
Legally Married (to opposite sex)
Legally Married (to same sex)
Legally Married, spouse present
Legally Married, spouse absent
Legally Married
Partnered or in Civil Union (to opposite sex)
Partnered (Registered Domestic Partner) or in Civil Union (to same sex)
Partnered (Registered Domestic Partner) or in Civil Union, spouse present
Partnered (Registered Domestic Partner) or in Civil Union, spouse absent
Partnered (Registered Domestic Partner) or in Civil Union
Partnered (Registered Domestic Partner)
Civil Union
Legally Married, Partnered, or in Civil Union

Legally separated (and still legally married)
Legally separated
Annulled (and not currently married or partnered)
Separated (and currently married or partnered)
Separated
Single, widowed, or divorced
The MBES/CBES form that this expenditure was or will be reported to is a form for Medicaid (but not Medicaid-expansion CHIP) expenditures or adjustments.
The MBES/CBES form that this expenditure was or will be reported to is a form for Medicaid-expansion CHIP expenditures or adjustments.
The MBES/CBES form that this expenditure was or will be reported to is a form for separate CHIP expenditures or adjustments.
Quarterly Expenditures for State & Local Administration
Third Party Liability Collections and Cost Avoidance
Medical Assistance Expenditures by Type of Service
Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Prior Period Adjustment
Child Health Expenditures by Service
Quarterly Medical Assistance Expenditures by Children's Health Insurance Program expenditure categories
Children's Health Expenditures By Type of Service
Quarterly Children's Health Insurance Program
Amount not combined with coinsurance amount
Amount combined with coinsurance amount
IPPS - Acute Inpatient PPS
LTCHPPS - Long-term Care Hospital PPS
SNFPPS - Skilled Nursing Facility PPS
HHPPS - Home Health PPS
IRFPPS - Inpatient Rehabilitation Facility PPS
IPFPPS - Inpatient Psychiatric Facility PPS
OPPS - Outpatient PPS
Fee Schedules (for physicians, DME, ambulance, and clinical lab)
Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model
No
Yes
Non Participation
Default- Non Participation
Nursing Facility
ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities)
IMD (Institution for Mental Diseases)
Hospital
Other

Default - Non Participation
Home owned by participant
Home owned by family member
Apartment leased by participant, not assisted living
Apartment leased by participant, assisted living
Group home of no more than 4 people
Default - No Participation
Completed 365 days of participation
Suspended eligibility
Re-institutionalized
Died
Moved
No longer needed services
Other
Default- Non Participation
Acute care hospitalization followed by long term rehabilitation
Deterioration in cognitive functioning
Deterioration in health
Deterioration in mental health
Loss of housing
Loss of personal care giver
By request of participant or guardian
Lack of sufficient community services
International Unit
Gram
Milligram
Milliliter
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Unit
New Prescription
Number of Refill(s)
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For background and context, see https://www.nubc.org/license or https://med.noridianmedicare.com/web/jea/topics/claim-submission/occurrence-codes

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Capitation

Individual Premium

Group Premium

1115 demonstration waiver program - demonstration projects under which most provisions of Section 1902 of the Social Security Act are waived and/or expenditures that would not otherwise be eligible for FFP are authorized. States use these to expand eligibility, restructure Medicaid coverage and secure programmatic flexibility.

1915(b) waiver program - waivers of most provisions of Section 1902 of the Social Security Act in order to limit beneficiaries' freedom of choice of provider; selectively contract with providers; or provide additional services to beneficiaries (State may include BBA special populations)

1932(a) state plan option to use managed care for MCO and PCCM programs - mandatory managed care programs implemented through the state plan (State must exclude or permit voluntary enrollment of specific populations)

1915(a) voluntary managed care program - an MCO managed care program in which enrollment is voluntary and therefore does not require a waiver.

Concurrent 1915(b)/1915(c) waivers- programs, or portions thereof, operating under both 1915(b) managed care and 1915(c) home and community-based services waivers.

Concurrent 1915(a)/1915(c) waivers- programs, or portions thereof, operating under both 1915(a) voluntary managed care and 1915(c) home and community-based services waiver

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Concurrent 1932(a)/1915(c) waivers - programs, or portions thereof, operating under both 1932(a) managed care and 1915(c) home and community-based services waiver.

PACE - program that provides pre-paid, capitated comprehensive, health care services to the frail elderly.

1905(t) voluntary PCCM program - A PCCM managed care program in which enrollment is voluntary and therefore does not require a waiver.

1937benchmark benefit program-programs to provide benefits that differ from Medicaid state plan benefits using managed care and implemented through the state plan.

