



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

## **T-MSIS Valid Value List (VVL) - Changes Between Versions 2.4.0 and 4.0.0**

**PRA Disclosure Statement:** The Transformed Medicaid Statistical Information System (T-MSIS) is used to assist the Centers for Medicare & Medicaid Services (CMS) with monitoring and oversight of Medicaid and CHIP programs, to enable evaluation of demonstrations under section 1115 of the Social Security Act and to calculate quality measures and other metrics, including those reported through the new Medicaid and CHIP Scoreboard. Section 4735 of the Balanced Budget Act of 1997 included a statutory requirement for states to submit claims data, enrollee encounter data, and supporting information. Section 6504 of the Affordable Care Act strengthened this provision by requiring states to include data elements the Secretary determines necessary for program integrity, program oversight, and administration. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. -The valid OMB control number for this information collection is 0938-0345 (Expires: 03/31/2026. The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. -If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

VVL Order	VVL Field	VVL Name	VVL Code	VVL Code Description	Effective Start Date	Effective End Date
1	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator List	0	<del>No</del> Not a 1115A	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2	1115A-DEMONSTRATION-IND	1115A Demonstration Indicator List	1	Yes1115A	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">2</a>	<a href="#">Inpatient Hospital</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
4	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">3</a>	<a href="#">Inpatient Mental Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
5	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">4</a>	<a href="#">Nursing Care Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
6	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">5</a>	<a href="#">Physician/Surgical</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
7	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">6</a>	<a href="#">Outpatient Hospital</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
8	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">7</a>	<a href="#">Outpatient Mental Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
9	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">8</a>	<a href="#">Prescribed Drugs</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
10	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">9</a>	<a href="#">Dental Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
11	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">10</a>	<a href="#">Vision Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
12	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">11</a>	<a href="#">Other Practitioners</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
13	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">12</a>	<a href="#">Clinic Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
14	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">13</a>	<a href="#">Therapy Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
15	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">14</a>	<a href="#">Laboratory/Radiological</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
16	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">15</a>	<a href="#">Medical Equipment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
17	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">16</a>	<a href="#">Family Planning</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
18	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">17</a>	<a href="#">Abortions</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
19	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">18</a>	<a href="#">Screening Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
20	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">19</a>	<a href="#">Home Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
21	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">20</a>	<a href="#">Health Services Initiatives</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
22	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">21</a>	<a href="#">Home and Community</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
23	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">22</a>	<a href="#">Hospice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
24	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">23</a>	<a href="#">Medical Transportation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
25	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">24</a>	<a href="#">Case Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
26	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">25</a>	<a href="#">Translation and Interpretation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
27	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">26</a>	<a href="#">ARP Section 9821 COVID Vaccine/Vaccine Administration</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

28	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">31</a>	<a href="#">Other Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
29	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">32</a>	<a href="#">Outreach</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
30	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">33</a>	<a href="#">Administration</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
31	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">34</a>	<a href="#">PERM Administration</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
32	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">35</a>	<a href="#">Citizenship Verification Technology-CHIPRA</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
33	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">1A</a>	<a href="#">Premiums: Up To 150% - Gross Premiums Paid</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
34	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">1B</a>	<a href="#">Premiums: Up To 150% - Cost Sharing Offset</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
35	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">1C</a>	<a href="#">Premiums: Over 150% - Gross Premiums Paid</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
36	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">1D</a>	<a href="#">Premiums: Over 150% - Cost Sharing Offset</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
37	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">32A</a>	<a href="#">Increased Outreach and Enrollment of Indians</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
38	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">32B</a>	<a href="#">Increase Outreach and Enrollment of children through premium subsidies</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
39	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">35A</a>	<a href="#">CVT Development</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
40	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">35B</a>	<a href="#">CVT Operation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
41	<a href="#">21.P-FORM</a>	<a href="#">21.P Form List</a>	<a href="#">8A</a>	<a href="#">Drug Rebate</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
42	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">2</a>	<a href="#">Inpatient Hospital</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
43	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">3</a>	<a href="#">Inpatient Mental Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
44	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">4</a>	<a href="#">Nursing Care</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
45	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">5</a>	<a href="#">Physician/Surgical</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
46	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">6</a>	<a href="#">Outpatient Hospital</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
47	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">7</a>	<a href="#">Outpatient Mental Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
48	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">8</a>	<a href="#">Prescribed Drugs</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
49	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">9</a>	<a href="#">Dental Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
50	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">10</a>	<a href="#">Vision Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
51	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">11</a>	<a href="#">Other Practitioners</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
52	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">12</a>	<a href="#">Clinic Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
53	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">13</a>	<a href="#">Therapy</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
54	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">14</a>	<a href="#">Laboratory/Radiological</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
55	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">15</a>	<a href="#">Medical Equipment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
56	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">16</a>	<a href="#">Family Planning</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
57	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">17</a>	<a href="#">Abortions</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

58	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">18</a>	<a href="#">Screening Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
59	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">19</a>	<a href="#">Home Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
60	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">20</a>	<a href="#">Health Services Initiatives</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
61	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">21</a>	<a href="#">Home And Community-Based Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
62	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">22</a>	<a href="#">Hospice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
63	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">23</a>	<a href="#">Medical Transportation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
64	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">24</a>	<a href="#">Case Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
65	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">25</a>	<a href="#">Translation and Interpretation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
66	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">26</a>	<a href="#">ARP Section 9821 COVID Vaccine/Vaccine Administration</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
67	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">31</a>	<a href="#">Other Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
68	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">32</a>	<a href="#">Outreach</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
69	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">33</a>	<a href="#">Administration</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
70	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">34</a>	<a href="#">PERM Administration</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
71	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">35</a>	<a href="#">Citizenship Verification Technology-CHIPRA</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
72	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">1A</a>	<a href="#">Premiums - Up To 150%: Gross Premiums Paid</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
73	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">1B</a>	<a href="#">Premiums - Up To 150%: Cost Sharing Offset</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
74	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">1C</a>	<a href="#">Premiums - Over 150%: Gross Premiums Paid</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
75	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">1D</a>	<a href="#">Premiums - Over 150%: Cost Sharing Offset</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
76	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">32A</a>	<a href="#">Increased Outreach and Enrollment of Indians</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
77	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">32B</a>	<a href="#">Increase Outreach and Enrollment of children through premium subsidies</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
78	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">35A</a>	<a href="#">CVT Development</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
79	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">35B</a>	<a href="#">CVT Operation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
80	<a href="#">21BASE-FORM</a>	<a href="#">21BASE Form List</a>	<a href="#">8A</a>	<a href="#">Drug Rebate</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
81	<a href="#">64.10BASE-FORM</a>	<a href="#">64.10BASE Form List</a>	<a href="#">29</a>	<a href="#">Non-Emergency Medical Transportation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
82	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">2</a>	<a href="#">Inpatient Hospital Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
83	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">3</a>	<a href="#">Inpatient Mental Health - Reg. Payment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
84	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">4</a>	<a href="#">Nursing Care Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
85	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">5</a>	<a href="#">Physician/Surgical</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
86	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">6</a>	<a href="#">Outpatient Hospital Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
87	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">7</a>	<a href="#">Outpatient Mental Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

88	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">8</a>	<a href="#">Prescribed Drugs</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
89	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">9</a>	<a href="#">Dental Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
90	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">10</a>	<a href="#">Vision Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
91	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">11</a>	<a href="#">Other Practitioners</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
92	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">12</a>	<a href="#">Clinic Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
93	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">13</a>	<a href="#">Therapy Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
94	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">14</a>	<a href="#">Laboratory/Radiological</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
95	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">15</a>	<a href="#">Medical Equipment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
96	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">16</a>	<a href="#">Family Planning</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
97	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">17</a>	<a href="#">Abortions</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
98	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">18</a>	<a href="#">Screening Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
99	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">19</a>	<a href="#">Home Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
100	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">20</a>	<a href="#">Medicare Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
101	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">21</a>	<a href="#">Home And Community</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
102	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">22</a>	<a href="#">Hospice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
103	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">23</a>	<a href="#">Medical Transport</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
104	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">24</a>	<a href="#">Case Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
105	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">26</a>	<a href="#">ARP Section 9821 COVID Vaccine/Vaccine Administration</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
106	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">31</a>	<a href="#">Other Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
107	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">1A</a>	<a href="#">Premiums: Up To 150% - Gross Premiums Paid</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
108	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">1B</a>	<a href="#">Premiums: Up To 150% - Cost Sharing Offset</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
109	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">1C</a>	<a href="#">Premiums: Over 150% - Gross Premiums Paid</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
110	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">1D</a>	<a href="#">Premiums: Over 150% - Cost Sharing Offset</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
111	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">21A</a>	<a href="#">Home and Community-Based Services - Regular Payment (WAIVER)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
112	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">2A</a>	<a href="#">Inpatient Hospital Services - DSH</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
113	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">3A</a>	<a href="#">Inpatient Mental Health - DSH</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
114	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">3B</a>	<a href="#">Certified Community Behavior Health Clinic Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
115	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">8A1</a>	<a href="#">Drug Rebate - National</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
116	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">8A2</a>	<a href="#">Drug Rebate - State</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
117	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">8A3</a>	<a href="#">MCO - National Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

118	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">8A4</a>	<a href="#">MCO - State Sidebar Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
119	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">8A5</a>	<a href="#">Increased ACA OFFSET - Fee for Service - 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
120	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">8A6</a>	<a href="#">Increased ACA OFFSET - MCO - 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
121	<a href="#">64.21U-FORM</a>	<a href="#">64.21U Form List</a>	<a href="#">8A7</a>	<a href="#">Drug Rebate Offset - Value Based Purchasing</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
122	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">2</a>	<a href="#">Inpatient Hospital - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
123	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">3</a>	<a href="#">Inpatient Mental Health - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
124	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">4</a>	<a href="#">Nursing</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
125	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">5</a>	<a href="#">Physician/Surgical</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
126	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">6</a>	<a href="#">Outpatient Hospital</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
127	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">7</a>	<a href="#">Outpatient Mental Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
128	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">8</a>	<a href="#">Prescribed Drugs</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
129	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">9</a>	<a href="#">Dental Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
130	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">10</a>	<a href="#">Vision Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
131	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">11</a>	<a href="#">Other Practitioners</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
132	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">12</a>	<a href="#">Clinic services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
133	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">13</a>	<a href="#">Therapy Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
134	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">14</a>	<a href="#">Laboratory/Radiological</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
135	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">15</a>	<a href="#">Medical Equipment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
136	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">16</a>	<a href="#">Family Planning</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
137	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">17</a>	<a href="#">Abortions</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
138	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">18</a>	<a href="#">Screening</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
139	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">19</a>	<a href="#">Home Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
140	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">20</a>	<a href="#">Medicare Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
141	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">21</a>	<a href="#">Home And Community</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
142	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">22</a>	<a href="#">Hospice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
143	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">23</a>	<a href="#">Medical Transport</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
144	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">24</a>	<a href="#">Case Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
145	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">26</a>	<a href="#">ARP Section 9821 COVID Vaccine/Vaccine Administration</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
146	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">31</a>	<a href="#">Other Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
147	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">1A</a>	<a href="#">Premiums Up To 150% - Gross Premiums Paid</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

148	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">1B</a>	<a href="#">Premiums Up To 150% - Cost Sharing Offset</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
149	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">1C</a>	<a href="#">Premiums Over 150% - Gross Premiums Paid</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
150	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">1D</a>	<a href="#">Premiums Over 150% - Cost Sharing Offset</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
151	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">21A</a>	<a href="#">Home and Community-Based Services - Regular Payment (WAIVER)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
152	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">2A</a>	<a href="#">Inpatient Hospital - DSH</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
153	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">3A</a>	<a href="#">Inpatient Mental Health - DSH</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
154	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">3B</a>	<a href="#">Certified Community Behavior Health Clinic Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
155	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">8A1</a>	<a href="#">Drug Rebate - National</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
156	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">8A2</a>	<a href="#">Drug Rebate - State</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
157	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">8A3</a>	<a href="#">MCO - National Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
158	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">8A4</a>	<a href="#">MCO - State Sidebar Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
159	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">8A5</a>	<a href="#">Increased ACA OFFSET - Fee for Service - 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
160	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">8A6</a>	<a href="#">Increased ACA OFFSET - MCO - 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
161	<a href="#">64.21UP-FORM</a>	<a href="#">64.21UP Form List</a>	<a href="#">8A7</a>	<a href="#">Drug Rebate Offset - Value Based Purchasing</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
162	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">A1A</a>	<a href="#">Medicare Collections</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
163	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">A1B1</a>	<a href="#">Other Collection - Health Insurance</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
164	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">A1B2</a>	<a href="#">Other Collections - Casualty Insurance</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
165	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">A1C</a>	<a href="#">Total Collections - Cooperative Agreements &amp; Assign of Rights</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
166	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">A1C1</a>	<a href="#">Less: Excess Paid to Individuals</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
167	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">A1C2</a>	<a href="#">Net Collections To Reimburse State Title XIX Medical Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
168	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">A1C3</a>	<a href="#">Less 15% Incentive Actually Paid Under Section 1903(p)(1)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
169	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">A1C4</a>	<a href="#">Net Federal Share</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
170	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">A2</a>	<a href="#">Total TPL Collections</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
171	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">B1</a>	<a href="#">Medicare Title XVIII</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
172	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">B2</a>	<a href="#">Health Insurance</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
173	<a href="#">64.9A-FORM</a>	<a href="#">64.9A Form List</a>	<a href="#">B3</a>	<a href="#">Other Cost Avoidance</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
174	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">7</a>	<a href="#">Prescribed Drugs</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
175	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">8</a>	<a href="#">Dental Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
176	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">11</a>	<a href="#">Laboratory/Radiological</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
177	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">12</a>	<a href="#">Home Health Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

178	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">13</a>	<a href="#">Sterilizations</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
179	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">14</a>	<a href="#">Abortions</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
180	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">15</a>	<a href="#">EPSDT Screening</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
181	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">16</a>	<a href="#">Rural Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
182	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">22</a>	<a href="#">All-Inclusive Care Elderly</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
183	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">25</a>	<a href="#">Primary Care Case Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
184	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">26</a>	<a href="#">Hospice Benefits</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
185	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">27</a>	<a href="#">Emergency Services for Undocumented Aliens</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
186	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">28</a>	<a href="#">Federally-Qualified Health Center</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
187	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">30</a>	<a href="#">Physical Therapy</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
188	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">31</a>	<a href="#">Occupational Therapy</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
189	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">32</a>	<a href="#">Services for Speech, Hearing &amp; Language</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
190	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">33</a>	<a href="#">Prosthetic Devices, Dentures, Eyeglasses</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
191	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">34</a>	<a href="#">Diagnostic Screening &amp; Preventive Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
192	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">35</a>	<a href="#">Nurse Mid-Wife</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
193	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">36</a>	<a href="#">Emergency Hospital Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
194	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">38</a>	<a href="#">Nurse Practitioner Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
195	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">39</a>	<a href="#">School Based Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
196	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">40</a>	<a href="#">Rehabilitative Services (non-school-based)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
197	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">41</a>	<a href="#">Private Duty Nursing</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
198	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">42</a>	<a href="#">Freestanding Birth Center</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
199	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">43</a>	<a href="#">Health Home for Enrollees w Chronic Conditions</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
200	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">44</a>	<a href="#">Tobacco Cessation for Pregnant Women</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
201	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">45</a>	<a href="#">Health Home for Enrollees w Substance-Use-Disorder</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
202	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">46</a>	<a href="#">OUD Medicaid Assisted Treatment – Drugs</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
203	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">47</a>	<a href="#">ARP Section 9811 COVID Vaccine/Vaccine Administration</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
204	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">48</a>	<a href="#">ARP Section 9813 Qualified Community Based Mobile Crisis Intervention – 85%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
205	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">49</a>	<a href="#">Health Homes for Children with Medically Complex Conditions</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
206	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">69</a>	<a href="#">Other Care Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
207	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">10A</a>	<a href="#">Clinic Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>



