



**Centers for Medicaid and CHIP Services (CMCS)**

## **Transformed Medicaid Statistical Information System T-MSIS Valid Value Lists (VVLs) Crosswalk (Change**

**PRA Disclosure Statement:** The Transformed Medicaid Statistical Information System (T-MSIS) is used to collect, store, and analyze data from states and territories to calculate quality measures and other metrics, including those reported through this provision by requiring states to include data elements the Secretary determines are required to respond to a collection of information unless it displays a valid OMB control number. To ensure data accuracy, CMS will search existing data resources, gather the data needed, and complete and review the data.

## tem (T-MSIS)

### Log) - Version 2.4.0 Through Version 4.0.0

ion System (T-MSIS) is used to assist the Centers for Medicare & Medicaid Services (CM: ugh the new Medicaid and CHIP Scoreboard. Section 4735 of the Balanced Budget Act of 1997 inc s necessary for program integrity, program oversight, and administration. Under the Privacy Act o ntrol number. The valid OMB control number for this information collection is 0938-0345 (Expires ne information collection. If you have comments concerning the accuracy of the time estimate(s) c

S) with monitoring and oversight of Medicaid and CHIP programs, to enable evaluation of  
cluded a statutory requirement for states to submit claims data, enrollee encounter data, and sup  
f 1974 any personally identifying information obtained will be kept private to the extent of the law  
: 03/31/2026). The time required to complete this information collection is estimated to average :  
or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA F

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

## T-MSIS Valid Value Lists (VVLs) Crosswall

Date	Valid Value Code Set Name	Action
2021-01-27	PROCEDURE-CODE-FLAG	UPDATE
2021-02-05	ACCREDITATION-ORGANIZATION	ADD
2021-02-05	PATIENT-STATUS	UPDATE
2021-02-26	AMERICAN-INDIAN-ALASKA-NATIVE-INDICATOR	UPDATE
2021-02-26	CITIZENSHIP-VERIFICATION-FLAG	UPDATE
2021-02-26	IMMIGRATION-VERIFICATION-FLAG	UPDATE
2021-02-26	RECORD-ID	ADD
2021-02-26	TYPE-OF-HOSPITAL	UPDATE
2021-02-26	XIX-MBESCBES-CATEGORY-OF-SERVICE	ADD
2021-03-19	ELIGIBILITY-GROUP	UPDATE
2021-03-19	TYPE-OF-SERVICE	UPDATE
2021-03-19	XIX-MBESCBES-CATEGORY-OF-SERVICE	UPDATE

2021-03-19	XXI-MBESCBES-CATEGORY-OF-SERVICE	UPDATE
2021-04-09	DIAGNOSIS-CODE	ADD
2021-04-09	MEDICAID-BASIS-OF-ELIGIBILITY	UPDATE
2021-04-30	DIAGNOSIS-POA-FLAG	UPDATE
2021-04-30	DRUG-UTILIZATION-CODE	ADD
2021-04-30	PROCEDURE-CODE-FLAG	UPDATE
2021-04-30	XIX-MBESCBES-CATEGORY-OF-SERVICE	ADD

2021-05-21	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD
2021-05-21	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD
2021-05-21	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD

2021-05-21	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD
2021-05-21	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD



2021-05-21	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD
2021-05-21	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD

2021-05-21	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE
2021-07-02	AMERICAN-INDIAN-ALASKAN-NATIVE-INDICATOR (ELG215)	UPDATE
2021-07-02	RACE (ELG213)	UPDATE
2021-08-13	OPERATING-AUTHORITY (MCR067)	ADD
2021-08-13	TYPE-OF-BILL-2-FACILITY-TYPE	ADD

2021-08-13	TYPE-OF-BILL-3-BILL- CLASSIFICATION-CLINICS	ADD
2021-08-13	TYPE-OF-BILL-3-BILL- CLASSIFICATION-FACILITY	ADD
2021-08-13	TYPE-OF-BILL-3-BILL- CLASSIFICATION-OTHER	ADD

2021-08-13	TYPE-OF-BILL-4-FREQUENCY	ADD
2021-08-13	TYPE-OF-SERVICE	ADD

2021-09-03	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD
2021-09-03	TYPE-OF-SERVICE	UPDATE
2021-10-15	CITIZENSHIP-IND	UPDATE

2021-10-15	HCPCS	ADD
2021-10-15	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD
2021-10-15	PROV-IDENTIFIER-TYPE (PRV077)	ADD

2021-11-05	PROV-CLASSIFICATION-TYPE = 4	ADD
2021-12-03	DIAGNOSIS-CODE	UPDATE
2021-12-03	ELIGIBILITY-CHANGE-REASON	UPDATE
2021-12-03	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE
2021-12-03	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	ADD
2021-12-03	RACE	ADD
2021-12-03	XIX-MBESCBES-CATEGORY-OF-SERVICE	ADD
2021-12-03	XXI-MBESCBES-CATEGORY-OF-SERVICE	ADD

2021-12-17	PROCEDURE-CODE-MOD	ADD
2021-12-17	PROCEDURE-CODE-MOD	UPDATE
2021-12-17	PROCEDURE-CODE-MOD	UPDATE



2021-12-17	PROCEDURE-CODE-MOD	UPDATE
2021-12-17	PROCEDURE-CODE-MOD	UPDATE
2021-12-17	PROCEDURE-CODE-MOD	UPDATE
2021-12-17	PROV-SPECIALTY	ADD

2021-12-17	XXI-MBESCBES-CATEGORY-OF-SERVICE	ADD
2022-01-07	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD
2022-01-07	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD
2022-01-28	N/A	UPDATE
2022-01-28	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD
2022-01-28	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD

2022-02-18	REVENUE-CODE	UPDATE
2022-03-11	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE
2022-03-11	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE
2022-04-01	ELG215	UPDATE
2022-04-01	N/A	ADD
2022-04-01	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE
2022-04-22	N/A	UPDATE
2022-05-13	COT123	UPDATE
2022-05-13	N/A	UPDATE

2022-05-13	N/A	UPDATE
2022-05-13	N/A	UPDATE
2022-05-13	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE

2022-06-24	CRX162	ADD
2022-06-24	N/A	ADD
2022-06-24	N/A	ADD
2022-06-24	N/A	ADD
2022-07-15	N/A	ADD
2022-07-15	N/A	ADD
2022-07-15	N/A	ADD
2022-07-15	N/A	UPDATE
2022-07-15	N/A	UPDATE

2022-08-26	N/A	ADD
2022-08-26	PLACE-OF-SERVICE	ADD
2022-08-26	PROV-CLASSIFICATION-CODE	ADD
2022-09-26	N/A	ADD
2022-09-26	N/A	ADD

2022-09-26	N/A	ADD
2022-09-26	N/A	ADD
2022-09-26	N/A	ADD
2022-09-26	N/A	UPDATE
2022-09-26	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE
2022-09-26	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE
2022-11-18	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE
2022-12-09	IHS-SERVICE-IND (CIP296, CLT243, COT234, CRX172)	UPDATE
2022-12-30	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE
2022-12-30	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	UPDATE

2023-01-27	PROCEDURE-CODE-1, PROCEDURE-CODE-2, PROCEDURE-CODE-3, PROCEDURE-CODE-4, PROCEDURE-CODE-5, PROCEDURE-CODE-6	ADD
2023-01-27	REVENUE-CODE	ADD
2023-02-17	N/A	UPDATE
2023-03-10	ELG034	ADD



2023-03-10	ELG095	ADD
2023-03-10	ELG095	UPDATE
2023-03-31	ELG095	ADD
2023-03-31	ELG095	UPDATE
2023-03-31	N/A	UPDATE

2023-04-21	N/A	ADD
2023-05-12	N/A	ADD
2023-05-12	N/A	UPDATE
2023-05-12	N/A	UPDATE
2023-05-12	N/A	UPDATE
2023-05-12	N/A	UPDATE
2023-05-12	N/A	UPDATE
2023-06-02	PRV119	ADD
2023-07-14	N/A	ADD
2023-09-08	CIP004, CLT004, COT004, CRX004, ELG004, MCR004, PRV004, TPL004	UPDATE
2023-09-08	CIP004, CLT004, COT004, CRX004, ELG004, MCR004, PRV004, TPL004	UPDATE
2023-09-08	CIP257, CLT211, COT186, CRX134	UPDATE
2023-09-08	COT123	ADD
2023-09-08	N/A	UPDATE
2023-09-08	N/A	UPDATE
2024-02-01	N/A	UPDATE
2024-03-01	ADJUSTMENT-IND and LINE-ADJUSTMENT-IND CIP026	UPDATE
2024-03-01	ADJUSTMENT-IND and LINE-ADJUSTMENT-IND CIP026	UPDATE

2024-03-01	ADJUSTMENT-IND and LINE-ADJUSTMENT-IND CIP026	UPDATE
2024-03-01	ADJUSTMENT-IND and LINE-ADJUSTMENT-IND CIP026	UPDATE
2024-03-01	ADJUSTMENT-IND and LINE-ADJUSTMENT-IND CIP026	UPDATE
2024-03-01	LINE-ADJUSTMENT-IND CIP239	UPDATE
2024-03-01	LINE-ADJUSTMENT-IND CIP239	UPDATE
2024-03-01	LINE-ADJUSTMENT-IND CIP239	UPDATE
2024-03-01	LINE-ADJUSTMENT-IND CIP239	UPDATE

2024-03-01	LINE-ADJUSTMENT-IND CIP239	UPDATE
2024-03-15	PROV-CLASSIFICATION-CODE-TYPE-1	UPDATE
2024-03-15	PROV-TAXONOMY	UPDATE
2024-03-15	REBATE-ELIGIBLE-INDICATOR - 0	UPDATE
2024-03-15	REBATE-ELIGIBLE-INDICATOR - 1	UPDATE
2024-03-15	REBATE-ELIGIBLE-INDICATOR - 2	UPDATE
2024-03-15	Rule-1378	UPDATE
2024-04-17	VV End-Dates for WAIVER-TYPE	UPDATE

2023-09-28	ADJUSTMENT-IND	UPDATE
2023-09-28	ATYPICAL-PROV-IND	ADD

2023-09-28	BENEFIT-TYPE	DELETE
2023-09-28	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	UPDATE
2023-09-28	CONTINUOUS-ELIGIBILITY-CODE	ADD
2023-09-28	DATA-DICTIONARY-VERSION	UPDATE
2023-09-28	DIAGNOSIS-TYPE	ADD

2023-09-28	ELIGIBILITY-CHANGE-REASON	UPDATE
2023-09-28	ELIGIBILITY-EXTENSION-CODE	ADD
2023-09-28	EXPENDITURE-AUTHORITY-TYPE	ADD
2023-09-28	FILE-NAME	UPDATE
2023-09-28	FILE-SUBMISSION-METHOD	ADD

2023-09-28	IMMUNIZATION-TYPE	DELETE
2023-09-28	INCOME-STANDARD-CODE	ADD



2023-09-28	LINE-ADJUSTMENT-IND	UPDATE
2023-09-28	MANAGED-CARE-PLAN-ID-TYPE	ADD

2023-09-28	MBESCBES-FORM	ADD
2023-09-28	MBESCBES-FORM-GROUP	ADD
2023-09-28	OFFSET-TRANS-TYPE	ADD

2023-09-28	PAYEE-ID-TYPE	ADD
2023-09-28	PAYEE-TAX-ID-TYPE	ADD
2023-09-28	PAYER-ID-TYPE	ADD
2023-09-28	PAYMENT-PERIOD-TYPE	ADD
2023-09-28	PRIMARY-LANGUAGE-CODE	UPDATE

2023-09-28	PROVIDER-CLAIM-FORM-CODE	ADD
2023-09-28	RECORD-ID	UPDATE
2023-09-28	SDP-IND	ADD
2023-09-28	SERVICE-TRACKING-TYPE	DELETE

2023-09-28	SUBCAPITATION-IND	ADD
2023-09-28	TRANSACTION-TYPE	ADD
2023-09-28	TYPE-OF-CLAIM	UPDATE

2023-09-28	TYPE-OF-SERVICE	UPDATE
2023-09-28	VALUE-BASED-PAYMENT-MODEL-TYPE	ADD
2024-04-15	1115A-DEMONSTRATION-IND	UPDATE
2024-04-15	1115A-DEMONSTRATION-IND	UPDATE











































































2024-04-15	ACCREDITATION-ORGANIZATION	UPDATE
2024-04-15	ADJUSTMENT-REASON-CODE	UPDATE
2024-04-15	ADMISSION-TYPE	UPDATE
2024-04-15	ATYPICAL-PROV-IND	UPDATE



2024-04-15	CLAIM-PYMT-REM-CODE	UPDATE
2024-04-15	CLAIM-STATUS	UPDATE
2024-04-15	CLAIM-STATUS-CATEGORY	UPDATE
2024-04-15	COMPOUND-DOSAGE-FORM	UPDATE

2024-04-15	COUNTY	UPDATE
2024-04-15	DIAGNOSIS-CODE	UPDATE
2024-04-15	DIAGNOSIS-POA-FLAG	UPDATE
2024-04-15	DRUG-UTILIZATION-CODE	UPDATE



2024-04-15	LINE-ADJUSTMENT-REASON-CODE	UPDATE
2024-04-15	MANAGED-CARE-SERVICE-AREA-NAME	UPDATE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XIX)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XIX)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XIX)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XIX)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XIX)	DELETE























2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XIX)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XIX)	DELETE
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2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XIX)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XIX)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XIX)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XXI)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XXI)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XXI)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XXI)	DELETE











2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XXI)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XXI)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XXI)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XXI)	DELETE
2024-04-15	MBESCBES-CATEGORY-OF-SERVICE (XXI)	DELETE
2024-04-15	MBESCBES-FORM	ADD
2024-04-15	MBESCBES-FORM	DELETE
2024-04-15	MBESCBES-FORM	DELETE
2024-04-15	MBESCBES-FORM	DELETE
2024-04-15	MBESCBES-FORM	DELETE
2024-04-15	MBESCBES-FORM	DELETE



















2024-04-15	MBESCBES-FORM	DELETE
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2024-04-15	MBESCBES-FORM	DELETE
2024-04-15	MBESCBES-FORM	DELETE
2024-04-15	MBESCBES-FORM	UPDATE
2024-04-15	MBESCBES-FORM	UPDATE

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2024-04-15	MBESCBES-FORM	UPDATE
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2024-04-15	MBESCBES-FORM	UPDATE
2024-04-15	MBESCBES-FORM	UPDATE
2024-04-15	MBESCBES-FORM	UPDATE
2024-04-15	MBESCBES-FORMGMP-1	ADD
2024-04-15	MBESCBES-FORMGMP-1	ADD
2024-04-15	MBESCBES-FORMGMP-1	ADD
2024-04-15	MBESCBES-FORMGMP-1	ADD

2024-04-15	MBESCBES-FORMGP-2	ADD
2024-04-15	MBESCBES-FORMGP-2	ADD
2024-04-15	MBESCBES-FORMGP-3	ADD
2024-04-15	MBESCBES-FORMGP-3	ADD
2024-04-15	NDC-UNIT-OF-MEASURE	ADD
2024-04-15	OCCURRENCE-CODE	UPDATE

2024-04-15	PATIENT-STATUS	UPDATE
2024-04-15	PLACE-OF-SERVICE	UPDATE
2024-04-15	PREFERRED-LANGUAGE-CODE	UPDATE
2024-04-15	PRESCRIPTION-ORIGIN-CODE	UPDATE



2024-04-15	PROV-FACILITY-TYPE	UPDATE
2024-04-15	PROV-SPECIALTY	UPDATE
2024-04-15	PROV-TAXONOMY	UPDATE
2024-04-15	RECORD-ID	ADD
2024-04-15	REVENUE-CODE	UPDATE
2024-04-15	SEX-ASSIGNED-AT-BIRTH	ADD
2024-04-15	SEX-ASSIGNED-AT-BIRTH	ADD



2024-04-15	TOOTH-NUM	UPDATE
2024-04-15	TOOTH-QUAD-CODE	UPDATE
2024-04-15	TOOTH-SURFACE-CODE	UPDATE







2024-06-03	TYPE-OF-CLAIM	DELETE
2024-06-03	TYPE-OF-CLAIM	DELETE
2024-06-03	TYPE-OF-CLAIM	DELETE
2024-06-03	TYPE-OF-CLAIM	DELETE
2024-06-03	TYPE-OF-CLAIM	DELETE
2024-06-03	TYPE-OF-CLAIM	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE

























2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE	DELETE
2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-IP	ADD

2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-IP	ADD
2024-06-03	TYPE-OF-SERVICE-LT	ADD
2024-06-03	TYPE-OF-SERVICE-LT	ADD























2024-06-03	TYPE-OF-SERVICE-RX	ADD
2024-06-03	TYPE-OF-SERVICE-RX	ADD
2024-06-03	TYPE-OF-SERVICE-RX	ADD



Valid Value Attributes as Shown

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Valid Value Code Description

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All valid value attributes

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VVL\_Code\_Description

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VVL\_Code\_Description

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All valid value attributes

VVL\_Field, VVL\_Name

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All\_VVL\_Attributes

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## 2.4.0 Through Version 4.0.0

### Before

ICD-10 - CM PCS

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION||CERTIFIED-AMERICAN-INDIAN-ALASKAN-NATIVE-INDICATOR|00010101|99991231|0|Not applicable| ||CERTIFIED-AMERICAN-INDIAN-NATIVE-INDICATOR|00010101|99991231|1|No, Individual does not have CDIB| ||CERTIFIED-AMERICAN-ALASKAN-NATIVE-INDICATOR|00010101|20200214|2|Yes, Individual does have CDIB| |

|VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION||CITIZENSHIP-VERIFICATION-FLAG|00010101|99991231|0|No| ||CITIZENSHIP-VERIFICATION-FLAG|00010101|99991231|1|Yes| |

|Value ID|Value|Description||IMMIGRATION-VERIFICATION-FLAG|0|No||IMMIGRATION-VERIFICATION-FLAG|1|Yes| |

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

|Value ID|Effective Date|End Date|Value|Description||TYPE-OF-HOSPITAL|0010101|99991231|99|Urban|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

|Data Element|Effective Date|End Date|Value|Name||ELIGIBILITY-GROUP|00010101|99991231|10|Medicaid-eligible individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% of the federal poverty level|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

|Data Element|Effective Date|End Date|Value|Name||XIX-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|50|Total|

|Data Element|Effective Date|End Date|Value|Name||XXI-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|48|Balance||XXI-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|49|Less: Colle  
MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|50|Total|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONMEDICAID-BASIS-OF-ELIGIB  
00010101|99991231|00|Individual was not eligible for Medicaid at any time during the month|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONDIAGNOSIS-POA-FLAG|00010101|99991231|N|Diagnosis was not present at time of inpatient admission|DIAGNOSIS-POA-FLAG|00010101|99991231|U|Documentation insufficient to determine if condition was present at the time of inpatient admission|DIAGNOSIS-POA-FLAG|00010101|99991231|W|Clinically undetermined. Provider unable to determine whether the condition was present at the time of inpatient admission.|DIAGNOSIS-POA-FLAG|00010101|99991231|Y|Diagnosis was present at time of inpatient admission|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

|VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION||PROCEDURE-CODE-FLAG|00010101|99991231|06|HCPCS (Both National and Regional HCPCS)|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME||20100701|99991231|V6|Arteriovenous graft|20100701|99991231|V7|Arteriovenous fistula||20120401|20120331|V8|Infection present||20120401|20120331|V9|No infection present||20180401|99991231|VM|Mdpp virtual make-up session||19970101|99991231|VP|Aphakic contact lens||20180101|99991231|X1|Continuous/broad services||20180101|99991231|X2|Continuous/focused services||20180101|99991231|X3|Episodic/broad services||20180101|99991231|X4|Episodic/focused services||20180101|99991231|X5|Svc req by another clinician||20150101|99991231|XE|Separate encounter||20150101|99991231|XP|Separate practitioner||20150101|99991231|XS|Separate organ/structure||20150101|99991231|XU|Unusual separate service|20180401|20180331|ZA|Novartis/sandoz||20180401|20180331|ZB|Pfizer/hospira||20180401|20180331|ZC|Merck/samsung bioepis|

Valid Value '0' Description: Individual does not meet the definition of an American Indian/Alaskan Native.  
Valid Value '1' Description: Individual meets the definition of an American Indian/Alaskan Native.