1902(a)(70) non-emergency medical transportation program -non-emergency medical transportation brokerage programs implemented through the state plan which can vary scope of services, operate on a less-than-statewide basis, and limit freedom of choice
Concurrent 1915(b)/1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1915(b) managed care waiver program.
Concurrent 1915(a)/ 1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1915(a) voluntary managed care program.
Concurrent 1932(a)/ 1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1932(a) managed care state plan option.
1945 Health Homes.
Concurrent 1915(a)/1915(j) - programs, or portions thereof, operating under both 1915(a) and 1915(j) authorities
Concurrent 1932(a)/1915(j) - programs, or portions thereof, operating under both 1932(a) and 1915(j) authorities
Concurrent 1915(b)/1915(j) - programs, or portions thereof, operating under both 1915(b) and 1915(j) authorities
Concurrent 1115/1915(j) - programs, or portions thereof, operating under both 1115 and 1915(j) authorities
Concurrent 1915(a)/1915(k) - programs, or portions thereof, operating under both 1915(a) and 1915(k) authorities
Concurrent 1932(a)/1915(k) - programs, or portions thereof, operating under both 1932(a) and 1915(k) authorities
Concurrent 1915(b)/1915(k) - programs, or portions thereof, operating under both 1915(b) and 1915(k) authorities
Concurrent 1115/1915(k) - programs, or portions thereof, operating under both 1115 and 1915(k) authorities
No
Yes
Not Applicable
Third Party Resource is Casualty/Tort
Third Party Resource is Estate
Third Party Resource is Lien (TEFRA)
Third Party Resource is Lien (Other)
Third Party Resource is Worker's Compensation
Third Party Resource is Medical Malpractice
Third Party Resource is Other
No Outlier
Day Outlier
Cost Outlier
Valid DRG Received from the intermediary
CMS Developed DRG

CMS Developed DRG Using Patient Status Code
Not Group able
Composite of cost outliers
Voluntary - Non-Profit - Religious Organizations
Voluntary - Non-Profit - Other
Voluntary - multiple owners
Proprietary - Individual
Proprietary - Corporation
Proprietary - Partnership
Proprietary - Other
Proprietary - multiple owners
Government - Federal
Government - State
Government - City
Government - County
Government - City-County
Government - Hospital District
Government - State and City/County
Government - other multiple owners
Voluntary /Proprietary
Proprietary/Government
Voluntary/Government
N/A - The individual only practices as part of a group, e.g., as an employee
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State
Capitated plan ID
Sub-capitated plan ID
Sub-capitated network provider ID
State contracted FFS provider ID assigned by state
State contracted FFS provider NPI
Insurance carrier
Beneficiary
Non-Medicaid eligible guardian
Other
SSN
EIN
ITIN
State Tax ID
Other

State
Capitated plan ID
Sub-capitated entity ID
Sub-capitated network provider ID
Other
Payment/allowed amount is not determined at the individual line level (e.g., DRG or outpatient PPS)
Payment/allowed amount is determined at the individual line level (e.g., RBRVS) and when applicable, cost-sharing and/or coordination of benefits were deducted from one or more specific line-level payment/allowed amount(s)
Payment/allowed amount is determined for each individual line (e.g., RBRVS) but then cost sharing or coordination of benefits was deducted from the total paid/allowed amount at the header only
Bene coverage period
Service coverage period
Provider coverage period
Fiscal period
Episode of care
Other
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Self
Spouse
Custodial Parent
Noncustodial Parent (Child Support Enforcement in effect)
Noncustodial Parent without child support enforcement in effect
Grandparent
Guardian
Domestic Partner
Other
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No

Yes
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NO
YES
CPT 4
ICD-9 CM
HCPCS Level II and CDT
ICD-10 - PCS (Will be implemented on 10/1/2014)
Other Systems
Other Systems
Other Systems
Other Systems
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Other Systems
No Special Program
EPSDT
Family Planning
Rural Health Clinic
Federally Qualified Health Centers (FQHC)
Indian Health Services
Home and Community Based Care Waiver Services
Money Follows the Person (MFP)
BIP - Balancing Incentive Payment
Community First Choice (1915(k))
Medicaid Emergency Psychiatric Demonstration
Home and Community Based Services (HCBS) State Plan Option (1915(i))
State Plan CHIP
Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF)
1915(j) (Self- directed personal assistance services/personal care under State Plan or 1915(c) waiver)
COVID-19 Testing Services (1905(a)(3) and 2103(c))
Provider Billing
Provider Mailing
Provider Practice
Provider Service Location
Inpatient hospital services, other than services in an institution for mental diseases
Outpatient hospital services
Rural health clinic services
Other ambulatory services furnished by a rural health clinic
Professional laboratory services
Technical laboratory services
Professional radiological services
Technical radiological services
Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease)
Early and periodic screening and diagnosis and treatment (EPSDT) services

Family planning services and supplies for individuals of child-bearing age
Physicians' services
Medical and surgical services of a dentist
Outpatient substance abuse treatment services.
Medical or other remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law
Home health services - Nursing services
Home health services - Home health aide services
Home health services - Medical supplies, equipment, and appliances suitable for use in the home
Home health services - Physical therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services
Home health services - Occupational therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services
Home health services - Speech pathology and audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services
Private duty nursing services
Advanced practice nurse services
Pediatric nurse
Nurse-midwife service
Nurse practitioner services
Respiratory care for ventilator-dependent individuals
Clinic services
Dental services
Physical therapy services (when not provided under home health services)
Occupational therapy services (when not provided under home health services)
Speech, hearing, and language disorders services (when not provided under home health services)

Prescribed drugs
Over-the-counter medications.
Dentures
Prosthetic devices
Eyeglasses
Hearing Aids
Diagnostic services
Screening services
Preventive services
Well-baby and well-child care services as defined by the State.
Rehabilitative services
Inpatient hospital services for individuals age 65 or older in institutions for mental diseases
Nursing facility services for individuals age 65 or older in institutions for mental diseases
Intermediate care facility (ICF/IID) services
Nursing facility services, other than in institutions for mental diseases
Inpatient psychiatric services for individuals under age 21
Outpatient mental health services, other than Outpatient substance abuse treatment services. This TOS includes services furnished in a State-operated mental hospital and including community-based services.
Inpatient substance abuse treatment services and residential substance abuse treatment services.
Personal care services
Primary care case management services
Targeted case management services
Case Management services other than those that meet the definition of primary care case management services or targeted case management services