208	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">10B</a>	<a href="#">Clinic Services - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
209	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">17A</a>	<a href="#">Medicare - Part A</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
210	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">17B</a>	<a href="#">Medicare - Part B</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
211	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">17C1</a>	<a href="#">120% - 134% Of Poverty</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
212	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">17D</a>	<a href="#">Coinsurance</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
213	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18A</a>	<a href="#">Medicaid - MCO</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
214	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18A1</a>	<a href="#">Medicaid MCO - Evaluation and Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
215	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18A2</a>	<a href="#">Medicaid MCO - Vaccine codes</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
216	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18A3</a>	<a href="#">Medicaid MCO - Community First Choice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
217	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18A4</a>	<a href="#">Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
218	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18A5</a>	<a href="#">Medicaid MCO - Certified Community Behavior Health Clinic Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
219	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18A6</a>	<a href="#">Medicaid MCO - Services Subject to Electronic Visit Verification Requirements</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
220	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B1</a>	<a href="#">Prepaid Ambulatory Health Plan</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
221	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B1a</a>	<a href="#">MCO PAHP - Evaluation and Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
222	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B1b</a>	<a href="#">MCO PAHP - Vaccine codes</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
223	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B1c</a>	<a href="#">MCO PAHP - Community First Choice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
224	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B1d</a>	<a href="#">MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
225	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B1e</a>	<a href="#">Medicaid PAHP - Certified Community Behavior Health Clinic Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
226	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B1f</a>	<a href="#">MCO PAHP - Services Subject to Electronic Visit Verification Requirements</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
227	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B2</a>	<a href="#">Prepaid Inpatient Health Plan</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
228	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B2a</a>	<a href="#">MCO PIHP - Evaluation and Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
229	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B2b</a>	<a href="#">MCO PIHP - Vaccine codes</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
230	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B2c</a>	<a href="#">MCO PIHP - Community First Choice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
231	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B2d</a>	<a href="#">MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
232	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B2e</a>	<a href="#">Medicaid PIHP - Certified Community Behavior Health Clinic Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
233	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18B2f</a>	<a href="#">MCO PIHP - Services Subject to Electronic Visit Verification Requirements</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
234	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18C</a>	<a href="#">Medicaid - Group Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
235	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18D</a>	<a href="#">Medicaid - Coinsurance</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
236	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">18E</a>	<a href="#">Medicaid - Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
237	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">19A</a>	<a href="#">Home &amp; Community-Based Services - Regular Payment (1915(c) Waiver)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

238	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">19B</a>	<a href="#">Home &amp; Community-Based Services - St. Plan 1915(i) Only Pay.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
239	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">19C</a>	<a href="#">Home &amp; Community-Based Services - St. Plan 1915(j) Only Pay.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
240	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">19D</a>	<a href="#">Home &amp; Community Based Services State Plan 1915(k) Community First Choice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
241	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">1A</a>	<a href="#">Inpatient Hospital - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
242	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">1B</a>	<a href="#">Inpatient Hospital - DSH</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
243	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">1C</a>	<a href="#">Inpatient Hospital - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
244	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">1D</a>	<a href="#">Inpatient Hospital - GME Sup Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
245	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">23A</a>	<a href="#">Personal Care Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
246	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">23B</a>	<a href="#">Personal Care Services - SDS 1915(j)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
247	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">24A</a>	<a href="#">Targeted Case Management Services - Com. Case-Man.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
248	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">24B</a>	<a href="#">Case Management - State Wide</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
249	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">29A</a>	<a href="#">Non-Emergency Medical Transportation - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
250	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">29B</a>	<a href="#">Non-Emergency Medical Transportation - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
251	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">2A</a>	<a href="#">Mental Health Facility Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
252	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">2B</a>	<a href="#">Mental Health Facility - DSH</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
253	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">2C</a>	<a href="#">Certified Community Behavior Health Clinic Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
254	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">34A</a>	<a href="#">Preventive Services Grade A OR B, ACIP Vaccines and their Admin</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
255	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">37A</a>	<a href="#">Critical Access Hospitals - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
256	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">37B</a>	<a href="#">Critical Access Hospitals Inpatient - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
257	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">37C</a>	<a href="#">Critical Access Hospitals Outpatient - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
258	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">3A</a>	<a href="#">Nursing Facility Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
259	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">3B</a>	<a href="#">Nursing Facility Services - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
260	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">46A1</a>	<a href="#">OUD MAT DRUG REBATE/National Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
261	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">46A2</a>	<a href="#">OUD MAT DRUG REBATE/State Sidebar</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
262	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">46A3</a>	<a href="#">OUD MAT DRUG REBATE MCO /National Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
263	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">46A4</a>	<a href="#">OUD MAT DRUG REBATE MCO /State Sidebar</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
264	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">46A5</a>	<a href="#">OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
265	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">46A6</a>	<a href="#">OUD MAT DRUG REBATE/Increased ACA Offset MCO – 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
266	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">46B</a>	<a href="#">OUD Medicaid Assisted Treatment Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
267	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">4A</a>	<a href="#">Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

268	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">4B</a>	<a href="#">Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
269	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">4C</a>	<a href="#">Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
270	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">5A</a>	<a href="#">Physician &amp; Surgical Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
271	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">5B</a>	<a href="#">Physician &amp; Surgical Services - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
272	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">5C</a>	<a href="#">Physician &amp; Surgical Services - Evaluation and Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
273	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">5D</a>	<a href="#">Physician &amp; Surgical Services - Vaccine codes</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
274	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">6A</a>	<a href="#">Outpatient Hospital Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
275	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">6B</a>	<a href="#">Outpatient Hospital Services - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
276	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">7A1</a>	<a href="#">Drug Rebate Offset - National</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
277	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">7A2</a>	<a href="#">Drug Rebate Offset - State Sidebar Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
278	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">7A3</a>	<a href="#">MCO - National Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
279	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">7A4</a>	<a href="#">MCO - State Sidebar Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
280	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">7A5</a>	<a href="#">Increased ACA OFFSET - Fee for Service - 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
281	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">7A6</a>	<a href="#">Increased ACA OFFSET - MCO - 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
282	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">7A7</a>	<a href="#">Drug Rebate Offset - Value Based Purchasing</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
283	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">9A</a>	<a href="#">Other Practitioners Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
284	<a href="#">64.9BASE-FORM</a>	<a href="#">64.9BASE Form List</a>	<a href="#">9B</a>	<a href="#">Other Practitioners Services - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
285	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">7</a>	<a href="#">Prescribed Drugs</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
286	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">8</a>	<a href="#">Dental Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
287	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">11</a>	<a href="#">Laboratory/Radiological</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
288	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">12</a>	<a href="#">Home Health</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
289	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">13</a>	<a href="#">Sterilizations</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
290	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">14</a>	<a href="#">Abortions</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
291	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">15</a>	<a href="#">EPSDT Screen</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
292	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">16</a>	<a href="#">Rural Health Clinic</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
293	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">22</a>	<a href="#">Programs/All-Inclusive</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
294	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">25</a>	<a href="#">Primary Care Case Manage</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
295	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">26</a>	<a href="#">Hospice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
296	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">27</a>	<a href="#">Emergency Services for Undocumented Aliens</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

297	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">28</a>	<a href="#">Federally-Qualified Health Center</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
298	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">30</a>	<a href="#">Physical Therapy</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
299	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">31</a>	<a href="#">Occupational Therapy</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
300	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">32</a>	<a href="#">Services for Speech, Hearing &amp; Language</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
301	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">33</a>	<a href="#">Prosthetic Devices, Dentures, Eyeglasses</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
302	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">34</a>	<a href="#">Diagnostic Screening &amp; Preventive Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
303	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">35</a>	<a href="#">Nurse Mid-Wife</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
304	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">36</a>	<a href="#">Emergency Hospital Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
305	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">38</a>	<a href="#">Nurse Practitioner Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
306	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">39</a>	<a href="#">School Based Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
307	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">40</a>	<a href="#">Rehabilitative Services (non-school-based)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
308	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">41</a>	<a href="#">Private Duty Nursing</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
309	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">42</a>	<a href="#">Freestanding Birth Center</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
310	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">43</a>	<a href="#">Health Home for Enrollees w Chronic Conditions</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
311	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">44</a>	<a href="#">Tobacco Cessation for Pregnant Women</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
312	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">45</a>	<a href="#">Health Home for Enrollees w Substance-Use-Disorder</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
313	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">46</a>	<a href="#">OUD Medicaid Assisted Treatment – Drugs</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
314	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">47</a>	<a href="#">ARP Section 9811 COVID Vaccine/Vaccine Administration</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
315	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">48</a>	<a href="#">ARP Section 9813 Qualified Community Based Mobile Crisis Intervention – 85%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
316	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">49</a>	<a href="#">Health Homes for Children with Medically Complex Conditions</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
317	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">69</a>	<a href="#">Other Care Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
318	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">10A</a>	<a href="#">Clinic Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
319	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">10B</a>	<a href="#">Clinic Services - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
320	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">17A</a>	<a href="#">MHIP - Part A</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
321	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">17B</a>	<a href="#">MHIP - Part B</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
322	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">17C1</a>	<a href="#">MHIP - Qual. Ind. 120-134</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
323	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">17D</a>	<a href="#">MHIP - Coinsurance</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
324	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18A</a>	<a href="#">MHIP - MCO</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
325	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18A1</a>	<a href="#">Medicaid MCO - Evaluation and Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
326	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18A2</a>	<a href="#">Medicaid MCO - Vaccine codes</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

327	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18A3</a>	<a href="#">Medicaid MCO - Community First Choice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
328	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18A4</a>	<a href="#">Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
329	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18A5</a>	<a href="#">Medicaid MCO - Certified Community Behavior Health Clinic Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
330	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18A6</a>	<a href="#">Medicaid MCO - Services Subject to Electronic Visit Verification Requirements</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
331	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B1</a>	<a href="#">Prepaid Ambulatory Health Plan</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
332	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B1a</a>	<a href="#">MCO PAHP - Evaluation and Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
333	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B1b</a>	<a href="#">MCO PAHP - Vaccine codes</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
334	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B1c</a>	<a href="#">MCO PAHP - Community First Choice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
335	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B1d</a>	<a href="#">MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
336	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B1e</a>	<a href="#">Medicaid PAHP - Certified Community Behavior Health Clinic Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
337	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B1f</a>	<a href="#">MCO PAHP - Services Subject to Electronic Visit Verification Requirements</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
338	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B2</a>	<a href="#">Prepaid Inpatient Health Plan</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
339	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B2a</a>	<a href="#">MCO PIHP - Evaluation and Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
340	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B2b</a>	<a href="#">MCO PIHP - Vaccine codes</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
341	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B2c</a>	<a href="#">MCO PIHP - Community First Choice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
342	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B2d</a>	<a href="#">MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
343	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B2e</a>	<a href="#">Medicaid PIHP - Certified Community Behavior Health Clinic Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
344	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18B2f</a>	<a href="#">MCO PIHP - Services Subject to Electronic Visit Verification Requirements</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
345	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18C</a>	<a href="#">MHIP - Group Health Plan</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
346	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18D</a>	<a href="#">MHIP - Coinsurance and Deductibles</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
347	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">18E</a>	<a href="#">MHIP - Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
348	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">19A</a>	<a href="#">Home &amp; Community-Based Services - Regular Payment (1915(c) Waiver)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
349	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">19B</a>	<a href="#">Home &amp; Community-Based Services - St. Plan 1915(i) Only Pay.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
350	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">19C</a>	<a href="#">Home &amp; Community-Based Services - St. Plan 1915(j) Only Pay.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
351	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">19D</a>	<a href="#">Home &amp; Community Based Services State Plan 1915(k) Community First Choice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
352	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">1A</a>	<a href="#">Inpat. Hos. Serv. - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
353	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">1B</a>	<a href="#">Inpat. Hos. Serv. - DSH</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
354	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">1C</a>	<a href="#">Inpatient Hospital - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
355	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">1D</a>	<a href="#">Inpatient Hospital - GME Sup Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
356	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">23A</a>	<a href="#">Personal Care Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

357	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">23B</a>	<a href="#">Personal Care Services - SDS 1915(j)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
358	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">24A</a>	<a href="#">Targeted Case Management Services - Com. Case-Man.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
359	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">24B</a>	<a href="#">Case Management - State Wide</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
360	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">29A</a>	<a href="#">Non-Emergency Medical Transportation - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
361	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">29B</a>	<a href="#">Non-Emergency Medical Transportation - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
362	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">2A</a>	<a href="#">Men. Health Fac. Serv. - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
363	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">2B</a>	<a href="#">Men. Health Fac. Serv. - DSH Adjustment Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
364	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">2C</a>	<a href="#">Certified Community Behavior Health Clinic Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
365	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">34A</a>	<a href="#">Preventive Services Grade A OR B, ACIP Vaccines and their Admin</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
366	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">37A</a>	<a href="#">Critical Access Hospitals - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
367	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">37B</a>	<a href="#">Critical Access Hospitals Inpatient - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
368	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">37C</a>	<a href="#">Critical Access Hospitals Outpatient - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
369	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">3A</a>	<a href="#">Nursing Facility Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
370	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">3B</a>	<a href="#">Nursing Facility Services - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
371	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">46A1</a>	<a href="#">OUD MAT DRUG REBATE/National Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
372	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">46A2</a>	<a href="#">OUD MAT DRUG REBATE/State Sidebar</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
373	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">46A3</a>	<a href="#">OUD MAT DRUG REBATE MCO /National Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
374	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">46A4</a>	<a href="#">OUD MAT DRUG REBATE MCO /State Sidebar</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
375	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">46A5</a>	<a href="#">OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
376	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">46A6</a>	<a href="#">OUD MAT DRUG REBATE/Increased ACA Offset MCO – 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
377	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">46B</a>	<a href="#">OUD Medicaid Assisted Treatment Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
378	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">4A</a>	<a href="#">Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
379	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">4B</a>	<a href="#">Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
380	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">4C</a>	<a href="#">Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
381	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">5A</a>	<a href="#">Physician &amp; Surgical Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
382	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">5B</a>	<a href="#">Physician &amp; Surgical Services - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
383	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">5C</a>	<a href="#">Physician &amp; Surgical Services - Evaluation and Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
384	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">5D</a>	<a href="#">Physician &amp; Surgical Services - Vaccine codes</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
385	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">6A</a>	<a href="#">Outpatient Hospital Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

386	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">6B</a>	<a href="#">Outpatient Hospital Services - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
387	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">7A1</a>	<a href="#">Drug Rebate - National</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
388	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">7A2</a>	<a href="#">Drug Rebate - State</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
389	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">7A3</a>	<a href="#">MCO - National Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
390	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">7A4</a>	<a href="#">MCO - State Sidebar Agreement</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
391	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">7A5</a>	<a href="#">Increased ACA OFFSET - Fee for Service - 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
392	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">7A6</a>	<a href="#">Increased ACA OFFSET - MCO - 100%</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
393	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">7A7</a>	<a href="#">Drug Rebate Offset - Value Based Purchasing</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
394	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">9A</a>	<a href="#">Other Practitioners Services - Reg. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
395	<a href="#">64.9P-FORM</a>	<a href="#">64.9P Form List</a>	<a href="#">9B</a>	<a href="#">Other Practitioners Services - Sup. Payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

396	ACCEPTING-NEW-PATIENTS-IND	Accepting New Patients Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
397	ACCEPTING-NEW-PATIENTS-IND	Accepting New Patients Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
398	ACCEPTING-NEW-PATIENTS-IND	Accepting New Patients Indicator List	8	N/A - The individual only practices as a member of a group.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
399	ACCREDITATION-ORGANIZATION	Accreditation Organization List	01	National committee for quality assurance - excellent	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
400	ACCREDITATION-ORGANIZATION	Accreditation Organization List	02	National committee for quality assurance - commendable	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
401	ACCREDITATION-ORGANIZATION	Accreditation Organization List	03	National committee for quality assurance - provisional	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
402	<del>ACCREDITATION-ORGANIZATION</del>	<del>Accreditation Organization List</del>	<del>04</del>	<del>National committee for quality assurance - new plan no longer a valid accreditation level</del>		
403	ACCREDITATION-ORGANIZATION	Accreditation Organization List	05	URAC - full	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
404	ACCREDITATION-ORGANIZATION	Accreditation Organization List	06	URAC - conditional	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
405	ACCREDITATION-ORGANIZATION	Accreditation Organization List	07	URAC - provisional	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
406	ACCREDITATION-ORGANIZATION	Accreditation Organization List	08	Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) - 3 years	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
407	<del>ACCREDITATION-ORGANIZATION</del>	<del>Accreditation Organization List</del>	<del>09</del>	<del>Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) - 1 year - no longer valid accreditation level</del>		
408	<del>ACCREDITATION-ORGANIZATION</del>	<del>Accreditation Organization List</del>	<del>10</del>	<del>Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) - 6 months - no longer valid accreditation level</del>		
409	ACCREDITATION-ORGANIZATION	Accreditation Organization List	11	Not accredited	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