Valid Value '003' Description: American Indian or Alaskan Native

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
|||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
|||||

|VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION||CITIZENSHIP-IND|00010101|  
99991231|1|U.S. Citizen||CITIZENSHIP-IND|00010101|99991231|2|U.S. National|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

Update DIAGNOSIS-CODE.psv reference file - all end dates currently on or before 20210930

|VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION||ELIGIBILITY-CHANGE-REA  
00010101|99991231|09|No longer in need of long-term care services resides|

Update PROCEDURE-CODE.psv reference file - all end dates currently on or before 20210930

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

add values to the PROCEDURE-CODE-MOD.psv

|Modifier|Effective Date|End Date|Description||DD|20210101|99991231|FROM Diagnostic or therapeutic site||DE|20210101|99991231|FROM Diagnostic or therapeutic site TO Residential, domiciliary, custodial facility (other than 1819 facility)||DG|20210101|99991231|FROM Diagnostic or therapeutic site TO Hospital based ESRD facility||DH|20210101|99991231|FROM Diagnostic or therapeutic site TO Hospital||DI|20210101|99991231|FROM Diagnostic or therapeutic site TO Site of transfer||DJ|20210101|99991231|FROM Diagnostic or therapeutic site TO Freestanding ESRD facility||DN|20210101|99991231|FROM Diagnostic or therapeutic site TO Skilled nursing facility||DP|20210101|99991231|FROM Diagnostic or therapeutic site TO Physician's office||DR|20210101|99991231|FROM Diagnostic or therapeutic site TO Residence||DS|20210101|99991231|FROM Diagnostic or therapeutic site TO Scene of accident or acute event||DX|20210101|99991231|FROM Diagnostic or therapeutic site TO Intermediate stop at Physician's office to Hospital|

|Modifier|Effective Date|End Date|Description||EG|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Hospital based ESRD facility||EH|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Hospital||EI|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Site of transfer||EN|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Skilled nursing facility||ES|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Scene of accident or acute event||GI|20210101|99991231|FROM Hospital based ESRD facility TO Site of transfer||GJ|20210101|99991231|FROM Site of transfer TO Diagnostic or therapeutic site||IE|20210101|99991231|FROM Site of transfer TO Residential, domiciliary, custodial facility (other than 1819 facility)||IG|20210101|99991231|FROM Site of transfer TO Hospital based ESRD facility||IH|20210101|99991231|FROM Site of transfer TO Hospital||II|20210101|99991231|FROM Site of transfer TO Site of transfer||IJ|20210101|99991231|FROM Site of transfer TO Freestanding ESRD facility||IN|20210101|99991231|FROM Site of transfer TO Skilled nursing facility||IP|20210101|99991231|FROM Site of transfer TO Physician's office|

|Modifier|Effective Date|End Date|Description||IR|20210101|99991231|FROM Site of transfer TO Re  
20210101|99991231|FROM Site of transfer TO Scene of accident or acute event||IX|20210101|999  
Site of transfer TO Intermediate stop at Physician's office on way to Hospital||JH|20210101|999912  
Freestanding ESRD facility TO Hospital||JI|20210101|99991231|FROM Freestanding ESRD facility TO  
transfer||JJ|20210101|99991231|FROM Freestanding ESRD facility TO Freestanding ESRD facility||JM  
99991231|FROM Freestanding ESRD facility TO Skilled nursing facility||JP|20210101|99991231|FRO  
Freestanding ESRD facility TO Physician's office||JR|20210101|99991231|FROM Freestanding ESRD  
Residence||JS|20210101|99991231|FROM Freestanding ESRD facility TO Scene of accident or acute  
20210101|99991231|FROM Freestanding ESRD facility TO Intermediate stop at Physician's office o  
Hospital||ND|20210101|99991231|FROM Skilled nursing facility TO Diagnostic or therapeutic site||  
20210101|99991231|FROM Skilled nursing facility TO Residential, domiciliary, custodial facility (ot  
1819 facility)||NG|20210101|99991231|FROM Skilled nursing facility TO Hospital based ESRD facilit

|Modifier|Effective Date|End Date|Description||NH|20210101|99991231|FROM Skilled nursing facilit  
Hospital||NI|20210101|99991231|FROM Skilled nursing facility TO Site of transfer||NJ|20210101|99  
FROM Skilled nursing facility TO Freestanding ESRD facility||NN|20210101|99991231|FROM Skilled  
facility TO Skilled nursing facility||NP|20210101|99991231|FROM Skilled nursing facility TO Physicia  
NS|20210101|99991231|FROM Skilled nursing facility TO Scene of accident or acute event||NX|202  
99991231|FROM Skilled nursing facility TO Intermediate stop at Physician's office on way to Hospit  
20210101|99991231|FROM Physician's office TO Diagnostic or therapeutic site||PE|20210101|9999  
Physician's office TO Residential, domiciliary, custodial facility (other than 1819 facility)||PG|20210  
99991231|FROM Physician's office TO Hospital based ESRD facility||PH|20210101|99991231|FROM  
office TO Hospital||PI|20210101|99991231|FROM Physician's office TO Site of transfer||PJ|2021010  
FROM Physician's office TO Freestanding ESRD facility||PN|20210101|99991231|FROM Physician's  
Skilled nursing facility||PP|20210101|99991231|FROM Physician's office TO Physician's office||PR|2  
99991231|FROM Physician's office TO Residence||PX|20210101|99991231|FROM Physician's office  
Intermediate stop at Physician's office on way to Hospital|RG|20210101|99991231|FROM Residenc  
Hospital based ESRD facility

|Modifier|Effective Date|End Date|Description||RN|20210101|99991231|FROM Residence TO Skilled  
facility||RS|20210101|99991231|FROM Residence TO Scene of accident or acute event||RX|202101  
99991231|FROM Residence TO Intermediate stop at Physician's office on way to Hospital||SI|20210  
99991231|FROM Scene of accident or acute event TO Site of transfer||SP|20210101|99991231|FRO  
accident or acute event TO Physician's office||SR|20210101|99991231|FROM Scene of accident or  
TO Residence||SX|20210101|99991231|FROM Scene of accident or acute event TO Intermediate st  
Physician's office on way to Hospital|

add valid value to file PROV-SPECIALTY.psv

add values to XXI-MBESCBES-CATEGORY-OF-SERVICE.psv

add values to PROCEDURE-CODE.psv

add values to CPT.psv

PROV-TAXONOMY.psv v20.1 07/01/2020

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
|||||

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|DESCRIPTION|REVENUE-CODE|00010101|9999  
RESERVED FOR NATIONAL ASSIGNMENT|All Revenue Codes with the description 'RESERVED FOR N  
ASSIGNMENT' and 'RESERVED FOR NATIONAL ASSIGNMENT - '

VALUE\_SET\_ID|END\_DATE|CPT|20211231|

VALUE\_SET\_ID|END\_DATE|CDT|20211231|

VALUE\_SET\_ID|END\_DATE|VALUE|NAME|DESCRIPTION|AMERICAN-INDIAN-ALASKA-NATIVE-INDICATO  
20200214|2|Yes, Individual does have CDIB

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|ELIGIBILITY-GROUP|2022040  
20270330|77|Medicaid - Women who are pregnant or postpartum, 12-month extended postpartum  
coverage|ELIGIBILITY-GROUP|20220401|20270330|78|CHIP - Women who are pregnant or postpartu  
month extended postpartum coverage

Replace VVL.178 - Place of Service Code List

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|PROCEDURE-CODE-MOD|20  
20201231|ED|Hct>39% or hgb>13g>=3 cycle|Hematocrit level has exceeded 39% (or hemoglobin  
exceeded 13.0 g/dl) for 3 or more consecutive billing cycles immediately prior to and including the  
cycle|PROCEDURE-CODE-MOD|20210101|99991231|ED|FROM Residential, domiciliary, custodial fac  
than 1819 facility) TO Diagnostic or therapeutic site|PROCEDURE-CODE-MOD|20080101|20201231  
Hct>39% or hgb>13g<3 cycle|Hematocrit level has not exceeded 39% (or hemoglobin level has n  
13.0 g/dl) for 3 or more consecutive billing cycles immediately prior to and including the current  
cycle|PROCEDURE-CODE-MOD|20210101|99991231|EE|FROM Residential, domiciliary, custodial fac  
than 1819 facility) TO Residential, domiciliary, custodial facility (other than 1819 facility)|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONXIX-MBESCBES-CATEGORY-00010101|99991231|10|Clinic Services|10. Clinic Services (See 42 CFR 440.90.).--These are preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services that:Are provided to outpatients provided by a facility that is not part of a hospital but is organized and operated to provide medical services to outpatients. For reporting purposes, consider a group of physicians who share, only for mutual convenience, office space, services of supporting staff, etc., as physicians, rather than a clinic, even though they practice under the name of a clinic; and• Except in the case of nurse-midwife services (see 42 CFR 440.165), are provided by, or under, the direction of a physician. NOTE: Place dental clinics under Dental Services. Report dental services not included above under Other Care Services. A clinic staff may include practitioners with different specialties.|XIX-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|49|Other Care Services|49|Other Care Services --These are any medical or remedial care services recognized under State law and the approved Medicaid State Plan. Such services do not meet the definition of, and are not classified under, any category of service included on Lines 1 through 41. |XIX-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|50|Total|Total|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONXIX-MBESCBES-CATEGORY-00010101|99991231|29|Non-Emergency Medical TransportationXIX-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|37|Critical Access Hospitals

VALUE\_SET\_ID|END\_DATE|VALUE|CPT|20201231|99072|CPT|20211231|87636|CPT|20201231|87636|20201231|87811|CPT|20211231|87428|



VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

add values to TYPE-OF-CLAIM.psv

add values to SOURCE-LOCATION.psv

add values to AFFILIATED-PROGRAM-TYPE.psv

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE||DESCRIPTION|BED-TYPE-CODE|00010101|9999  
Intermediate Care Facility for the Intellectually Disabled|BED-TYPE-CODE|00010101|99991231|2|In  
TYPE-CODE|00010101|99991231|3|Nursing Facility|BED-TYPE-CODE|00010101|99991231|4|Title 1  
Nursing Facility (T18 SNF)|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE||DESCRIPTION|PAYMENT-LEVEL-IND|00010101|9999  
Claim Header - Sum of Line Item payments|PAYMENT-LEVEL-IND|00010101|99991231|2|Claim Deta  
Individual Line Item payments

PRESCRIPTION-ORIGIN-CODE.psv

PLACE-OF-SERVICE.psv

PROV-CLASSIFICATION-CODE-TYPE-1.psv

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
|||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
|||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|XIX-MBESCBES-CATEGORY-OF-SERVICE|C  
20211231|49|Other Care Services|

Update Latest ICD10 PROCEDURE-CODE

Update Latest ICD10 DIAGNOSIS-CODE

Update latest HCPCS Valid Values

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|IHS-SERVICE-IND|2022062  
0|NoIHS-SERVICE-IND|20220624|99991231|1|Yes

Update quarterly HCPCS file

Update quarterly CPT and CDT 2023 files

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
|||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
|||||

Update the latest OCCURRENCE-CODE

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
|||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION ELIGIBILITY-CHANGE-REAS  
00010101|99991231|01|Excess income| ELIGIBILITY-CHANGE-REASON|00010101|99991231|02|Ex  
ELIGIBILITY-CHANGE-REASON|00010101|99991231|03|Income reduced| ELIGIBILITY-CHANGE-REAS  
00010101|99991231|05|No longer in the foster care system| ELIGIBILITY-CHANGE-REASON|000101  
99991231|15|Moved to a different state| ELIGIBILITY-CHANGE-REASON|00010101|99991231|17|La  
verifications|ELIGIBILITY-CHANGE-REASON|00010101|99991231|19|Suspension due to incarceration  
ELIGIBILITY-CHANGE-REASON|00010101|99991231|20|Residence in an Institution for Mental Disea

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION ELIGIBILITY-CHANGE-REAS  
00010101|99991231|03|Income reduced - (typically not a reason for termination)|

Update Quarterly HCPCS valid values

Update the latest CPT file

ADD Zip-Code valid value file

Update latest Provider Taxonomy Codes valid value file

Update latest ADJUSTMENT-REASON-CODE valid value file

Update latest Claim Status Codes valid value file

Update latest Claim Status Category Codes valid value file

Update latest CPT valid value file

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

Update latest HCPCS Valid Value file

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION FILE-ENCODING-SPECIFICA  
00010101|99991231|FIX|The file follows a fixed length format.

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION FILE-ENCODING-SPECIFICA  
00010101|99991231|PSV|The file follows a pipe-delimited format.

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION TYPE-OF-SERVICE|0001010  
99991231|005|Professional laboratory services, Technical laboratory services|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

Update latest ICD-10-procedure-code Valid Value file

Update Latest ICD-10-diagnosis-code Valid Values file

HCPCS Code Set PROCEDURE-CODE.psv as of 08/23/2023

Original Claim/Encounter

Void of a prior submission

Debit Adjustment (positive supplemental)

Credit Gross Adjustment

Debit Gross Adjustment

Original Claim/Encounter

Void of a prior submission

Debit Adjustment (positive supplemental)

Credit Gross Adjustment

Debit Gross Adjustment

reference files containing provider taxonomy are out of sync

reference files containing provider taxonomy are out of sync

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)

not a valid value within CMS

VV End-Dates for WAIVER-TYPE was 12/31/9999 for the following WAIVER-TYPE Valid Values: 02-19



VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
0	Original Claim / Encounter	01/01/0001	12/31/9999
1	Void of a prior submission	01/01/0001	12/31/9999
4	Debit Adjustment (positive supplemental)	01/01/0001	12/31/9999
5	Credit Gross Adjustment	01/01/0001	12/31/9999
6	Debit Gross Adjustment	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
001	Inpatient Hospital Services, Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999
002	Outpatient Hospital Services, Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999
003	Rural health clinic services, Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999
004	FQHC services, Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999
005	Other Laboratory and X-Ray Services, Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999
006	Nursing Facility Services for 21 and over, Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999
007	EPSDT, Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999
008	Family Planning Services, Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999
009	Mandatory tobacco cessation counseling for pregnant women under 1905(a)(4)(D), Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999
010	Physicians' Services, Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999
011	Medical and Surgical Services Furnished by a Dentist, Mandatory Benefits for Categorically Needy (Mandatory and Options for Coverage) Individuals and Optional Benefits for Medically Needy Individuals	01/01/0001	12/31/9999

CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date

ELIGIBILITY-CHANGE-REASON

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date		
00	None	01/01/0001	12/31/9999		
01	Anthrax	01/01/0001	12/31/9999		
02	Cervical Cancer)	01/01/0001	12/31/9999		
03	Diphtheria	01/01/0001	12/31/9999		
04	Hepatitis A	01/01/0001	12/31/9999		
05	Hepatitis B	01/01/0001	12/31/9999		
06	Haemophilus influenza type b (Hib)	01/01/0001	12/31/9999		
07	Human Papillomavirus (HPV)	01/01/0001	12/31/9999		
08	H1N1 Flu	01/01/0001	12/31/9999		
09	Seasonal Flu	01/01/0001	12/31/9999		
10	Japanese Encephalitis	01/01/0001	12/31/9999		
11	Lyme Disease	01/01/0001	12/31/9999		
12	Measles	01/01/0001	12/31/9999		
13	Meningococcal	01/01/0001	12/31/9999		
14	Monkey pox	01/01/0001	12/31/9999		
15	Mumps	01/01/0001	12/31/9999		
16	Pertussis	01/01/0001	12/31/9999		
17	Pneumococcal	01/01/0001	12/31/9999		
18	Poliomyelitis	01/01/0001	12/31/9999		
19	Rabies	01/01/0001	12/31/9999		
20	Rotavirus	01/01/0001	12/31/9999		
21	Rubella	01/01/0001	12/31/9999		
22	Shingles	01/01/0001	12/31/9999		
23	Smallpox	01/01/0001	12/31/9999		
24	Tetanus	01/01/0001	12/31/9999		
25	Tuberculosis	01/01/0001	12/31/9999		
26	Typhoid Fever	01/01/0001	12/31/9999		
27	Varicella	01/01/0001	12/31/9999		
28	Yellow Fever	01/01/0001	12/31/9999		
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
0	Original Claim/Encounter	01/01/0001	12/31/9999
1	Void of a prior submission	01/01/0001	12/31/9999
4	Debit Adjustment (positive supplemental)	01/01/0001	12/31/9999
5	Credit Gross Adjustment.	01/01/0001	12/31/9999
6	Debit Gross Adjustment	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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PRIMARY-LANGUAGE-CODE

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

00|Not a Service Tracking Claim|01/01/0001|12/31/9999

01|Drug Rebate|01/01/0001|12/31/9999

02|DSH Payment|01/01/0001|12/31/9999

03|Lump Sum Payment|01/01/0001|12/31/9999

04|Cost Settlement|01/01/0001|12/31/9999

05|Supplemental|01/01/0001|12/31/9999

06|Other|01/01/0001|12/31/9999



VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
2|Medicaid or Medicaid-expansion Capitated Payment| |00010101|99991231|  
4|Medicaid or Medicaid-expansion Service Tracking Claim| |00010101|99991231|  
5|Medicaid or Medicaid-expansion Supplemental Payment (above capitation fee or above negotiated rate) (e.g., FQHC additional reimbursement)| |00010101|99991231|  
6|Medicaid or Medicaid-expansion CHIP financial transaction between an MCP and an entity other than the S-CHIP or Medicaid agency| |00010101|99991231|  
B|Separate CHIP (Title XXI) claim: Capitated Payment| |00010101|99991231|  
D|Separate CHIP (Title XXI) Service Tracking Claim| |00010101|99991231|  
E|Separate CHIP (Title XXI) claim for a supplemental payment (above capitation fee or above negotiated rate) (e.g., FQHC additional reimbursement)| |00010101|99991231|  
F|Separate CHIP (Title XXI) financial transaction between an MCP and an entity other than the S-CHIP or Medicaid agency| |00010101|99991231|  
V|Other Capitated Payment| |00010101|99991231|  
X|Non-Medicaid/CHIP service tracking claims| |00010101|99991231|  
Y|Other Supplemental Payment| |00010101|99991231|

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
119	Capitated payments to HMOs, HIOs, or PACE plans	00010101	99991231
120	Capitated payments for primary care case management (PCCM)	00010101	99991231
121	Premium payments for private health insurance	00010101	99991231
122	Capitated payments to prepaid health plans (PHPs)	00010101	99991231
123	Disproportionate share hospital (DSH) payments	00010101	99991231
131	Drug Rebates	00010101	99991231
132	Supplemental payment - inpatient	00010101	99991231
133	Supplemental payment - nursing	00010101	99991231
134	Supplemental payment - outpatient	00010101	99991231
135	EHR payments to provider	00010101	99991231
138	Per member per month (PMPM) payments for health home services	00010101	99991231
139	Per member per month (PMPM) payments for Medicare Part A premiums	00010101	99991231
140	Per member per month (PMPM) payments for Medicare Part B premiums	00010101	99991231
141	Per member per month (PMPM) payments for Medicare Advantage Dual Special Needs SNP) - Medicare Part C.	00010101	99991231
142	Per member per month (PMPM) payments for Medicare Part D premiums	00010101	99991231
143	Per member per month (PMPM) payments for other payments	00010101	99991231

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
1115A-DEMONSTRATION-IND	1115A Demonstration Indicator List	0	Not an 1115(A)	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
1115A-DEMONSTRATION-IND	1115A Demonstration Indicator List	1	1115(A)	01/01/0001	12/31/9999

















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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
ACCREDITATION-ORGANIZATION|Accreditation Organization List|See next cell|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/>  
N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
ADJUSTMENT-REASON-CODE|Adjustment Reason Code List|See next cell|For background and context, see <https://x12.org/codes/claim-adjustment-reason-codes>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
ADMISSION-TYPE|Admission Type List|See next cell|For background and context, see <https://www.nubc.org/license>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
ATYPICAL-PROV-IND|Atypical Provider Indicator List|0|No, the State does not require a provider to be an atypical provider|01/01/0001|2958465

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
CLAIM-PYMT-REM-CODE|Claim Payment Remittance Code List|See next cell|For background and context, see <https://x12.org/codes/remittance-advice-remark-codes>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
CLAIM-STATUS|Claim Status Code List|See next cell|For background and context, see <https://x12.org/codes/claim-status-codes> and <https://x12.org/codes/claim-status-codes>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
CLAIM-STATUS-CATEGORY|Claim Status Category List|See next cell|For background and context, see <http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
COMPOUND-DOSAGE-FORM|Compound Dosage Form List|See next cell|For background and context, see <https://www.ncpdp.org/>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|  
COUNTY|US County Code List|See next cell|For background and context, see  
<https://www.census.gov/library/reference/code-lists/ansi.html#cou>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|  
DIAGNOSIS-CODE|Diagnosis Code List|See next cell|For background and context, see  
<https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|  
DIAGNOSIS-POA-FLAG|Diagnosis POA Flag List|See next cell|For background and context, see  
<https://www.nubc.org/license>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|  
DRUG-UTILIZATION-CODE|Drug Utilization Code List|See next cell|For background and context, see  
<https://www.ncpd.org/>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
FILE-NAME|T-MSIS File Type List|CLAIM-IP|Inpatient Claim/Encounters File - Claims/encounters  
TYPE-OF-SERVICE = 001, 058, 084, 086, 090, 091, 092, 093, 123, or 132. (Note : In CLAIM-IP  
SERVICE 086 and 084 refer only to services received on an inpatient basis.)|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
FILE-NAME|T-MSIS File Type List|CLAIM-LT|Long Term Care Claims/Encounters File - Claims/encounters  
with TYPE-OF-SERVICE = 009, 044, 045, 046, 047, 048, 059, or 133 (all mental hospital, and  
services). (Note: Individual services billed by a long-term care facility belong in this file regardless of  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
FILE-NAME|T-MSIS File Type List|CLAIM-OT|Other Claims/Encounters File - Claims/encounters  
TYPE-OF-SERVICE= 002, 003, 004, 005, 006, 007, 008, 010, 011, 012, 013, 015, 016, 017,  
020, 021, 022, 025, 026, 027, 028, 029, 030, 031, 032, 035, 036, 037, 039, 040, 041, 043,  
053,|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
FILE-NAME|T-MSIS File Type List|CLAIM-RX|Pharmacy Claims/Encounters File - Claims/encounters  
TYPE-OF-SERVICE= 033, 034, or 131.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|VVL\_Value|VVL\_Value\_Description|Line Adjustment Reason Code List|See next cell|For background and context, see <https://x12.org/codes/claim-adjustment-reason-codes>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|VVL\_Value|VVL\_Value\_Description|Managed Care Service Area Name List|See next cell|For background and context, see <https://www.census.gov/library/reference/code-lists/ansi.htm>

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|VVL\_Value|VVL\_Value\_Description|XIX MBESCBES Category of Service List|10|Clinic Reg. Payments|01/01/0001|09/30/2021

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|VVL\_Value|VVL\_Value\_Description|XIX MBESCBES Category of Service List|10A|Clinic Reg. Payments|10/01/2021|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|VVL\_Value|VVL\_Value\_Description|XIX MBESCBES Category of Service List|10B|Clinic Sup. Payments|10/01/2021|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|VVL\_Value|VVL\_Value\_Description|XIX MBESCBES Category of Service List|11|Laboratory/Radiological|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|VVL\_Value|VVL\_Value\_Description|XIX MBESCBES Category of Service List|12|Home Services|01/01/0001|12/31/9999



VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|13|Sterilization  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|14|Other  
related Procedures|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|15|EPSDT  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|16|Rural  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|17A|Medi  
A|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|17B|Medi  
B|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|17C1|120  
Of Poverty|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|17D|Coin  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18A|Medi  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18A1|Medi  
- Evaluation and Management|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18A2|Med  
- Vaccine codes|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18A3|Med  
- Community First Choice|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18A4|Med  
- Preventive Services Grade A OR B, ACIP Vaccines and their Admin|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18A5|Med  
- Certified Community Behavior Health Clinic Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B1|Pre  
Ambulatory Health Plan|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B1a|MC  
Evaluation and Management|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B1b|MC  
Vaccine codes|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B1c|MC  
Community First Choice|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B1d|MC  
Preventive Services Grade A OR B, ACIP Vaccines and their Admin|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B1e|Medicaid  
PAHP - Certified Community Behavior Health Clinic Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B2|Preventive  
Inpatient Health Plan|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B2a|Medicaid  
Evaluation and Management|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B2b|Medicaid  
Vaccine codes|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B2c|Medicaid  
Community First Choice|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B2d|Medicaid  
Preventive Services Grade A OR B, ACIP Vaccines and their Administration|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18B2e|Medicaid  
- Certified Community Behavior Health Clinic Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18C|Medicaid  
Group Health|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18D|Medicaid  
Coinsurance|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|18E|Medicaid  
Other|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|19A|Home  
Community-Based Services - Reg. Pay. (Waiver)|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|19B|Home  
Community-Based Services - St. Plan 1915(i) Only Pay.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|19C|Home  
Community-Based Services - St. Plan 1915(j) Only Pay.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|19D|Home  
Community Based Services State Plan 1915(k) Community First Choice|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|1A|Inpatient  
- Reg. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|1B|Inpatient  
- DSH|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|1C|Inpatient  
- Sup. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|1D|Inpatient  
- GME Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|22|All-Income  
Elderly|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|23A|Personal  
Services - Reg. Payments|01/01/0001|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 23B Personal Services - SDS 1915(j) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 24A Targeted Management Services - Com. Case-Man. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 24B Case Management - State Wide 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 25 Primary Case Management 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 26 Hospital Inpatient 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 27 Emergency Services for Undocumented Aliens 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 28 Federally Qualified Health Center 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 29 Non-Emergency Medical Transportation 01/01/0001 12/31/2021
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 29A Non-Emergency Medical Transportation - Reg. Payments 01/01/2022 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 29B Non-Emergency Medical Transportation - Sup. Payments 01/01/2022 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|2A|Mental Health  
Facility Services - Reg. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|2B|Mental Health  
Facility - DSH|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|2C|Certified  
Community Behavior Health Clinic Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|30|Physical Therapy  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|31|Occupational  
Therapy|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|32|Services  
Speech, Hearing & Language|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|33|Prosthetic  
Devices, Dentures, Eyeglasses|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|34|Diagnostic  
Screening & Preventive Services|01/01/0001|12/31/9999

MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|34A|Preventive  
Services Grade A OR B, ACIP Vaccines and their Administration|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|35|Nurse  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|36|Emergency  
Hospital Services|01/01/0001|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 37 Critical Hospitals 01/01/0001 12/31/2021
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 37A Critical Hospitals - Reg. Payments 01/01/2022 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 37B Critical Hospitals Inpatient - Sup. Payments 01/01/2022 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 37C Critical Hospitals Outpatient - Sup. Payments 01/01/2022 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 38 Nursing Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 39 School Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 3A Nursing Services - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 3B Nursing Services - Sup. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 40 Rehabilitation Services (non-school-based) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 41 Private Nursing 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 42 Freest Birth Center 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 43 Health Enrollees w Chronic Conditions 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 44 Tobacco Cessation for Pregnant Women 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 45 Health Substance-Use-Disorder Enrollees per section 1006 of the SUPPORT for Patients and Communities 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 46 OUD Medication Assisted Treatment - Drugs 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 46A1 OUD DRUG REBATE/National Agreement 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 46A2 OUD DRUG REBATE/State Sidebar 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 46A3 OUD DRUG REBATE MCO /National Agreement 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 46A4 OUD DRUG REBATE MCO /State Sidebar 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XIX) XIX MBESCBES Category of Service List 46A5 OUD DRUG REBATE/Increased ACA Offset Fee for Service - 100% 01/01/0001 12/31/9999



VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|46A6|OUTPATIENT  
DRUG REBATE/Increased ACA Offset MCO - 100%|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|46B|OUTPATIENT  
Assisted Treatment Services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|47|ARPA  
COVID Vaccine/Vaccine Administration|03/11/2021|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|49|Health  
Children With Medically Complex Conditions|10/01/2022|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|49|Other  
Services|01/01/0001|09/30/2022

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|4A|Interim  
Care Facility Services - Individuals with Intellectual Disabilities: Public Providers|01/01/0001  
12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|4B|Interim  
Care Facility Services - Individuals with Intellectual Disabilities: Private Providers|01/01/0001  
12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|4C|Interim  
Care Facility Services - Individuals with Intellectual Disabilities: Supplemental Payments|01/01/0001  
12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|5A|Physician  
Surgical Services - Reg. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|5B|Physician  
Surgical Services - Sup. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|5C|Physical  
Surgical Services - Evaluation and Management|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|5D|Physical  
Surgical Services - Vaccine codes|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|69|Other  
Services|01/01/2022|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|6A|Outpatient  
Hospital Services - Reg. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|6B|Outpatient  
Hospital Services - Sup. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|7|Prescription  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|7A1|Drug  
Offset - National|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|7A2|Drug  
Offset - State Sidebar Agreement|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|7A3|MCO  
Agreement|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|7A4|MCO  
Sidebar Agreement|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|7A5|Incremental Fee for Service - 100%|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|7A6|Incremental MCO - 100%|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|7A7|Drug Offset - Value Based Purchasing|10/01/2022|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|8|Dental Services - 100%|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|9A|Other Practitioners Services - Reg. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XIX)|XIX MBESCBES Category of Service List|9B|Other Practitioners Services - Sup. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|10|Vision Services - 100%|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|11|Other Practitioners|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|12|Clinic Services - 100%|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|13|Therapy Services - 100%|01/01/0001|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 14 Laboratory/Radiological 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 15 Medical Equipment 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 16 Family 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 17 Other related Procedures 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 18 Screening Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 19 Home 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 1A Premier 150%: Gross Premiums Paid 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 1B Premier 150%: Cost Sharing Offset 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 1C Premier Over 150%: Gross Premiums Paid 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 1D Premier 150%: Cost Sharing Offset 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 2 Inpatient Services - DSH 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 20 Health Initiatives 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 21 Home Community 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 21A Home Community-Based Services - Regular Payment (WAIVER) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 22 Hospital Services - Regular Payment (WAIVER) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 23 Medical Transportation 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 24 Case Management 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 25 Translation Interpretation 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 26 ARP Support COVID Vaccine/Vaccine Administration 03/11/2021 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-CATEGORY-OF-SERVICE (XXI) XXI MBESCBES Category of Service List 2A Inpatient Services - DSH 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|3|Inpatient  
Health|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|31|Other  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|32|Outrea  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|32A|Incre  
Outreach and Enrollment of Indians|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|32B|Incre  
outreach and enrollment of children through premium subsidies|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|33|Admin  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|34|PERM  
Administration|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|35|Citize  
Verification Technology CHIPRA|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|35A|CVT  
Development|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|35B|CVT  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|3A|Inpatient  
Health - DSH|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|3B|Certified  
Community Behavior Health Clinic Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|4|Nursing  
Services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|5|Physician  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|6|Outpatient  
Hospital|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|7|Outpatient  
Health|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|8|Prescription  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|8A|Drug  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|8A2|Drug  
State|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|8A3|MCO  
Agreement|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|8A4|MCO  
Sidebar Agreement|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|8A5|Incre  
OFFSET - Fee for Service - 100%|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|8A6|Incre  
OFFSET - MCO - 100%|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|8A7|Drug  
Offset - Value Based Purchasing|10/01/2022|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-CATEGORY-OF-SERVICE (XXI)|XXI MBESCBES Category of Service List|9|Dental  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBES or CBES Form List|21.11|Summary Total of Receipts from Form CM  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBES or CBES Form List|21.11A|Actual Receipts by Plan Name|01/01/0001  
12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBES or CBES Form List|21|Child Health Expenditures by Type of Service  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBES or CBES Form List|21AD|21 REMAP Waiver|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBES or CBES Form List|21C|CHIP Fiscal Year Allotment|01/01/0001|12/31/9999



VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 21L Calculation of 10% Limit 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 21LSUB Form CMS-21L Outreach Allowance 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 21NARR Narrative Form 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 21O Children's Health Expenditures For the Title X Program Overpayment Adjustments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 21OMEQC Children's Health Expenditures For the Title X Program Overpayment Adjustments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 21PERM Child Health Expenditures by Type of Service 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 21PWAIVER Child Health Waivers by Type of Service 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 21Summary Summary of CMS 21 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 21T.TRACK 20% Medicaid Allowance 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 21WAIVER Child Health Waivers by Type Of Service 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBES CBES-FORM MBES or CBES Form List 64.10200K Quarterly Expenditures for State & Local Administration - 200K 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.10|Quarterly Expenditures for State & Local  
Administration|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.10P|Prior Period Adjustments for Lines 7, 8, 10B  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.10P200K|Prior Period Adjustments for Lines 7, 8, 10B - 200K  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.10PI|Prior Period Adjustments for Lines 7, 8, 10A, 10B  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.10WAIV|64.10 Waivers|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.10WAIVP|Waiver Prior Period Adjustments for Lines 7, 8, 10A, 10B  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.11|Summary Total of Receipts from Form CM-100  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.1108CAP|Quarterly Medicaid Statement of Expenses  
For the Medical Assistance Program Summary Sheet|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.11A|Actual Receipts by Plan Name|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21|Quarterly MAP Payments for CHIP Categories 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21P|Prior Period MAP Adjustments for CHIP C  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21U114|Child Health Expenditures by Service  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21U115|Child Health Expenditures by Service  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21U200K|Child Health Expenditures by Service  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21UP114|Child Health Expenditures by Service  
Period|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21UP115|Child Health Expenditures by Service  
Period|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21UP200K|Child Health Expenditures by Service  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21UPWAV|Child Health Expenditures by Service  
Period Waiver|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21UPWAV114|Child Health Expenditures by Service  
Prior Period Waiver|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21UPWAV115|Child Health Expenditures by Service  
Prior Period Waiver|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21UWAIV|Child Health Expenditures by Service  
Waiver|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21UWAIV114|Child Health Expenditures by Service  
Waiver|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21UWAIV115|Child Health Expenditures by Service  
Waiver|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21WAIV|Waiver Quarterly MAP Payments for  
Categories|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21WAIVP|Waiver Prior Period MAP Adjustments  
Categories|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9200K|Medical Assistance Expenditures by  
Service 200K|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9200KP|Medical Assistance Expenditures by  
Service 200KP|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9ARPSec9817|ARP 9817 HCBS|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9C1|Fraud, Waste & Abuse Recoveries From  
Medicaid Program Integrity Activities|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9C1F|Fraud, Waste & Abuse Recoveries From  
Medicaid Program Integrity Activities|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9C2|Recoveries From OIG State Compliant Form  
Act|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9D|DSH Form|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9E|Medical Assistance Expenditures Eligibility  
Form|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9EP|Medical Assistance Expenditures Eligibility  
Form - Prior Period Adjustments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9EPWAIV|Waiver for Medical Assistance Expenditures  
Eligibility Form for Prior Period Adjustments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9EWAIV|Waiver for Medical Assistance Expenditures  
Eligibility Form|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9I.DSHDIV.WAIV|DSH Diversion Waiver for Medical  
Assistance Payments by Type of Service|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9I.VIII|Medical Assistance Expenditures by Type of  
Service|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9I|Medical Assistance Expenditures by Type of  
Service|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9O|Medicaid Overpayment Adjustments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9OARRA|Medicaid Overpayment Adjustments -  
Portion|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.90FWA|Fraud, Waste & Abuse Amounts Over  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.90MEQC|Medicaid Eligibility Quality Control  
and Overpayment|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.90Perm|Medicaid Overpayment Adjustments  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.90RAC|Medicaid Overpayment Adjustments  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9PE|Medical Assistance Expenditures PE Elig  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9PEP|Medical Assistance Expenditures PE Eli  
Form for Prior Period Adjustments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9PEPWAIV|Waiver for Medical Assistance Exp  
PE Eligibility Form for Prior Period Adjustments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9PEWAIV|Waiver for Medical Assistance Expe  
Eligibility Form|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9PI.DSHDIV.WAIV|DSH Diversion Waiver for M  
Period Adjustments for Line 7, 8, 10A, 10B|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9PI.VIII|MAP Prior Period Adjustments for Line  
10B|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9PI|MAP Prior Period Adjustments for Line 7, 10B|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9QI|QI Form|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9R|Drug Rebate Schedule|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9SAP|Support Act Section 1003 Payment|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9T|Medical Assistance Expenditures by Type Applied Against the CHIP Amount|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9TP|MAP Prior Period Adjustments for Line 7, 10B Applied Against the CHIP Amount|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9TPWAIV|Line 7, 8, 10A, 10B Waiver MAP Prior Period Adjustments Applied Against the CHIP Amount|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9TWAIV|Waivers for Medical Assistance Payment Type of Service Applied Against the CHIP Amount|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9VIII.P|MAP Prior Period Adjustments for Line 7, 10B Newly Eligibility Form|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9VIII.WAIV.P|Waiver for Prior Period Adjustments for Line 7, 8, 10A, 10B Newly Eligibility Form|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9VIII.WAIV|Waivers for Medical Assistance Payment Type of Service Applied Against the CHIP Amount|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9VIII|Medical Assistance Expenditures Newly  
Form|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9VIIIARPSection9817|ARP Section 9817 - VIII  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9WAIV.DSH|Waivers for Medical Assistance P  
by Type of Service|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9WAIV.P.DSH|Line 7, 8, 10A, 10B DHS Divers  
MAP Prior Period Adjustments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9WAIV.P|Line 7, 8, 10A, 10B Waiver MAP Prio  
Adjustments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.9WAIV|Waivers for Medical Assistance Paym  
Type of Service|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.ENROLL|Medicaid Enrollees|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.F|Medicaid Statement of Expenditures Summ  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.REH|Medical Assistance Expenditures by Typ  
Service for Rehabilitation Services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.S9RAC|RAC Collection|01/01/0001|12/31/9999



VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.SCH|Medical Assistance Expenditures by Type of Service for School-Based Services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.SPV.NARR|Supplemental Payment Validation  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.SPV.PAYMENTS|Supplemental Payment Validation  
Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.SPV.PROVIDERSUBMISSION|Supplemental Payment Validation  
Providers|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|HCBS.1915c|Medical Assistance Expenditures by Type of Service for 1915(c) HCBS Waiver|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|HCBS.1915i|Medical Assistance Expenditures by Type of Service for 1915(i) HCBS Supplemental Benefit Package|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|HCBS.1915j|Medical Assistance Expenditures by Type of Service for 1915(j) Self-Directed Personal Assistance Services State Plan Option|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|21PAD|21 REMAP Waiver P|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|21P|Child Health Expenditures by Type of Service for XXI Program|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBES|CBES-FORM|MBES or CBES Form List|64.21UP|Child Health Expenditures by Service - Period|01/01/0001|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
MBESCBES-FORM MBES or CBES Form List 64.1 Summary Sheet 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
MBESCBES-FORM MBES or CBES Form List 21BASE Children's Health Expenditures By Type 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
MBESCBES-FORM MBES or CBES Form List 64.1 Summary Sheet 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
MBESCBES-FORM MBES or CBES Form List 64.10BASE Quarterly Expenditures for State & Local Administration 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
MBESCBES-FORM MBES or CBES Form List 64.21U Child Health Expenditures by Service 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
MBESCBES-FORM MBES or CBES Form List 64.9BASE Medical Assistance Expenditures by Type of Service 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
MBESCBES-FORM MBES or CBES Form List 64.9P MAP Prior Period Adjustments for Line 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
OCCURRENCE-CODE|Occurrence Code List |See next cell|For background and context, see  
<https://www.nubc.org/license> or  
<https://med.noridianmedicare.com/web/jea/topics/claim-submission/occurrence-codes>|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
PATIENT-STATUS|Patient Status List|See next cell|For background and context, see  
<https://www.nubc.org/license>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
PLACE-OF-SERVICE|Place of Service Code List|See next cell|For background and context, see  
[https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
PREFERRED-LANGUAGE-CODE|Preferred Language Code List|See next cell|For background and  
context, see [https://en.wikipedia.org/wiki/List\\_of\\_ISO\\_639-2\\_codes](https://en.wikipedia.org/wiki/List_of_ISO_639-2_codes)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
PRESCRIPTION-ORIGIN-CODE|Prescription Origin Code List|See next cell|For background and  
see <https://www.ncpdp.org/> or <https://www.ncpdp.org/NCPDP/media/pdf/VersionD-Questionnaire>  
N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
PROV-FACILITY-TYPE|Provider Facility Type|See next cell|For background and context, see  
<https://x12.org/codes/provider-taxonomy-codes>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
PROV-SPECIALTY|Provider Specialty List|57|Individual Certified Orthotist-Prosthetist|01/01/  
12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
PROV-TAXONOMY|Provider Taxonomy List|See next cell|For background and context, see  
<https://x12.org/codes/provider-taxonomy-codes>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
REVENUE-CODE|Revenue Code List|See next cell|For background and context, see  
<https://www.nubc.org/>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
STATE|State Code List|See next cell|For background and context, see  
[https://www.census.gov/library/reference/code-lists/ansi.html#par\\_textimage\\_3](https://www.census.gov/library/reference/code-lists/ansi.html#par_textimage_3)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TOOTH-NUM|Tooth Number List|See next cell|For background and context, see  
[https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada\\_utds\\_value\\_set\\_v1\\_2022\\_aug.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada_utds_value_set_v1_2022_aug.pdf)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TOOTH-QUAD-CODE|Tooth Quad Code List|See next cell|For background and context, see  
[https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/areaoftheoralcavityandtoothanatomybycdtcode\\_2022jan.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/areaoftheoralcavityandtoothanatomybycdtcode_2022jan.pdf)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TOOTH-SURFACE-CODE|Tooth Surface Code List|See next cell|For background and context, see  
[https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada\\_utds\\_value\\_set\\_v1\\_2022\\_aug.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada_utds_value_set_v1_2022_aug.pdf)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-BILL|Type of Bill List|See next cell|For background and context, see <https://www.nubc.org/license>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|NDC Unit of Measure List|EA|Each|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|NDC Unit of Measure List|F2|International Unit|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|NDC Unit of Measure List|GM|Grams|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|NDC Unit of Measure List|GR|Gram|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|NDC Unit of Measure List|ME|Milligram|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|NDC Unit of Measure List|ML|Milliliter|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|NDC Unit of Measure List|UN|Unit|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|NDC Unit of Measure List|See next cell|For background and context, see <https://www.ncpdp.org/>|N/A|N/A



VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
||||

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MANAGED-CARE-PLAN-ID-TYPE|Managed Care Plan ID Type List|01|Federal Tax ID|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MANAGED-CARE-PLAN-ID-TYPE|Managed Care Plan ID Type List|02|State Tax ID|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|64.1|Summary Sheet|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|21.P|Quarterly Children's Health Insurance Program  
Period Adjustments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|21.BASE|Children's Health Expenditures By Type of  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|21.Summary|Summary of CMS 21|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|64.10BASE|Quarterly Expenditures for State & Local  
Administration|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|64.21U|Child Health Expenditures by Service|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|64.21UP|Child Health Expenditures by Type of Service  
XXI Program|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|64.9A|Third Party Liability Collections and Cost Avoidance  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|64.9BASE|Medical Assistance Expenditures by Type of Service  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|64.9P|Quarterly Medicaid Statement of Expenditure  
Medical Assistance Program, Prior Period Adjustment|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
PROV-CLASSIFICATION-CODE-TYPE-4|Provider Authorized Category of Service Code List|04  
Intermediate care facility (ICF/IID)|ICF/IID services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-CLAIM|Type of Claim List|2|Medicaid or Medicaid-expansion Capitated Payment|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-CLAIM|Type of Claim List|4|Medicaid or Medicaid-expansion Service Tracking Claim|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-CLAIM|Type of Claim List|5|Medicaid or Medicaid-expansion Supplemental Payment  
capitation fee or above negotiated rate) (e.g., FQHC additional reimbursement)|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-CLAIM|Type of Claim List|6|Medicaid or Medicaid-expansion CHIP financial transaction  
between an MCP and an entity other than the S-CHIP or Medicaid agency|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-CLAIM|Type of Claim List|B|Separate CHIP (Title XXI) claim: Capitated Payment|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-CLAIM|Type of Claim List|D|Separate CHIP (Title XXI) Service Tracking Claim|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-CLAIM|Type of Claim List|E|Separate CHIP (Title XXI) claim for a supplemental payment (above capitation fee or above negotiated rate) (e.g., FQHC additional reimbursement)|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-CLAIM|Type of Claim List|F|Separate CHIP (Title XXI) financial transaction between an entity other than the S-CHIP or Medicaid agency|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-CLAIM|Type of Claim List|V|Other Capitated Payment|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-CLAIM|Type of Claim List|X|Non-Medicaid/CHIP service tracking claims|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-CLAIM|Type of Claim List|Y|Other Supplemental Payment|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|001|Inpatient hospital services, other than services in institution for mental diseases|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|002|Outpatient hospital services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|003|Rural health clinic services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|004|Other ambulatory services furnished by a rural health clinic|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|005|Professional laboratory services, Technical laboratory services|01/01/0001|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 006 Technical laboratory services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 007 Professional radiological services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 008 Technical radiological services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 009 Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 010 Early and periodic screening and diagnosis and (EPSDT) services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 011 Family planning services and supplies for individual child-bearing age 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 012 Physicians' services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 013 Medical and surgical services of a dentist 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 014 Outpatient substance abuse treatment services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 015 Medical or other remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined by State law 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|016|Home health services - Nursing services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|017|Home health services - Home health aide services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|018|Home health services - Medical supplies, equipment, and appliances suitable for use in the home|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|019|Home health services - Physical therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|020|Home health services - Occupational therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|021|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|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|022|Private duty nursing services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|023|Advanced practice nurse services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|024|Pediatric nurse|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|025|Nurse-midwife service|01/01/0001|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 026 Nurse practitioner services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 027 Respiratory care for ventilator-dependent individuals 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 028 Clinic services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 029 Dental services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 030 Physical therapy services (when not provided under home health services) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 031 Occupational therapy services (when not provided under home health services) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 032 Speech, hearing, and language disorders services (when not provided under home health services) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 033 Prescribed drugs 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 034 Over-the-counter medications. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 035 Dentures 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 036 Medical equipment/prosthetic devices 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 037 Eyeglasses 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 038 Hearing Aids 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 039 Diagnostic services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 040 Screening services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 041 Preventive services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 042 Well-baby and well-child care services as defined by the State. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 043 Rehabilitative services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 044 Inpatient hospital services for individuals age 65 and over in institutions for mental diseases 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 045 Nursing facility services for individuals age 65 and over in institutions for mental diseases 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 046 Intermediate care facility (ICF/IID/ICF/IID) services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 047 Nursing facility services, other than in institutions for mental diseases 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 048 Inpatient psychiatric services for individuals under age 65 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|049|Outpatient mental health services, other than substance abuse treatment services. This TOS includes services furnished in a State-operated hospital and including community-based services.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|050|Inpatient substance abuse treatment services and residential substance abuse treatment services.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|051|Personal care services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|052|Primary care case management services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|053|Targeted case management services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|054|Case Management services other than those that fall within the definition of primary care case management services or targeted case management services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|055|Care coordination services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|056|Transportation services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|057|Enabling services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|058|Services furnished in a religious nonmedical health care institution|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|059|Skilled nursing facility services for individuals under age 21|01/01/0001|12/31/9999



VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 060 Emergency hospital services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 061 Critical access hospital services - OT 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 062 HCBS - Case management services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 063 HCBS - Homemaker services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 064 HCBS - Home health aide services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 065 HCBS - Personal care services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 066 HCBS - Adult day health services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 067 HCBS - Habilitation services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 068 HCBS - Respite care services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 069 HCBS - Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished for individuals with chronic mental illness) 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 070 HCBS - Day Care 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 071 HCBS - Training for family members 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 072 HCBS - Minor modification to the home 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 073 HCBS - Other services requested by the agency approved by CMS as cost effective and necessary to avoid institutionalization 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 074 HCBS - Expanded habilitation services - Prevocational services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 075 HCBS - Expanded habilitation services - Educational services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 076 HCBS - Expanded habilitation services - Supportive employment services, which facilitate paid employment 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 077 HCBS-65-plus - Case management services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 078 HCBS-65-plus - Homemaker services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 079 HCBS-65-plus - Home health aide services 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|080|HCBS-65-plus - Personal care services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|081|HCBS-65-plus - Adult day health services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|082|HCBS-65-plus - Respite care services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|083|HCBS-65-plus - Other medical and social services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|084|Sterilizations|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|085|Prenatal care and pre-pregnancy family planning and supplies.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|086|Other Pregnancy-related Procedures|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|087|Hospice services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|088|Any other health care services or items specified in the Secretary and not excluded under regulations.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|089|Disposable medical supplies.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE|Type of Service List|090|Critical access hospital services - IP|01/01/0001|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 091 Skilled care - hospital residing 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 092 Exceptional care - hospital residing 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 093 Non-acute care - hospital residing 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 115 Residential care 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 119 Capitated payments to HMOs, HIOs, or PACE plans 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 120 Capitated payments for primary care case management (PCCM) 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 121 Premium payments for private health insurance 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 122 Capitated payments to prepaid health plans (PH) 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 123 Disproportionate share hospital (DSH) payments 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 127 Indian Health Service (IHS) - Family Plan 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE Type of Service List 131 Drug Rebates 01/01/0001 09/30/2025

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE Type of Service List 132 Supplemental payment - inpatient 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE Type of Service List 133 Supplemental payment - nursing 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE Type of Service List 134 Supplemental payment - outpatient 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE Type of Service List 135 EHR payments to provider 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE Type of Service List 136 In vitro diagnostic products (as defined in section 1135(b)(1) 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 section 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 03/18/2020 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE Type of Service List 137 COVID-19 testing-related services 03/18/2020 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE Type of Service List 138 Per member per month (PMPM) payments for health care services 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE Type of Service List 139 Per member per month (PMPM) payments for MCO Part A premiums 01/01/0001 09/30/2025
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE Type of Service List 140 Per member per month (PMPM) payments for MCO Part B premiums 01/01/0001 09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|141|Per member per month (PMPM) payments for Medicare Advantage Dual Special Needs Plans (D-SNP) - Medicare Part C.|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|142|Per member per month (PMPM) payments for Medicare Part D premiums|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|143|Per member per month (PMPM) payments for other payments|01/01/0001|09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|144|Payments to individuals for personal assistance under 1915(j)|01/01/0001|12/31/9999

TYPE-OF-SERVICE|Type of Service List|145|Medication Assisted Treatment (MAT) services available for evidenced-based treatment of Opioid Use Disorder (OUD) in accordance with section 1905 of the Social Security Act|10/01/2020|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|146|Inpatient Psychiatric Services for beneficiaries between ages of 22 and 64 who receive services in an institution for mental disease (IMD)|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE|Type of Service List|147|Residential Pediatric Recovery Center (RPRC): A facility that furnishes items and services for which medical assistance is available under the plan to infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors.|01/01/0001|12/31/9999

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MBESCBES-FORM	MBES or CBES Form List	64.9200K	Medical Assistance Expenditures by T	Service 200K	01/01/0001 12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
MBESCBES-FORM	MBES or CBES Form List	64.9200K	Medical Assistance Expenditures by T	Service 200K	01/01/0001 12/31/9999

**After**

ICD-10 - PCS

|Valid Value ID|Effective Date|End Date|Value|Description||ACCREDITATION-ORGANIZATION|0001099991231|16||CAHO (Joint Commission on Accreditation of Healthcare Organizations)|

Added valid values '69'-'95'effective date: 10/1/2013

|VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION||CERTIFIED-AMERICAN-INDIAN-ALASKAN-NATIVE-INDICATOR|00010101|99991231|0|Individual does not meet the definition of an American Indian/Alaska Native. | ||CERTIFIED-AMERICAN-INDIAN-ALASKAN-NATIVE-INDICATOR|00010101|99991231|1|Individual meets the definition of an American Indian/Alaska Native. | |No update is required for valid values that are end dated on 2/24/2020.

|VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION||CITIZENSHIP-VERIFICATION-FLAG|00010101|99991231|0|Citizenship Verified| ||CITIZENSHIP-VERIFICATION-FLAG|00010101|99991231|1|Individual is in Medicaid pending citizenship verification| |

|Value ID|Value|Description||IMMIGRATION-VERIFICATION-FLAG|0|Immigration Status Verified||IMMIGRATION-VERIFICATION-FLAG|1|Enrolled in Medicaid pending immigration verification|

|VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|DESCRIPTION||RECORD-ID|00010101|99991231|1|ELG-IDENTIFIERS|

\*End date valid value '99'\*

|Valid Value ID|Effective Date|End Date|Value|Description||XIX-MBESCBES-CATEGORY-OF-SERVICE|99991231|46|OUD Medicaid Assisted Treatment - Drugs||XIX-MBESCBES-CATEGORY-OF-SERVICE|99991231|46A1| OUD MAT DRUG REBATE/National Agreement||XIX-MBESCBES-CATEGORY-OF-SERVICE|20201001|99991231|46A2|OUD MAT DRUG REBATE/State Sidebar||XIX-MBESCBES-CATEGORY-OF-SERVICE|20201001|99991231|46A3| OUD MAT DRUG REBATE MCO /National Agreement||XIX-MBESCBES-CATEGORY-OF-SERVICE|20201001|99991231|46A4| OUD MAT DRUG REBATE MCO /State Sidebar||XIX-MBESCBES-CATEGORY-OF-SERVICE|20201001|99991231|46A5| OUD MAT DRUG REBATE/Increased ACA Offset Fee for Services||XIX-MBESCBES-CATEGORY-OF-SERVICE|20201001|99991231|46A6| OUD MAT DRUG REBATE/Increased ACA Offset MCO - 100%||XIX-MBESCBES-CATEGORY-OF-SERVICE|20201001|99991231|46B| OUD Medicaid Assisted Treatment Services|

N/A

|Data Element|Effective Date|End Date|Value|Name||TYPE-OF-SERVICE|00010101|99991231|146|Inpatient Psychiatric Services for beneficiaries between the ages of 22 and 64 who receive services in an inpatient mental disease (IMD)|

N/A

N/A

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|DIAGNOSIS-CODE|20210101|J1282|Pneumonia due to coronavirus disease 2019|DIAGNOSIS-CODE|20210101|99991231|Z1152 for screening for COVID-19|DIAGNOSIS-CODE|20210101|99991231|Z20822|Contact with and (suspected) exposure to COVID-19|DIAGNOSIS-CODE|20210101|99991231|Z8616|Personal history of COVID-19|DIAGNOSIS-CODE|20210101|99991231|M3581|Multisystem inflammatory syndrome|DIAGNOSIS-CODE|20210101|99991231|M3589|Other specified systemic involvement of connective tissue|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|MEDICAID-BASIS-OF-ELIGIBILITY|00010101|99991231|00|Individual was not eligible for Medicaid (or Medicaid-expansion CHIP) at any time during the month, and Individual was eligible for separate CHIP|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|DIAGNOSIS-POA-FLAG|00010101|99991231|N|Diagnosis was not present at time of inpatient admission|DIAGNOSIS-POA-FLAG|00010101|99991231|U|Documentation insufficient to determine if condition was present at the time of inpatient admission|DIAGNOSIS-POA-FLAG|00010101|99991231|W|Clinically undetermined. Provider unable to determine whether the condition was present at the time of inpatient admission.|DIAGNOSIS-POA-FLAG|00010101|99991231|Y|Diagnosis was present at time of inpatient admission|DIAGNOSIS-POA-FLAG|00010101|99991231|1|Unreported/Not used. Exempt from POA reporting.|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|DRUG-UTILIZATION-CODE-E4|00010101|99991231|SC|Suboptimal Compliance|DRUG-UTILIZATION-CODE-E4|00010101|99991231|SE|Side Effect|DRUG-UTILIZATION-CODE-E4|00010101|99991231|SF|Suboptimal Dosage Form|DRUG-UTILIZATION-CODE-E4|00010101|99991231|SX|Drug-Gender|DRUG-UTILIZATION-CODE-E4|00010101|99991231|TN|Laboratory Test Needed|DRUG-UTILIZATION-CODE-E4|00010101|99991231|TP|Payer/Processor Question|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|PROCEDURE-CODE-FLAG|99991231|06|HCPCS Level II and CDT|

|Valid Value|Effective Date|End Date|Name||2C|00010101|99991231|Certified Community Behavior Health Clinic Payments||18A5|00010101|99991231|Medicaid MCO - Certified Community Behavior Health Clinic Payments||18B1e|00010101|99991231|Medicaid PAHP - Certified Community Behavior Health Clinic Payments||18B2e|00010101|99991231|Medicaid PIHP - Certified Community Behavior Health Clinic Payments||46|00010101|99991231|OUD Medicaid Assisted Treatment - Drugs||46A1|00010101|99991231|OUD MAT DRUG REBATE/National Agreement||46A2|00010101|99991231|OUD MAT DRUG REBATE/State Side Agreement||46A4|00010101|99991231|OUD MAT DRUG REBATE MCO /National Agreement||46A5|00010101|99991231|OUD MAT DRUG REBATE/Increased Fee for Service - 100%||46A6|00010101|99991231|OUD MAT DRUG REBATE/Increased ACA Offset - 100%||46B|00010101|99991231|OUD Medicaid Assisted Treatment Services|

|Modifier|Effective Date|End Date|Description||DD|20210101|99991231|FROM Diagnostic or therapeutic site TO Diagnostic or therapeutic site||DE|20210101|99991231|FROM Diagnostic or therapeutic site TO Residential, domiciliary, custodial facility (other than 1819 facility)||DG|20210101|99991231|FROM Diagnostic or therapeutic site TO Hospital based ESRD facility||DH|20210101|99991231|FROM Diagnostic or therapeutic site TO Hospital||DI|20210101|99991231|FROM Diagnostic or therapeutic site TO Site of transfer||DJ|20210101|99991231|FROM Diagnostic or therapeutic site TO Freestanding ESRD facility||DN|20210101|99991231|FROM Diagnostic or therapeutic site TO Skilled nursing facility||DP|20210101|99991231|FROM Diagnostic or therapeutic site TO Physician's office||DR|20210101|99991231|FROM Diagnostic or therapeutic site TO Residence||DS|20210101|99991231|FROM Diagnostic or therapeutic site TO Scene of accident or acute event||DX|20210101|99991231|FROM Diagnostic or therapeutic site TO Intermediate stop at Physician's office on way to Hospital||ED|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Diagnostic or therapeutic site|

|Modifier|Effective Date|End Date|Description||EE|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Residential, domiciliary, custodial facility (other than 1819 facility)||EF|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Hospital based ESRD facility||EH|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Hospital||EI|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Site of transfer||EJ|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Freestanding ESRD facility||EN|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Skilled nursing facility||EP|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Physician's office||ER|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Residence||ES|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Scene of accident or acute event||EX|20210101|99991231|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Intermediate stop at Physician's office on way to Hospital|

|Modifier|Effective Date|End Date|Description||GD|20210101|99991231|FROM Hospital based ESRD facility TO Diagnostic or therapeutic site||GE|20210101|99991231|FROM Hospital based ESRD facility TO Residential, domiciliary, custodial facility (other than 1819 facility)||GG|20210101|99991231|FROM Hospital based ESRD facility TO Hospital based ESRD facility||GH|20210101|99991231|FROM Hospital based ESRD facility TO Hospital||GI|20210101|99991231|FROM Hospital based ESRD facility TO Site of transfer||GJ|20210101|99991231|FROM Hospital based ESRD facility TO Freestanding ESRD facility||GN|20210101|99991231|FROM Hospital based ESRD facility TO Skilled nursing facility||GP|20210101|99991231|FROM Hospital based ESRD facility TO Physician's office||GR|20210101|99991231|FROM Hospital based ESRD facility TO Residence||GS|20210101|99991231|FROM Hospital based ESRD facility TO Scene of accident or acute event||GX|20210101|99991231|FROM Hospital based ESRD facility TO Intermediate stop at Physician's office on way to Hospital||HD|20210101|99991231|FROM Hospital TO Diagnostic or therapeutic site||HE|20210101|99991231|FROM Hospital TO Residential, domiciliary, custodial facility (other than 1819 facility)||HG|20210101|99991231|FROM Hospital TO Hospital based ESRD facility||HH|20210101|99991231|FROM Hospital TO Hospital||HI|20210101|99991231|FROM Hospital TO Site of transfer|

Modifier	Effective Date	End Date	Description
HJ	20210101	99991231	FROM Hospital TO Freestanding facility
HN	20210101	99991231	FROM Hospital TO Skilled nursing facility
HP	20210101	99991231	Hospital TO Physician's office
HR	20210101	99991231	FROM Hospital TO Residence
HS	20210101	99991231	FROM Hospital TO Scene of accident or acute event
HX	20210101	99991231	FROM Hospital TO Intermediate stop at Physician's office on way to Hospital
ID	20210101	99991231	FROM Site of transfer TO Diagnostic or therapeutic site
IE	20210101	99991231	FROM Site of transfer TO Residential, domiciliary, custodial facility (other than 1819 facility)
IG	20210101	99991231	FROM Site of transfer TO Hospital based ESRD facility
IH	20210101	99991231	FROM Site of transfer TO Hospital
II	20210101	99991231	FROM Site of transfer TO Freestanding ESRD facility
IJ	20210101	99991231	FROM Site of transfer TO Freestanding ESRD facility
IN	20210101	99991231	FROM Site of transfer TO Skilled nursing facility
IP	20210101	99991231	FROM Site of transfer TO Physician's office

Modifier	Effective Date	End Date	Description
IR	20210101	99991231	FROM Site of transfer TO Residential, domiciliary, custodial facility (other than 1819 facility)
IX	20210101	99991231	FROM Site of transfer TO Scene of accident or acute event
IY	20210101	99991231	FROM Site of transfer TO Intermediate stop at Physician's office on way to Hospital
JD	20210101	99991231	FROM Freestanding ESRD facility TO Diagnostic or therapeutic site
JE	20210101	99991231	FROM Freestanding ESRD facility TO Residential, domiciliary, custodial facility (other than 1819 facility)
JG	20210101	99991231	FROM Freestanding ESRD facility TO Hospital based ESRD facility
JH	20210101	99991231	FROM Freestanding ESRD facility TO Hospital
JI	20210101	99991231	FROM Freestanding ESRD facility TO Site of transfer
JJ	20210101	99991231	FROM Freestanding ESRD facility TO Freestanding ESRD facility
JN	20210101	99991231	FROM Freestanding ESRD facility TO Skilled nursing facility
JP	20210101	99991231	FROM Freestanding ESRD facility TO Physician's office
JR	20210101	99991231	FROM Freestanding ESRD facility TO Residence
JS	20210101	99991231	FROM Freestanding ESRD facility TO Scene of accident or acute event
JX	20210101	99991231	FROM Freestanding ESRD facility TO Intermediate stop at Physician's office on way to Hospital
ND	20210101	99991231	FROM Skilled nursing facility TO Diagnostic or therapeutic site
NE	20210101	99991231	FROM Skilled nursing facility TO Residential, domiciliary, custodial facility (other than 1819 facility)
NG	20210101	99991231	FROM Skilled nursing facility TO Hospital based ESRD facility

|Modifier|Effective Date|End Date|Description||NH|20210101|99991231|FROM Skilled nursing facility TO Hospital||NI|20210101|99991231|FROM Skilled nursing facility TO Site of transfer||NJ|20210101|99991231|FROM Skilled nursing facility TO Freestanding ESRD facility||NN|20210101|99991231|FROM Skilled nursing facility TO Skilled nursing facility||NP|20210101|99991231|FROM Skilled nursing facility TO Physician's office||NR|20210101|99991231|FROM Skilled nursing facility TO Residence||NS|20210101|99991231|FROM Skilled nursing facility TO Scene of accident or acute event||NX|20210101|99991231|FROM Skilled nursing facility TO Intermediate stop at Physician's office on way to Hospital||PD|20210101|99991231|FROM Physician's office TO Diagnostic or therapeutic site||PE|20210101|99991231|FROM Physician's office TO Residential, domiciliary, custodial facility (other than 1819 facility)||PG|20210101|99991231|FROM Physician's office TO Hospital based ESRD facility||PH|20210101|99991231|FROM Physician's office TO Hospital||PI|20210101|99991231|FROM Physician's office TO Site of transfer||PJ|20210101|99991231|FROM Physician's office TO Freestanding ESRD facility||PN|20210101|99991231|FROM Physician's office TO Skilled nursing facility||PP|20210101|99991231|FROM Physician's office TO Physician's office||PR|20210101|99991231|FROM Physician's office TO Residence||PS|20210101|99991231|FROM Physician's office TO Scene of accident or acute event||PX|20210101|99991231|FROM Physician's office TO Intermediate stop at Physician's office on way to Hospital||RD|20210101|99991231|FROM Residence TO Diagnostic or therapeutic site||RE|20210101|99991231|FROM Residence TO Residential, domiciliary, custodial facility (other than 1819 facility)||RG|20210101|99991231|FROM Residence TO Hospital based ESRD facility

|Modifier|Effective Date|End Date|Description||RH|20210101|99991231|FROM Residence TO Hospital||RI|20210101|99991231|FROM Residence TO Site of transfer||RJ|20210101|99991231|FROM Residence TO Freestanding ESRD facility||RN|20210101|99991231|FROM Residence TO Skilled nursing facility||RO|20210101|99991231|FROM Residence TO Physician's office||RR|20210101|99991231|FROM Residence TO Residence||RS|20210101|99991231|FROM Residence TO Scene of accident or acute event||RX|20210101|99991231|FROM Residence TO Intermediate stop at Physician's office on way to Hospital||SD|20210101|99991231|FROM Scene of accident or acute event TO Diagnostic or therapeutic site||SE|20210101|99991231|FROM Scene of accident or acute event TO Residential, domiciliary, custodial facility (other than 1819 facility)||SG|20210101|99991231|FROM Scene of accident or acute event TO Hospital based ESRD facility||SH|20210101|99991231|FROM Scene of accident or acute event TO Hospital||SI|20210101|99991231|FROM Scene of accident or acute event TO Site of transfer||SJ|20210101|99991231|FROM Scene of accident or acute event TO Freestanding ESRD facility||SK|20210101|99991231|FROM Scene of accident or acute event TO Skilled nursing facility||SP|20210101|99991231|FROM Scene of accident or acute event TO Physician's office||SR|20210101|99991231|FROM Scene of accident or acute event TO Residence||SS|20210101|99991231|FROM Scene of accident or acute event TO Scene of accident or acute event||SX|20210101|99991231|FROM Scene of accident or acute event TO Intermediate stop at Physician's office on way to Hospital

N/A

Valid Value '0' Description: Individual does not meet the definition of an American Indian/Alaska Native  
Valid Value '1' Description: Individual meets the definition of an American Indian/Alaska Native.