Care coordination services.
Transportation services
Enabling services
Services furnished in a religious nonmedical health care institution
Skilled nursing facility services for individuals under age 21
Emergency hospital services
Critical access hospital services
HCBS - Case management services
HCBS - Homemaker services
HCBS - Home health aide services
HCBS - Personal care services
HCBS - Adult day health services
HCBS - Habilitation services
HCBS - Respite care services
HCBS - Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness
HCBS - Day Care
HCBS - Training for family members
HCBS - Minor modification to the home
HCBS - Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization
HCBS - Expanded habilitation services - Prevocational services
HCBS - Expanded habilitation services - Educational services
HCBS - Expanded habilitation services - Supported employment services, which facilitate paid employment

HCBS-65-plus - Case management services
HCBS-65-plus - Homemaker services
HCBS-65-plus - Home health aide services
HCBS-65-plus - Personal care services
HCBS-65-plus - Adult day health services
HCBS-65-plus - Respite care services
HCBS-65-plus - Other medical and social services
Sterilizations
Prenatal care and pre-pregnancy family planning services and supplies.
Other Pregnancy-related Procedures
Hospice services
Any other health care services or items specified by the Secretary and not excluded under regulations.
Disposable medical supplies.
Critical access hospital services - IP
Skilled care - hospital residing
Exceptional care - hospital residing
Non-acute care - hospital residing
Residential care
Capitated payments for primary care case management (PCCM)
Disproportionate share hospital (DSH) payments
Indian Health Service (IHS) - Family Plan
Supplemental payment - inpatient

Supplemental payment - nursing
Supplemental payment - outpatient
EHR payments to provider
In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, and the administration of such in vitro diagnostic products
COVID–19 testing-related services
Per member per month (PMPM) payments for health home services
Per member per month (PMPM) payments for other payments
Payments to individuals for personal assistance services under 1915(j)
Medication Assisted Treatment (MAT) services and drugs for evidenced-based treatment of Opioid Use Disorder (OUD) in accordance with section 1905(a)(29) of the Social Security Act
Inpatient Psychiatric Services for beneficiaries between the ages of 22 and 64 who receive services in an institution for mental disease (IMD)
Residential Pediatric Recovery Center (RPRC): A center or facility that furnishes items and services for which medical assistance is available under the State plan to infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors.
Taxonomy code
Provider specialty code
Provider type code
Authorized category of service code
Enrolled through use of Medicare enrollment system (State did not require that provider submit application. Rather Provider is active Medicare provider and state Medicaid program accepted these credentials as sufficient to participate as state Medicaid provider.)
Enrolled through use of state-based provider application
Other?
Individuals or Groups (of Individuals)
Non-Individual - Other Service Providers
Non-Individual - Agencies
Non-Individual - Ambulatory Health Care Facilities
Non-Individual - Hospital Units
Non-Individual - Hospitals

Non-Individual - Laboratories
Non-Individual - Managed Care Organizations
Non-Individual - Nursing & Custodial Care Facilities
Non-Individual - Residential Treatment Facilities
Non-Individual - Suppliers
Non-Individual - Transportation Services
Non-Individual - Respite Care Facility
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State-specific Medicaid Provider ID
NPI
Medicare ID
NCPDP ID
Federal Tax ID
State Tax ID
SSN
Other
Old State Provider ID
Active - Active Do Not Pay
Active - Active Reinstated
Active - Active
Active - Eligibility Verification
Active - Encounter Only
Active - Financial Trans Only
Denied - Denied Two Provider Numbers
Denied - For Other Reasons
Denied - Invalid License
Denied - Not Eligible
Denied - Same Number Assigned

Pending - Enrollment
Pending - License/Cert Verification
Pending - Missing Documentation
Pending - No License/Temp License
Pending - NPI Invalid
Pending - Rate Determination
Pending - Signed Agreement
Pending - Status Approval
Pending - W9 Missing or Incomplete
Term - Abuse of billing privileges
Term - Action Taken by Medicaid/CHIP
Term - Action Taken by Medicare
Term - Change of Ownership
Term - Failure to report a change of address/ownership
Term - False or misleading information
Term - Federal exclusion/ debarment, etc.
Term - Felony conviction
Term - Involuntary Termination
Term - License Expired
Term - License Revoked
Term - Loss of license or other State action
Term - Medicare/Medicaid Exclusion

Term - Medicaid Authority
Term - Medicare Termination
Term - Misuse of billing number
Term - No Claims Activity
Term - Non-Compliance
Term - Onsite review/ Provider is no longer operational
Term - Other
Term - Provider Deceased
Term - State exclusion/ debarment, etc.
Term - Unknown
Term - Voluntary Termination
501(C)(3) NON-PROFIT
FOR-PROFIT, CLOSELY HELD
FOR-PROFIT, PUBLICLY TRADED
OTHER
N/A - The individual only practices as part of a group
Unknown
General Practice
General Surgery
Allergy/Immunology
Otolaryngology
Anesthesiology
Cardiology
Dermatology
Family Practice
Interventional Pain Management
Gastroenterology
Internal Medicine
Osteopathic Manipulative Therapy
Neurology
Neurosurgery
Speech Language Pathologist
Obstetrics/Gynecology
Hospice and Palliative Care