410	ACCREDITATION-ORGANIZATION	Accreditation Organization List	12	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
411	ACCREDITATION-ORGANIZATION	Accreditation Organization List	13	National committee for quality assurance-- accredited	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
412	ACCREDITATION-ORGANIZATION	Accreditation Organization List	14	National committee for quality assurance - interim	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
413	ACCREDITATION-ORGANIZATION	Accreditation Organization List	15	National committee for quality assurance - denied	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
414	<a href="#">ACCREDITATION-ORGANIZATION</a>	<a href="#">Accreditation Organization List</a>	<a href="#">16</a>	<a href="#">JCAHO (Joint Commission on Accreditation of Healthcare Organizations)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
415	<a href="#">ACCREDITATION-ORGANIZATION</a>	<a href="#">Accreditation Organization List</a>	<a href="#">See "VVL Code Description" field</a>	<a href="#">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.</a>  <a href="#">For background and context, see <a href="https://www.ncqa.org/programs/health-plans/health-plan-accreditation-hpa/">https://www.ncqa.org/programs/health-plans/health-plan-accreditation-hpa/</a> and <a href="https://www.aaahc.org/accreditation/accreditation-general-information/terms-of-accreditation/">https://www.aaahc.org/accreditation/accreditation-general-information/terms-of-accreditation/</a></a>	<a href="#">N/A</a>	<a href="#">N/A</a>
416	<del>ACCREDITATION-ORGANIZATION</del>	<del>Accreditation Organization List</del>	<del>Not Applicable</del>	<del>Accreditation Organization List</del>		
417	<del>ACCREDITATION-ORGANIZATION</del>	<del>Accreditation Organization List</del>	<del>Not Applicable</del>	<del>Accreditation Organization List 2</del>		
418	ADDR-BORDER-STATE-IND	Address Border State Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
419	ADDR-BORDER-STATE-IND	Address Border State Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
420	ADDR-BORDER-STATE-IND	Address Border State Indicator List	8	N/A - State does not distinguish "border state providers-"	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
421	<del>ADDR-COUNTY-ELIGIBLE-COUNTY-CODE-MANAGED-CARE-COUNTY</del>	<del>US County Code List</del>	<del>Not Applicable</del>	<del>This URL will take the reader to the American National Standards Institute (ANSI) Website for the various geographical code sets:</del>		
422	<del>ADDR-COUNTY-ELIGIBLE-COUNTY-CODE-MANAGED-CARE-COUNTY</del>	<del>US County Code List</del>	<del>Not Applicable</del>	<del>US County Code List</del>		
423	<del>ADDR-COUNTY-ELIGIBLE-COUNTY-CODE-MANAGED-CARE-COUNTY</del>	<del>US County Code List</del>	<del>Not Applicable</del>	<del>Once at the Website, the reader should scroll down to the section entitled "State and State Equivalents" for the state codes, "FIPS Codes for Outlying Areas of the United States and the Freely Associated States" for the territory codes and "County Subdivision" for the county codes.</del>		



424	<del>ADDR-TYPE</del>	<del>Eligible Address Type List</del>	<del>01</del>	<del>Primary home address and contact information, used for the eligibility determination process</del>		
425	<del>ADDR-TYPE</del>	<del>Provider Address Type List</del>	<del>1</del>	<del>Provider Billing</del>		
426	<del>ADDR-TYPE</del>	<del>Eligible Address Type List</del>	<del>02</del>	<del>Primary work address and contact information</del>		
427	<del>ADDR-TYPE</del>	<del>Provider Address Type List</del>	<del>2</del>	<del>Provider Mailing</del>		
428	<del>ADDR-TYPE</del>	<del>Eligible Address Type List</del>	<del>03</del>	<del>Secondary residence and contact information</del>		
429	<del>ADDR-TYPE</del>	<del>Provider Address Type List</del>	<del>3</del>	<del>Provider Practice</del>		
430	<del>ADDR-TYPE</del>	<del>Eligible Address Type List</del>	<del>04</del>	<del>Secondary work address and contact information</del>		
431	<del>ADDR-TYPE</del>	<del>Provider Address Type List</del>	<del>4</del>	<del>Provider Service Location</del>		
432	<del>ADDR-TYPE</del>	<del>Eligible Address Type List</del>	<del>05</del>	<del>Other category of address and contact information</del>		
433	<del>ADDR-TYPE</del>	<del>Eligible Address Type List</del>	<del>06</del>	<del>Eligible persons official mailing address</del>		
434	<u>ADJUSTMENT-IND</u>	<u>Adjustment Indicator List</u>	<u>0</u>	<u>Original Claim/Encounter/Payment/Financial Transaction - Indicates that this is the first (and, when applicable, only) fully adjudicated transaction in a claim/encounter/payment/financial transaction family (one or more claims with the related ICN-ORIG and/or ICN-ADJ and typically the same MSIS ID and provider ID(s) also).</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
435	<u>ADJUSTMENT-IND</u>	<u>Adjustment Indicator List</u>	<u>1</u>	<u>Void/Reversal/Cancel of a prior submission - Use this code to convey that the purpose of the transaction is to void/reverse/cancel a previously paid/approved claim/encounter/payment/financial transaction where the claim/encounter/payment/financial transaction is not being replaced by a new paid/approved version of the claim/encounter/payment/financial transaction. Typically, this would be the last claim/encounter/payment/financial transaction that would ever be associated with a given claim/encounter/payment/financial transaction family. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter/financial transaction being voided. CMS expects a void transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment/financial transaction being voided/reversed/cancelled.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

436	<u>ADJUSTMENT-IND</u>	<u>Adjustment Indicator List</u>	<u>4</u>	<u>Replacement/Resubmission of a previously paid/approved claim/encounter/payment/financial transaction - Use when the purpose of the transaction is to replace a previously paid/approved claim/encounter/payment/financial transaction with a new paid/approved version of the claim/encounter/payment/financial transaction. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter/payment/financial transaction being replaced. CMS expects a replacement transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment/financial transaction being replaced/resubmitted.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
437	<u>ADJUSTMENT-IND</u>	<u>Adjustment Indicator List</u>	<u>5</u>	<u>Credit Gross Adjustment - Use this code to indicate an aggregate provider-level recoupment of payments (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as negative numbers. If a credit gross adjustment is reported with an ICN that is related to an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the credit gross adjustment with the more recent adjudication/transaction date should completely replace the preceding related gross adjustment. If the ICNs of a credit gross adjustment are not related to any other gross adjustments (credit or debit) then the credit gross adjustment will always be treated as a distinct financial transaction.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
438	<u>ADJUSTMENT-IND</u>	<u>Adjustment Indicator List</u>	<u>6</u>	<u>Debit Gross Adjustment - Use this code to indicate an aggregate provider-level payment to a provider (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as positive numbers. If a debit gross adjustment is reported with an ICN that is related to an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the credit gross adjustment with the more recent adjudication/transaction date should completely replace the preceding related gross adjustment. If the ICNs of a debit gross adjustment are not related to any other gross adjustments (credit or debit) then the debit gross adjustment will always be treated as a distinct financial transaction.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
439	<u>ADJUSTMENT-IND / LINE-ADJUSTMENT-IND</u>	<u>Adjustment Indicator List</u>	<u>0</u>	<u>Original Claim/Encounter/Payment – Indicates that this is the first (and, when applicable, only) fully adjudicated transaction in a claim family (one or more claims with the related ICN-ORIG and/or ICN-ADJ and typically the same MSIS ID and provider ID(s) also).</u>		
440	<u>ADJUSTMENT-IND / LINE-ADJUSTMENT-IND</u>	<u>Adjustment Indicator List</u>	<u>1</u>	<u>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</u>		

				claim/encounter/payment where the claim/encounter/payment is not being replaced by a new paid/approved version of the claim/encounter/payment. Typically, this would be the last claim/encounter/payment that would ever be associated with a given claim family. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter being voided. CMS expects a void transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment being voided/reversed/cancelled.		
441	<del>ADJUSTMENT-IND / LINE-ADJUSTMENT-IND</del>	Adjustment Indicator List	4	<del>Replacement/Resubmission of a previously paid/approved claim/encounter/payment— Use when the purpose of the transaction is to replace a previously paid/approved claim/encounter/payment with a new paid/approved version of the claim/encounter/payment. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter being replaced. CMS expects a replacement transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment being replaced/resubmitted.</del>		
442	<del>ADJUSTMENT-IND / LINE-ADJUSTMENT-IND</del>	Adjustment Indicator List	5	<del>Credit Gross Adjustment— Use this code to indicate an aggregate provider-level recoupment of payments (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as negative numbers. If a credit gross adjustment is reported with an ICN that is related to an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the credit gross adjustment with the more recent adjudication date should completely replace the preceding related gross adjustment. If the ICNs of a credit gross adjustment are not related to any other gross adjustments (credit or debit) then the credit gross adjustment will always be treated as a distinct financial transaction.</del>		
443	<del>ADJUSTMENT-IND / LINE-ADJUSTMENT-IND</del>	Adjustment Indicator List	6	<del>Debit Gross Adjustment— Use this code to indicate an aggregate provider-level payment to a provider (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as positive numbers. If a debit gross adjustment is reported with an ICN that is related to an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the credit gross adjustment with the more recent adjudication date should completely replace the preceding related gross adjustment. If the ICNs of a debit gross adjustment are not related to any other gross adjustments (credit or debit) then the debit gross adjustment will always be treated as a distinct financial transaction.</del>		

444	ADJUSTMENT-REASON-CODE	Adjustment Reason Code List	<del>Not Applicable</del> See "VVL Code Description" field	<del>Adjustment Reason Code List</del> 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 <a href="https://x12.org/codes/claim-adjustment-reason-codes">https://x12.org/codes/claim-adjustment-reason-codes</a>	<del>N/A</del>	<del>N/A</del>
445	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	00	0:00-0:59		
446	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	01	1:00-1:59		
447	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	02	2:00-2:59		
448	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	03	3:00-3:59		
449	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	04	4:00-4:59		
450	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	05	5:00-5:59		
451	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	06	6:00-6:59		
452	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	07	7:00-7:59		
453	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	08	8:00-8:59		
454	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	09	9:00-9:59		
455	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	10	10:00-10:59		
456	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	11	11:00-11:59		
457	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	12	12:00-12:59		

458	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>13</del>	<del>13:00-13:59</del>		
459	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>14</del>	<del>14:00-14:59</del>		
460	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>15</del>	<del>15:00-15:59</del>		
461	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>16</del>	<del>16:00-16:59</del>		
462	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>17</del>	<del>17:00-17:59</del>		
463	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>18</del>	<del>18:00-18:59</del>		
464	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>19</del>	<del>19:00-19:59</del>		
465	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>20</del>	<del>20:00-20:59</del>		
466	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>21</del>	<del>21:00-21:59</del>		
467	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>22</del>	<del>22:00-22:59</del>		
468	<del>ADMISSION-HOUR DISCHARGE-HOUR</del>	Hour List	<del>23</del>	<del>23:00-23:59</del>		
469	ADMISSION-TYPE	Admission Type List	1	<del>EMERGENCY The patient requires immediate medical intervention as a result of severe, life-threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.</del> EMERGENCY	<u>01/01/0001</u>	<u>12/31/9999</u>
470	ADMISSION-TYPE	Admission Type List	2	<del>URGENT The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation.</del> URGENT	<u>01/01/0001</u>	<u>12/31/9999</u>
471	ADMISSION-TYPE	Admission Type List	3	<del>ELECTIVE The patient's condition permits adequate time to schedule the availability of a suitable accommodation.</del> ELECTIVE	<u>01/01/0001</u>	<u>12/31/9999</u>
472	ADMISSION-TYPE	Admission Type List	4	<del>NEWBORN The patient is a newborn delivered either inside the admitting hospital (UB04-FL-15 value 5 [A baby born inside the admitting hospital] or outside of the hospital (UB04-FL-15 value 6 [A baby born outside the admitting hospital]).</del> NEWBORN	<u>01/01/0001</u>	<u>12/31/9999</u>
473	ADMISSION-TYPE	Admission Type List	5	<del>TRAUMA The patient visits a trauma center (A trauma center means a facility licensed or designated by the State or local government authority authorized to do so, or as</del>	<u>01/01/0001</u>	<u>12/31/9999</u>

				verified by the American College of surgeons and involving a trauma activation.)TRAUMA		
474	ADMISSION-TYPE	Admission Type List	9	UNKNOWN-Information not available.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
475	<u>ADMISSION-TYPE</u>	<u>Admission Type List</u>	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 <a href="https://www.nubc.org/license">https://www.nubc.org/license</a>	<u>N/A</u>	<u>N/A</u>
476	<del>ADMITTING-DIAGNOSIS-CODE / DIAGNOSIS-CODE 1 thru DIAGNOSIS-CODE 12</del>	<del>Diagnosis Code List</del>	<del>Not Applicable</del>	<del>Admitting Diagnosis Code List (ICD-9 CM Diagnosis and Procedure Codes)</del>		
477	<del>ADMITTING-DIAGNOSIS-CODE / DIAGNOSIS-CODE 1 thru DIAGNOSIS-CODE 12</del>	<del>Diagnosis Code List</del>	<del>Not Applicable</del>	<del>Admitting Diagnosis Code List (ICD-10)</del>		
478	AFFILIATED-PROGRAM-TYPE	Affiliated Program Type List	2	Health Plan (state-assigned health plan ID) - The value in the AFFILIATED-PROGRAM-ID data element contains the state-assigned health plan Identifier of health plan in which the provider is enrolled to provide services including through the state plan and a waiver.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
479	AFFILIATED-PROGRAM-TYPE	Affiliated Program Type List	3	Waiver - The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for the waiver in which a provider is allowed to deliver services to eligible beneficiaries.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
480	AFFILIATED-PROGRAM-TYPE	Affiliated Program Type List	4	Health Home Entity - The value in the AFFILIATED-PROGRAM-ID data element contains the name of the health home in which a provider is participating. The health home entity is responsible for providing health home services to the patient in conformance with the Health Home SPA. This is the name that the state uses to uniquely identify the health home team. This entity can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals).	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
481	AFFILIATED-PROGRAM-TYPE	Affiliated Program Type List	5	Other - The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for something other than a health plan, waiver, or health home entity.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

482	<u>AFFILIATED-PROGRAM-TYPE</u>	<u>Affiliated Program Type List</u>	<u>6</u>	<u>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.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
483	<u>AFFILIATED-PROGRAM-TYPE</u>	<u>Affiliated Program Type List</u>	<u>7</u>	<u>Fee-For-Service - (This value is used to identify providers that are affiliated directly with the state’s Medicaid or CHIP agency (or their fiscal intermediary) and reimbursed by the Medicaid or CHIP agency on a FFS basis. The value in the AFFILIATED-PROGRAM-ID data element contains the ANSI state code of the state in which the provider is enrolled to provide services including through the state plan and a waiver.)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
484	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>1</del>	<del>Priced using QMB Pricing</del>		
485	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>2</del>	<del>Lab panel bundled</del>		
486	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>4</del>	<del>Priced using RBRVS</del>		
487	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>5</del>	<del>Anesthesia pricing</del>		
488	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>7</del>	<del>APC priced</del>		
489	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>A</del>	<del>Manually priced</del>		
490	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>B</del>	<del>By report</del>		
491	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>C</del>	<del>Maximum fee</del>		
492	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>D</del>	<del>Percent of charges</del>		
493	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>E</del>	<del>Reimbursement Rate</del>		
494	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>F</del>	<del>Lower level screening fee</del>		
495	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>G</del>	<del>Billed Charges</del>		
496	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>H</del>	<del>Denied</del>		
497	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>I</del>	<del>Medicare Coins and deductible</del>		
498	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>J</del>	<del>Daily Per Diem Rate</del>		
499	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>K</del>	<del>Medicare allowed amount</del>		
500	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>L</del>	<del>First 20 days stay</del>		
501	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>M</del>	<del>Medicare prevailing</del>		
502	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>O</del>	<del>APRDRG pricing</del>		
503	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>P</del>	<del>DRG</del>		
504	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>R</del>	<del>DRG w/cost outlier</del>		
505	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>U</del>	<del>DRG priced by proration</del>		
506	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed Charge Source List</del>	<del>V</del>	<del>Mid-level priced</del>		

507	<del>ALLOWED-CHARGE-SRC</del>	<del>Allowed-Charge-Source-List</del>	<del>Z</del>	<del>ATP-Bundled</del>		
508	AMERICAN-INDIAN-ALASKAN-NATIVE-INDICATOR	American Indian Alaska Native Indicator List	0	Individual does not meet the definition of an American Indian/Alaska Native.	<u>01/01/0001</u>	<u>12/31/9999</u>
509	AMERICAN-INDIAN-ALASKAN-NATIVE-INDICATOR	American Indian Alaska Native Indicator List	1	Individual meets the definition of an American Indian/Alaska Native.	<u>01/01/0001</u>	<u>12/31/9999</u>
510	<u>AMERICAN-INDIAN-ALASKA-NATIVE-INDICATOR</u>	<u>American Indian Alaska Native Indicator List</u>	<u>2</u>	<u>Yes, Individual does have CDIB</u>	<u>01/01/0001</u>	<u>02/14/2020</u>
511	<u>ATYPICAL-PROV-IND</u>	<u>Atypical Provider Indicator List</u>	<u>0</u>	<u>No, the State does not consider this to be an atypical provider</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
512	<u>ATYPICAL-PROV-IND</u>	<u>Atypical Provider Indicator List</u>	<u>1</u>	<u>Yes, the State considers this to be an atypical provider</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
513	BED-TYPE-CODE	Bed Type Code List	1	Intermediate Care Facility for the Intellectually Disabled <u>bed not in an Institution for Mental Disease</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
514	BED-TYPE-CODE	Bed Type Code List	2	Inpatient <u>bed not in an Institution for Mental Disease</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
515	BED-TYPE-CODE	Bed Type Code List	3	Nursing Facility <u>bed not in an Institution for Mental Disease</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
516	BED-TYPE-CODE	Bed Type Code List	4	Title 18 Skilled Nursing Facility (T18 SNF) <u>bed not in an Institution for Mental Disease</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
517	<u>BED-TYPE-CODE</u>	<u>Bed Type Code List</u>	<u>5</u>	<u>Intermediate Care Facility for the Intellectually Disabled bed in an Institution for Mental Disease</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
518	<u>BED-TYPE-CODE</u>	<u>Bed Type Code List</u>	<u>6</u>	<u>Inpatient bed in an Institution for Mental Disease</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
519	<u>BED-TYPE-CODE</u>	<u>Bed Type Code List</u>	<u>7</u>	<u>Nursing Facility bed in an Institution for Mental Disease</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