Valid Value '003' Description: American Indian or Alaska Native

VALUE_SET_ID	EFFECTIVE_DATE	END_DATE	VALUE	NAME	DESCRIPTION	OPERATING-AUTHORITY
99991231	16		Concurrent	1915(a)/1915(j)	- programs, or portions thereof, operating under both 1915(j) authorities	OPERATING-AUTHORITY 00010101 99991231 17
99991231	17		Concurrent	1932(a)/1915(j)	- portions thereof, operating under both 1932(a) and 1915(j) authorities	OPERATING-AUTHORITY 00010101 99991231 18
99991231	18		Concurrent	1915(b)/1915(j)	- programs, or portions thereof, operating under both 1915(j) authorities	OPERATING-AUTHORITY 00010101 99991231 19
99991231	19		Concurrent	1115/1915(j)	- portions thereof, operating under both 1115 and 1915(j) authorities	OPERATING-AUTHORITY 00010101 99991231 20
99991231	20		Concurrent	1915(a)/1915(k)	- programs, or portions thereof, operating under both 1915(k) authorities	OPERATING-AUTHORITY 00010101 99991231 21
99991231	21		Concurrent	1932(a)/1915(k)	- or portions thereof, operating under both 1932(a) and 1915(k) authorities	OPERATING-AUTHORITY 00010101 99991231 22
99991231	22		Concurrent	1915(b)/1915(k)	- programs, or portions thereof, operating under both 1915(k) authorities	OPERATING-AUTHORITY 00010101 99991231 23
99991231	23		Concurrent	1115/1915(k)	- portions thereof, operating under both 1115 and 1915(k) authorities	

VALUE_SET_ID	EFFECTIVE_DATE	END_DATE	VALUE	NAME	DESCRIPTION	TYPE-OF-BILL-2-FACILITY-TYPE
00010101	99991231	1	Hospital			TYPE-OF-BILL-2-FACILITY-TYPE 00010101 99991231 2
00010101	99991231	2	Skilled Nursing Facility			TYPE-OF-BILL-2-FACILITY-TYPE 00010101 99991231 3
00010101	99991231	3	Home Health			TYPE-OF-BILL-2-FACILITY-TYPE 00010101 99991231 4
00010101	99991231	4	Religious Nonmedical (Hospital)			TYPE-OF-BILL-2-FACILITY-TYPE 00010101 20051001 5
00010101	99991231	5	Intermediate Care			TYPE-OF-BILL-2-FACILITY-TYPE 00010101 99991231 6
00010101	99991231	6	Clinic or Hospital Based			TYPE-OF-BILL-2-FACILITY-TYPE 00010101 99991231 7
00010101	99991231	7	Clinic or Hospital Based			TYPE-OF-BILL-2-FACILITY-TYPE 00010101 99991231 8
00010101	99991231	8	Special facility or hospital ASC surgery			TYPE-OF-BILL-2-FACILITY-TYPE 00010101 99991231 9
00010101	99991231	9	Reserved for National Assignment			



|VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION||TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS|00010101|99991231|1|Rural Health Clinic (RHC)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS|00010101|99991231|2|Hospital Based or Independent Renal Dialysis Facility||TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS|00010101|99991231|3|Free Standing Provider-Based Federally Qualified Center (FQHC)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS|00010101|99991231|4|Other Rehabilitation Facility (ORF)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS|00010101|99991231|5|Comprehensive Rehabilitation Facility (CORF)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS|00010101|99991231|6|Community Mental Health Center (CMHC)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS|20100407|7|Federally Qualified Health Center (FQHC) (Effective 4/1/10)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS|20120401|99991231|8|Licensed Freestanding Emergency Medical Facility (Effective 4/1/12)||TYPE-OF-BILL-CLASSIFICATION-CLINICS|00010101|99991231|9|OTHER|

|VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION||TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY|00010101|99991231|1|Hospice (Nonhospital Based)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY|00010101|99991231|2|Hospice (Hospital Based)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY|00010101|99991231|3|Ambulatory Surgical Center Services to Hospital Outpatients||TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY|00010101|99991231|4|Free Standing Birthing Center||TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY|00010101|99991231|5|Critical Access Hospital||TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY|00010101|99991231|6|Residential Facility||TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY|20210101|99991231|7|Freestanding Non-residential Opioid Treatment Program (Effective 10/1/05)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY|00010101|99991231|8|Reserved for National Assignment||TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY|00010101|99991231|9|OTHER|

|VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION||TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER|00010101|99991231|1|Inpatient||TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER|00010101|99991231|2|Outpatient||TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER|00010101|99991231|3|Other||TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER|00010101|99991231|4|Intermediate Care - Level I||TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER|00010101|99991231|5|Intermediate Care - Level II||TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER|00010101|99991231|6|Reserved for national assignment (discontinued effective 10/1/05)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER|00010101|99991231|7|Reserved for National Assignment||TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER|00010101|99991231|8|Swing Bed (may be used to indicate billing for SNF level of care in a swing bed with an approved swing bed agreement)||TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER|00010101|99991231|9|Reserved for National Assignment|

VALUE_SET_ID	EFFECTIVE_DATE	END_DATE	VALUE	NAME	DESCRIPTION	TYPE-OF-BILL-4-FREQUENCY
00010101	99991231	0	Nonpayment/Zero Claims			TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 0 Nonpayment/Zero Claims
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 2 Interim-First Claim
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 3 Interim-Continuing Claims (Not valid for PPS Bills)
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 A Admission/Election Notice
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 B Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Termination/Revocation Notice
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 C Hospice Change of Ownership/Provider Notice
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 D Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Void/Cancel
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 E Hospice Change of Ownership
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 G CWF Inpatient Adjustment Claim
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 H CMS Initiated Adjustment Claim
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 I FI Adjustment Claim (Other than QIO or Provider)
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 J Initiated Adjustment Claim-Other
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 M MCO Initiated Adjustment Claim
						TYPE-OF-BILL-4-FREQUENCY 00010101 99991231 P QIO Adjustment Claim

VALUE_SET_ID	EFFECTIVE_DATE	END_DATE	VALUE	NAME	DESCRIPTION	TYPE-OF-SERVICE
99991231	147			Residential Pediatric Recovery Center (RPRC): A center or facility that furnishes inpatient services for which medical assistance is available under the State plan to infants with the diagnosis of alcohol or drug dependence or withdrawal without any other significant medical risk factors.		





VALUE_SET_ID EFFECTIVE_DATE END_DATE VALUE NAME DESCRIPTION  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 89 Disposable medical supplies  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 90 Critical hospital services - IP  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 91 Skilled care - hospital residing  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 92 Exceptional care - hospital residing  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 93 Non-acute care - hospital residing  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 120 Capital payments for primary care case management (PCCM)  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 123 Disproportionate share hospital (DSH) payments  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 127 Indian Health Service (IHS) - Family Plan  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 132 Supplemental payment - inpatient  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 133 Supplemental payment - nursing  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 134 Supplemental payment - outpatient  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 135 EHR payments for provider  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 136 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 after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnostic virus that causes COVID-19, and the administration of such in vitro diagnostic products  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 137 COVID-19 related services  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 138 Per member per month (PMPM) payments for health home services  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 143 Per member per month (PMPM) payments for other payments  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 144 Payments to individuals for personal assistance services under 1915(j)  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 145 Medication Assisted Treatment (MAT) and drugs for evidenced-based treatment of Opioid Use Disorder (OUD) in accordance with section 1115A of the Social Security Act  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 146 Inpatient Psychiatric Services for beneficiaries between the ages of 22 and 64 who are receiving services in an institution for mental disease (IMD)  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 147 These ICD-10 diagnosis codes END-DATE is updated to 20220930
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VALUE_SET_ID EFFECTIVE_DATE END_DATE VALUE NAME DESCRIPTION  ELIGIBILITY-CHANGE-REASON 00010101 99991231 09 No longer in need of long-term care services
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These ICD-10 procedure codes END-DATE is updated to 20220930

VALUE_SET_ID EFFECTIVE_DATE END_DATE VALUE NAME DESCRIPTION  PROV-CLASSIFICATION-TYPE = 4 (Authorized Category of Service Code) 00010101 99991231 58 Institutions for Mental Disease
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VALUE_SET_ID EFFECTIVE_DATE END_DATE VALUE NAME DESCRIPTION  RACE 00010101 99991231 01 Other
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VALUE_SET_ID EFFECTIVE_DATE END_DATE VALUE NAME DESCRIPTION  XIX-MBESCBES-CATEGORY SERVICE 20210311 99991231 47 ARP Section 9811 COVID Vaccine/Vaccine Administration
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VALUE_SET_ID EFFECTIVE_DATE END_DATE VALUE NAME DESCRIPTION  XXI-MBESCBES-CATEGORY SERVICE 20210311 99991231 26 ARP Section 9821 COVID Vaccine/Vaccine Administration
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VALUE_SET_ID	EFFECTIVE_DATE	END_DATE	VALUE	NAME	DESCRIPTION	PROCEDURE-CODE-MOD
99991231	1P			Performance Measure Exclusion Modifier due to Medical Reasons		PROCEDURE-CODE
20070701	99991231	2P		Performance Measure Exclusion Modifier due to Patient Reasons		PROCEDURE
MOD	20070701	99991231	3P	Performance Measure Exclusion Modifier due to System Reasons		

Modifier	Effective Date	End Date	Description	DD	00010101	99991231	FROM Diagnostic or therapeutic site
			Diagnostic or therapeutic site	DE	00010101	99991231	FROM Diagnostic or therapeutic site TO Residential, domiciliary, custodial facility (other than 1819 facility)
				DG	00010101	99991231	FROM Diagnostic or therapeutic site TO Hospital based ESRD facility
				DH	00010101	99991231	FROM Diagnostic or therapeutic site TO Hospital
				DI	00010101	99991231	FROM Diagnostic or therapeutic site TO Site of transfer
				DJ	00010101	99991231	FROM Diagnostic or therapeutic site TO Freestanding ESRD facility
				DN	00010101	99991231	FROM Diagnostic or therapeutic site TO Skilled nursing facility
				DP	00010101	99991231	FROM Diagnostic or therapeutic site TO Physician's office
				DR	00010101	99991231	FROM Diagnostic or therapeutic site TO Residence
				DS	00010101	99991231	FROM Diagnostic or therapeutic site TO Scene of accident or acute event
				DX	00010101	99991231	FROM Diagnostic or therapeutic site TO Intermediate stop at Physician's office to Hospital

Modifier	Effective Date	End Date	Description	EG	00010101	99991231	FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Hospital based ESRD facility
				EH	00010101	99991231	FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Hospital
				EI	00010101	99991231	FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Site of transfer
				EN	00010101	99991231	FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Skilled nursing facility
				ES	00010101	99991231	FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Scene of accident or acute event
				GI	00010101	99991231	FROM Hospital based ESRD facility TO Site of transfer
				GO	00010101	99991231	FROM Site of transfer TO Diagnostic or therapeutic site
				IE	00010101	99991231	FROM Site of transfer TO Residential, domiciliary, custodial facility (other than 1819 facility)
				IG	00010101	99991231	FROM Site of transfer TO Hospital based ESRD facility
				IH	00010101	99991231	FROM Site of transfer TO Hospital
				II	00010101	99991231	FROM Site of transfer TO Site of transfer
				IJ	00010101	99991231	FROM Site of transfer TO Freestanding ESRD facility
				IN	00010101	99991231	FROM Site of transfer TO Skilled nursing facility
				IP	00010101	99991231	FROM Site of transfer TO Physician's office

|Modifier|Effective Date|End Date|Description||IR|00010101|99991231|FROM Site of transfer TO Re  
00010101|99991231|FROM Site of transfer TO Scene of accident or acute event||IX|00010101|999  
Site of transfer TO Intermediate stop at Physician's office on way to Hospital||JH|00010101|999912  
Freestanding ESRD facility TO Hospital||JI|00010101|99991231|FROM Freestanding ESRD facility TO  
transfer||JJ|00010101|99991231|FROM Freestanding ESRD facility TO Freestanding ESRD facility||JM  
99991231|FROM Freestanding ESRD facility TO Skilled nursing facility||JP|00010101|99991231|FRO  
Freestanding ESRD facility TO Physician's office||JR|00010101|99991231|FROM Freestanding ESRD  
Residence||JS|00010101|99991231|FROM Freestanding ESRD facility TO Scene of accident or acute  
00010101|99991231|FROM Freestanding ESRD facility TO Intermediate stop at Physician's office o  
Hospital||ND|00010101|99991231|FROM Skilled nursing facility TO Diagnostic or therapeutic site||  
00010101|99991231|FROM Skilled nursing facility TO Residential, domiciliary, custodial facility (ot  
1819 facility)||NG|00010101|99991231|FROM Skilled nursing facility TO Hospital based ESRD facili

|Modifier|Effective Date|End Date|Description||NH|00010101|99991231|FROM Skilled nursing facili  
Hospital||NI|00010101|99991231|FROM Skilled nursing facility TO Site of transfer||NJ|00010101|99  
FROM Skilled nursing facility TO Freestanding ESRD facility||NN|00010101|99991231|FROM Skilled  
facility TO Skilled nursing facility||NP|00010101|99991231|FROM Skilled nursing facility TO Physicia  
NS|00010101|99991231|FROM Skilled nursing facility TO Scene of accident or acute event||NX|000  
99991231|FROM Skilled nursing facility TO Intermediate stop at Physician's office on way to Hospit  
00010101|99991231|FROM Physician's office TO Diagnostic or therapeutic site||PE|00010101|9999  
Physician's office TO Residential, domiciliary, custodial facility (other than 1819 facility)||PG|00010  
99991231|FROM Physician's office TO Hospital based ESRD facility||PH|00010101|99991231|FROM  
office TO Hospital||PI|00010101|99991231|FROM Physician's office TO Site of transfer||PJ|0001010  
FROM Physician's office TO Freestanding ESRD facility||PN|00010101|99991231|FROM Physician's  
Skilled nursing facility||PP|00010101|99991231|FROM Physician's office TO Physician's office||PR|0  
99991231|FROM Physician's office TO Residence||PX|00010101|99991231|FROM Physician's office  
Intermediate stop at Physician's office on way to Hospital|RG|00010101|99991231|FROM Residenc  
Hospital based ESRD facility

|Modifier|Effective Date|End Date|Description||RN|00010101|99991231|FROM Residence TO Skilled  
facility||RS|00010101|99991231|FROM Residence TO Scene of accident or acute event||RX|000101  
99991231|FROM Residence TO Intermediate stop at Physician's office on way to Hospital||SI|00010  
99991231|FROM Scene of accident or acute event TO Site of transfer||SP|00010101|99991231|FRO  
accident or acute event TO Physician's office||SR|00010101|99991231|FROM Scene of accident or  
TO Residence||SX|00010101|99991231|FROM Scene of accident or acute event TO Intermediate st  
Physician's office on way to Hospital|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONPROV-SPECIALTY|00010101  
88|Unknown Supplier/Provider Specialty|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|XXI-MBESCBES-CATEGORY-SERVICE|00010101|99991231|2A|Inpatient Hospital Services - DSH|XXI-MBESCBES-CATEGORY-OF-00010101|99991231|3A|Inpatient Mental Health - DSH|XXI-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|3B|Certified Community Behavior Health Clinic Payments|XXI-MBESCBES-CATEGORY-OF-00010101|99991231|8A2|Drug Rebate - State|XXI-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|8A3|MCO - National Agreement|XXI-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|8A4|Sidebar Agreement|XXI-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|8A5|Increased AC Fee for Service - 100%|XXI-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|8A6|Increased OFFSET - MCO - 100%|XXI-MBESCBES-CATEGORY-OF-SERVICE|00010101|99991231|21A|Home and Community-Based Services - Regular Payment (WAIVER)|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|DESCRIPTION|PROCEDURE-CODE|20210701|99991231|J1951|INJ FENSOLVI 0.25 MG|PROCEDURE-CODE|20210701|99991231|Q5123|INJ. RIABNI, 10 MG|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|DESCRIPTION|CPT|20190701|99991231|0097U|PATHOGEN 22 TARGETS|CPT|20190701|99991231|0107U|C DIFF TOX AG DETC| IA STOOL|CPT|20199991231|0117U|PAIN MGMT 11 ENDOGENOUS ANAL|CPT|20201001|99991231|0204U|ONC THYR XPRSN ALYS 593|CPT|20201001|99991231|0208U|ONC MTC MRNA XPRSN ALYS 108 |

PROV-TAXONOMY.psv v22.0 - 01/01/2022

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|DESCRIPTION||CPT|20211020|99991231|0034A|SARSCOV2 VAC AD26 .5ML B||CPT|00010101|99991231|0053A|ADM SARSCV2 30MCG TRS-SUCR 3|20211029|99991231|91307|SARSCOV2 VAC 10 MCG TRS-SUCR||CPT|20210922|99991231|0004A|SARSCOV2 30MCG/0.3ML BST||CPT|00010101|99991231|0052A|ADM SARSCV2 30MCG TRS-SUCR 2|20211020|99991231|0064A|ADM SARSCOV2 50MCG/0.25MLBST||CPT|20130608|99991231|M0201|vaccine home admin||CPT|00010101|99991231|0051A|ADM SARSCV2 30MCG TRS-SUCR 1||CPT|2099991231|91306|SARSCOV2 VAC 50MCG/0.25ML IM||CPT|20211029|99991231|0072A|ADM SARSC TRS-SUCR 2||CPT|00010101|99991231|91305|SARSCOV2 VAC 30 MCG TRS-SUCR||CPT|00010101|90054A|ADM SARSCV2 30MCG TRS-SUCR B||CPT|20211029|99991231|0071A|ADM SARSCV2 10MCG 1|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|DESCRIPTION||HCPCS|20211208|99991231|M0201|Tixagev and cilgav inj hm||HCPCS|20211208|99991231|Q0220|Tixagev and cilgav, 300mg||HCPCS|20211208|99991231|M0220|Tixagev and cilgav inj|



VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|DESCRIPTION|All Revenue Codes with the description 'RESERVED FOR NATIONAL ASSIGNMENT' and 'RESERVED FOR NATIONAL ASSIGNMENT - ' were removed from the REVENUE-CODE.psv file

VALUE\_SET\_ID|END\_DATE|CPT|99991231|

VALUE\_SET\_ID|END\_DATE|CDT|99991231|

VALUE\_SET\_ID|END\_DATE|VALUE|NAME|DESCRIPTION|AMERICAN-INDIAN-ALASKA-NATIVE-INDICATOR|20171201|2|Yes, Individual does have CDIB

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|ELIGIBILITY-GROUP|20220401|20270330|77|Medicaid - Women who are pregnant or postpartum, 12-month extended postpartum coverage|ELIGIBILITY-GROUP|20220401|20270330|78|CHIP - Women who are pregnant or postpartum, 12-month extended postpartum coverage

Update 2022 CDT Code Set End date

N/A

[https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set)

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|PROCEDURE-CODE-MOD|000000|20201231|ED|Hct>39% or hgb>13g>=3 cycle|Hematocrit level has exceeded 39% (or hemoglobin level has exceeded 13.0 g/dl) for 3 or more consecutive billing cycles immediately prior to and including the current billing cycle|PROCEDURE-CODE-MOD|20210101|99991231|ED|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Diagnostic or therapeutic site|PROCEDURE-CODE-MOD|00010101|20201231|EE|Hct>39% or hgb>13g<3 cycle|Hematocrit level has not exceeded 39% (or hemoglobin level has not exceeded 13.0 g/dl) for 3 or more consecutive billing cycles immediately prior to and including the current billing cycle|PROCEDURE-CODE-MOD|20210101|99991231|EE|FROM Residential, domiciliary, custodial facility (other than 1819 facility) TO Residential, domiciliary, custodial facility (other than 1819 facility)|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONXIX-MBESCBES-CATEGORY-00010101|20210930|10|XIX-MBESCBES-CATEGORY-OF-SERVICE|20211001|99991231|10A|Clinic Services - Reg. Payments|10A. Clinic Services - Reg. Payments (See 42 CFR 440.90).--These are preventive, therapeutic, rehabilitative, or palliative items or services that: o Are provided to outpatients; o Are provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. For reporting purposes, consider a group of physicians who share, only for mutual convenience, space, services of support staff, etc., as physicians, rather than a clinic, even though they practice under the name of a clinic; and o Except in the case of nurse-midwife services (see 42 CFR 440.165), are furnished by, or under the direction of a physician. NOTE: Place dental clinics under Dental Services. Report any services not included above under Other Care Services. A clinic staff may include practitioners with different specialties.|XIX-MBESCBES-CATEGORY-OF-SERVICE|20211001|99991231|10B|Clinic Services - Sup. Payments|10B. Clinic Services - Sup. Payments (See 42 CFR 440.90).--These are preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services that: o Are provided to outpatients; o Are provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. For reporting purposes, consider a group of physicians who share, only for mutual convenience, space, services of support staff, etc., as physicians, rather than a clinic, even though they practice under the name of a clinic; and o Except in the case of nurse-midwife services (see 42 CFR 440.165), are furnished by, or under, the direction of a physician. NOTE: Place dental clinics under Dental Services. Report any services not included above under Other Care Services. A clinic staff may include practitioners with different specialties.|XIX-MBESCBES-CATEGORY-OF-SERVICE|00010101|20211231|49|XIX-MBESCBES-CATEGORY-OF-SERVICE|20220101|99991231|69|Other Care Services|69 - Other Care Services --These are any medical or remedial care services that are not included under State law and authorized by the approved Medicaid State Plan. Such services do not meet the criteria for any of, and are not classified under, any category of service included on Lines 1 through 41.|XIX-MBESCBES-CATEGORY-OF-SERVICE|20220101|99991231|70|Total|Line 70 - TOTAL.--The MBES automatically calculates the total of Columns (a)- (e).|XIX-MBESCBES-CATEGORY-OF-SERVICE|00010101|20211231|50|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONXIX-MBESCBES-CATEGORY-00010101|20211231|29|Non-Emergency Medical TransportationXIX-MBESCBES-CATEGORY-OF-SERVICE|20220101|99991231|37|Critical Access HospitalsXIX-MBESCBES-CATEGORY-OF-SERVICE|20220101|99991231|29A|Non-Emergency Medical Transportation - Reg. Payments|29A. -Non-Emergency Medical Transportation - Reg. Payments|XIX-MBESCBES-CATEGORY-OF-SERVICE|20220101|99991231|29B|Non-Emergency Medical Transportation - Sup. Payments|XIX-MBESCBES-CATEGORY-OF-SERVICE|20220101|99991231|37A|Critical Access Hospitals - Reg. Payments|37A. -Critical Access Hospitals - Reg. Payments|XIX-MBESCBES-CATEGORY-OF-SERVICE|20220101|99991231|37B|Critical Access Hospitals - Sup. Payments|37B. -Critical Access Hospitals Inpatient - Sup. Payments|XIX-MBESCBES-CATEGORY-OF-SERVICE|20220101|99991231|37C|Critical Access Hospitals Outpatient - Sup. Payments|37C. -Critical Access Hospitals Outpatient - Sup. Payments|

VALUE\_SET\_ID|END\_DATE|VALUE|CPT|99991231|99072|CPT|99991231|87636|CPT|99991231|87636|99991231|87811|CPT|99991231|87428|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|DESCRIPTION|PRESCRIPTION-ORIGIN-CODE|20220624|99991231|1|WrittenPRESCRIPTION-ORIGIN-CODE|20220624|99991231|2|TelephonePRESCRIPTION-ORIGIN-CODE|20220624|99991231|3|ElectronicPRESCRIPTION-ORIGIN-CODE|20220624|99991231|4|Fax

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE||DESCRIPTIONTYPE-OF-CLAIM|00010101|99991231|1|Medicaid or Medicaid-expansion CHIP financial transaction between an MCP and an entity other than the CHIP or Medicaid agencyTYPE-OF-CLAIM|00010101|99991231|F|Separate CHIP (Title XXI) financial transaction between an MCP and an entity other than the S-CHIP or Medicaid agency

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE||DESCRIPTIONSOURCE-LOCATION|00010101|99991231|22|Sub-contracted entitySOURCE-LOCATION|00010101|99991231|99991231|23|Sub-capitated network provider

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE||DESCRIPTIONAFFILIATED-PROGRAM-TYPE|00010101|99991231|6||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.

add new valid value file DATA-DICTIONARY-VERSION.psv

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE||DESCRIPTIONBED-TYPE-CODE|00010101|99991231|6|Intermediate Care Facility for the Intellectually Disabled bed in an Institution for Mental Disease|BED-TYPE-CODE|00010101|99991231|6|Inpatient bed in an Institution for Mental Disease|BED-TYPE-CODE|00010101|99991231|7|Nursing Facility bed in an Institution for Mental Disease|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE||DESCRIPTIONPAYMENT-LEVEL-IND|00010101|99991231|9|Payment/allowed amount is determined for each individual line (e.g., RBRVS) but then cost sharing and coordination of benefits was deducted from the total paid/allowed amount at the header only

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE||DESCRIPTIONBED-TYPE-CODE|00010101|99991231|2|Intermediate Care Facility for the Intellectually Disabled bed not in an Institution for Mental Disease|BED-TYPE-CODE|00010101|99991231|2|Inpatient bed not in an Institution for Mental Disease|BED-TYPE-CODE|00010101|99991231|3|Nursing Facility bed not in an Institution for Mental Disease|BED-TYPE-CODE|00010101|99991231|4|Title 18 Skilled Nursing Facility (T18 SNF) bed not in an Institution for Mental Disease|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE||DESCRIPTIONPAYMENT-LEVEL-IND|00010101|99991231|2|Payment/allowed amount is not determined at the individual line level (e.g., DRG or outpatient PPS) and when applicable, cost-sharing and/or coordination of benefits were deducted from one specific line-level payment/allowed amount(s)

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONPRESCRIPTION-ORIGIN-COD  
99991231|0|Not Known||PRESCRIPTION-ORIGIN-CODE|00010101|99991231|1|Written|Prescription  
paper.|PRESCRIPTION-ORIGIN-CODE|00010101|99991231|2|Telephone|Prescription obtained via or  
instructions or interactive voice response using a phone.|PRESCRIPTION-ORIGIN-CODE|00010101|9  
Electronic|Prescription obtained via SCRIPT or HL7 Standard transactions, or electronically within c  
systems.|PRESCRIPTION-ORIGIN-CODE|00010101|99991231|4|Facsimile|Prescription obtained via t  
using a fax machine.|PRESCRIPTION-ORIGIN-CODE|00010101|99991231|5|Pharmacy|This value is u  
cover any situation where a new Rx number needs to be created from an existing valid prescription  
traditional transfers, intrachain transfers, file buys, software upgrades/migrations, and any reason  
give it a new number. This value is also the appropriate value for Pharmacy dispensing when appli  
as BTC (behind the counter), Plan B, established protocols, pharmacists authority to prescribe, etc.