Ophthalmology
Oral Surgery (dentists only)
Orthopedic Surgery
Cardiac Electrophysiology
Pathology
Sports Medicine
Plastic and Reconstructive Surgery
Physical Medicine and Rehabilitation
Psychiatry
Geriatric Psychiatry
Colorectal Surgery (formerly proctology)
Pulmonary Disease
Diagnostic Radiology
Cardiac Rehabilitation & Intensive Cardiac Rehabilitation
Anesthesiologist Assistant
Thoracic Surgery
Urology
Chiropractic
Nuclear Medicine
Pediatric Medicine
Geriatric Medicine
Nephrology
Hand Surgery
Optometry
Certified Nurse Midwife
Certified Registered Nurse Anesthetist (CRNA)
Infectious Disease
Mammography Center
Endocrinology
Independent Diagnostic Testing Facility (IDTF)
Podiatry
Ambulatory Surgical Center
Nurse Practitioner
Medical Supply Company with Orthotist
Medical Supply Company with Prosthetist
Medical Supply Company with Orthotist-Prosthetist
Other Medical Supply Company
Individual Certified Orthotist
Individual Certified Prosthetist
Individual Certified Orthotist-Prosthetist
Medical Supply Company with Pharmacist
Ambulance Service Provider
Public Health or Welfare Agency
Voluntary Health or Charitable Agency
Psychologist (Billing Independently)

Portable X-Ray Supplier
Audiologist
Physical Therapist in Private Practice
Rheumatology
Occupational Therapist in Private Practice
Clinical Psychologist
Clinical Laboratory
Single or Multispecialty Clinic or Group Practice
Registered Dietitian or Nutrition Professional
Pain Management
Mass Immunization Roster Biller
Radiation Therapy Center
Slide Preparation Facility
Peripheral Vascular Disease
Vascular Surgery
Cardiac Surgery
Addiction Medicine
Licensed Clinical Social Worker
Critical Care (Intensivists)
Hematology
Hematology/Oncology
Preventive Medicine
Maxillofacial Surgery
Neuropsychiatry
All Other Suppliers
Unknown Supplier/Provider Specialty
Certified Clinical Nurse Specialist
Medical Oncology
Surgical Oncology
Radiation Oncology
Emergency Medicine
Interventional Radiology
Advance Diagnostic Imaging
Optician
Physician Assistant
Gynecological/Oncology
Undefined physician type (provider is an MD)
Hospital-General
Skilled Nursing Facility
Intermediate Care Nursing Facility
Other Nursing Facility
Home Health Agency
Pharmacy
Medical Supply Company with Respiratory Therapist
Department Store

Grocery Store
Indian Health Service facility
Oxygen supplier
Pedorthic personnel
Medical supply company with pedorthic personnel
Rehabilitation Agency
Ocularist
Sleep Medicine
Centralized Flu
Indirect Payment Procedure
Interventional Cardiology
Restricted Use
Dentist
Hospitalist
Advanced Heart Failure and Transplant Cardiology
Medical Toxicology
Hematopoietic Cell Transplantation and Cellular Therapy
Medicare Diabetes Preventive Program
Restricted Use
Medical Genetics and Genomics
Undersea and Hyperbaric Medicine
Opioid Treatment Program
Home Infusion Therapy Services
Micrographic Dermatologic Surgery
Adult Congenital Heart Disease
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Physician
Speech Language Pathologist
Oral Surgery (Dentist only)
Cardiac Rehabilitation and Intensive Cardiac Rehabilitation
Anesthesiology Assistant
Chiropractic
Optometry
Certified Nurse Midwife
Certified Registered Nurse Anesthetist (CRNA)
Mammography Center
Independent Diagnostic Testing Facility (IDTF)
Podiatry
Ambulatory Surgical Center

Nurse Practitioner
Medical Supply Company with Orthotist
Medical Supply Company with Prosthetist
Medical Supply Company with Orthotist-Prosthetist
Other Medical Supply Company
Individual Certified Orthotist
Individual Certified Prosthetist
Individual Certified Prosthetist-Orthotist
Medical Supply Company with Pharmacist
Ambulance Service Provider
Public Health or Welfare Agency
Voluntary Health or Charitable Agency
Psychologist, Clinical
Portable X-Ray Supplier
Audiologist
Physical Therapist in Private Practice
Occupational Therapist in Private Practice
Clinical Laboratory
Clinic or Group Practice
Registered Dietitian or Nutrition Professional
Mass Immunizer Roster Biller
Radiation Therapy Center
Slide Preparation Facility
Licensed Clinical Social Worker
Certified Clinical Nurse Specialist
Advance Diagnostic Imaging
Optician
Physician Assistant
Hospital-General
Skilled Nursing Facility
Intermediate Care Nursing Facility
Other Nursing Facility
Home Health Agency
Pharmacy
Medical Supply Company with Respiratory Therapist
Department Store
Grocery Store
Indian Health Service facility
Oxygen supplier
Pedorthic personnel
Medical supply company with pedorthic personnel
Rehabilitation Agency
Ocularist
All Other
Institutions for Mental Disease