520	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>001</del>	<del>Inpatient Hospital Services</del>		
521	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>002</del>	<del>Outpatient Hospital Services</del>		
522	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>003</del>	<del>Rural health clinic services</del>		
523	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>004</del>	<del>FQHC services</del>		
524	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>005</del>	<del>Other Laboratory and X-Ray Services</del>		
525	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>006</del>	<del>Nursing Facility Services for 21 and over</del>		
526	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>007</del>	<del>EPSDT</del>		
527	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>008</del>	<del>Family Planning Services</del>		
528	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>009</del>	<del>Mandatory tobacco cessation counseling for pregnant women under 1905(a)(4)(D)</del>		
529	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>010</del>	<del>Physicians' Services</del>		
530	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>011</del>	<del>Medical and Surgical Services Furnished by a Dentist</del>		
531	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>012</del>	<del>Nurse-midwife services</del>		



532	BENEFIT-TYPE	Benefit Type Code List	013	Certified pediatric or family nurse practitioners' services		
533	BENEFIT-TYPE	Benefit Type Code List	014	Free Standing Birth Center Services		
534	BENEFIT-TYPE	Benefit Type Code List	015	Home Health Services—Intermittent or part-time nursing services provided by a home health agency		
535	BENEFIT-TYPE	Benefit Type Code List	016	Home Health Services—Home Health Aide Services Provided by a Home Health Agency		
536	BENEFIT-TYPE	Benefit Type Code List	017	Home Health Services—Medical supplies, equipment, and appliances suitable for use in the home		
537	BENEFIT-TYPE	Benefit Type Code List	018	Medical care and any type of remedial care recognized under State law—Podiatrists' Services		
538	BENEFIT-TYPE	Benefit Type Code List	019	Medical care and any type of remedial care recognized under State law—Optometrists' Services		
539	BENEFIT-TYPE	Benefit Type Code List	020	Medical care and any type of remedial care recognized under State law—Chiropractors' Services		
540	BENEFIT-TYPE	Benefit Type Code List	021	Medical care and any type of remedial care recognized under State law—Other Practitioners' Services within scope of practice as defined by State law		
541	BENEFIT-TYPE	Benefit Type Code List	022	Home Health Services—Physical therapy; occupational therapy; speech pathology; audiology provided by a home health agency		
542	BENEFIT-TYPE	Benefit Type Code List	023	Private Duty Nursing		
543	BENEFIT-TYPE	Benefit Type Code List	024	Clinic Services		
544	BENEFIT-TYPE	Benefit Type Code List	025	Dental Services		
545	BENEFIT-TYPE	Benefit Type Code List	026	Physical Therapy and Related Services—Physical Therapy		
546	BENEFIT-TYPE	Benefit Type Code List	027	Physical Therapy and Related Services—Occupational Therapy		
547	BENEFIT-TYPE	Benefit Type Code List	028	Physical Therapy and Related Services—Services for individuals with speech, hearing and language disorders		
548	BENEFIT-TYPE	Benefit Type Code List	029	Prescription drugs, dentures, and prosthetic devices; and eyeglasses—Prescribed Drugs		
549	BENEFIT-TYPE	Benefit Type Code List	030	Prescription drugs, dentures, and prosthetic devices; and eyeglasses—Dentures		
550	BENEFIT-TYPE	Benefit Type Code List	031	Prescription drugs, dentures, and prosthetic devices; and eyeglasses—Prosthetic Devices		
551	BENEFIT-TYPE	Benefit Type Code List	032	Prescription drugs, dentures, and prosthetic devices; and eyeglasses—Eyeglasses		
552	BENEFIT-TYPE	Benefit Type Code List	033	Other diagnostic, screening, preventive, and rehabilitative services—Diagnostic Services		
553	BENEFIT-TYPE	Benefit Type Code List	034	Other diagnostic, screening, preventive, and rehabilitative services—Screening Services		
554	BENEFIT-TYPE	Benefit Type Code List	035	Other diagnostic, screening, preventive, and rehabilitative services—Preventive Services		
555	BENEFIT-TYPE	Benefit Type Code List	036	Other diagnostic, screening, preventive, and rehabilitative services—Rehabilitative Services		
556	BENEFIT-TYPE	Benefit Type Code List	037	Services for individuals over age 65 in IMDs—Inpatient hospital services		

557	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>038</del>	<del>Services for individuals over age 65 in IMDs—Nursing facility services</del>		
558	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>039</del>	<del>Intermediate Care Facility Services for individuals with intellectual disabilities or persons with related conditions</del>		
559	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>040</del>	<del>Inpatient psychiatric facility services for under 21</del>		
560	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>041</del>	<del>Hospice Care</del>		
561	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>042</del>	<del>Case Management Services and TB-related services—Case management services as defined in the State Plan in accordance with section 1905(a)(19) or 1915(g)</del>		
562	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>043</del>	<del>Case Management Services and TB-related services—Special TB-related services under section 1902(z)(2)</del>		
563	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>044</del>	<del>Respiratory care services under 1902(e)9)(A) through (C)</del>		
564	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>045</del>	<del>Personal care services</del>		
565	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>046</del>	<del>Primary care case management services</del>		
566	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>047</del>	<del>Special sickle-cell anemia-related services</del>		
567	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>048</del>	<del>Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary—Transportation</del>		
568	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>049</del>	<del>Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary—Services provided in religious non-medical health care facilities</del>		
569	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>050</del>	<del>Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary—Nursing facility services for patients under 21</del>		
570	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>051</del>	<del>Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary—Emergency hospital services</del>		
571	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>052</del>	<del>Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary—Critical Access Hospitals</del>		
572	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>053</del>	<del>Extended services for pregnant women—Additional Services for any other medical conditions that may complicate pregnancy</del>		
573	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>054</del>	<del>Community First Choice</del>		
574	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>055</del>	<del>Health Home Services</del>		
575	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>056</del>	<del>Limited Pregnancy-Related Services for Pregnant Women with Income Above the Applicable Income Limit</del>		
576	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>057</del>	<del>Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period</del>		
577	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>058</del>	<del>Benefits for Families Receiving Transitional Medical Assistance</del>		
578	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>059</del>	<del>Standards for Coverage of Transplant Services</del>		

579	BENEFIT-TYPE	Benefit Type Code List	060	School-Based Services Payment Methodologies		
580	BENEFIT-TYPE	Benefit Type Code List	061	Indian Health Services and Tribal Health Facilities		
581	BENEFIT-TYPE	Benefit Type Code List	062	Methods and Standards to Assure High Quality Care		
582	BENEFIT-TYPE	Benefit Type Code List	063	Medicare Premium Payments		
583	BENEFIT-TYPE	Benefit Type Code List	064	Medicare Coinsurance and Deductibles		
584	BENEFIT-TYPE	Benefit Type Code List	065	Other Medical Insurance Premium Payments		
585	BENEFIT-TYPE	Benefit Type Code List	066	Programs for Distribution of Pediatric Vaccines		
586	BENEFIT-TYPE	Benefit Type Code List	067	Laboratory and x-ray services		
587	BENEFIT-TYPE	Benefit Type Code List	068	Home Health Services—Home health aide services provided by a home health agency		
588	BENEFIT-TYPE	Benefit Type Code List	069	Private duty nursing services		
589	BENEFIT-TYPE	Benefit Type Code List	070	Physical Therapy and Related Services—Audiology services		
590	BENEFIT-TYPE	Benefit Type Code List	071	Extended services for pregnant women—Additional Pregnancy related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.		
591	BENEFIT-TYPE	Benefit Type Code List	072	Home and Community Care for Functionally Disabled Elderly individuals as defined and described in the State Plan		
592	BENEFIT-TYPE	Benefit Type Code List	073	Emergency services for certain legalized aliens and undocumented aliens		
593	BENEFIT-TYPE	Benefit Type Code List	074	Licensed or Otherwise State-Approved Free-Standing Birthing Center and other ambulatory services that are offered by a freestanding birth center		
594	BENEFIT-TYPE	Benefit Type Code List	075	Homemaker		
595	BENEFIT-TYPE	Benefit Type Code List	076	Home Health Aide		
596	BENEFIT-TYPE	Benefit Type Code List	077	Adult Day Health services		
597	BENEFIT-TYPE	Benefit Type Code List	078	Habilitation		
598	BENEFIT-TYPE	Benefit Type Code List	079	Habilitation: Residential Habilitation		
599	BENEFIT-TYPE	Benefit Type Code List	080	Habilitation: Supported Employment		
600	BENEFIT-TYPE	Benefit Type Code List	081	Habilitation: Education (non-IDEA available)		
601	BENEFIT-TYPE	Benefit Type Code List	082	Habilitation: Day Habilitation		
602	BENEFIT-TYPE	Benefit Type Code List	083	Habilitation: Pre-Vocational		
603	BENEFIT-TYPE	Benefit Type Code List	084	Habilitation: Other Habilitative Services		
604	BENEFIT-TYPE	Benefit Type Code List	085	Respite		
605	BENEFIT-TYPE	Benefit Type Code List	086	Day Treatment (mental health service)		
606	BENEFIT-TYPE	Benefit Type Code List	087	Psychosocial rehabilitation		
607	BENEFIT-TYPE	Benefit Type Code List	088	Environmental Modifications (Home Accessibility Adaptations)		

608	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>089</del>	<del>Vehicle Modifications</del>		
609	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>090</del>	<del>Non-Medical Transportation</del>		
610	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>091</del>	<del>Special Medical Equipment (minor assistive Devices)</del>		
611	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>092</del>	<del>Home-Delivered meals</del>		
612	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>093</del>	<del>Assistive Technology (i.e., communication devices)</del>		
613	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>094</del>	<del>Personal Emergency Response (PERS)</del>		
614	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>095</del>	<del>Nursing Services</del>		
615	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>096</del>	<del>Community Transition Services</del>		
616	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>097</del>	<del>Adult Foster Care</del>		
617	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>098</del>	<del>Day Supports (non-habilitative)</del>		
618	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>099</del>	<del>Supported Employment</del>		
619	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>100</del>	<del>Supported Living Arrangements</del>		
620	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>101</del>	<del>Supports for Consumer Direction (Supports Facilitation)</del>		
621	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>102</del>	<del>Participant Directed Goods and Services</del>		
622	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>103</del>	<del>Senior Companion (Adult Companion Services)</del>		
623	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>104</del>	<del>Assisted Living</del>		
624	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>105</del>	<del>Program for All-inclusive Care for the Elderly (PACE) Services</del>		
625	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>106</del>	<del>Self-directed Personal Assistance Services under 1915(j)</del>		
626	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>107</del>	<del>In-vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARSCoV2 or the diagnosis of the virus that causes COVID19, and the administration of such in-vitro diagnostic products</del>		
627	<del>BENEFIT-TYPE</del>	<del>Benefit Type Code List</del>	<del>108</del>	<del>COVID19 testing related services</del>		
628	BILLING-UNIT	Billing Unit List	01	Per Day	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
629	BILLING-UNIT	Billing Unit List	02	Per Hour	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
630	BILLING-UNIT	Billing Unit List	03	Per Case	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
631	BILLING-UNIT	Billing Unit List	04	Per Encounter	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
632	BILLING-UNIT	Billing Unit List	05	Per Week	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
633	BILLING-UNIT	Billing Unit List	06	Per Month	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
634	BILLING-UNIT	Billing Unit List	07	Other Arrangements	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
635	BORDER-STATE-IND	Border State Indicator List	0	No	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>

636	BORDER-STATE-IND	Border State Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
637	BRAND-GENERIC-IND	Brand Generic Indicator List	0	<del>Not a Non-Drug</del>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
638	BRAND-GENERIC-IND	Brand Generic Indicator List	1	Generic	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
639	BRAND-GENERIC-IND	Brand Generic Indicator List	2	Brand	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
640	<a href="#">CATEGORY-FOR-FEDERAL-REIMBURSEMENT</a>	<a href="#">Category for Federal Reimbursement List</a>	<a href="#">01</a>	<a href="#">Federal funding under Title XIX</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
641	<a href="#">CATEGORY-FOR-FEDERAL-REIMBURSEMENT</a>	<a href="#">Category for Federal Reimbursement List</a>	<a href="#">02</a>	<a href="#">Federal funding under Title XXI</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
642	<a href="#">CATEGORY-FOR-FEDERAL-REIMBURSEMENT</a>	<a href="#">Category for Federal Reimbursement List</a>	<a href="#">03</a>	<a href="#">Federal funding under ACA</a>	<a href="#">01/01/0001</a>	<a href="#">09/30/2020</a>
643	<a href="#">CATEGORY-FOR-FEDERAL-REIMBURSEMENT</a>	<a href="#">Category for Federal Reimbursement List</a>	<a href="#">04</a>	<a href="#">Federal funding under other legislation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
644	CHIP-CODE	CHIP Code List	0	Individual was not Medicaid eligible and not eligible for separate CHIP for the month <del>*End Dated 20200214</del>	<a href="#">01/01/0001</a>	<a href="#">02/14/2020</a>
645	CHIP-CODE	CHIP Code List	1	Individual was Medicaid eligible, but was not included in either Medicaid-Expansion CHIP or a separate title XXI CHIP) program for the month. <del>These include blind and disabled people and low income families with dependent children.</del>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
646	CHIP-CODE	CHIP Code List	2	Individual was included in the Medicaid-Expansion CHIP program and subject to enhanced Federal matching for the month. <del>States with Medicaid-Expansion programs have built upon existing Medicaid programs to include low income children whose family incomes are above Medicaid income eligibility thresholds.</del>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
647	CHIP-CODE	CHIP Code List	3	Individual was not Medicaid-Expansion CHIP eligible, but was included in a separate title XXI CHIP program for the month. <del>States using Separate CHIP have used CHIP funds to create separate programs outside of their Medicaid programs.</del>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
648	CITIZENSHIP-IND	Citizenship Indicator List	0	<del>Non-citizen</del>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
649	CITIZENSHIP-IND	Citizenship Indicator List	1	<del>Yes</del> <a href="#">U.S. Citizen (If the state's eligibility determination system does not distinguish between U.S. citizens and U.S. nationals who are not U.S. citizens, then use this value for all U.S. citizens and U.S. nationals (see 42 CFR 435 and 436.))</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
650	<a href="#">CITIZENSHIP-IND</a>	<a href="#">Citizenship Indicator List</a>	<a href="#">2</a>	<a href="#">U.S. National (If the state's eligibility determination system does distinguish between U.S. citizens and U.S. nationals who are not U.S. citizens, then use this value for U.S. nationals who are not U.S. citizens (see 42 CFR 435 and 436.))</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
651	CITIZENSHIP-VERIFICATION-FLAG	Citizenship Verification Flag List	0	Citizenship Verified	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