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONPLACE-OF-SERVICE|202201  
99991231|10|Telehealth Provided in Patient's Home|The location where health services and health  
services are provided or received, through telecommunication technology. Patient is located in the  
(which is a location other than a hospital or other facility where the patient receives care in a priva  
residence) when receiving health services or health related services through telecommunication te

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONPROV-CLASSIFICATION-COD  
00010101|99991231|106S00000X|Behavior Technician|PROV-CLASSIFICATION-CODE-TYPE-1|0001  
99991231|106E00000X|Assistant Behavior Analyst|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTIONRESTRICTED-BENEFITS-COD  
20230101|99991231|G|Individual is eligible for Medicaid but only entitled to restricted benefits bas  
Medicare dual-eligibility status Medicare Part B-ID ESRD Benefit.

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|PROV-SPECIALTY|00010101|99991231|C  
Medicine|PROV-SPECIALTY|00010101|99991231|C1|Centralized Flu|PROV-SPECIALTY|00010101|9  
Indirect Payment Procedure|PROV-SPECIALTY|00010101|99991231|C3|Interventional Cardiology|P  
SPECIALTY|00010101|99991231|C4|Restricted Use|PROV-SPECIALTY|00010101|99991231|C5|Den  
SPECIALTY|00010101|99991231|C6|Hospitalist|PROV-SPECIALTY|00010101|99991231|C7|Advance  
Failure and Transplant Cardiology|PROV-SPECIALTY|00010101|99991231|C8|Medical Toxicology|PR  
SPECIALTY|00010101|99991231|C9|Hematopoietic Cell Transplantation and Cellular Therapy|PROV  
00010101|99991231|D1|Medicare Diabetes Preventive Program|PROV-SPECIALTY|00010101|9999  
Restricted Use|PROV-SPECIALTY|00010101|99991231|D3|Medical Genetics and Genomics|PROV-SF  
00010101|99991231|D4|Undersea and Hyperbaric Medicine|PROV-SPECIALTY|00010101|99991231  
Treatment Program|PROV-SPECIALTY|00010101|99991231|D6|Home Infusion Therapy Services|PR  
SPECIALTY|00010101|99991231|D7|Micrographic Dermatologic Surgery|PROV-SPECIALTY|0001010  
D8|Adult Congenital Heart Disease|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|XIX-MBESCBES-CATEGORY-OF-SERVICE|2  
99991231|7A7|Drug Rebate Offset - Value Based Purchasing|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|XXI-MBESCBES-CATEGORY-OF-SERVICE|2  
99991231|8A7|Drug Rebate Offset - Value Based Purchasing|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION IHS-SERVICE-IND|2022062  
0|NoIHS-SERVICE-IND|20220624|99991231|1|Yes

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|XIX-MBESCBES-CATEGORY-OF-SERVICE|2  
99991231|49|Health Homes For Children With Medically Complex Conditions|

<https://www.cms.gov/medicare/icd-10/2023-icd-10-pcs>

<https://www.cms.gov/medicare/icd-10/2023-icd-10-cm>

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|IHS-SERVICE-IND|0001010  
0|NoIHS-SERVICE-IND|00010101|99991231|1|Yes

<https://www.cms.gov/files/zip/january-2023-alpha-numeric-hcpcs-file.zip>

<https://tmsis2.atlassian.net/wiki/spaces/RTD/pages/855998590/Code+Sets+from+CMS>

VALUE_SET_ID EFFECTIVE_DATE END_DATE VALUE NAME PROCEDURE-CODE-MOD 20220101 9999 Split or shared e/m visit PROCEDURE-CODE-MOD 20220101 99991231 FT Separate, unrelated e/m
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

VALUE_SET_ID EFFECTIVE_DATE END_DATE VALUE NAME REVENUE-CODE 00010101 99991231 08 Allogeneic Stem Cell Acquisition/Donor Services
--------------------------------------------------------------------------------------------------------------------------------------

Code Sets from CMSUB\_04\_Data\_Files\_\_ALL\_CODES\_as\_of\_07\_01\_2022\_FIN\_3\_.xlsx

VALUE_SET_ID EFFECTIVE_DATE END_DATE VALUE NAME DESCRIPTION MARITAL-STATUS 00010101 15 Legally Married (to opposite sex) MARITAL-STATUS 00010101 99991231 16 Legally Married (to MARITAL-STATUS 00010101 99991231 17 Legally Married, spouse present MARITAL-STATUS 0001 99991231 18 Legally Married, spouse absent MARITAL-STATUS 00010101 99991231 19 Legally Ma MARITAL-STATUS 00010101 99991231 20 Partnered or in Civil Union (to opposite sex) MARITAL-ST 00010101 99991231 21 Partnered (Registered Domestic Partner) or in Civil Union (to same sex) M STATUS 00010101 99991231 22 Partnered (Registered Domestic Partner) or in Civil Union, spouse MARITAL-STATUS 00010101 99991231 23 Partnered (Registered Domestic Partner) or in Civil Unio absent MARITAL-STATUS 00010101 99991231 24 Partnered (Registered Domestic Partner) or in Ci MARITAL-STATUS 00010101 99991231 25 Partnered (Registered Domestic Partner) MARITAL-STAT 00010101 99991231 26 Civil Union MARITAL-STATUS 00010101 99991231 27 Legally Married, Par Civil Union MARITAL-STATUS 00010101 99991231 28 Legally separated (and still legally married)  STATUS 00010101 99991231 29 Legally separated MARITAL-STATUS 00010101 99991231 30 Ann not currently married or partnered) MARITAL-STATUS 00010101 99991231 31 Separated (and curr married or partnered) MARITAL-STATUS 00010101 99991231 32 Separated MARITAL-STATUS 0001 99991231 33 Single, widowed, or divorced
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

VALUE_SET_ID	EFFECTIVE_DATE	END_DATE	VALUE	NAME	DESCRIPTION	ELIGIBILITY-CHANGE-REASON
00010101	99991231	23		Terminated due to Incorrect Granting of Eligibility (e.g., someone is given error and then eligibility has to be retracted/terminated)		00010101 24
00010101	99991231	24		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		00010101 99991231 25
00010101	99991231	25		Non-financial program requirements not met (e.g. child support not paid, drug tests, failure to apply for SSN, etc.)		00010101 99991231 26
00010101	99991231	26		Non-financial program requirements not met (e.g. child support not paid, drug tests, failure to apply for SSN, etc.)		00010101 99991231 27
00010101	99991231	27		Non-financial program requirements not met (e.g. child support not paid, drug tests, failure to apply for SSN, etc.)		00010101 99991231 28
00010101	99991231	28		Non-financial program requirements not met (e.g. child support not paid, drug tests, failure to apply for SSN, etc.)		00010101 99991231 29
00010101	99991231	29		Non-financial program requirements not met (e.g. child support not paid, drug tests, failure to apply for SSN, etc.)		00010101 99991231 30
00010101	99991231	30		Non-financial program requirements not met (e.g. child support not paid, drug tests, failure to apply for SSN, etc.)		00010101 99991231 31
00010101	99991231	31		Change in federal or state law or policy (e.g. federal program is completely discontinued and not replaced by an equivalent or transitional program, or the unwinding of the Families First Coronavirus Response Act coverage of COVID testing for otherwise eligible 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)		

VALUE_SET_ID	EFFECTIVE_DATE	END_DATE	VALUE	NAME	DESCRIPTION	ELIGIBILITY-CHANGE-REASON
00010101	99991231	01		Income Requirement not met - do not use for changes in household composition		00010101 99991231 02
00010101	99991231	02		Asset requirement not met - do not use for changes in household composition		00010101 99991231 03
00010101	99991231	03		Income reduced - (do not use for changes in household composition - typically not a reason for termination)		00010101 99991231 05
00010101	99991231	05		N/A		00010101 99991231 15
00010101	99991231	15		Residency requirement not met (e.g., individual moved to a different residence; individual has entered or been discharged from an otherwise unspecified facility or institution)		00010101 99991231 17
00010101	99991231	17		Lack of verifications (e.g., unable to successfully verify income, immigration status, income, or other information from an application; if unverifiable due to no response, document as "Failure to respond")		00010101 99991231 19
00010101	99991231	19		Suspension/termination due to incarceration - use when the state is able to distinguish a more granular reason than just residency requirement not met		00010101 99991231 20
00010101	99991231	20		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		

VALUE_SET_ID	EFFECTIVE_DATE	END_DATE	VALUE	NAME	DESCRIPTION	ELIGIBILITY-CHANGE-REASON
00010101	99991231	05		No longer in the foster care system - (do not use - typically not a reason for termination)		

VALUE_SET_ID	EFFECTIVE_DATE	END_DATE	VALUE	NAME	DESCRIPTION	ELIGIBILITY-CHANGE-REASON
00010101	99991231	03		Income reduced - (do not use - typically not a reason for termination)		

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-medicines/antibodies>

<https://www.unitedstateszipcodes.org/zip-code-database/>

<https://x12.org/codes>

<https://x12.org/codes>

<https://x12.org/codes>

<https://x12.org/codes>

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-medicines/antibodies>

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION AFFILIATED-PROGRAM-TYPE  
00010101|99991231|7|Fee-For-Service - (This value is used to identify providers that are affiliated 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 for the state in which the provider is enrolled to provide services including through the state plan and Medicaid managed care.)

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION|||||

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION FILE-ENCODING-SPECIFICATION  
00010101|99991231|PSV|The file follows a pipe-separated value format.

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION TYPE-OF-SERVICE|00010101|99991231|005|Professional laboratory services|

VALUE\_SET\_ID|EFFECTIVE\_DATE|END\_DATE|VALUE|NAME|DESCRIPTION PLACE-OF-SERVICE|20231|99991231|27|Outreach Site/ Street| A non-permanent location on the street or found environment, described by any other POS code, where health professionals provide preventive, screening, diagnostic, and treatment services to unsheltered homeless individuals.

PROCEDURE-CODE.psv

DIAGNOSIS-CODE.psv

HCPCS Code Set Update PROCEDURE-CODE.psv as of 01/26/2024

Original Claim/Encounter/Payment - Indicates that this is the first (and, when applicable, only) fully paid transaction in a claim family (one or more claims with the related ICN-ORIG and/or ICN-ADJ and type of service 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 code should be the last claim/encounter/payment that would ever be associated with a given claim family. The transaction must have the same ICN-ORIG or ICN-ADJ as the claim/encounter being voided. CMS expects a voided 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 transaction is to replace a previously paid/approved claim/encounter/payment with a new paid 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 payment (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 the 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 (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 debit gross adjustment with the more recent adjudication date should completely replace the preceding related gross adjustment. If the ICNs of the 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.

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 type code, 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 should be the last claim/encounter/payment that would ever be associated with a given claim family. The transaction must have the same ICN-ORIG or ICN-ADJ as the claim/encounter being voided. CMS expects a voided 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 transaction is to replace a previously paid/approved claim/encounter/payment with a new paid 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 payment (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 the 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 (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 the 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.

Valid Values updated

Valid Values updated

NDC is not eligible for drug rebate program. (Manufacturer does not have a rebate agreement.) Does not meet the definition of a covered outpatient drug (COD), but manufacturer does not participate in the rebate program.

NDC is eligible for drug rebate program NDC is listed on the MDP

NDC is exempt from the drug rebate program (biological and medical devices) these are prescribed but do not meet the definition of a COD. There are several examples, the easiest is insect repellent. Section 178 provides more details. <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/prescription-drugs/downloads/rx-releases/state-releases/state-rel-178.pdf>

CLAIM-PYMT-REM-CODE

VV End-Dates for WAIVER-TYPE has been updated with '10/31/2028' for the following WAIVER-TYPE Values: 02-19 & 21.

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
0	Original Claim/Encounter/Payment/Financial Transaction - Indicates that this is the first (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.	01/01/0001	12/31/9999
1	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 is the last claim/encounter/payment/financial transaction that would ever be associated with the claim/encounter/payment/financial transaction family. These records must have the same MSIS ID and provider ID(s) as the claim/encounter/payment/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/canceled.	01/01/0001	12/31/9999
4	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 and 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.	01/01/0001	12/31/9999
5	Credit Gross Adjustment - Use this code to indicate an aggregate provider-level recoupment 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 the same as an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean the credit gross adjustment with the more recent adjudication/transaction date should complete the preceding related gross adjustment. If the ICNs of a credit gross adjustment are not the same as other gross adjustments (credit or debit) then the credit gross adjustment will always be treated as a distinct financial transaction.	01/01/0001	12/31/9999
6	Debit Gross Adjustment - Use this code to indicate an aggregate provider-level payment adjustment.	01/01/0001	12/31/9999
0	No, the State does not consider this to be an atypical provider	01/01/0001	12/31/9999
1	Yes, the State considers this to be an atypical provider	01/01/0001	12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date

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CATEGORY-FOR-FEDERAL-REIMBURSEMENT

VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
001| continuous eligibility for children (optional per SSA 1902(e)(12) or 2105(a)(4)(A))|01/01/0001|12/31/9999  
002| 1115 waiver for continuous eligibility|01/01/0001|12/31/9999  
995| Other|01/01/0001|12/31/9999

VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
v4.0.0||45555|12/31/9999

VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
A|Admitting (from 837I or UB-04 claim for IP and LT)|01/01/0001|12/31/9999  
D|Diagnosis Code #1-5 (from NCPDP claim for RX) or #1-12 (from 837P, CMS-1500, 837D, claim for OT)|01/01/0001|12/31/9999  
E|External Cause of Injury #1-12 (from 837I claim for IP, LT, and OT)|01/01/0001|12/31/9999  
O|Other Diagnosis #1-24 (for IP, LT) or #1-12 (from 837I or UB-04 claim for OT)|01/01/0001|12/31/9999  
P|Principal (from 837I or UB-04 claim for IP, LT, and OT)|01/01/0001|12/31/9999  
R|Reason for Visit #1-3 (from 837I claim for OT)|01/01/0001|12/31/9999

ELIGIBILITY-TERMINATION-REASON

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
001	60-day extended postpartum coverage (mandatory per SSA 1902(e)(5) and 2112(d)(2))	01/01/0001	12/31/9999
002	12-month extended postpartum coverage (optional per SSA 1902(e)(16) or 2107(e)(1))	01/01/0001	12/31/9999
003	1115 waiver for extended postpartum coverage	01/01/0001	12/31/9999
995	Other	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
01	1115	01/01/0001	12/31/9999
95	Other	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
FINTRANS	Financial Transactions File	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
01	True Full File Refresh (TFFR)	01/01/0001	12/31/9999
02	Rolling Historial File Refresh (RHFR)	01/01/0001	12/31/9999
03	Incremental Timespan (IT) - One month incremental Create files	01/01/0001	12/31/9999
04	Change-Segment Only (CSO)	01/01/0001	12/31/9999
05	Incremental Timespan (IT) - Multi-month incremental Create files	01/01/0001	12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
|||||

VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
01|MAGI|01/01/0001|12/31/9999  
02|Non-MAGI|01/01/0001|12/31/9999  
95|Other|01/01/0001|12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
0	Original Claim/Encounter/Payment - Indicates that this is the first (and, when applicable, adjudicated transaction in a claim family (one or more claims with the related ICN-ORIG and ADJ) and typically the same MSIS ID and provider ID(s) also).	01/01/0001	12/31/9999
1	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 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 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.	01/01/0001	12/31/9999
4	Replacement/Resubmission of a previously paid/approved claim/encounter/payment - Use this code to indicate that 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.	01/01/0001	12/31/9999
5	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 another 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 other gross adjustments (credit or debit) then the credit gross adjustment will always be treated as a distinct financial transaction.	01/01/0001	12/31/9999
6	Debit Gross Adjustment - Use this code to indicate an aggregate provider-level payment adjustment (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 another ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the debit 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 other gross adjustments (credit or debit) then the debit gross adjustment will always be treated as a distinct financial transaction.	01/01/0001	12/31/9999
01	Federal Tax ID	01/01/0001	12/31/9999
02	State Tax ID	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21	Child Health Expenditures by Type of Service	01/01/0001	12/31/9999
21.11	Summary Total of Receipts from Form CMS 21.11A	01/01/0001	12/31/9999
64.1	Summary Sheet	01/01/0001	12/31/9999
64.11	Summary Total of Receipts from Form CMS 64.11a	01/01/0001	12/31/9999
64.21	Quarterly MAP Payments for CHIP Categories	01/01/0001	12/31/9999
21.11A	Actual Receipts by Plan Name	01/01/0001	12/31/9999
21AD	21 REMAP Waiver	01/01/0001	12/31/9999
21BASE	Children's Health Expenditures By Type of Service	01/01/0001	12/31/9999
21C	CHIP Fiscal Year Allotment	01/01/0001	12/31/9999
21L	Calculation of 10% Limit	01/01/0001	12/31/9999
21LSUB	Form CMS-21L Outreach Allowance	01/01/0001	12/31/9999
21NARR	Narrative Form	01/01/0001	12/31/9999
21O	Children's Health Expenditures For the Title XXI Program Overpayment Adjustments	01/01/0001	12/31/9999
21OMEQC	Children's Health Expenditures For the Title XXI Program Overpayment Adjustm	01/01/0001	12/31/9999
21P	Child Health Expenditures by Type of Service for Title XXI Program	01/01/0001	12/31/9999
21PAD	21 REMAP Waiver P	01/01/0001	12/31/9999
21PERM	Child Health Expenditures by Type of Service	01/01/0001	12/31/9999
21PWAIVER	Child Health Waivers by Type of Service for Title XXI Program	01/01/0001	12/31/9999
21Summary	Summary of CMS 21	01/01/0001	12/31/9999
21T.TRACK	20% Medicaid Allowance	01/01/0001	12/31/9999
21WAIVER	Child Health Waivers by Type Of Service	01/01/0001	12/31/9999
64.10200K	Quarterly Expenditures for State & Local Administration - 200K	01/01/0001	12/31/9999
64.10BASE	Quarterly Expenditures for State & Local Administration	01/01/0001	12/31/9999
64.10I	Quarterly Expenditures for State & Local Administration	01/01/0001	12/31/9999
64.10P	Prior Period Adjustments for Lines 7, 8, 10A, 10B	01/01/0001	12/31/9999
64.10P200K	Prior Period Adjustments for Lines 7, 8, 10A, 10B - 200K	01/01/0001	12/31/9999
64.10PII	Prior Period Adjustments for Lines 7, 8, 10A, 10B	01/01/0001	12/31/9999
VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
1	The MBES/CBES form that this expenditure was or will be reported to is a form for Medicaid (Medicaid-expansion CHIP) expenditures or adjustments.	01/01/0001	12/31/9999
2	The MBES/CBES form that this expenditure was or will be reported to is a form for Medicaid expansion CHIP expenditures or adjustments.	01/01/0001	12/31/9999
3	The MBES/CBES form that this expenditure was or will be reported to is a form for separate expenditures or adjustments.	01/01/0001	12/31/9999
VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
1	Capitation	01/01/0001	12/31/9999
2	Individual Premium	01/01/0001	12/31/9999
3	Group Premium	01/01/0001	12/31/9999



VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
01	State	01/01/0001	12/31/9999
02	Capitated plan ID	01/01/0001	12/31/9999
03	Sub-capitated plan ID	01/01/0001	12/31/9999
04	Sub-capitated network provider ID	01/01/0001	12/31/9999
05	State contracted FFS provider ID assigned by state	01/01/0001	12/31/9999
06	State contracted FFS provider NPI	01/01/0001	12/31/9999
07	Insurance carrier	01/01/0001	12/31/9999
08	Beneficiary	01/01/0001	12/31/9999
09	Non-Medicaid eligible guardian	01/01/0001	12/31/9999
95	Other	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
01	SSN	01/01/0001	12/31/9999
02	EIN	01/01/0001	12/31/9999
03	ITIN	01/01/0001	12/31/9999
04	State Tax ID	01/01/0001	12/31/9999
95	Other	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
01	State	01/01/0001	12/31/9999
02	Capitated plan ID	01/01/0001	12/31/9999
03	Sub-capitated entity ID	01/01/0001	12/31/9999
04	Sub-capitated network provider ID	01/01/0001	12/31/9999
95	Other	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
01	Bene coverage period	01/01/0001	12/31/9999
02	Service coverage period	01/01/0001	12/31/9999
03	Provider coverage period	01/01/0001	12/31/9999
04	Fiscal period	01/01/0001	12/31/9999
05	Episode of care	01/01/0001	12/31/9999
95	Other	01/01/0001	12/31/9999