Institutional claim - any (837I format or UB-04 form)
Institutional claim - electronic (837I format)
Institutional claim (UB-04 form)
Professional claim - any (837P format or CMS-1500 form)
Professional claim - electronic (837P format)
Professional claim - paper (CMS-1500 form)
Dental claim - any (837D format or ADA Dental Claim Form)
Dental claim - electronic (837D format)
Dental claim - paper (ADA Dental Claim Form)
Pharmacy claim (NCPDP format)
Other claim form or format not listed above
White
Black or African American
American Indian or Alaska Native
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Other Asian
Asian Unknown
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander
Native Hawaiian or Other Pacific Islander Unknown
Unspecified
Other
Large System Enhancement
Merge Beneficiaries
Transition between CHIP and Medicaid
Unmerge Beneficiaries
NDC is not eligible for drug rebate program. (Manufacturer does not have a rebate agreement.)
NDC is eligible for drug rebate program
NDC is exempt from the drug rebate program (biological and medical devices)
FILE-HEADER-RECORD-IP
CLAIM-HEADER-RECORD-IP
CLAIM-LINE-RECORD-IP
CLAIM-DX-IP
FILE-HEADER-RECORD-LT
CLAIM-HEADER-RECORD-LT
CLAIM-LINE-RECORD-LT
CLAIM-DX-LT

FILE-HEADER-RECORD-OT
CLAIM-HEADER-RECORD-OT
CLAIM-LINE-RECORD-OT
CLAIM-DX-OT
FILE-HEADER-RECORD-RX
CLAIM-HEADER-RECORD-RX
CLAIM-LINE-RECORD-RX
CLAIM-DX-RX
FILE-HEADER-RECORD-ELIGIBILITY
PRIMARY-DEMOGRAPHICS-ELIGIBILITY
VARIABLE-DEMOGRAPHICS-ELIGIBILITY
ELIGIBLE-CONTACT-INFORMATION
ELIGIBILITY-DETERMINANTS
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION
HEALTH-HOME-SPA-PROVIDERS
HEALTH-HOME-CHRONIC-CONDITIONS
LOCK-IN-INFORMATION
MFP-INFORMATION
STATE-PLAN-OPTION-PARTICIPATION
WAIVER-PARTICIPATION
LTSS-PARTICIPATION
LTSS-PARTICIPATION
ETHNICITY-INFORMATION
RACE-INFORMATION
DISABILITY-INFORMATION
1115A-DEMONSTRATION-INFORMATION
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME
ENROLLMENT-TIME-SPAN
ELG-IDENTIFIERS
SOGI
FILE-HEADER-RECORD-FTX
INDIVIDUAL-CAPITATION-PMPM
INDIVIDUAL-HEALTH-INSURANCE-PREMIUM-PAYMENT
GROUP-INSURANCE-PREMIUM-PAYMENT
COST-SHARING-OFFSET
VALUE-BASED-PAYMENT
STATE-DIRECTED-PAYMENT-SEPARATE-PAYMENT-TERM
COST-SETTLEMENT-PAYMENT
FQHC-WRAP-PAYMENT
MISCELLANEOUS-PAYMENT
FILE-HEADER-RECORD-MANAGED-CARE
MANAGED-CARE-MAIN
MANAGED-CARE-LOCATION-AND-CONTACT-INFO
MANAGED-CARE-SERVICE-AREA
MANAGED-CARE-OPERATING-AUTHORITY

MANAGED-CARE-PLAN-POPULATION-ENROLLED
MANAGED-CARE-ACCREDITATION-ORGANIZATION
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO
CHPID-SHPID-RELATIONSHIP
MANAGED-CARE-ID
FILE-HEADER-RECORD-PROVIDER
PROV-ATTRIBUTES-MAIN
PROV-LOCATION-AND-CONTACT-INFO
PROV-LICENSING-INFO
PROV-IDENTIFIERS
PROV-TAXONOMY-CLASSIFICATION
PROV-MEDICAID-ENROLLMENT
PROV-AFFILIATED-GROUPS
PROV-AFFILIATED-PROGRAMS
PROV-BED-TYPE-INFO
FILE-HEADER-RECORD-TPL
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION
TPL-ENTITY-CONTACT-INFORMATION
Risk-based Capitation, no incentives or risk-sharing
Risk-based Capitation with Incentive Arrangements
Risk-based Capitation with other risk-sharing Arrangements
Non-Risk Capitation
Fee-For-Service
Primary Care Case Management Payment
Other
Primary Care Case Management Payment plus Fee-For-Service
Individual is not eligible for Medicaid or CHIP during the month.
Individual is eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits.
Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but only entitled to restricted benefits based on alien status.
Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status (e.g., QMB, SLMB, QDWI, QI).
Individual is eligible for Medicaid or CHIP but is only entitled to restricted benefits for pregnancy-related services, including services that do and those that do not meet the Minimum Essential Coverage standard.
Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based upon substance abuse, medically needy, or other criteria) that meet the standard for Minimum Essential Coverage.
Individual is eligible for Medicaid or Medicaid-Expansion CHIP but only entitled to restricted benefits for family planning services.