652	CITIZENSHIP-VERIFICATION-FLAG	Citizenship Verification Flag List	1	Enrolled in Medicaid pending citizenship verification	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
653	CLAIM-DENIED-INDICATOR	Claim Denied Indicator List	0	Denied: The payment of claim in its entirety was denied by the state.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
654	CLAIM-DENIED-INDICATOR	Claim Denied Indicator List	1	Not Denied: The state paid some or all of the claim.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
655	<a href="#">CLAIM-PYMT-REM-CODE</a>	<a href="#">Claim Payment Remittance Code List</a>	See <a href="#">"VVL Code Description" field</a>	<a href="#">This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version.</a>  <a href="#">For background and context, see <a href="https://x12.org/codes/remittance-advice-remark-codes">https://x12.org/codes/remittance-advice-remark-codes</a></a>	<a href="#">N/A</a>	<a href="#">N/A</a>
656	<del>CLAIM-LINE-STATUS / CLAIM-STATUS</del>	<del>Claim Status List</del>	<del>Not Applicable</del>	<del>Link to Claim Status List</del>		
657	<a href="#">CLAIM-STATUS</a>	<a href="#">Claim Status Code List</a>	See <a href="#">"VVL Code Description" field</a>	<a href="#">This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version.</a>  <a href="#">For background and context, see <a href="https://x12.org/codes/claim-status-codes">https://x12.org/codes/claim-status-codes</a> and <a href="https://x12.org/codes/claim-status-codes">https://x12.org/codes/claim-status-codes</a></a>	<a href="#">N/A</a>	<a href="#">N/A</a>
658	<del>CLAIM-PYMT-REM-CODE-1 to CLAIM-PYMT-REM-CODE-4</del>	<del>Claim Payment Remittance Code List</del>	<del>Not Applicable</del>	<del>Claim Payment Remittance Code List</del>		
659	CLAIM-STATUS-CATEGORY	Claim Status Category List	<del>Not Applicable</del> See <a href="#">"VVL Code Description" field</a>	<del>Link to Claim Status Category List</del> <a href="#">This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version.</a>  <a href="#">For background and context, see <a href="http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/">http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/</a></a>	<a href="#">N/A</a>	<a href="#">N/A</a>
660	<del>CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT</del>	<del>CMS-64 Category for Federal Reimbursement List</del>	<del>01</del>	<del>Federal funding under Title XIX</del>		

661	<del>CMS-64 CATEGORY FOR-FEDERAL REIMBURSEMENT</del>	<del>CMS-64 Category for Federal Reimbursement List</del>	<del>02</del>	<del>Federal funding under Title XXI</del>		
662	<del>CMS-64 CATEGORY FOR-FEDERAL REIMBURSEMENT</del>	<del>CMS-64 Category for Federal Reimbursement List</del>	<del>03</del>	<del>Federal funding under ACA *Code end dated 20200920</del>		
663	<del>CMS-64 CATEGORY FOR-FEDERAL REIMBURSEMENT</del>	<del>CMS-64 Category for Federal Reimbursement List</del>	<del>04</del>	<del>Federal funding under other legislation</del>		
664	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	01	Capsule	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
665	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	02	Ointment	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
666	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	03	Cream	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
667	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	04	Suppository	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
668	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	05	Powder	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
669	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	06	Emulsion	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
670	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	07	Liquid	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
671	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	10	Tablet	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
672	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	11	Solution	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
673	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	12	Suspension	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
674	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	13	Lotion	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
675	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	14	Shampoo	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
676	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	15	Elixir	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
677	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	16	Syrup	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
678	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	17	Lozenge	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
679	COMPOUND-DOSAGE-FORM	Compound Dosage Form List	18	Enema	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
680	<a href="#">COMPOUND-DOSAGE-FORM</a>	<a href="#">Compound Dosage Form List</a>	<a href="#">See "VVL Code Description" field</a>	<a href="#">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.</a>  <a href="#">For background and context, see https://www.ncdpd.org/</a>	<a href="#">N/A</a>	<a href="#">N/A</a>
681	COMPOUND-DRUG-IND	Compound Drug Indicator List	0	Not Compound	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
682	COMPOUND-DRUG-IND	Compound Drug Indicator List	1	Compound	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

683	CONCEPTION-TO-BIRTH-IND	Conception to Birth Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
684	CONCEPTION-TO-BIRTH-IND	Conception to Birth Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
685	<a href="#">CONTINUOUS-ELIGIBILITY-CODE</a>	<a href="#">Continuous Eligibility Code List</a>	<a href="#">001</a>	<a href="#">Continuous eligibility for children (optional per SSA 1902(e)(12) or 2105(a)(4)(A))</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
686	<a href="#">CONTINUOUS-ELIGIBILITY-CODE</a>	<a href="#">Continuous Eligibility Code List</a>	<a href="#">002</a>	<a href="#">1115 waiver for continuous eligibility</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
687	<a href="#">CONTINUOUS-ELIGIBILITY-CODE</a>	<a href="#">Continuous Eligibility Code List</a>	<a href="#">995</a>	<a href="#">Other</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
688	COPAY-WAIVED-IND	Copay Waived Indicator List	0	Not Waived: The provider did not waive the beneficiary's copayment.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
689	COPAY-WAIVED-IND	Copay Waived Indicator List	1	Waived: The provider waived the beneficiary's copayment.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
690	CORE-BASED-STATISTICAL-AREA-CODE	Core Based Statistical Area Code List	1	The MCOs service area falls partially or entirely inside one or more metropolitan areas.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
691	CORE-BASED-STATISTICAL-AREA-CODE	Core Based Statistical Area Code List	2	The MCOs service area falls partially or entirely inside one or more micropolitan areas, but not within any metropolitan areas.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
692	CORE-BASED-STATISTICAL-AREA-CODE	Core Based Statistical Area Code List	3	The MCOs service area falls entirely outside of all metropolitan and micropolitan areas.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
693	<a href="#">COUNTY</a>	<a href="#">US County Code List</a>	<a href="#">See "VVL Code Description" field</a>	<a href="#">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.</a>  <a href="#">For background and context, see <a href="https://www.census.gov/library/reference/code-lists/ansi.html#cou">https://www.census.gov/library/reference/code-lists/ansi.html#cou</a></a>	<a href="#">N/A</a>	<a href="#">N/A</a>
694	COVERAGE-TYPE	Coverage Type List	01	Drug	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
695	COVERAGE-TYPE	Coverage Type List	02	Professional (Physician) Visit - Office	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
696	COVERAGE-TYPE	Coverage Type List	03	Dental Care	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
697	COVERAGE-TYPE	Coverage Type List	04	Inpatient Hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
698	COVERAGE-TYPE	Coverage Type List	05	Outpatient Hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
699	COVERAGE-TYPE	Coverage Type List	06	Nursing Home	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
700	COVERAGE-TYPE	Coverage Type List	07	Vision	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
701	COVERAGE-TYPE	Coverage Type List	08	Durable Med Equip (rent)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>



702	COVERAGE-TYPE	Coverage Type List	09	Durable Med Equip (purchase)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
703	COVERAGE-TYPE	Coverage Type List	10	Home Health	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
704	COVERAGE-TYPE	Coverage Type List	11	Mental health - outpatient	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
705	COVERAGE-TYPE	Coverage Type List	12	Mental health - inpatient	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
706	COVERAGE-TYPE	Coverage Type List	13	Psychiatric care- outpatient	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
707	COVERAGE-TYPE	Coverage Type List	14	Psychiatric care- inpatient	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
708	COVERAGE-TYPE	Coverage Type List	15	Rehabilitation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
709	COVERAGE-TYPE	Coverage Type List	16	Cancer	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
710	COVERAGE-TYPE	Coverage Type List	17	Emergency Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
711	COVERAGE-TYPE	Coverage Type List	18	Chiropractic	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
712	COVERAGE-TYPE	Coverage Type List	19	Surgical	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
713	COVERAGE-TYPE	Coverage Type List	20	Diagnostic Medical, including X-ray and Lab Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
714	COVERAGE-TYPE	Coverage Type List	21	PT/OT/ST	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
715	COVERAGE-TYPE	Coverage Type List	22	Hospice	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
716	COVERAGE-TYPE	Coverage Type List	23	Transportation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
717	COVERAGE-TYPE	Coverage Type List	98	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
718	CROSSOVER-INDICATOR	Crossover Indicator List	0	Not Crossover Claim	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
719	CROSSOVER-INDICATOR	Crossover Indicator List	1	Crossover Claim	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
720	<a href="#">DATA-DICTIONARY-VERSION</a>	<a href="#">Data Dictionary Version List</a>	<a href="#">DEC13V2.3</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
721	<a href="#">DATA-DICTIONARY-VERSION</a>	<a href="#">Data Dictionary Version List</a>	<a href="#">NOV07V2.1</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
722	<a href="#">DATA-DICTIONARY-VERSION</a>	<a href="#">Data Dictionary Version List</a>	<a href="#">NOV13V1.1</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
723	<a href="#">DATA-DICTIONARY-VERSION</a>	<a href="#">Data Dictionary Version List</a>	<a href="#">NOV15V2.0</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
724	<a href="#">DATA-DICTIONARY-VERSION</a>	<a href="#">Data Dictionary Version List</a>	<a href="#">NOV17V2.1</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
725	<a href="#">DATA-DICTIONARY-VERSION</a>	<a href="#">Data Dictionary Version List</a>	<a href="#">NOV23V2.2</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
726	<a href="#">DATA-DICTIONARY-VERSION</a>	<a href="#">Data Dictionary Version List</a>	<a href="#">v2.4.0</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
727	<a href="#">DATA-DICTIONARY-VERSION</a>	<a href="#">Data Dictionary Version List</a>	<a href="#">v3.0.0</a>		<a href="#">06/27/2022</a>	<a href="#">12/31/9999</a>
728	<a href="#">DATA-DICTIONARY-VERSION</a>	<a href="#">Data Dictionary Version List</a>	<a href="#">v4.0.0</a>		<a href="#">02/14/2025</a>	<a href="#">12/31/9999</a>

729	<u>DIAGNOSIS-CODE</u>	<u>Diagnosis Code List</u>	See <u>"VVL Code Description"</u> 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 CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version.  For background and context, see <a href="https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes">https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes</a>	<u>N/A</u>	<u>N/A</u>
730	<del>DIAGNOSIS-CODE-FLAG-1 to DIAGNOSIS-CODE-FLAG-12/ ADMITTING-DIAGNOSIS-CODE-FLAG</del>	<del>Diagnosis Code Flag List</del>	<del>1</del>	<del>ICD-9</del>		
731	<del>DIAGNOSIS-CODE-FLAG-1 to DIAGNOSIS-CODE-FLAG-12/ ADMITTING-DIAGNOSIS-CODE-FLAG</del>	<del>Diagnosis Code Flag List</del>	<del>2</del>	<del>ICD-10</del>		
732	<u>DIAGNOSIS-CODE-FLAG</u>	<u>Diagnosis Code Flag List</u>	<u>1</u>	<u>ICD-9</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
733	<u>DIAGNOSIS-CODE-FLAG</u>	<u>Diagnosis Code Flag List</u>	<u>2</u>	<u>ICD-10</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
734	<del>DIAGNOSIS-POA-FLAG-1 to DIAGNOSIS-POA-FLAG-12</del>	Diagnosis POA Flag List	1	<u>Unreported/Not used.</u> Exempt from POA reporting.	<u>01/01/0001</u>	<u>12/31/9999</u>
735	<del>DIAGNOSIS-POA-FLAG-1 to DIAGNOSIS-POA-FLAG-12</del>	Diagnosis POA Flag List	N	Diagnosis was not present at time of inpatient admission	<u>01/01/0001</u>	<u>12/31/9999</u>
736	<u>DIAGNOSIS-POA-FLAG</u>	<u>Diagnosis POA Flag List</u>	See <u>"VVL Code Description"</u> 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 CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version.  For background and context, see <a href="https://www.nubc.org/license">https://www.nubc.org/license</a>	<u>N/A</u>	<u>N/A</u>
737	<del>DIAGNOSIS-POA-FLAG-1 to DIAGNOSIS-POA-FLAG-12</del>	Diagnosis POA Flag List	U	Documentation insufficient to determine if condition was present at the time of inpatient admission	<u>01/01/0001</u>	<u>12/31/9999</u>
738	<del>DIAGNOSIS-POA-FLAG-1 to DIAGNOSIS-POA-FLAG-12</del>	Diagnosis POA Flag List	W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.	<u>01/01/0001</u>	<u>12/31/9999</u>

739	DIAGNOSIS-POA-FLAG- <del>1 to</del> <del>DIAGNOSIS-POA-FLAG-12</del>	Diagnosis POA Flag List	Y	Diagnosis was present at time of inpatient admission	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
740	<a href="#">DIAGNOSIS-TYPE</a>	<a href="#">Diagnosis Type List</a>	<a href="#">A</a>	<a href="#">Admitting (from 837I or UB-04 claim for IP and LT)</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
741	<a href="#">DIAGNOSIS-TYPE</a>	<a href="#">Diagnosis Type List</a>	<a href="#">D</a>	<a href="#">Diagnosis Code #1-5 (from NCPDP claim for RX) or #1-12 (from 837P, CMS-1500, 837D, or ADA claim for OT)</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
742	<a href="#">DIAGNOSIS-TYPE</a>	<a href="#">Diagnosis Type List</a>	<a href="#">E</a>	<a href="#">External Cause of Injury #1-12 (from 837I claim for IP, LT, and OT)</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
743	<a href="#">DIAGNOSIS-TYPE</a>	<a href="#">Diagnosis Type List</a>	<a href="#">O</a>	<a href="#">Other Diagnosis #1-24 (for IP, LT) or #1-12 (from 837I or UB-04 claim for OT)</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
744	<a href="#">DIAGNOSIS-TYPE</a>	<a href="#">Diagnosis Type List</a>	<a href="#">P</a>	<a href="#">Principal (from 837I or UB-04 claim for IP, LT, and OT)</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
745	<a href="#">DIAGNOSIS-TYPE</a>	<a href="#">Diagnosis Type List</a>	<a href="#">R</a>	<a href="#">Reason for Visit #1-3 (from 837I claim for OT)</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
746	DISABILITY-TYPE-CODE	Disability Type Code List	01	Individual is deaf or has serious difficulty hearing.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
747	DISABILITY-TYPE-CODE	Disability Type Code List	02	Individual is blind or has serious difficulty seeing, even when wearing glasses.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
748	DISABILITY-TYPE-CODE	Disability Type Code List	03	Individual has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. (Applicable only to people who are 5 years old or older.)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
749	DISABILITY-TYPE-CODE	Disability Type Code List	04	Individual has serious difficulty walking or climbing stairs. (Applicable only to people who are 5 years old or older.)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
750	DISABILITY-TYPE-CODE	Disability Type Code List	05	Individual has difficulty dressing or bathing. (Applicable only to people who are 5 years old or older.)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
751	DISABILITY-TYPE-CODE	Disability Type Code List	06	Individual has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. (Applicable only to people who are 15 years old or older.)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
752	DISABILITY-TYPE-CODE	Disability Type Code List	07	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
753	DISABILITY-TYPE-CODE	Disability Type Code List	08	None	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
754	<a href="#">DRUG-UTILIZATION-CODE</a>	<a href="#">Drug Utilization Code List</a>	<a href="#">See "VVL Code Description" field</a>	<a href="#">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.</a>  <a href="#">For background and context, see https://www.ncdpd.org/</a>	<a href="#">N/A</a>	<a href="#">N/A</a>

755	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	AD	<del>439-E4: Additional Drug Needed</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
756	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	AN	<del>439-E4: Prescription Authentication</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
757	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	AR	<del>439-E4: Adverse Drug Reaction</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
758	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	AT	<del>439-E4: Additive Toxicity</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
759	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	CD	<del>439-E4: Chronic Disease Management</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
760	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	CH	<del>439-E4: Call Help Desk</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
761	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	CS	<del>439-E4: Patient Complaint/Symptom</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
762	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	DA	<del>439-E4: Drug-Allergy</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
763	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	DC	<del>439-E4: Drug-Disease (Inferred)</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
764	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	DD	<del>439-E4: Drug-Drug Interaction</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
765	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	DF	<del>439-E4: Drug-Food interaction</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
766	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	DI	<del>439-E4: Drug Incompatibility</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
767	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	DL	<del>439-E4: Drug-Lab Conflict</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
768	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	DM	<del>439-E4: Apparent Drug Misuse</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
769	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	DS	<del>439-E4: Tobacco Use</del>	<u>01/01/0001</u>	<u>12/31/9999</u>

770	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	ED	<del>439-E4: Patient Education/Instruction</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
771	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	ER	<del>439-E4: Overuse</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
772	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	EX	<del>439-E4: Excessive Quantity</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
773	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	HD	<del>439-E4: High Dose</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
774	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	IC	<del>439-E4: Iatrogenic Condition</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
775	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	ID	<del>439-E4: Ingredient Duplication</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
776	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	LD	<del>439-E4: Low Dose</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
777	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	LK	<del>439-E4: Lock In Recipient</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
778	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	LR	<del>439-E4: Underuse</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
779	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	MC	<del>439-E4: Drug-Disease (Reported)</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
780	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	MN	<del>439-E4: Insufficient Duration</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
781	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	MS	<del>439-E4: Missing Information/Clarification</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
782	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	MX	<del>439-E4: Excessive Duration</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
783	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	NA	<del>439-E4: Drug Not Available</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
784	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	NC	<del>439-E4: Non-covered Drug Purchase</del>	<u>01/01/0001</u>	<u>12/31/9999</u>