PREFERRED-LANGUAGE-CODE
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VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
01	Institutional claim - any (837I format or UB-04 form)	01/01/0001	12/31/9999
02	Institutional claim - electronic (837I format)	01/01/0001	12/31/9999
03	Institutional claim (UB-04 form)	01/01/0001	12/31/9999
11	Professional claim - any (837P format or CMS-1500 form)	01/01/0001	12/31/9999
12	Professional claim - electronic (837P format)	01/01/0001	12/31/9999
13	Professional claim - paper (CMS-1500 form)	01/01/0001	12/31/9999
21	Dental claim - any (837D format or ADA Dental Claim Form)	01/01/0001	12/31/9999
22	Dental claim - electronic (837D format)	01/01/0001	12/31/9999
23	Dental claim - paper (ADA Dental Claim Form)	01/01/0001	12/31/9999
31	Pharmacy claim (NCPDP format)	01/01/0001	12/31/9999
95	Other claim form or format not listed above	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
CIP00004	CLAIM-DX-IP	01/01/0001	12/31/9999
CLT00004	CLAIM-DX-LT	01/01/0001	12/31/9999
COT00004	CLAIM-DX-OT	01/01/0001	12/31/9999
CRX00004	CLAIM-DX-RX	01/01/0001	12/31/9999
MCR00010	MANAGED-CARE-ID	01/01/0001	12/31/9999
FTX00001	FILE-HEADER-RECORD-FTX	01/01/0001	12/31/9999
FTX00002	INDIVIDUAL-CAPITATION-PMPM	01/01/0001	12/31/9999
FTX00003	INDIVIDUAL-HEALTH-INSURANCE-PREMIUM-PAYMENT	01/01/0001	12/31/9999
FTX00004	GROUP-INSURANCE-PREMIUM-PAYMENT	01/01/0001	12/31/9999
FTX00005	COST-SHARING-OFFSET	01/01/0001	12/31/9999
FTX00006	VALUE-BASED-PAYMENT	01/01/0001	12/31/9999
FTX00007	STATE-DIRECTED-PAYMENT-SEPARATE-PAYMENT-TERM	01/01/0001	12/31/9999
FTX00008	COST-SETTLEMENT-PAYMENT	01/01/0001	12/31/9999
FTX00009	FQHC-WRAP-PAYMENT	01/01/0001	12/31/9999
FTX00095	MISCELLANEOUS-PAYMENT	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
0	No, not an SDP	01/01/0001	12/31/9999
1	Yes, SDP	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
1	No, transaction is not a sub-capitation payment or recoupment	01/01/0001	12/31/9999
2	Yes, transaction is a sub-capitation or recoupment	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
01	Kick payment	01/01/0001	12/31/9999
02	Provider retainer payment	01/01/0001	12/31/9999
03	Direct reimbursement to Bene for retroactive period cost (e.g. 42 CFR 447.25)	01/01/0001	12/31/9999
04	Direct reimbursement to Bene for non-emergency transportation	01/01/0001	12/31/9999
95	Other	01/01/0001	12/31/9999

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
2	Medicaid or Medicaid-expansion Capitated Payment	00010101	20250930
4	Medicaid or Medicaid-expansion Service Tracking Claim	00010101	20250930
5	Medicaid or Medicaid-expansion Supplemental Payment (above capitation fee or above negotiated rate) (e.g., FQHC additional reimbursement)	00010101	20250930
6	Medicaid or Medicaid-expansion CHIP financial transaction between an MCP and an entity other than the S-CHIP or Medicaid agency	00010101	20250930
B	Separate CHIP (Title XXI) claim: Capitated Payment	00010101	20250930
D	Separate CHIP (Title XXI) Service Tracking Claim	00010101	20250930
E	Separate CHIP (Title XXI) claim for a supplemental payment (above capitation fee or above negotiated rate) (e.g., FQHC additional reimbursement)	00010101	20250930
F	Separate CHIP (Title XXI) financial transaction between an MCP and an entity other than the S-CHIP or Medicaid agency	00010101	20250930
V	Other Capitated Payment	00010101	20250930
X	Non-Medicaid/CHIP service tracking claims	00010101	20250930
Y	Other Supplemental Payment	00010101	20250930

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
119	Capitated payments to HMOs, HIOs, or PACE plans	00010101	20250930
120	Capitated payments for primary care case management (PCCM)	00010101	20250930
121	Premium payments for private health insurance	00010101	20250930
122	Capitated payments to prepaid health plans (PHPs)	00010101	20250930
123	Disproportionate share hospital (DSH) payments	00010101	20250930
131	Drug Rebates	00010101	20250930
132	Supplemental payment - inpatient	00010101	20250930
133	Supplemental payment - nursing	00010101	20250930
134	Supplemental payment - outpatient	00010101	20250930
135	EHR payments to provider	00010101	20250930
138	Per member per month (PMPM) payments for health home services	00010101	20250930
139	Per member per month (PMPM) payments for Medicare Part A premiums	00010101	20250930
140	Per member per month (PMPM) payments for Medicare Part B premiums	00010101	20250930
141	Per member per month (PMPM) payments for Medicare Advantage Dual Special Needs SNP) - Medicare Part C.	00010101	20250930
142	Per member per month (PMPM) payments for Medicare Part D premiums	00010101	20250930
143	Per member per month (PMPM) payments for other payments	00010101	20250930

VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
2A	FFS/Q&V Foundational payments for infrastructure and operations	01/01/0001	12/31/9999
2B	FFS/Q&V Pay for reporting	01/01/0001	12/31/9999
2C	FFS/Q&V Pay for performance	01/01/0001	12/31/9999
3A	APM/FFS APMs with Shared savings	01/01/0001	12/31/9999
3B	APM/FFS APMs with shared savings and downside risk	01/01/0001	12/31/9999
3N	APM/FFS Risk based payments NOT linked to quality	01/01/0001	12/31/9999
4A	POP/PAY Condition-specific population-based payment	01/01/0001	12/31/9999
4B	POP/PAY Comprehensive population-based payment	01/01/0001	12/31/9999
4C	POP/PAY Integrated finance and delivery system	01/01/0001	12/31/9999
4N	POP/PAY Capitated payments NOT linked to quality	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
1115A-DEMONSTRATION-IND	1115A Demonstration Indicator List	0	Not a 1115A	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
1115A-DEMONSTRATION-IND	1115A Demonstration Indicator List	1	1115A	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	10	Vision Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	11	Other Practitioners	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	12	Clinic Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	13	Therapy Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	14	Laboratory/Radiological	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	15	Medical Equipment	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	16	Family Planning	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	17	Abortions	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	18	Screening Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	19	Home Health	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	1A	Premiums: Up To 150% - Gross Premiums Paid	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	1B	Premiums: Up To 150% - Cost Sharing Offset	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	1C	Premiums: Over 150% - Gross Premiums Paid	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	1D	Premiums: Over 150% - Cost Sharing Offset	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	2	Inpatient Hospital	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	20	Health Services Initiatives	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	21	Home and Community	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	22	Hospice	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	23	Medical Transportation	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	24	Case Management	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	25	Translation and Interpretation	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	26	ARP Section 9821 COVID Vaccine/Vaccine Administration	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	3	Inpatient Mental Health	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	31	Other Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	32	Outreach	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21.P-FORM	21.P Form List	32A	Increased Outreach and Enrollment of Indians	01/01/0001	12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 32B Increase Outreach and Enrollment of children through premium subsidies 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 33 Administration 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 34 PERM Administration 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 35 Citizenship Verification Technology-CHIPRA 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 35A CVT Development 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 35B CVT Operation 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 4 Nursing Care Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 5 Physician/Surgical 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 6 Outpatient Hospital 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 7 Outpatient Mental Health 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 8 Prescribed Drugs 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 8A Drug Rebate 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21.P-FORM 21.P Form List 9 Dental Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 10 Vision Services 01/01/0001 12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	11	Other Practitioners	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	12	Clinic Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	13	Therapy	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	14	Laboratory/Radiological	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	15	Medical Equipment	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	16	Family Planning	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	17	Abortions	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	18	Screening Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	19	Home Health	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	1A	Premiums - Up To 150%: Gross Premiums Paid	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	1B	Premiums - Up To 150%: Cost Sharing Offset	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	1C	Premiums - Over 150%: Gross Premiums Paid	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
21BASE-FORM	21BASE Form List	1D	Premiums - Over 150%: Cost Sharing Offset	01/01/0001	12/31/9999



VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 2 Inpatient Hospital 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 20 Health Services Initiatives 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 21 Home And Community-Based Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 22 Hospice 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 23 Medical Transportation 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 24 Case Management 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 25 Translation and Interpretation 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 26 ARP Section 9821 COVID Vaccine/Vaccine Administration 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 3 Inpatient Mental Health 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 31 Other Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 32 Outreach 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 32A Increased Outreach and Enrollment of Indians 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 32B Increase Outreach and Enrollment of children through subsidies 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 33 Administration 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 34 PERM Administration 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 35 Citizenship Verification Technology-CHIPRA 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 35A CVT Development 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 35B CVT Operation 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 4 Nursing Care 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 5 Physician/Surgical 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 6 Outpatient Hospital 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 7 Outpatient Mental Health 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 8 Prescribed Drugs 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 8A Drug Rebate 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	21BASE-FORM 21BASE Form List 9 Dental Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.10BASE-FORM 64.10BASE Form List 29 Non-Emergency Medical Transportation 01/01/0001 12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	10	Vision Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	11	Other Practitioners	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	12	Clinic Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	13	Therapy Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	14	Laboratory/Radiological	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	15	Medical Equipment	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	16	Family Planning	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	17	Abortions	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	18	Screening Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	19	Home Health	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	1A	Premiums: Up To 150% - Gross Premiums Paid	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	1B	Premiums: Up To 150% - Cost Sharing Offset	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	1C	Premiums: Over 150% - Gross Premiums Paid	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	1D	Premiums: Over 150% - Cost Sharing Offset	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	2	Inpatient Hospital Services - Reg. Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	20	Medicare Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	21	Home And Community	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	21A	Home and Community-Based Services - Regular Payment (WAIVER)	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	22	Hospice	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	23	Medical Transport	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	24	Case Management	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	26	ARP Section 9821 COVID Vaccine/Vaccine Administration	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	2A	Inpatient Hospital Services - DSH	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	3	Inpatient Mental Health - Reg. Payment	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	31	Other Services	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	3A	Inpatient Mental Health - DSH	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	3B	Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	4	Nursing Care Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	5	Physician/Surgical	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	6	Outpatient Hospital Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	7	Outpatient Mental Health	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	8	Prescribed Drugs	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	8A1	Drug Rebate - National	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	8A2	Drug Rebate - State	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	8A3	MCO - National Agreement	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	8A4	MCO - State Sidebar Agreement	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	8A5	Increased ACA OFFSET - Fee for Service - 100%	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	8A6	Increased ACA OFFSET - MCO - 100%	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	8A7	Drug Rebate Offset - Value Based Purchasing	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21U-FORM	64.21U Form List	9	Dental Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	10	Vision Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	11	Other Practitioners	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	12	Clinic services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	13	Therapy Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	14	Laboratory/Radiological	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	15	Medical Equipment	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	16	Family Planning	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	17	Abortions	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	18	Screening	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	19	Home Health	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	1A	Premiums Up To 150% - Gross Premiums Paid	01/01/0001	12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 1B Premiums Up To 150% - Cost Sharing Offset 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 1C Premiums Over 150% - Gross Premiums Paid 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 1D Premiums Over 150% - Cost Sharing Offset 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 2 Inpatient Hospital - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 20 Medicare Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 21 Home And Community 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 21A Home and Community-Based Services - Regular Payments (WAIVER) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 22 Hospice 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 23 Medical Transport 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 24 Case Management 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 26 ARP Section 9821 COVID Vaccine/Vaccine Administration 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 2A Inpatient Hospital - DSH 01/01/0001 12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	3	Inpatient Mental Health - Reg. Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	31	Other Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	3A	Inpatient Mental Health - DSH	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	3B	Certified Community Behavior Health Clinic Payment	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	4	Nursing	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	5	Physician/Surgical	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	6	Outpatient Hospital	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	7	Outpatient Mental Health	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	8	Prescribed Drugs	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	8A1	Drug Rebate - National	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	8A2	Drug Rebate - State	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	8A3	MCO - National Agreement	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.21UP-FORM	64.21UP Form List	8A4	MCO - State Sidebar Agreement	01/01/0001	12/31/9999



VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 8A5 Increased ACA OFFSET - Fee for Service - 100% 01/01/2001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 8A6 Increased ACA OFFSET - MCO - 100% 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 8A7 Drug Rebate Offset - Value Based Purchasing 01/01/2001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.21UP-FORM 64.21UP Form List 9 Dental Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9A-FORM 64.9A Form List A1A Medicare Collections 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9A-FORM 64.9A Form List A1B1 Other Collection - Health Insurance 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9A-FORM 64.9A Form List A1B2 Other Collections - Casualty Insurance 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9A-FORM 64.9A Form List A1C Total Collections - Cooperative Agreements & Assign of F 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9A-FORM 64.9A Form List A1C1 Less: Excess Paid to Individuals 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9A-FORM 64.9A Form List A1C2 Net Collections To Reimburse State Title XIX Medical Pa 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9A-FORM 64.9A Form List A1C3 Less 15% Incentive Actually Paid Under Section 1903(p 01/01/0001 12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9A-FORM	64.9A Form List	A1C4	Net Federal Share	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9A-FORM	64.9A Form List	A2	Total TPL Collections	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9A-FORM	64.9A Form List	B1	Medicare Title XVIII	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9A-FORM	64.9A Form List	B2	Health Insurance	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9A-FORM	64.9A Form List	B3	Other Cost Avoidance	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9BASE-FORM	64.9BASE Form List	10A	Clinic Services - Reg. Payments	01/01/0001	12/3
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9BASE-FORM	64.9BASE Form List	10B	Clinic Services - Sup. Payments	01/01/0001	12/3
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9BASE-FORM	64.9BASE Form List	11	Laboratory/Radiological	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9BASE-FORM	64.9BASE Form List	12	Home Health Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9BASE-FORM	64.9BASE Form List	13	Sterilizations	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9BASE-FORM	64.9BASE Form List	14	Abortions	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9BASE-FORM	64.9BASE Form List	15	EPSDT Screening	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9BASE-FORM	64.9BASE Form List	16	Rural Health	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	17A	Medicare - Part A	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	17B	Medicare - Part B	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	17C1	120% - 134% Of Poverty	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	17D	Coinsurance	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	18A	Medicaid - MCO	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	18A1	Medicaid MCO - Evaluation and Management	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	18A2	Medicaid MCO - Vaccine codes	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	18A3	Medicaid MCO - Community First Choice	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	18A4	Medicaid MCO - Preventive Services Grade A OR Vaccines and their Admin	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	18A5	Medicaid MCO - Certified Community Behavior Health Assessments and Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	18A6	Medicaid MCO - Services Subject to Electronic Verification Requirements	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	18B1	Prepaid Ambulatory Health Plan	01/01/0001	12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|18B1a|MCO PAHP - Evaluation and Management|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|18B1b|MCO PAHP - Vaccine codes|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|18B1c|MCO PAHP - Community First Choice|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|18B1d|MCO PAHP - Preventive Services Grade A OR B Vaccines and their Admin|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|18B1e|Medicaid PAHP - Certified Community Behavior Clinic Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|18B1f|MCO PAHP - Services Subject to Electronic Visit Verification Requirements|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|18B2|Prepaid Inpatient Health Plan|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|18B2a|MCO PIHP - Evaluation and Management|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|18B2b|MCO PIHP - Vaccine codes|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|18B2c|MCO PIHP - Community First Choice|01/01/0001|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 18B2d MCO PIHP - Preventive Services Grade A OR B, Vaccines and their Admin 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 18B2e Medicaid PIHP - Certified Community Behavior Clinic Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 18B2f MCO PIHP - Services Subject to Electronic Visit Requirements 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 18C Medicaid - Group Health 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 18D Medicaid - Coinsurance 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 18E Medicaid - Other 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 19A Home & Community-Based Services - Regular Pa (1915(c) Waiver) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 19B Home & Community-Based Services - St. Plan 19 Pay. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 19C Home & Community-Based Services - St. Plan 19 Pay. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 19D Home & Community Based Services State Plan 1 Community First Choice 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 1A Inpatient Hospital - Reg. Payments 01/01/0001 12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	1B	Inpatient Hospital - DSH	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	1C	Inpatient Hospital - Sup. Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	1D	Inpatient Hospital - GME Sup Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	22	All-Inclusive Care Elderly	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	23A	Personal Care Services - Reg. Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	23B	Personal Care Services - SDS 1915(j)	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	24A	Targeted Case Management Services - Com. Cas	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	24B	Case Management - State Wide	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	25	Primary Care Case Management	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	26	Hospice Benefits	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	27	Emergency Services for Undocumented Aliens	01/01/0001	12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 28 Federally-Qualified Health Center 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 29A Non-Emergency Medical Transportation - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 29B Non-Emergency Medical Transportation - Sup. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 2A Mental Health Facility Services - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 2B Mental Health Facility - DSH 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 2C Certified Community Behavior Health Clinic Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 30 Physical Therapy 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 31 Occupational Therapy 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 32 Services for Speech, Hearing & Language 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 33 Prosthetic Devices, Dentures, Eyeglasses 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 34 Diagnostic Screening & Preventive Services 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|34A|Preventive Services Grade A OR B, ACIP Vaccines Admin|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|35|Nurse Mid-Wife|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|36|Emergency Hospital Services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|37A|Critical Access Hospitals - Reg. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|37B|Critical Access Hospitals Inpatient - Sup. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|37C|Critical Access Hospitals Outpatient - Sup. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|38|Nurse Practitioner Services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|39|School Based Services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|3A|Nursing Facility Services - Reg. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|3B|Nursing Facility Services - Sup. Payments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|40|Rehabilitative Services (non-school-based)|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
64.9BASE-FORM|64.9BASE Form List|41|Private Duty Nursing|01/01/0001|12/31/9999



VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	42	Freestanding Birth Center	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	43	Health Home for Enrollees w Chronic Conditions	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	44	Tobacco Cessation for Pregnant Women	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	45	Health Home for Enrollees w Substance-Use-Disorders	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	46	OUD Medicaid Assisted Treatment - Drugs	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	46A1	OUD MAT DRUG REBATE/National Agreement	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	46A2	OUD MAT DRUG REBATE/State Sidebar	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	46A3	OUD MAT DRUG REBATE MCO /National Agreement	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	46A4	OUD MAT DRUG REBATE MCO /State Sidebar	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	46A5	OUD MAT DRUG REBATE/Increased ACA Offset For Service - 100%	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9BASE-FORM	64.9BASE Form List	46A6	OUD MAT DRUG REBATE/Increased ACA Offset For Service - 100%	01/01/0001	12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 46B OUD Medicaid Assisted Treatment Services 01/01/2001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 47 ARP Section 9811 COVID Vaccine/Vaccine Administration 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 48 ARP Section 9813 Qualified Community Based Mobile Health Intervention - 85% 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 49 Health Homes for Children with Medically Complex Conditions 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 4A Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 4C Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 5A Physician & Surgical Services - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 5B Physician & Surgical Services - Sup. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 5C Physician & Surgical Services - Evaluation and Management 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 5D Physician & Surgical Services - Vaccine codes 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 69 Other Care Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 6A Outpatient Hospital Services - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 6B Outpatient Hospital Services - Sup. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 7 Prescribed Drugs 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 7A1 Drug Rebate Offset - National 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 7A2 Drug Rebate Offset - State Sidebar Agreement 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 7A3 MCO - National Agreement 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 7A4 MCO - State Sidebar Agreement 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 7A5 Increased ACA OFFSET - Fee for Service - 100% 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 7A6 Increased ACA OFFSET - MCO - 100% 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 7A7 Drug Rebate Offset - Value Based Purchasing 01/01/2001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 8 Dental Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 9A Other Practitioners Services - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9BASE-FORM 64.9BASE Form List 9B Other Practitioners Services - Sup. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 10A Clinic Services - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 10B Clinic Services - Sup. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 11 Laboratory/Radiological 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 12 Home Health 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 13 Sterilizations 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 14 Abortions 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 15 EPSDT Screen 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 16 Rural Health Clinic 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 17A MHIP - Part A 01/01/0001 12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	17B	MHIP - Part B	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	17C1	MHIP - Qual. Ind. 120-134	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	17D	MHIP - Coinsurance	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	18A	MHIP - MCO	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	18A1	Medicaid MCO - Evaluation and Management	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	18A2	Medicaid MCO - Vaccine codes	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	18A3	Medicaid MCO - Community First Choice	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP and their Admin	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	18A5	Medicaid MCO - Certified Community Behavior Health C Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	18A6	Medicaid MCO - Services Subject to Electronic Visit Verification Requirements	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	18B1	Prepaid Ambulatory Health Plan	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End D
64.9P-FORM	64.9P Form List	18B1a	MCO PAHP - Evaluation and Management	01/01/0001	12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B1b	MCO PAHP - Vaccine codes	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B1c	MCO PAHP - Community First Choice	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B1d	MCO PAHP - Preventive Services Grade A OR B, ACIP V their Admin	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B1e	Medicaid PAHP - Certified Community Behavior Health Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B1f	MCO PAHP - Services Subject to Electronic Visit Verification Requirements	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B2	Prepaid Inpatient Health Plan	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B2a	MCO PIHP - Evaluation and Management	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B2b	MCO PIHP - Vaccine codes	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B2c	MCO PIHP - Community First Choice	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B2d	MCO PIHP - Preventive Services Grade A OR B, ACIP V their Admin	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	18B2e	Medicaid PIHP - Certified Community Behavior Health Payments	01/01/0001	12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 18B2f MCO PIHP - Services Subject to Electronic Visit Verification Requirements 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 18C MHIP - Group Health Plan 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 18D MHIP - Coinsurance and Deductibles 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 18E MHIP - Other 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 19A Home & Community-Based Services - Regular Payment (Waiver) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 19B Home & Community-Based Services - St. Plan 1915(i) On 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 19C Home & Community-Based Services - St. Plan 1915(j) On 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 19D Home & Community Based Services State Plan 1915(k) C 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 1A Inpat. Hos. Serv. - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 1B Inpat. Hos. Serv. - DSH 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 1C Inpatient Hospital - Sup. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 1D Inpatient Hospital - GME Sup Payments 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 22 Programs/All-Inclusive 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 23A Personal Care Services - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 23B Personal Care Services - SDS 1915(j) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 24A Targeted Case Management Services - Com. Case-Man.  01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 24B Case Management - State Wide 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 25 Primary Care Case Management 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 26 Hospice 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 27 Emergency Services for Undocumented Aliens 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 28 Federally-Qualified Health Center 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 29A Non-Emergency Medical Transportation - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 29B Non-Emergency Medical Transportation - Sup. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 2A Men. Health Fac. Serv. - Reg. Payments 01/01/0001 12/31/9999



VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 2B Men. Health Fac. Serv. - DSH Adjustment Payments 01/01/2001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 2C Certified Community Behavior Health Clinic Payments 01/01/2001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 30 Physical Therapy 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 31 Occupational Therapy 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 32 Services for Speech, Hearing & Language 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 33 Prosthetic Devices, Dentures, Eyeglasses 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 34 Diagnostic Screening & Preventive Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 34A Preventive Services Grade A OR B, ACIP Vaccines and the Advisory Committee on Immunization Practices (ACIP) Recommendations 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 35 Nurse Mid-Wife 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 36 Emergency Hospital Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 37A Critical Access Hospitals - Reg. Payments 01/01/0001 12/31/9999

VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	37B	Critical Access Hospitals Inpatient - Sup. Payments	01/01/12/31/9999	
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	37C	Critical Access Hospitals Outpatient - Sup. Payments	01/01/12/31/9999	
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	38	Nurse Practitioner Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	39	School Based Services	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	3A	Nursing Facility Services - Reg. Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	3B	Nursing Facility Services - Sup. Payments	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	40	Rehabilitative Services (non-school-based)	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	41	Private Duty Nursing	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	42	Freestanding Birth Center	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	43	Health Home for Enrollees w Chronic Conditions	01/01/0001	12/31/9999
VVL_Field	VVL_Name	VVL_Code	VVL_Code_Description	Effective Start Date	Effective End Date
64.9P-FORM	64.9P Form List	44	Tobacco Cessation for Pregnant Women	01/01/0001	12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 45 Health Home for Enrollees w Substance-Use-Disorder 01/01/2019 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 46 OUD Medicaid Assisted Treatment - Drugs 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 46A1 OUD MAT DRUG REBATE/National Agreement 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 46A2 OUD MAT DRUG REBATE/State Sidebar 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 46A3 OUD MAT DRUG REBATE MCO /National Agreement 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 46A4 OUD MAT DRUG REBATE MCO /State Sidebar 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 46A5 OUD MAT DRUG REBATE/Increased ACA Offset Fee for S 100% 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 46A6 OUD MAT DRUG REBATE/Increased ACA Offset MCO - 100% 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 46B OUD Medicaid Assisted Treatment Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 47 ARP Section 9811 COVID Vaccine/Vaccine Administration 01/01/2020 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 48 ARP Section 9813 Qualified Community Based Mobile Crisis Intervention - 85% 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 49 Health Homes for Children with Medically Complex Conditions 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 4A Intermediate Care Facility Services - Ind. with Intellectual Disabilities - Public Providers 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 4B Intermediate Care Facility Services - Ind. with Intellectual Disabilities - Private Providers 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 4C Intermediate Care Facility Services - Ind. with Intellectual Disabilities - Supplemental Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 5A Physician & Surgical Services - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 5B Physician & Surgical Services - Sup. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 5C Physician & Surgical Services - Evaluation and Management 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 5D Physician & Surgical Services - Vaccine codes 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 69 Other Care Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
64.9P-FORM 64.9P Form List 6A Outpatient Hospital Services - Reg. Payments 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 6B Outpatient Hospital Services - Sup. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 7 Prescribed Drugs 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 7A1 Drug Rebate - National 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 7A2 Drug Rebate - State 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 7A3 MCO - National Agreement 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 7A4 MCO - State Sidebar Agreement 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 7A5 Increased ACA OFFSET - Fee for Service - 100% 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 7A6 Increased ACA OFFSET - MCO - 100% 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 7A7 Drug Rebate Offset - Value Based Purchasing 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 8 Dental Services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 9A Other Practitioners Services - Reg. Payments 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	64.9P-FORM 64.9P Form List 9B Other Practitioners Services - Sup. Payments 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|ACCREDITATION-ORGANIZATION|Accreditation Organization List|See "VVL\_Code\_Description" field|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 CSMO'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-of-accreditation/>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|ADJUSTMENT-REASON-CODE|Adjustment Reason Code List|See "VVL\_Code\_Description" field|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 CSMO'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>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|ADMISSION-TYPE|Admission Type List|See "VVL\_Code\_Description" field|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 CSMO'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>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|ATYPICAL-PROV-IND|Atypical Provider Indicator List|0|No, the State does not consider this to be an atypical provider|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|CLAIM-PYMT-REM-CODE|Claim Payment Remittance Code List|See "VVL\_Code\_Description" field|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 CSMO'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/remittance-advice-remark-codes>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|CLAIM-STATUS|Claim Status Code List|See "VVL\_Code\_Description" field|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 CSMO'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>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|CLAIM-STATUS-CATEGORY|Claim Status Category List|See "VVL\_Code\_Description" field|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 CSMO'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/>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|COMPOUND-DOSAGE-FORM|Compound Dosage Form List|See "VVL\_Code\_Description" field|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 CSMO'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/>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|COUNTY|US County Code List|See "VVL\_Code\_Description" field|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 CSMO'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>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|DIAGNOSIS-CODE|Diagnosis Code List|See "VVL\_Code\_Description" field|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 CSMO'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>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|DIAGNOSIS-POA-FLAG|Diagnosis POA Flag List|See "VVL\_Code\_Description" field|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 CSMO'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>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|DRUG-UTILIZATION-CODE|Drug Utilization Code List|See "VVL\_Code\_Description" field|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 CSMO'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/>|N/A|N/A



VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	FILE-NAME T-MSIS File Type List CLAIM-IP Inpatient Claim/Encounters File 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	FILE-NAME T-MSIS File Type List CLAIM-LT Long Term Care Claims/Encounters File 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	FILE-NAME T-MSIS File Type List CLAIM-OT Other Claims/Encounters File 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	FILE-NAME T-MSIS File Type List CLAIM-RX Pharmacy Claims/Encounters File 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	GENDER-IDENTITY Gender Identity List 1 Female 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	GENDER-IDENTITY Gender Identity List 2 Male 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	GENDER-IDENTITY Gender Identity List 3 Transgender female 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	GENDER-IDENTITY Gender Identity List 4 Transgender male 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	GENDER-IDENTITY Gender Identity List 5 Not sure  01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	GENDER-IDENTITY Gender Identity List 6 Prefer not to answer 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	GENDER-IDENTITY Gender Identity List 7 Other 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
LINE-ADJUSTMENT-REASON-CODE|Line Adjustment Reason Code List|See "VVL\_Code\_Description" field|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 CSMO'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>|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MANAGED-CARE-SERVICE-AREA-NAME|Managed Care Service Area Name List|See "VVL\_Code\_Description" field|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 CSMO'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>.  
N/A

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VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date 
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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|21.P|Quarterly Children's Health Insurance Program  
Period Adjustments|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORM|MBESCBES Form List|64.21UP|Child Health Expenditures by Type of Service  
XXI Program|01/01/0001|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORM MBESCBES Form List 64.1 Summary Sheet 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORM MBESCBES Form List 21BASE Children's Health Expenditures By Type of Service 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORM MBESCBES Form List 64.1 Summary Sheet 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORM MBESCBES Form List 64.10BASE Quarterly Expenditures for State & Local Administration 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORM MBESCBES Form List 64.21U Child Health Expenditures by Service 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORM MBESCBES Form List 64.9BASE Medical Assistance Expenditures by Type of Service 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORM MBESCBES Form List 64.9P Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Prior Period Adjustment 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORMGMP-1 MBESCBES Form Group 1 List 64.10BASE Quarterly Expenditures for State & Local Administration 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORMGMP-1 MBESCBES Form Group 1 List 64.9A Third Party Liability Collections Avoidance 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORMGMP-1 MBESCBES Form Group 1 List 64.9BASE Medical Assistance Expenditures by Type of Service 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	MBESCBES-FORMGMP-1 MBESCBES Form Group 1 List 64.9P Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Prior Period Adjustment 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORMGP-2|MBESCBES Form Group 2 List|64.21U|Child Health Expenditures by  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORMGP-2|MBESCBES Form Group 2 List|64.21UP|Quarterly Medical Assistance  
Expenditures by Children's Health Insurance Program expenditure categories|01/01/0001|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORMGP-3|MBESCBES Form Group 3 List|21BASE|Children's Health Expenditure  
of Service|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MBESCBES-FORMGP-3|MBESCBES Form Group 3 List|21P|Quarterly Children's Health Insurance  
Program|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
NDC-UNIT-OF-MEASURE|NDC Unit of Measure List|See "VVL\_Code\_Description" field|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 CSMO'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.x12.org/>|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
OCCURRENCE-CODE|Occurrence Code List|See "VVL\_Code\_Description" field|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 CSMO's updates,  
delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest

For background and context, see <https://www.nubc.org/license> or  
<https://med.noridianmedicare.com/web/jea/topics/claim-submission/occurrence-codes>|N/A|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|PATIENT-STATUS|Patient Status List|See "VVL\_Code\_Description" field|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 CSMO'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>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|PLACE-OF-SERVICE|Place of Service Code List|See "VVL\_Code\_Description" field|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 CSMO'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/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|PREFERRED-LANGUAGE-CODE|Preferred Language Code List|See "VVL\_Code\_Description" field|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 CSMO'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://en.wikipedia.org/wiki/List\\_of\\_ISO\\_639-2\\_codes](https://en.wikipedia.org/wiki/List_of_ISO_639-2_codes)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|PRESCRIPTION-ORIGIN-CODE|Prescription Origin Code List|See "VVL\_Code\_Description" field|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 CSMO'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.ncdpd.org/> or <https://www.ncdpd.org/NCPDP/media/pdf/VersionD-Questions.pdf>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|PROV-FACILITY-TYPE|Provider Facility Type|See "VVL\_Code\_Description" field|This data element's value code set is maintained by a Code Set Maintenance Organization (CSMO), the official organization for specific valid value code sets. The CSMO is the system of record for those valid value code sets. While T-MSIS endeavors to be in-sync with CSMO's updates, minor discrepancies 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/provider-taxonomy-codes>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|PROV-SPECIALTY|Provider Specialty List|57|Individual Certified Orthotist-Prosthetist|01/01/12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|PROV-TAXONOMY|Provider Taxonomy List|See "VVL\_Code\_Description" field|This data element's value code set is maintained by a Code Set Maintenance Organization (CSMO), the official organization for specific valid value code sets. The CSMO is the system of record for those valid value code sets. While T-MSIS endeavors to be in-sync with CSMO's updates, minor discrepancies 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/provider-taxonomy-codes>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|RECORD-ID|Record ID List|ELG00023|SOGI|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|REVENUE-CODE|Revenue Code List|See "VVL\_Code\_Description" field|This data element's 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 valid value code sets. While T-MSIS endeavors to be in-sync with CSMO's updates, minor discrepancies 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/>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|SEX-ASSIGNED-AT-BIRTH|Sex Assigned at Birth List|1|Female|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|SEX-ASSIGNED-AT-BIRTH|Sex Assigned at Birth List|2|Male|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
SEX-ASSIGNED-AT-BIRTH|Sex Assigned at Birth List|3|Not sure |01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
SEX-ASSIGNED-AT-BIRTH|Sex Assigned at Birth List|4|Prefer not to answer|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
SEX-ASSIGNED-AT-BIRTH|Sex Assigned at Birth List|5|Other|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
SEXUAL-ORIENTATION|Sexual Orientation List|1|Lesbian or gay|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
SEXUAL-ORIENTATION|Sexual Orientation List|2|Straight|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
SEXUAL-ORIENTATION|Sexual Orientation List|3|Bisexual|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
SEXUAL-ORIENTATION|Sexual Orientation List|4|Not sure |01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
SEXUAL-ORIENTATION|Sexual Orientation List|5|Prefer not to answer|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
SEXUAL-ORIENTATION|Sexual Orientation List|6|Other|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
STATE|State Code List|See "VVL\_Code\_Description" field|This data element's valid value codes are maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for the 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 CSMO's updates, minor delays may occur but 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#par\\_textimage\\_3](https://www.census.gov/library/reference/code-lists/ansi.html#par_textimage_3)|N/A|N/A



VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TOOTH-NUM|Tooth Number List|See "VVL\_Code\_Description" field|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 CSMO'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.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada\\_utds\\_value\\_set\\_v1\\_2022\\_aug.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada_utds_value_set_v1_2022_aug.pdf)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TOOTH-QUAD-CODE|Tooth Quad Code List|See "VVL\_Code\_Description" field|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 CSMO'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.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/areaoftheoralcavityandtoothanatomybycdtcode\\_2022jan.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/areaoftheoralcavityandtoothanatomybycdtcode_2022jan.pdf)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TOOTH-SURFACE-CODE|Tooth Surface Code List|See "VVL\_Code\_Description" field|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 CSMO's updates, 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.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada\\_utds\\_value\\_set\\_v1\\_2022\\_aug.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada_utds_value_set_v1_2022_aug.pdf)|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-BILL|Type of Bill List|See "VVL\_Code\_Description" field|This data element's valid value 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 CSMO'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>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|Unit of Measure List|EA|Each|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|Unit of Measure List|F2|International Unit|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|Unit of Measure List|GM|Grams|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|Unit of Measure List|GR|Gram|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|Unit of Measure List|ME|Milligram|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|Unit of Measure List|ML|Milliliter|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|Unit of Measure List|UN|Unit|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|UNIT-OF-MEASURE|Unit of Measure List|See "VVL\_Code\_Description" field|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 CSMO'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/>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
ZIP-CODE|Zip Code List|See "VVL\_Code\_Description" field|"This data element's valid values are 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 CSMO's updates, minor delays may occur but shouldn't block T-MSIS data submissions using the CSMO's latest version.

For background and context,  
<https://tools.usps.com/zip-code-lookup.htm?bycitystate>|N/A|N/A

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MANAGED-CARE-PLAN-OTHER-ID-TYPE|Managed Care Plan Other ID Type List|01|Federal Tax  
01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
MANAGED-CARE-PLAN-OTHER-ID-TYPE|Managed Care Plan Other ID Type List|02|State Tax  
01/01/0001|12/31/9999

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VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
PROV-CLASSIFICATION-CODE-TYPE-4|Provider Authorized Category of Service Code List|04  
Intermediate care facility (ICF/IID) services|01/01/0001|12/31/9999

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VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
TYPE-OF-SERVICE-IP Type of Service IP List 001 Inpatient hospital services, other than services furnished in a psychiatric institution for mental diseases 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
TYPE-OF-SERVICE-IP Type of Service IP List 058 Services furnished in a religious nonmedical care institution 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date
TYPE-OF-SERVICE-IP Type of Service IP List 060 Emergency hospital services 01/01/0001 12/31/9999



VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-IP Type of Service IP List 084 Sterilizations 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-IP Type of Service IP List 086 Other Pregnancy-related Procedures 01/01/12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-IP Type of Service IP List 090 Critical access hospital services - IP 01/01/12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-IP Type of Service IP List 091 Skilled care - hospital residing 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-IP Type of Service IP List 092 Exceptional care - hospital residing 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-IP Type of Service IP List 093 Non-acute care - hospital residing 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-IP Type of Service IP List 136 In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the effective date 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 03/18/2020 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-IP Type of Service IP List 137 COVID-19 testing-related services 03/18/2020 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-LT Type of Service LT List 009 Nursing facility services for individuals aged 18 and older (other than services in an institution for mental disease) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-LT Type of Service LT List 044 Inpatient hospital services for individuals aged 18 and older in institutions for mental diseases 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-LT|Type of Service LT List|045|Nursing facility services for individuals aged 18 and older in institutions for mental diseases|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-LT|Type of Service LT List|046|ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities)|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-LT|Type of Service LT List|047|Nursing facility services, other than in institutions for mental diseases|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-LT|Type of Service LT List|048|Inpatient psychiatric services for individuals aged 21|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-LT|Type of Service LT List|050|Inpatient substance abuse treatment services and residential substance abuse treatment services.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-LT|Type of Service LT List|059|Skilled nursing facility services for individuals aged 21|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-LT|Type of Service LT List|136|In vitro diagnostic products (as defined in 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the enrollment period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the effective date 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|03/18/2020|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-LT|Type of Service LT List|137|COVID-19 testing-related services|03/18/2020|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-LT|Type of Service LT List|146|Inpatient Psychiatric Services for beneficiaries aged between the ages of 22 and 64 who receive services in an institution for mental disease (I|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-LT|Type of Service LT List|147|Residential Pediatric Recovery Center (RP  
center or facility that furnishes items and services for which medical assistance is available  
State plan to infants with the diagnosis of neonatal abstinence syndrome without any other  
significant medical risk factors.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|002|Outpatient hospital services|01/01/0001|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|003|Rural health clinic services|01/01/0001|1

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|004|Other ambulatory services furnished by a  
health clinic|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|005|Professional laboratory services, Technic  
laboratory services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|006|Technical laboratory services|01/01/0001  
12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|007|Professional radiological services|01/01/0  
12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|008|Technical radiological services|01/01/00  
12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|010|Early and periodic screening and diagnos  
treatment (EPSDT) services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|011|Family planning services and supplies for  
of child-bearing age|01/01/0001|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 012 Physicians' services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 013 Medical and surgical services of a dentist 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 014 Outpatient substance abuse treatment services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 015 Medical or other remedial care or services other than physicians' services, provided by licensed practitioners within the scope of practice authorized under State law 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 016 Home health services - Nursing services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 017 Home health services - Home health aide services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 018 Home health services - Medical supplies, equipment, and appliances suitable for use in the home 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 019 Home health services - Physical therapy services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 020 Home health services - Occupational therapy services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 021 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 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 022 Private duty nursing services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 023 Advanced practice nurse services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 024 Pediatric nurse 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 025 Nurse-midwife service 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 026 Nurse practitioner services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 027 Respiratory care for ventilator-dependent individuals 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 028 Clinic services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 029 Dental services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 030 Physical therapy services (when not provided under home health services) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 031 Occupational therapy services (when not provided under home health services) 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date TYPE-OF-SERVICE-OT Type of Service OT List 032 Speech, hearing, and language disorders (when not provided under home health services) 01/01/0001 12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 035 Dentures 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 036 Medical equipment/prosthetic devices 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 037 Eyeglasses 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 038 Hearing Aids 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 039 Diagnostic services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 040 Screening services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 041 Preventive services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 042 Well-baby and well-child care services as required by the State. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 043 Rehabilitative services 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 049 Outpatient mental health services, other than Outpatient substance abuse treatment services. This TOS includes services furnished in a community-based mental hospital and including community-based services. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 050 Inpatient substance abuse treatment services and residential substance abuse treatment services. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 051 Personal care services 01/01/0001 12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|052|Primary care case management services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|053|Targeted case management services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|054|Case Management services other than those that meet the definition of primary care case management services or targeted case management services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|055|Care coordination services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|056|Transportation services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|057|Enabling services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|058|Services furnished in a religious nonmedical care institution|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|060|Emergency hospital services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|061|Critical access hospital services - OT|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|062|HCBS - Case management services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|063|HCBS - Homemaker services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|064|HCBS - Home health aide services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|065|HCBS - Personal care services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|066|HCBS - Adult day health services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|067|HCBS - Habilitation services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|068|HCBS - Respite care services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|069|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|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|070|HCBS - Day Care|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|071|HCBS - Training for family members|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-OT|Type of Service OT List|072|HCBS - Minor modification to the home|01/01/0001|12/31/9999



VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|073|HCBS - Other services requested by the a approved by CMS as cost effective and necessary to avoid institutionalization|01/01/0001|

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|074|HCBS - Expanded habilitation services - Prevocational services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|075|HCBS - Expanded habilitation services - B services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|076|HCBS - Expanded habilitation services - S employment services, which facilitate paid employment|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|077|HCBS-65-plus - Case management services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|078|HCBS-65-plus - Homemaker services|01/12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|079|HCBS-65-plus - Home health aide services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|080|HCBS-65-plus - Personal care services|01/12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|081|HCBS-65-plus - Adult day health services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|082|HCBS-65-plus - Respite care services|01/12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|083|HCBS-65-plus - Other medical and social services and supplies.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|084|Sterilizations|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|085|Prenatal care and pre-pregnancy family planning services and supplies.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|086|Other Pregnancy-related Procedures|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|087|Hospice services|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|088|Any other health care services or items not included in the Secretary and not excluded under regulations.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|089|Disposable medical supplies.|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|115|Residential care|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|127|Indian Health Service (IHS) - Family Planning|01/01/0001|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date|TYPE-OF-SERVICE-OT|Type of Service OT List|136|In vitro diagnostic products (as defined in paragraph (1)(A) of section 1135(g) of title 42, 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 publication 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|03/18/2020|12/31/9999

VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-OT Type of Service OT List 137 COVID-19 testing-related services 03/18/2020 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-RX Type of Service RX List 011 Family planning services and supplies for women of child-bearing age 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-RX Type of Service RX List 018 Home health services - Medical supplies, equipment, and appliances suitable for use in the home 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-RX Type of Service RX List 033 Prescribed drugs 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-RX Type of Service RX List 034 Over-the-counter medications. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-RX Type of Service RX List 036 Medical equipment/prosthetic devices 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-RX Type of Service RX List 085 Prenatal care and pre-pregnancy family planning services and supplies. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-RX Type of Service RX List 089 Disposable medical supplies. 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-RX Type of Service RX List 127 Indian Health Service (IHS) - Family Planning 01/01/0001 12/31/9999
VVL_Field VVL_Name VVL_Code VVL_Code_Description Effective Start Date Effective End Date	TYPE-OF-SERVICE-RX Type of Service RX List 131 Drug Rebates 01/01/0001 09/30/2025

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-RX|Type of Service RX List|136|In vitro diagnostic products (as defined in 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the 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|03/18/2020|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-RX|Type of Service RX List|137|COVID-19 testing-related services|03/18/2020|12/31/9999

VVL\_Field|VVL\_Name|VVL\_Code|VVL\_Code\_Description|Effective Start Date|Effective End Date  
TYPE-OF-SERVICE-RX|Type of Service RX List|145|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|10/01/2020|12/31/9999