Individual is eligible for Medicaid and entitled to Medicaid benefits under an alternative package of benchmark-equivalent coverage, as enacted by the Deficit Reduction Act of 2005.
Individual is eligible for Medicaid and entitled to benefits under the Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF), as enacted by the Deficit Reduction Act of 2005.
Individual is eligible for Medicaid and entitled to Medicaid benefits using a Health Opportunity Account (HOA).
Individual is eligible for S-separate CHIP dental coverage (supplemental dental wraparound benefit to employer-sponsored insurance).
Individual is eligible for Medicaid and entitled to benefits under a ""Money Follows the Person"" (MFP) rebalancing demonstration, as enacted by the Deficit Reduction Act of 2005, to allow States to develop community based long term care opportunities.
Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based on substance abuse, medically needy, or other criteria) that do not meet the standard for Minimum Essential Coverage.
Individual is eligible for Medicaid but is only entitled to restricted benefits for medical assistance for COVID-19 diagnostic products and any visit described as a COVID–19 testing-related service for which payment may be made under the State plan during any portion of the public health emergency period, beginning March 18, 2020 as described in Sections 1902(a)(10)(A)(ii)(XXIII), 1902(ss) and clause XVIII in the matter following 1902(a)(10)(G) of the Social Security Act.
Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status Medicare Part B-ID ESRD Benefit.
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No, not an SDP
Yes, SDP
Not Applicable
Hiring Authority
Budget Authority
Hiring and Budget Authority
Female
Male
Unknown
Female
Male

Not sure
Prefer not to answer
Other
Lesbian or gay
Straight
Bisexual
Not sure
Prefer not to answer
Other
MMIS
Non-MMIS CHIP Payment System
Pharmacy Benefits Manager (PBM) Vendor
Dental Benefits Manager Vendor
Transportation Provider System
Mental Health Claims Payment System
Financial Transaction/Accounting System
Other State Agency Claims Payment System
County/Local Government Claims Payment System
Other Vendor/Other Claims Payment System
Managed Care Organization (MCO)
Sub-contracted entity
Sub-capitated network provider
No
Yes
No
Yes
No
Yes
Not Applicable
Mandatory
Optional
Not Applicable
SSI
SSI Eligible Spouse
SSI Pending a Final Determination of Disposal of Resources Exceeding SSI Dollar Limits
State does not use SSN as MSIS-IDENTIFICATION-NUMBER
State uses SSN as MSIS-IDENTIFICATION-NUMBER
SSN not verified
SSN successfully verified by SSA
SSN is pending SSA verification
Alabama
Alaska
Arizona
Arkansas

California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa (Medicaid)
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia

Wisconsin
Wyoming
American Samoa
Federated States of Micronesia
Guam
Johnston Atoll
Marshall Islands
Commonwealth of the Northern Mariana Islands
Palau
Midway Islands
Puerto Rico
U.S. Minor Outlying Islands
Navassa Island
U.S. Virgin Islands
Wake Island
Baker Island
Howland Island
Jarvis Island
Kingman Reef
WYOMING CHIP
MONTANA TPA
Palmyra Atoll
Iowa (CHIP) - I4
Pennsylvania (CHIP) - P1
Test State
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Medicaid
CHIP
Both Medicaid and CHIP
Not state plan affiliated
Not Applicable
Community First Choice
1915(i)
1915(j)
1932(a)
1915(a)
1937 (Alternative Benefit Plans)
No, transaction is not a sub-capitation payment or recoupment

Yes, transaction is a sub-capitation or recoupment
Create File-a file that contains a complete set of transactions/changes processed since the last Create file submission. States may submit only one valid Create file per reporting period and data file type.
Replacement File-a Replacement submission is a replacement of the month's data. It will completely replace the immediate prior submission. If a later replacement entry is received, it will overwrite the previous replacement, as well as a prior Create or Update submission for the same data type and reporting period.
Update File-a file that contains T-MSIS record segments created in response to business rule rejects. Note: The records in an Update file are not generated as a result of a change processed in the state's Medicaid or Medicaid-related systems during the current reporting month. These Update file record segments may be unchanged from the ones submitted previously for various reasons (for example, the state may be unable to process a change record in their Medicaid / Medicaid-related systems to correct the issue because the state is simply passing through to T-MSIS data that originated outside of the state's systems).[1] Conversely, the records may be different from those previously submitted, but the change is the result of a fix whose root cause problem was an issue in the T-MSIS file-creation or replacement process at CMS. Regardless, the record was not generated from a change that occurred in the state's source data.
Individual was not eligible for Medicaid.
Individual did not receive TANF benefits
Individual did receive TANF benefits (States should only use this value if they can accurately separate eligible receiving TANF benefits from other 1931 eligible reported into MAS 1)
No
Yes
ANSI/ADA/ISO Specification No. 3950
ADA's Universal/National Tooth Designation system
Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)
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Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)
Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)
Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)
Entire Oral Cavity
Maxillary Area
Mandibular Area
Upper Right Sextant
Upper Anterior Sextant
Upper Left Sextant
Lower Left Sextant
Lower Anterior Sextant
Lower Right Sextant
Other Area of Oral Cavity (An area specified in an annexed document or further explanation available.)
Upper Right Quadrant (Right Refers to the oral and skeletal structures on the right side.)
Upper Left Quadrant (Left Refers to the oral and skeletal structures on the left side.)
Lower Left Quadrant
Lower Right Quadrant

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Buccal - The surface of the tooth which is closest to the cheek.
Distal - The surface of the tooth facing away from an invisible line drawn vertically through the center of the face.
Facial - The surface of a tooth that is directed towards the face.
Incisal - The cutting edges of the anterior teeth.
Lingual - The surface of the tooth that is directed towards the tongue.
Mesial - The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face.
Occlusal - The surfaces of the posterior (back) teeth which provides the chewing function.
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TPL-Entity Corporate Location
TPL-Entity Mailing
TPL-Entity Satellite Location
TPL-Entity Billing
TPL-Entity Correspondence
TPL-Other
Eligible individual has no TPL insurance coverage.
Eligible individual does have TPL insurance coverage.
Eligible individual has no other TPL funding available.
Eligible individual does have other TPL funding available.
Kick payment
Provider retainer payment
Direct reimbursement to Bene for retroactive period cost (e.g. 42 CFR 447.25)
Direct reimbursement to Bene for non-emergency transportation