785	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	ND	<u>439-E4: New Disease/Diagnosis</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
786	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	NF	<u>439-E4: Non-Formulary Drug</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
787	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	NN	<u>439-E4: Unnecessary Drug</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
788	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	NP	<u>439-E4: New Patient Processing</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
789	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	NR	<u>439-E4: Lactation/Nursing Interaction</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
790	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	NS	<u>439-E4: Insufficient Quantity</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
791	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	OH	<u>439-E4: Alcohol Conflict</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
792	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	PA	<u>439-E4: Drug-Age</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
793	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	PC	<u>439-E4: Patient Question/Concern</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
794	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	PG	<u>439-E4: Drug-Pregnancy</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
795	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	PH	<u>439-E4: Preventive Health Care</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
796	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	PN	<u>439-E4: Prescriber Consultation</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
797	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	PP	<u>439-E4: Plan Protocol</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
798	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	PR	<u>439-E4: Prior Adverse Reaction</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
799	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	PS	<u>439-E4: Product Selection Opportunity</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

800	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	RE	<u>439-E4: Suspected Environmental Risk</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
801	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	RF	<u>439-E4: Health Provider Referral</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
802	<u>DRUG-UTILIZATION-CODE-E4</u>	<u>Drug Utilization Reason for Service Code List</u>	<u>SC</u>	<u>439-E4: Suboptimal Compliance</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
803	<u>DRUG-UTILIZATION-CODE-E4</u>	<u>Drug Utilization Reason for Service Code List</u>	<u>SD</u>	<u>439-E4: Suboptimal Drug/Indication</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
804	<u>DRUG-UTILIZATION-CODE-E4</u>	<u>Drug Utilization Reason for Service Code List</u>	<u>SE</u>	<u>439-E4: Side Effect</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
805	<u>DRUG-UTILIZATION-CODE-E4</u>	<u>Drug Utilization Reason for Service Code List</u>	<u>SF</u>	<u>439-E4: Suboptimal Dosage Form</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
806	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	SR	<u>439-E4: Suboptimal Regimen</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
807	<u>DRUG-UTILIZATION-CODE-E4</u>	<u>Drug Utilization Reason for Service Code List</u>	<u>SX</u>	<u>439-E4: Drug-Gender</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
808	DRUG-UTILIZATION-CODE- <del>(439-E4, Reason for Service Code)</del>	Drug Utilization Reason for Service Code List	TD	<u>439-E4: Therapeutic</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
809	<u>DRUG-UTILIZATION-CODE-E4</u>	<u>Drug Utilization Reason for Service Code List</u>	<u>TN</u>	<u>439-E4: Laboratory Test Needed</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
810	<u>DRUG-UTILIZATION-CODE-E4</u>	<u>Drug Utilization Reason for Service Code List</u>	<u>TP</u>	<u>439-E4: Payer/Processor Question</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

811	DRUG-UTILIZATION-CODE- <del>(441-E6, Result of Service Code)-E5</del>	Drug Utilization <del>Result of Professional</del> Service Code List	00	<del>Not Specified</del> <u>440-E5: No intervention</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
812	<del>DRUG-UTILIZATION-CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>1A</del>	<del>Filled As Is, False Positive</del>		
813	<del>DRUG-UTILIZATION-CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>1B</del>	<del>Filled Prescription As Is</del>		
814	<del>DRUG-UTILIZATION-CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>1C</del>	<del>Filled, With Different Dose</del>		

815	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>1D</del>	<del>Filled, With Different Directions</del>		
816	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>1E</del>	<del>Filled, With Different Drug</del>		
817	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>1F</del>	<del>Filled, With Different Quantity</del>		
818	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>1G</del>	<del>Filled, With Prescriber Approval</del>		
819	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>1H</del>	<del>Brand to Generic Change</del>		
820	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>1J</del>	<del>Rx to OTC Change</del>		
821	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>1K</del>	<del>Filled with Different Dosage Form</del>		
822	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>2A</del>	<del>Prescription Not Filled</del>		
823	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>2B</del>	<del>Not Filled, Directions Clarified</del>		
824	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>3A</del>	<del>Recommendation Accepted</del>		
825	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>3B</del>	<del>Recommendation Not Accepted</del>		
826	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>3C</del>	<del>Discontinued Drug</del>		
827	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>3D</del>	<del>Regimen Changed</del>		
828	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>3E</del>	<del>Therapy Changed</del>		
829	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>3F</del>	<del>Therapy Changed-cost increased-acknowledged</del>		
830	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>3G</del>	<del>Drug Therapy Unchanged</del>		
831	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>3H</del>	<del>Follow Up/Report</del>		
832	<del>DRUG UTILIZATION CODE (441-E6, Result of Service Code)</del>	<del>Drug Utilization Result of Service Code List</del>	<del>3J</del>	<del>Patient Referral</del>		



833	<del>DRUG-UTILIZATION-CODE (441-E6, Result of Service Code)</del>	Drug Utilization Result of Service Code List	3K	Instructions Understood		
834	<del>DRUG-UTILIZATION-CODE (441-E6, Result of Service Code)</del>	Drug Utilization Result of Service Code List	3M	Compliance Aid Provided		
835	<del>DRUG-UTILIZATION-CODE (441-E6, Result of Service Code)</del>	Drug Utilization Result of Service Code List	3N	Medication Administered		
836	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	00	No intervention		
837	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	AS	<u>440-E5</u> : Patient assessment	<u>01/01/0001</u>	<u>12/31/9999</u>
838	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	CC	<u>440-E5</u> : Coordination of care	<u>01/01/0001</u>	<u>12/31/9999</u>
839	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	DE	<u>440-E5</u> : Dosing evaluation/determination	<u>01/01/0001</u>	<u>12/31/9999</u>
840	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	FE	<u>440-E5</u> : Formulary enforcement	<u>01/01/0001</u>	<u>12/31/9999</u>
841	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	GP	<u>440-E5</u> : Generic product selection	<u>01/01/0001</u>	<u>12/31/9999</u>
842	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	M0	<u>440-E5</u> : Prescriber consulted	<u>01/01/0001</u>	<u>12/31/9999</u>
843	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	MA	<u>440-E5</u> : Medication administration	<u>01/01/0001</u>	<u>12/31/9999</u>
844	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	MR	<u>440-E5</u> : Medication review	<u>01/01/0001</u>	<u>12/31/9999</u>
845	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	P0	<u>440-E5</u> : Patient consulted	<u>01/01/0001</u>	<u>12/31/9999</u>
846	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	PE	<u>440-E5</u> : Patient education/instruction	<u>01/01/0001</u>	<u>12/31/9999</u>
847	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	PH	<u>440-E5</u> : Patient medication history	<u>01/01/0001</u>	<u>12/31/9999</u>
848	<del>DRUG-UTILIZATION-CODE (440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	PM	<u>440-E5</u> : Patient monitoring	<u>01/01/0001</u>	<u>12/31/9999</u>

849	DRUG-UTILIZATION-CODE- <del>(440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	PT	<u>440-E5</u> : Perform laboratory test	<u>01/01/0001</u>	<u>12/31/9999</u>
850	DRUG-UTILIZATION-CODE- <del>(440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	RO	<u>440-E5</u> : Pharmacist consulted other source	<u>01/01/0001</u>	<u>12/31/9999</u>
851	DRUG-UTILIZATION-CODE- <del>(440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	RT	<u>440-E5</u> : Recommend laboratory test	<u>01/01/0001</u>	<u>12/31/9999</u>
852	DRUG-UTILIZATION-CODE- <del>(440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	SC	<u>440-E5</u> : Self-care consultation	<u>01/01/0001</u>	<u>12/31/9999</u>
853	DRUG-UTILIZATION-CODE- <del>(440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	SW	<u>440-E5</u> : Literature search/review	<u>01/01/0001</u>	<u>12/31/9999</u>
854	DRUG-UTILIZATION-CODE- <del>(440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	TC	<u>440-E5</u> : Payer/processor consulted	<u>01/01/0001</u>	<u>12/31/9999</u>
855	DRUG-UTILIZATION-CODE- <del>(440-E5, Professional Service Code)</del>	Drug Utilization Professional Service Code List	TH	<u>440-E5</u> : Therapeutic product interchange	<u>01/01/0001</u>	<u>12/31/9999</u>
856	<u>DRUG-UTILIZATION-CODE-E6</u>	<u>Drug Utilization Result of Service Code List</u>	<u>00</u>	<u>441-E6: Not Specified</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
857	<u>DRUG-UTILIZATION-CODE-E6</u>	<u>Drug Utilization Result of Service Code List</u>	<u>1A</u>	<u>441-E6: Filled As Is</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
858	<u>DRUG-UTILIZATION-CODE-E6</u>	<u>Drug Utilization Result of Service Code List</u>	<u>1B</u>	<u>441-E6: Filled Prescription As Is</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
859	<u>DRUG-UTILIZATION-CODE-E6</u>	<u>Drug Utilization Result of Service Code List</u>	<u>1C</u>	<u>441-E6: Filled</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
860	<u>DRUG-UTILIZATION-CODE-E6</u>	<u>Drug Utilization Result of Service Code List</u>	<u>1D</u>	<u>441-E6: Filled</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
861	<u>DRUG-UTILIZATION-CODE-E6</u>	<u>Drug Utilization Result of Service Code List</u>	<u>1E</u>	<u>441-E6: Filled</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
862	<u>DRUG-UTILIZATION-CODE-E6</u>	<u>Drug Utilization Result of Service Code List</u>	<u>1F</u>	<u>441-E6: Filled</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
863	<u>DRUG-UTILIZATION-CODE-E6</u>	<u>Drug Utilization Result of Service Code List</u>	<u>1G</u>	<u>441-E6: Filled</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

864	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">1H</a>	<a href="#">441-E6: Brand-to-Generic Change</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
865	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">1J</a>	<a href="#">441-E6: Rx-to-OTC Change</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
866	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">1K</a>	<a href="#">441-E6: Filled with Different Dosage Form</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
867	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">2A</a>	<a href="#">441-E6: Prescription Not Filled</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
868	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">2B</a>	<a href="#">441-E6: Not Filled</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
869	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">3A</a>	<a href="#">441-E6: Recommendation Accepted</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
870	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">3B</a>	<a href="#">441-E6: Recommendation Not Accepted</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
871	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">3C</a>	<a href="#">441-E6: Discontinued Drug</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
872	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">3D</a>	<a href="#">441-E6: Regimen Changed</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
873	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">3E</a>	<a href="#">441-E6: Therapy Changed</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
874	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">3F</a>	<a href="#">441-E6: Therapy Changed-cost increased acknowledged</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
875	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">3G</a>	<a href="#">441-E6: Drug Therapy Unchanged</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
876	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">3H</a>	<a href="#">441-E6: Follow-Up/Report</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
877	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">3J</a>	<a href="#">441-E6: Patient Referral</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
878	<a href="#">DRUG-UTILIZATION-CODE-E6</a>	<a href="#">Drug Utilization Result of Service Code List</a>	<a href="#">3K</a>	<a href="#">441-E6: Instructions Understood</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

879	<u>DRUG-UTILIZATION-CODE-E6</u>	<u>Drug Utilization Result of Service Code List</u>	<u>3M</u>	<u>441-E6: Compliance Aid Provided</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
880	<u>DRUG-UTILIZATION-CODE-E6</u>	<u>Drug Utilization Result of Service Code List</u>	<u>3N</u>	<u>441-E6: Medication Administered</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
881	DUAL-ELIGIBLE-CODE	Dual Eligible Code List	00	Eligible is not a Medicare beneficiary	<u>01/01/0001</u>	<u>12/31/9999</u>
882	DUAL-ELIGIBLE-CODE	Dual Eligible Code List	01	Eligible is entitled to Medicare- QMB only	<u>01/01/0001</u>	<u>12/31/9999</u>
883	DUAL-ELIGIBLE-CODE	Dual Eligible Code List	02	Eligible is entitled to Medicare- QMB AND Medicaid coverage	<u>01/01/0001</u>	<u>12/31/9999</u>
884	DUAL-ELIGIBLE-CODE	Dual Eligible Code List	03	Eligible is entitled to Medicare- SLMB only	<u>01/01/0001</u>	<u>12/31/9999</u>
885	DUAL-ELIGIBLE-CODE	Dual Eligible Code List	04	Eligible is entitled to Medicare- SLMB AND Medicaid coverage	<u>01/01/0001</u>	<u>12/31/9999</u>
886	DUAL-ELIGIBLE-CODE	Dual Eligible Code List	05	Eligible is entitled to Medicare- QDWI	<u>01/01/0001</u>	<u>12/31/9999</u>
887	DUAL-ELIGIBLE-CODE	Dual Eligible Code List	06	Eligible is entitled to Medicare- Qualifying individuals	<u>01/01/0001</u>	<u>12/31/9999</u>
888	DUAL-ELIGIBLE-CODE	Dual Eligible Code List	08	Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI)	<u>01/01/0001</u>	<u>12/31/9999</u>
889	DUAL-ELIGIBLE-CODE	Dual Eligible Code List	09	Eligible is entitled to Medicare - Other (This code is to be used only with specific CMS approval.)	<u>01/01/0001</u>	<u>12/31/9999</u>
890	DUAL-ELIGIBLE-CODE	Dual Eligible Code List	10	Separate CHIP Eligible is entitled to Medicare	<u>01/01/0001</u>	<u>12/31/9999</u>
891	ELG-IDENTIFIER-TYPE	Eligible Identifier Type List	1	Medicaid Card ID <del>(State-MMIS)</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
892	ELG-IDENTIFIER-TYPE	Eligible Identifier Type List	2	Old MSIS Identification Number <del>(State-MMIS)</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
893	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>01</del>	<del>Excess income</del>		
894	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>02</del>	<del>Excess assets</del>		
895	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>03</del>	<del>Income reduced</del>		
896	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>04</del>	<del>Aged out of program</del>		
897	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>05</del>	<del>No longer in the foster care system</del>		
898	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>06</del>	<del>Death</del>		
899	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>07</del>	<del>No longer disabled</del>		
900	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>08</del>	<del>No longer institutionalized</del>		
901	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>09</del>	<del>No longer in need of long term care services resides</del>		
902	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>10</del>	<del>Obtained employer sponsored insurance (ESI)</del>		
903	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>11</del>	<del>Gained access to public employees health plan</del>		
904	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>12</del>	<del>Obtained other coverage (not ESI or public employees health plan)</del>		
905	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>13</del>	<del>Failure to respond</del>		
906	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>14</del>	<del>Failure to pay premium or enrollment fees</del>		

907	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>15</del>	<del>Moved to a different state</del>		
908	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>16</del>	<del>Voluntary request for termination</del>		
909	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>17</del>	<del>Lack of verifications</del>		
910	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>18</del>	<del>Fraud</del>		
911	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>19</del>	<del>Suspension due to incarceration</del>		
912	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>20</del>	<del>Residence in an Institution for Mental Disease (IMD)</del>		
913	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>21</del>	<del>Suspension/Termination with reason unknown</del>		
914	<del>ELIGIBILITY-CHANGE-REASON</del>	<del>Eligibility Change Reason List</del>	<del>22</del>	<del>Other</del>		
915	<u>ELIGIBILITY-EXTENSION-CODE</u>	<u>Eligibility Extension Code List</u>	<u>001</u>	<u>60-day extended postpartum coverage (mandatory per SSA 1902(e)(5) and 2112(d)(2)(A))</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
916	<u>ELIGIBILITY-EXTENSION-CODE</u>	<u>Eligibility Extension Code List</u>	<u>002</u>	<u>12-month extended postpartum coverage (optional per SSA 1902(e)(16) or 2107(e)(1)(J))</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
917	<u>ELIGIBILITY-EXTENSION-CODE</u>	<u>Eligibility Extension Code List</u>	<u>003</u>	<u>1115 waiver for extended postpartum coverage</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
918	<u>ELIGIBILITY-EXTENSION-CODE</u>	<u>Eligibility Extension Code List</u>	<u>995</u>	<u>Other</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
919	ELIGIBILITY-GROUP	Eligibility Group List	01	Parents and Other Caretaker Relatives	<u>01/01/0001</u>	<u>12/31/9999</u>
920	ELIGIBILITY-GROUP	Eligibility Group List	02	Transitional Medical Assistance	<u>01/01/0001</u>	<u>12/31/9999</u>
921	ELIGIBILITY-GROUP	Eligibility Group List	03	Extended Medicaid due to Earnings	<u>01/01/0001</u>	<u>12/31/9999</u>
922	ELIGIBILITY-GROUP	Eligibility Group List	04	Extended Medicaid due to Spousal Support Collections	<u>01/01/0001</u>	<u>12/31/9999</u>
923	ELIGIBILITY-GROUP	Eligibility Group List	05	Pregnant Women	<u>01/01/0001</u>	<u>12/31/9999</u>
924	ELIGIBILITY-GROUP	Eligibility Group List	06	Deemed Newborns	<u>01/01/0001</u>	<u>12/31/9999</u>
925	ELIGIBILITY-GROUP	Eligibility Group List	07	Infants and Children under Age 19	<u>01/01/0001</u>	<u>12/31/9999</u>
926	ELIGIBILITY-GROUP	Eligibility Group List	08	Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	<u>01/01/0001</u>	<u>12/31/9999</u>
927	ELIGIBILITY-GROUP	Eligibility Group List	09	Former Foster Care Children	<u>01/01/0001</u>	<u>12/31/9999</u>
928	<del>ELIGIBILITY-GROUP</del>	<del>Eligibility Group List</del>	<del>10</del>	<del>Individuals at or below 133% FPL Age 19 through 64   Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL</del>		
929	ELIGIBILITY-GROUP	Eligibility Group List	11	Individuals Receiving SSI	<u>01/01/0001</u>	<u>12/31/9999</u>
930	ELIGIBILITY-GROUP	Eligibility Group List	12	Aged, Blind and Disabled Individuals in 209(b) States	<u>01/01/0001</u>	<u>12/31/9999</u>
931	ELIGIBILITY-GROUP	Eligibility Group List	13	Individuals Receiving Mandatory State Supplements	<u>01/01/0001</u>	<u>12/31/9999</u>
932	ELIGIBILITY-GROUP	Eligibility Group List	14	Individuals Who Are Essential Spouses	<u>01/01/0001</u>	<u>12/31/9999</u>
933	ELIGIBILITY-GROUP	Eligibility Group List	15	Institutionalized Individuals Continuously Eligible Since 1973	<u>01/01/0001</u>	<u>12/31/9999</u>
934	ELIGIBILITY-GROUP	Eligibility Group List	16	Blind or Disabled Individuals Eligible in 1973	<u>01/01/0001</u>	<u>12/31/9999</u>
935	ELIGIBILITY-GROUP	Eligibility Group List	17	Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	<u>01/01/0001</u>	<u>12/31/9999</u>

936	ELIGIBILITY-GROUP	Eligibility Group List	18	Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
937	ELIGIBILITY-GROUP	Eligibility Group List	19	Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
938	ELIGIBILITY-GROUP	Eligibility Group List	20	Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
939	ELIGIBILITY-GROUP	Eligibility Group List	21	Working Disabled under 1619(b)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
940	ELIGIBILITY-GROUP	Eligibility Group List	22	Disabled Adult Children	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
941	ELIGIBILITY-GROUP	Eligibility Group List	23	Qualified Medicare Beneficiaries	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
942	ELIGIBILITY-GROUP	Eligibility Group List	24	Qualified Disabled and Working Individuals	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
943	ELIGIBILITY-GROUP	Eligibility Group List	25	Specified Low Income Medicare Beneficiaries	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
944	ELIGIBILITY-GROUP	Eligibility Group List	26	Qualifying Individuals	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
945	ELIGIBILITY-GROUP	Eligibility Group List	27	Optional Coverage of Parents and Other Caretaker Relatives	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
946	ELIGIBILITY-GROUP	Eligibility Group List	28	Reasonable Classifications of Individuals under Age 21	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
947	ELIGIBILITY-GROUP	Eligibility Group List	29	Children with Non-IV-E Adoption Assistance	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
948	ELIGIBILITY-GROUP	Eligibility Group List	30	Independent Foster Care Adolescents	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
949	ELIGIBILITY-GROUP	Eligibility Group List	31	Optional Targeted Low Income Children	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
950	ELIGIBILITY-GROUP	Eligibility Group List	32	Individuals Electing COBRA Continuation Coverage	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
951	ELIGIBILITY-GROUP	Eligibility Group List	33	Individuals above 133% FPL under Age 65	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
952	ELIGIBILITY-GROUP	Eligibility Group List	34	Certain Individuals Needing Treatment for Breast or Cervical Cancer	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
953	ELIGIBILITY-GROUP	Eligibility Group List	35	Individuals Eligible for Family Planning Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
954	ELIGIBILITY-GROUP	Eligibility Group List	36	Individuals with Tuberculosis	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
955	ELIGIBILITY-GROUP	Eligibility Group List	37	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
956	ELIGIBILITY-GROUP	Eligibility Group List	38	Individuals Eligible for Cash Assistance except for Institutionalization	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
957	ELIGIBILITY-GROUP	Eligibility Group List	39	Individuals Receiving Home and Community Based Services under Institutional Rules	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
958	ELIGIBILITY-GROUP	Eligibility Group List	40	Optional State Supplement Recipients - 1634 States, and SSI Criteria States with 1616 Agreements	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
959	ELIGIBILITY-GROUP	Eligibility Group List	41	Optional State Supplement Recipients - 209(b) States, and SSI Criteria States without 1616 Agreements	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
960	ELIGIBILITY-GROUP	Eligibility Group List	42	Institutionalized Individuals Eligible under a Special Income Level	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
961	ELIGIBILITY-GROUP	Eligibility Group List	43	Individuals participating in a PACE Program under Institutional Rules	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
962	ELIGIBILITY-GROUP	Eligibility Group List	44	Individuals Receiving Hospice Care	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

963	ELIGIBILITY-GROUP	Eligibility Group List	45	Qualified Disabled Children under Age 19	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
964	ELIGIBILITY-GROUP	Eligibility Group List	46	Poverty Level Aged or Disabled	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
965	ELIGIBILITY-GROUP	Eligibility Group List	47	Work Incentives Eligibility Group	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
966	ELIGIBILITY-GROUP	Eligibility Group List	48	Ticket to Work Basic Group	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
967	ELIGIBILITY-GROUP	Eligibility Group List	49	Ticket to Work Medical Improvements Group	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
968	ELIGIBILITY-GROUP	Eligibility Group List	50	Family Opportunity Act Children with Disabilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
969	ELIGIBILITY-GROUP	Eligibility Group List	51	Individuals Eligible for Home and Community-Based Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
970	ELIGIBILITY-GROUP	Eligibility Group List	52	Individuals Eligible for Home and Community-Based Services - Special Income Level	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
971	ELIGIBILITY-GROUP	Eligibility Group List	53	Medically Needy Pregnant Women	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
972	ELIGIBILITY-GROUP	Eligibility Group List	54	Medically Needy Children under Age 18	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
973	ELIGIBILITY-GROUP	Eligibility Group List	55	Medically Needy Children Age 18 through 20	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
974	ELIGIBILITY-GROUP	Eligibility Group List	56	Medically Needy Parents and Other Caretakers	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
975	ELIGIBILITY-GROUP	Eligibility Group List	59	Medically Needy Aged, Blind or Disabled	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
976	ELIGIBILITY-GROUP	Eligibility Group List	60	Medically Needy Blind or Disabled Individuals Eligible in 1973	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
977	ELIGIBILITY-GROUP	Eligibility Group List	61	Targeted Low-Income Children	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
978	ELIGIBILITY-GROUP	Eligibility Group List	62	Deemed Newborn	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
979	ELIGIBILITY-GROUP	Eligibility Group List	63	Children Ineligible for Medicaid Due to Loss of Income Disregards	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
980	ELIGIBILITY-GROUP	Eligibility Group List	64	Coverage from Conception to Birth	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
981	ELIGIBILITY-GROUP	Eligibility Group List	65	Children with Access to Public Employee Coverage	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
982	ELIGIBILITY-GROUP	Eligibility Group List	66	Children Eligible for Dental Only Supplemental Coverage	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
983	ELIGIBILITY-GROUP	Eligibility Group List	67	Targeted Low-Income Pregnant Women	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
984	ELIGIBILITY-GROUP	Eligibility Group List	68	Pregnant Women with Access to Public Employee Coverage	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
985	ELIGIBILITY-GROUP	Eligibility Group List	69	Individuals with Mental Health Conditions (expansion group)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
986	ELIGIBILITY-GROUP	Eligibility Group List	70	Family Planning Participants (expansion group)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
987	ELIGIBILITY-GROUP	Eligibility Group List	71	Other expansion group	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
988	ELIGIBILITY-GROUP	Eligibility Group List	72	Adult Group - Individuals at or below 133% FPL Age 19 through 64 - newly eligible for all states	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
989	ELIGIBILITY-GROUP	Eligibility Group List	73	Adult Group - Individuals at or below 133% FPL Age 19 through 64-- not newly eligible for non 1905z(3) states	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

990	ELIGIBILITY-GROUP	Eligibility Group List	74	Adult Group - Individuals at or below 133% FPL Age 19 through 64 - not newly eligible parent/ caretaker-relative(s) in 1905z(3) states	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
991	ELIGIBILITY-GROUP	Eligibility Group List	75	Adult Group - Individuals at or below 133% FPL Age 19 through 64- not newly eligible non-parent/ caretaker-relative(s) in 1905z(3) states	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
992	ELIGIBILITY-GROUP	Eligibility Group List	76	Uninsured Individual eligible for COVID-19 testing	<a href="#">03/18/2020</a>	<a href="#">12/31/9999</a>
993	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">01</a>	<a href="#">Income Requirement not met - do not use for changes in household composition</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
994	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">02</a>	<a href="#">Asset requirement not met - do not use for changes in household composition</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
995	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">03</a>	<a href="#">Income reduced - (do not use - typically not a reason for termination)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
996	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">04</a>	<a href="#">Aged out of program</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
997	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">05</a>	<a href="#">No longer in the foster care system - (do not use - typically not a reason for termination)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
998	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">06</a>	<a href="#">Death</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
999	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">07</a>	<a href="#">No longer disabled</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1000	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">08</a>	<a href="#">No longer institutionalized</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1001	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">09</a>	<a href="#">No longer in need of long-term care services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1002	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">10</a>	<a href="#">Obtained employer sponsored insurance (ESI)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1003	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">11</a>	<a href="#">Gained access to public employees health plan</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1004	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">12</a>	<a href="#">Obtained other coverage (not ESI or public employees health plan)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1005	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">13</a>	<a href="#">Failure to respond</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>