Other
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Hospital
Skilled Nursing
Home Health
Religious Nonmedical (Hospital)
Reserved for national assignment (discontinued effective 10/1/05).
Intermediate Care
Clinic or Hospital Based Renal Dialysis Facility (requires special information in second digit below).
Special facility or hospital ASC surgery (requires special information in second digit below).
Reserved for National Assignment
Rural Health Clinic (RHC)
Hospital Based or Independent Renal Dialysis Facility
Free Standing Provider-Based Federally Qualified Health Center (FQHC)
Other Rehabilitation Facility (ORF)
Comprehensive Outpatient Rehabilitation Facility (CORF)
Community Mental Health Center (CMHC)
Federally Qualified Health Center (FQHC) (Effective 4/1/10)
Licensed Freestanding Emergency Medical Facility (Effective 4/1/12)
OTHER

Hospice (Nonhospital Based)
Hospice (Hospital Based)
Ambulatory Surgical Center Services to Hospital Outpatients
Free Standing Birthing Center
Critical Access Hospital
Residential Facility
Freestanding Non-residential Opioid Treatment Program (Effective 1/1/21)
Reserved for National Assignment
OTHER
Inpatient
Inpatient
Outpatient
Other
Intermediate Care - Level I
Intermediate Care - Level II
Reserved for national assignment (discontinued effective 10/1/05).
Swing Bed (may be used to indicate billing for SNF level of care in a hospital with an approved swing bed agreement).
Reserved for National Assignment
Nonpayment/Zero Claims
Admit Through Discharge Claim
Interim-First Claim
Interim-Continuing Claims (Not valid for PPS Bills)
Admission/Election Notice
Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Termination/Revocation Notice
Hospice Change of Provider Notice

Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Void/Cancel
Hospice Change of Ownership
Beneficiary Initiated Adjustment Claim
CWF Initiated Adjustment Claim
CMS Initiated Adjustment Claim
FI Adjustment Claim (Other than QIO or Provider
Initiated Adjustment Claim-Other
OIG Initiated Adjustment Claim
MSP Initiated Adjustment Claim
QIO Adjustment Claim
A Fee-For-Service Medicaid or Medicaid-expansion Claim
Medicaid or Medicaid-expansion Managed Care Encounter (a.k.a. ""Dummy"") record that simulates a bill for a service rendered to a patient covered under some form of Capitation Plan. This includes billing records submitted by providers to non-state entities (e.g., MCOs, health plans) for which the State has no financial liability since the at risk entity has already received a capitated payment from the State.
Separate CHIP (Title XXI) claim: A Fee-for-Service Claim
Separate CHIP (Title XXI) encounter record that simulates a bill for a service or items rendered to a patient covered under some form of Capitation Plan. This includes billing records submitted by providers to non-State entities (e.g., MCOs, health plans) for which a state has no financial liability as the at-risk entity has already received a capitated payment from the state
Other FFS claim
Other Managed Care Encounter
Denied claims
Not a hospital
Inpatient Hospital
Outpatient Hospital
Critical Access Hospital
Swing Bed Hospital
Inpatient Psychiatric Hospital
IHS Hospital
Children's Hospital
Other
Tort/Casualty Claim
Medical Malpractice
Estate (an estate, annuity or designated trust)
Liens
Worker's Compensation
Payments from an individual or group who has either voluntarily or been assigned legal responsibility for the health care of one or more Medicaid recipients; fraternal groups; unions
Other - unidentified
Inpatient hospital services, other than services in an institution for mental diseases

Services furnished in a religious nonmedical health care institution
Emergency hospital services
Sterilizations
Other Pregnancy-related Procedures
Critical access hospital services - IP
Skilled care - hospital residing
Exceptional care - hospital residing
Non-acute care - hospital residing
In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, and the administration of such in vitro diagnostic products
COVID–19 testing-related services
Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease)
Inpatient hospital services for individuals age 65 or older in institutions for mental diseases
Nursing facility services for individuals age 65 or older in institutions for mental diseases
ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities)
Nursing facility services, other than in institutions for mental diseases
Inpatient psychiatric services for individuals under age 21
Inpatient substance abuse treatment services and residential substance abuse treatment services.
Skilled nursing facility services for individuals under age 21
In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, and the administration of such in vitro diagnostic products
COVID–19 testing-related services
Inpatient Psychiatric Services for beneficiaries between the ages of 22 and 64 who receive services in an institution for mental disease (IMD)
Residential Pediatric Recovery Center (RPRC): A center or facility that furnishes items and services for which medical assistance is available under the State plan to infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors.
Outpatient hospital services
Rural health clinic services
Other ambulatory services furnished by a rural health clinic
Professional laboratory services, Technical laboratory services
Technical laboratory services

Professional radiological services
Technical radiological services
Early and periodic screening and diagnosis and treatment (EPSDT) services
Family planning services and supplies for individuals of child-bearing age
Physicians' services
Medical and surgical services of a dentist
Outpatient substance abuse treatment services.
Medical or other remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law
Home health services - Nursing services
Home health services - Home health aide services
Home health services - Medical supplies, equipment, and appliances suitable for use in the home
Home health services - Physical therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services
Home health services - Occupational therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services
Home health services - Speech pathology and audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services
Private duty nursing services
Advanced practice nurse services
Pediatric nurse
Nurse-midwife service
Nurse practitioner services
Respiratory care for ventilator-dependent individuals
Clinic services
Dental services
Physical therapy services (when not provided under home health services)
Occupational therapy services (when not provided under home health services)
Speech, hearing, and language disorders services (when not provided under home health services)
Dentures
Medical equipment/prosthetic devices
Eyeglasses
Hearing Aids
Diagnostic services
Screening services
Preventive services
Well-baby and well-child care services as defined by the State.
Rehabilitative services
Outpatient mental health services, other than Outpatient substance abuse treatment services. This TOS includes services furnished in a State-operated mental hospital and including community-based services.

Inpatient substance abuse treatment services and residential substance abuse treatment services.
Personal care services
Primary care case management services
Targeted case management services
Case Management services other than those that meet the definition of primary care case management services or targeted case management services
Care coordination services
Transportation services
Enabling services
Services furnished in a religious nonmedical health care institution
Emergency hospital services
Critical access hospital services - OT
HCBS - Case management services
HCBS - Homemaker services
HCBS - Home health aide services
HCBS - Personal care services
HCBS - Adult day health services
HCBS - Habilitation services
HCBS - Respite care services
HCBS - Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness
HCBS - Day Care
HCBS - Training for family members
HCBS - Minor modification to the home
HCBS - Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization
HCBS - Expanded habilitation services - Prevocational services
HCBS - Expanded habilitation services - Educational services
HCBS - Expanded habilitation services - Supported employment services, which facilitate paid employment
HCBS-65-plus - Case management services
HCBS-65-plus - Homemaker services
HCBS-65-plus - Home health aide services
HCBS-65-plus - Personal care services
HCBS-65-plus - Adult day health services
HCBS-65-plus - Respite care services
HCBS-65-plus - Other medical and social services
Sterilizations
Prenatal care and pre-pregnancy family planning services and supplies.
Other Pregnancy-related Procedures
Hospice services
Any other health care services or items specified by the Secretary and not excluded under regulations.

Disposable medical supplies.
Residential care
Indian Health Service (IHS) - Family Plan
In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, and the administration of such in vitro diagnostic products
COVID–19 testing-related services
Family planning services and supplies for individuals of child-bearing age
Home health services - Medical supplies, equipment, and appliances suitable for use in the home
Prescribed drugs
Over-the-counter medications.
Medical equipment/prosthetic devices
Prenatal care and pre-pregnancy family planning services and supplies.
Disposable medical supplies.
Indian Health Service (IHS) - Family Plan
In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, and the administration of such in vitro diagnostic products
COVID–19 testing-related services
Medication Assisted Treatment (MAT) services and drugs for evidenced-based treatment of Opioid Use Disorder (OUD) in accordance with section 1905(a)(29) of the Social Security Act
Each
International Unit
Grams
Gram
Milligram
Milliliter
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Unit
FFS/Q&V Foundational payments for infrastructure and operations
FFS/Q&V Pay for reporting

FFS/Q&V Pay for performance
APM/FFS APMs with Shared savings
APM/FFS APMs with shared savings and downside risk
APM/FFS Risk based payments NOT linked to quality
POP/PAY Condition-specific population-based payment
POP/PAY Comprehensive population-based payment
POP/PAY Integrated finance and delivery system
POP/PAY Capitated payments NOT linked to quality
No
Yes
1115 Other demonstration
1915(b)(1) - These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.
1915(b)(2) - These waivers allow states to use enrollment brokers.
1915(b)(3) - These waivers allow states to use savings to provide additional services that are not in the State Plan.
1915(b)(4) - These waivers allow fee for service selective contracting.
1915(c)-Aged and Disabled
1915(c)-Aged
1915(c)-Physical Disabilities
1915(c)-Intellectual Disabilities
1915(c)-Intellectual and Developmental Disabilities
1915(c)-Brain Injury
1915(c)-HIV/AIDS
1915(c)-Technology Dependent or Medically Fragile
1915(c)-Disabled (other)
1915(c)-Enrolled in 1915(c) waiver for unspecified or unknown populations
1915(c)-Autism/Autism spectrum disorder
1915(c)-Developmental Disabilities
1915(c)-Mental Illness-Age 18 or Older
1915(c)-Mental Illness-Under Age 18
1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority
1115 HIFA Waiver - The associated Waiver-ID is for a HIFA (Health Insurance and Flexibility and Accountability) waiver. May also be called demonstration waiver or refer to the eligibility expansion.
1115 Pharmacy demonstration
1115 Disaster-related demonstration
1115 Family planning demonstration
1115 Substance use demonstration
1115 Premium Assistance demonstration
1115 Beneficiary engagement demonstration
1115 Former foster care youth from another state
1115 Managed long term services and support
1115 Delivery system reform
1332 Demonstration

1915(b) waiver
1915(c) waiver
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Effective Start Date	Effective End Date
01/01/0001	12/31/9999
01/01/0001	12/31/9999
01/01/0001	12/31/9999
01/01/0001	12/31/9999
01/01/0001	12/31/9999
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