1006	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">14</a>	<a href="#">Failure to pay premium or enrollment fees</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1007	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">15</a>	<a href="#">Residency requirement not met (e.g., individual moved to a different state, individual has entered or been discharged from an otherwise unspecified facility or institution)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1008	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">16</a>	<a href="#">Voluntary request for termination</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1009	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">17</a>	<a href="#">Lack of verifications (e.g., unable to successfully verify citizenship status, immigration status, income, or other information from an application; if unverifiable due to non-response, document as "Failure to respond)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1010	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">18</a>	<a href="#">Fraud</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1011	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">19</a>	<a href="#">Suspension/termination due to incarceration - use when the state is able to distinguish a more granular reason than just residency requirement not met</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1012	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">20</a>	<a href="#">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</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1013	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">21</a>	<a href="#">Suspension/Termination with reason unknown</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1014	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">22</a>	<a href="#">Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1015	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">23</a>	<a href="#">Terminated due to Incorrect Granting of Eligibility (e.g., someone is given eligibility in error and then eligibility has to be retracted/terminated)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1016	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">24</a>	<a href="#">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</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1017	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">25</a>	<a href="#">Non-financial program requirements not met (e.g. child support not paid, failure of drug tests, failure to apply for SSN, etc.)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1018	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">26</a>	<a href="#">No longer meets categorical eligibility requirements.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1019	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">27</a>	<a href="#">End of pregnancy/postpartum coverage period - should only be used if the beneficiary did not obtain coverage through another coverage group like parent/caretaker relative</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1020	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">28</a>	<a href="#">Time limited eligibility expired (e.g., Transitional Medical Assistance (TMA))</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1021	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">29</a>	<a href="#">Closed as duplicate</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1022	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">30</a>	<a href="#">Medical/health status or condition or level of care requirements no longer met - for reasons other than no longer being institutionalized or no longer meeting disability requirements (e.g., completed breast and/or cervical cancer treatment, incarcerated individual no longer requires temporary inpatient level of care)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1023	<a href="#">ELIGIBILITY-TERMINATION-REASON</a>	<a href="#">Eligibility Termination Reason List</a>	<a href="#">31</a>	<a href="#">Change in federal or state law or policy (e.g., a state or federal program is completely discontinued and not replaced by an equivalent or transitional program; unwinding of the Families First Coronavirus Response Act coverage of COVID testing for otherwise uninsured individuals who would have otherwise continued to be eligible if they had been re-determined eligible for at least the same program had the program not been terminated)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1024	<a href="#">ELIGIBLE-ADDR-TYPE</a>	<a href="#">Eligible Address Type List</a>	<a href="#">01</a>	<a href="#">Primary home address and contact information, used for the eligibility determination process</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1025	<a href="#">ELIGIBLE-ADDR-TYPE</a>	<a href="#">Eligible Address Type List</a>	<a href="#">02</a>	<a href="#">Primary work address and contact information</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1026	<a href="#">ELIGIBLE-ADDR-TYPE</a>	<a href="#">Eligible Address Type List</a>	<a href="#">03</a>	<a href="#">Secondary residence and contact information</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1027	<a href="#">ELIGIBLE-ADDR-TYPE</a>	<a href="#">Eligible Address Type List</a>	<a href="#">04</a>	<a href="#">Secondary work address and contact information</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1028	<a href="#">ELIGIBLE-ADDR-TYPE</a>	<a href="#">Eligible Address Type List</a>	<a href="#">05</a>	<a href="#">Other category of address and contact information</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1029	<a href="#">ELIGIBLE-ADDR-TYPE</a>	<a href="#">Eligible Address Type List</a>	<a href="#">06</a>	<a href="#">Eligible person's official mailing address</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1030	<a href="#">ENGL-PROF-CODE</a>	<a href="#">Engl Prof List</a>	<a href="#">0</a>	<a href="#">Very Well</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1031	<a href="#">ENGL-PROF-CODE</a>	<a href="#">Engl Prof List</a>	<a href="#">1</a>	<a href="#">Well</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1032	<a href="#">ENGL-PROF-CODE</a>	<a href="#">Engl Prof List</a>	<a href="#">2</a>	<a href="#">Not well</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1033	<a href="#">ENGL-PROF-CODE</a>	<a href="#">Engl Prof List</a>	<a href="#">3</a>	<a href="#">No spoken proficiency</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1034	<a href="#">ENROLLMENT-TYPE</a>	<a href="#">Enrollment Type List</a>	<a href="#">1</a>	<a href="#">Medicaid <del>or Medicaid Expansion</del> CHIP</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1035	<a href="#">ENROLLMENT-TYPE</a>	<a href="#">Enrollment Type List</a>	<a href="#">2</a>	<a href="#">Separate Title XXI CHIP</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1036	<a href="#">ETHNICITY-CODE</a>	<a href="#">Ethnicity Code List</a>	<a href="#">0</a>	<a href="#">Not of Hispanic or, Latino/a, or Spanish origin</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1037	<a href="#">ETHNICITY-CODE</a>	<a href="#">Ethnicity Code List</a>	<a href="#">1</a>	<a href="#">Mexican, Mexican American, Chicano/a</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1038	<a href="#">ETHNICITY-CODE</a>	<a href="#">Ethnicity Code List</a>	<a href="#">2</a>	<a href="#">Puerto Rican</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1039	<a href="#">ETHNICITY-CODE</a>	<a href="#">Ethnicity Code List</a>	<a href="#">3</a>	<a href="#">Cuban</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1040	ETHNICITY-CODE	Ethnicity Code List	4	Another Hispanic, Latino, or Spanish origin	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1041	ETHNICITY-CODE	Ethnicity Code List	5	Hispanic or Latino Unknown	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1042	ETHNICITY-CODE	Ethnicity Code List	6	Ethnicity Unspecified	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1043	<a href="#">EXPENDITURE-AUTHORITY-TYPE</a>	<a href="#">Expenditure Authority Type List</a>	<a href="#">01</a>	<a href="#">1115</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1044	<a href="#">EXPENDITURE-AUTHORITY-TYPE</a>	<a href="#">Expenditure Authority Type List</a>	<a href="#">95</a>	<a href="#">Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1045	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code List	01	Facility - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a facility.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1046	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code List	02	Group - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a group of individual practitioners.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1047	FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code List	03	Individual - The entity identified by the associated SUBMITTING-STATE-PROV-ID is an individual practitioner.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1048	FILE-ENCODING-SPECIFICATION	File Encoding Specification List	FLF	The file follows a fixed length format.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1049	FILE-ENCODING-SPECIFICATION	File Encoding Specification List	PSV	The file follows a pipe-delimited format.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1050	FILE-NAME	T-MSIS File Type List	CLAIM-IP	Inpatient <del>claims file</del> <a href="#">Claim/Encounters File</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1051	FILE-NAME	T-MSIS File Type List	CLAIM-LT	Long <del>term care claims file</del> <a href="#">Term Care Claims/Encounters File</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1052	FILE-NAME	T-MSIS File Type List	CLAIM-OT	Other <del>claims file</del> <a href="#">Claims/Encounters File</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1053	FILE-NAME	T-MSIS File Type List	CLAIM-RX	<del>Prescription claims file</del> <a href="#">Pharmacy Claims/Encounters File</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1054	FILE-NAME	T-MSIS File Type List	ELIGIBLE	Eligible <del>f</del> File	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1055	<a href="#">FILE-NAME</a>	<a href="#">T-MSIS File Type List</a>	<a href="#">FINTRANS</a>	<a href="#">Financial Transaction File</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1056	FILE-NAME	T-MSIS File Type List	MNGDCARE	Managed <del>care organization file</del> <a href="#">Care Plan Information File</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1057	FILE-NAME	T-MSIS File Type List	PROVIDER	Provider <del>f</del> File	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1058	FILE-NAME	T-MSIS File Type List	TPL-FILE	Third <del>-party liability file</del> <a href="#">Party Liability File</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1059	FILE-STATUS-INDICATOR	File Status Indicator List	P	Production <del>f</del> File	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1060	FILE-STATUS-INDICATOR	File Status Indicator List	T	Test <del>f</del> File	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1061	<a href="#">FILE-SUBMISSION-METHOD</a>	<a href="#">File Submission Method List</a>	<a href="#">01</a>	<a href="#">True Full File Refresh (TFFR)</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
1062	<a href="#">FILE-SUBMISSION-METHOD</a>	<a href="#">File Submission Method List</a>	<a href="#">02</a>	<a href="#">Rolling History File Refresh (RHFR)</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
1063	<a href="#">FILE-SUBMISSION-METHOD</a>	<a href="#">File Submission Method List</a>	<a href="#">03</a>	<a href="#">Incremental Timespan (IT) - One month incremental Create files</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
1064	<a href="#">FILE-SUBMISSION-METHOD</a>	<a href="#">File Submission Method List</a>	<a href="#">04</a>	<a href="#">Change-Segment Only (CSO)</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
1065	<a href="#">FILE-SUBMISSION-METHOD</a>	<a href="#">File Submission Method List</a>	<a href="#">05</a>	<a href="#">Incremental Timespan (IT) - Multi-month incremental Create files</a>	<a href="#">01/01/0001</a>	<a href="#">2958465</a>
1066	FIXED-PAYMENT-IND	Fixed Payment Indicator List	0	Not Fixed Payment	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1067	FIXED-PAYMENT-IND	Fixed Payment Indicator List	1	FFS Fixed Payment	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1068	FORCED-CLAIM-IND	Forced Claim Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1069	FORCED-CLAIM-IND	Forced Claim Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1070	FUNDING-CODE	Funding Code List	A	Medicaid Agency	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1071	FUNDING-CODE	Funding Code List	B	CHIP Agency	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1072	FUNDING-CODE	Funding Code List	C	Mental Health Service Agency	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1073	FUNDING-CODE	Funding Code List	D	Education Agency	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1074	FUNDING-CODE	Funding Code List	E	Child and Family Services Agency	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1075	FUNDING-CODE	Funding Code List	F	County	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1076	FUNDING-CODE	Funding Code List	G	City	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1077	FUNDING-CODE	Funding Code List	H	Providers	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1078	FUNDING-CODE	Funding Code List	I	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1079	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	01	State appropriations to the Medicaid agency	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1080	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	02	Intergovernmental transfers (IGT)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1081	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	03	Certified public expenditures (CPE)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1082	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	04	Provider taxes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1083	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	05	Donations	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1084	FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	06	State appropriations to the CHIP agency	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1085	<a href="#">GENDER-IDENTITY</a>	<a href="#">Gender Identity List</a>	<a href="#">1</a>	<a href="#">Female</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1086	<a href="#">GENDER-IDENTITY</a>	<a href="#">Gender Identity List</a>	<a href="#">2</a>	<a href="#">Male</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1087	<a href="#">GENDER-IDENTITY</a>	<a href="#">Gender Identity List</a>	<a href="#">3</a>	<a href="#">Transgender female</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1088	<a href="#">GENDER-IDENTITY</a>	<a href="#">Gender Identity List</a>	<a href="#">4</a>	<a href="#">Transgender male</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1089	<a href="#">GENDER-IDENTITY</a>	<a href="#">Gender Identity List</a>	<a href="#">5</a>	<a href="#">Not sure</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1090	<a href="#">GENDER-IDENTITY</a>	<a href="#">Gender Identity List</a>	<a href="#">6</a>	<a href="#">Prefer not to answer</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1091	<a href="#">GENDER-IDENTITY</a>	<a href="#">Gender Identity List</a>	<a href="#">7</a>	<a href="#">Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1092	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	001	Aged	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1093	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	002	Physical Disabilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1094	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	003	Intellectual Disabilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1095	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	004	Autism Spectrum Disorder	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1096	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	005	Developmental Disabilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1097	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	006	Mental Illness and/or Serious Emotional Disturbance	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1098	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	007	Brain Injury	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1099	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	008	HIV/AIDS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1100	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	009	Technology Dependent or Medically Fragile	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1101	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	010	Disabled (other)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1102	HCBS-SERVICE-CODE	HCBS Service Code List	1	The HCBS service was provided under 1915(i)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1103	HCBS-SERVICE-CODE	HCBS Service Code List	2	The HCBS service was provided under 1915(j)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1104	HCBS-SERVICE-CODE	HCBS Service Code List	3	The HCBS service was provided under 1915(k)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1105	HCBS-SERVICE-CODE	HCBS Service Code List	4	The HCBS service was provided under a 1915(c) HCBS Waiver	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1106	HCBS-SERVICE-CODE	HCBS Service Code List	5	The HCBS service was provided under an 1115 waiver	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1107	HCBS-SERVICE-CODE	HCBS Service Code List	6	The HCBS service was not provided under the statutes identified above and was of an acute care nature	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1108	HCBS-SERVICE-CODE	HCBS Service Code List	7	The HCBS service was not provided under the statutes identified above and was of a long term care nature	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1109	HCBS-TAXONOMY	HCBS Taxonomy Code List	01010	Case Management	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1110	HCBS-TAXONOMY	HCBS Taxonomy Code List	02011	Group Living, Residential Habilitation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1111	HCBS-TAXONOMY	HCBS Taxonomy Code List	02012	Group Living, Mental Health Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1112	HCBS-TAXONOMY	HCBS Taxonomy Code List	02013	Group Living, Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1113	HCBS-TAXONOMY	HCBS Taxonomy Code List	02021	Shared Living, Residential Habilitation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1114	HCBS-TAXONOMY	HCBS Taxonomy Code List	02022	Shared Living, Mental Health Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1115	HCBS-TAXONOMY	HCBS Taxonomy Code List	02023	Shared Living, Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1116	HCBS-TAXONOMY	HCBS Taxonomy Code List	02031	In-e Residential Habilitation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1117	HCBS-TAXONOMY	HCBS Taxonomy Code List	02032	In-Home Round-The-Clock Mental Health Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1118	HCBS-TAXONOMY	HCBS Taxonomy Code List	02033	In-Home Round-The-Clock Services, Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1119	HCBS-TAXONOMY	HCBS Taxonomy Code List	03010	Job Development	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1120	HCBS-TAXONOMY	HCBS Taxonomy Code List	03021	Ongoing Supported Employment, Individual	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1121	HCBS-TAXONOMY	HCBS Taxonomy Code List	03022	Ongoing Supported Employment, Group	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1122	HCBS-TAXONOMY	HCBS Taxonomy Code List	03030	Career Planning	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1123	HCBS-TAXONOMY	HCBS Taxonomy Code List	04010	Prevocational Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1124	HCBS-TAXONOMY	HCBS Taxonomy Code List	04020	Day Habilitation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1125	HCBS-TAXONOMY	HCBS Taxonomy Code List	04030	Education Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1126	HCBS-TAXONOMY	HCBS Taxonomy Code List	04040	Day Treatment/Partial Hospitalization	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1127	HCBS-TAXONOMY	HCBS Taxonomy Code List	04050	Adult Day Health	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1128	HCBS-TAXONOMY	HCBS Taxonomy Code List	04060	Adult Day Services (Social Model)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1129	HCBS-TAXONOMY	HCBS Taxonomy Code List	04070	Community Integration	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1130	HCBS-TAXONOMY	HCBS Taxonomy Code List	04080	Medical Day Care for Children	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1131	HCBS-TAXONOMY	HCBS Taxonomy Code List	05010	Private Duty Nursing	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1132	HCBS-TAXONOMY	HCBS Taxonomy Code List	05020	Skilled Nursing	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1133	HCBS-TAXONOMY	HCBS Taxonomy Code List	06010	Home Delivered Meals	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1134	HCBS-TAXONOMY	HCBS Taxonomy Code List	07010	Rent and Food Expenses For Live-In Caregiver	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1135	HCBS-TAXONOMY	HCBS Taxonomy Code List	08010	Home-Based Habilitation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1136	HCBS-TAXONOMY	HCBS Taxonomy Code List	08020	Home Health Aide	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1137	HCBS-TAXONOMY	HCBS Taxonomy Code List	08030	Personal Care	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1138	HCBS-TAXONOMY	HCBS Taxonomy Code List	08040	Companion	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1139	HCBS-TAXONOMY	HCBS Taxonomy Code List	08050	Homemaker	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1140	HCBS-TAXONOMY	HCBS Taxonomy Code List	08060	Chore	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1141	HCBS-TAXONOMY	HCBS Taxonomy Code List	09011	Respite, Out-Of-Home	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1142	HCBS-TAXONOMY	HCBS Taxonomy Code List	09012	Respite, In-Home	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1143	HCBS-TAXONOMY	HCBS Taxonomy Code List	09020	Caregiver Counseling and/or Training	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1144	HCBS-TAXONOMY	HCBS Taxonomy Code List	10010	Mental Health Assessment	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1145	HCBS-TAXONOMY	HCBS Taxonomy Code List	10020	Assertive Community Treatment	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1146	HCBS-TAXONOMY	HCBS Taxonomy Code List	10030	Crisis Intervention	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1147	HCBS-TAXONOMY	HCBS Taxonomy Code List	10040	Behavior Support	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1148	HCBS-TAXONOMY	HCBS Taxonomy Code List	10050	Peer Specialist	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1149	HCBS-TAXONOMY	HCBS Taxonomy Code List	10060	Counseling	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1150	HCBS-TAXONOMY	HCBS Taxonomy Code List	10070	Psychosocial Rehabilitation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1151	HCBS-TAXONOMY	HCBS Taxonomy Code List	10080	Clinic Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1152	HCBS-TAXONOMY	HCBS Taxonomy Code List	10090	Other Mental Health and Behavioral Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1153	HCBS-TAXONOMY	HCBS Taxonomy Code List	11010	Health Monitoring	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1154	HCBS-TAXONOMY	HCBS Taxonomy Code List	11020	Health Assessment	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1155	HCBS-TAXONOMY	HCBS Taxonomy Code List	11030	Medication Assessment and/or Management	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1156	HCBS-TAXONOMY	HCBS Taxonomy Code List	11040	Nutrition Consultation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1157	HCBS-TAXONOMY	HCBS Taxonomy Code List	11050	Physician Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1158	HCBS-TAXONOMY	HCBS Taxonomy Code List	11060	Prescription Drugs	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1159	HCBS-TAXONOMY	HCBS Taxonomy Code List	11070	Dental Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1160	HCBS-TAXONOMY	HCBS Taxonomy Code List	11080	Occupational Therapy	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1161	HCBS-TAXONOMY	HCBS Taxonomy Code List	11090	Physical Therapy	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1162	HCBS-TAXONOMY	HCBS Taxonomy Code List	11100	Speech, Hearing, And Language Therapy	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1163	HCBS-TAXONOMY	HCBS Taxonomy Code List	11110	Respiratory Therapy	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1164	HCBS-TAXONOMY	HCBS Taxonomy Code List	11120	Cognitive Rehabilitative Therapy	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1165	HCBS-TAXONOMY	HCBS Taxonomy Code List	11130	Other Therapies	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1166	HCBS-TAXONOMY	HCBS Taxonomy Code List	12010	Financial Management Services In Support Of Participant Direction	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1167	HCBS-TAXONOMY	HCBS Taxonomy Code List	12020	Information and Assistance In Support Of Participant Direction	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1168	HCBS-TAXONOMY	HCBS Taxonomy Code List	13010	Participant Training	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1169	HCBS-TAXONOMY	HCBS Taxonomy Code List	14010	Personal Emergency Response System (Pers)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1170	HCBS-TAXONOMY	HCBS Taxonomy Code List	14020	Home and/or Vehicle Accessibility Adaptations	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1171	HCBS-TAXONOMY	HCBS Taxonomy Code List	14031	Equipment and Technology	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1172	HCBS-TAXONOMY	HCBS Taxonomy Code List	14032	Supplies	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1173	HCBS-TAXONOMY	HCBS Taxonomy Code List	15010	Non-Medical Transportation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1174	HCBS-TAXONOMY	HCBS Taxonomy Code List	16010	Community Transition Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1175	HCBS-TAXONOMY	HCBS Taxonomy Code List	17010	Goods and Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1176	HCBS-TAXONOMY	HCBS Taxonomy Code List	17020	Interpreter	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1177	HCBS-TAXONOMY	HCBS Taxonomy Code List	17030	Housing Consultation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1178	HCBS-TAXONOMY	HCBS Taxonomy Code List	17990	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1179	<b>HCPCS-RATE</b>	<b>HCPCS-Rate-List</b>	<b>Not Applicable</b>	<b>HCPCS-Codes</b>		
1180	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1181	HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1182	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	A	Mental health	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1183	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	B	Substance abuse	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1184	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	C	Asthma	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1185	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	D	Diabetes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1186	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	E	Heart disease	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1187	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	F	Overweight (BMI of >25)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1188	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	G	HIV/AIDS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1189	HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	H	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>



1190	HEALTH-HOME-PROV-IND	Health Home Provider Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1191	HEALTH-HOME-PROV-IND	Health Home Provider Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1192	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">00</a>	<a href="#">0:00-0:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1193	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">01</a>	<a href="#">1:00-1:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1194	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">02</a>	<a href="#">2:00-2:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1195	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">03</a>	<a href="#">3:00-3:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1196	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">04</a>	<a href="#">4:00-4:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1197	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">05</a>	<a href="#">5:00-5:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1198	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">06</a>	<a href="#">6:00-6:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1199	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">07</a>	<a href="#">7:00-7:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1200	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">08</a>	<a href="#">8:00-8:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1201	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">09</a>	<a href="#">9:00-9:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1202	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">10</a>	<a href="#">10:00-10:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1203	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">11</a>	<a href="#">11:00-11:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1204	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">12</a>	<a href="#">12:00-12:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1205	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">13</a>	<a href="#">13:00-13:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1206	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">14</a>	<a href="#">14:00-14:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1207	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">15</a>	<a href="#">15:00-15:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1208	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">16</a>	<a href="#">16:00-16:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1209	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">17</a>	<a href="#">17:00-17:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1210	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">18</a>	<a href="#">18:00-18:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1211	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">19</a>	<a href="#">19:00-19:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1212	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">20</a>	<a href="#">20:00-20:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1213	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">21</a>	<a href="#">21:00-21:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1214	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">22</a>	<a href="#">22:00-22:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1215	<a href="#">HOUR</a>	<a href="#">Hour List</a>	<a href="#">23</a>	<a href="#">23:00-23:59</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1216	HOUSEHOLD-SIZE	Household Size List	01	1 person	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1217	HOUSEHOLD-SIZE	Household Size List	02	2 people	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1218	HOUSEHOLD-SIZE	Household Size List	03	3 people	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1219	HOUSEHOLD-SIZE	Household Size List	04	4 people	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1220	HOUSEHOLD-SIZE	Household Size List	05	5 people	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1221	HOUSEHOLD-SIZE	Household Size List	06	6 people	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1222	HOUSEHOLD-SIZE	Household Size List	07	7 people	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1223	HOUSEHOLD-SIZE	Household Size List	08	8 or more people	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1224	<a href="#">IHS-SERVICE-IND</a>	<a href="#">IHS Service Indicator Code List</a>	<a href="#">0</a>	<a href="#">No</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1225	<a href="#">IHS-SERVICE-IND</a>	<a href="#">IHS Service Indicator Code List</a>	<a href="#">1</a>	<a href="#">Yes</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1226	IMMIGRATION-STATUS	Immigration Status List	1	Qualified non-citizen	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1227	IMMIGRATION-STATUS	Immigration Status List	2	Lawfully present under CHIPRA 214	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1228	IMMIGRATION-STATUS	Immigration Status List	3	Eligible only for payment for emergency services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1229	IMMIGRATION-STATUS	Immigration Status List	8	<a href="#">Not Applicable (U.S. citizen or U.S. national)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1230	IMMIGRATION-VERIFICATION-FLAG	Immigration Verification Flag List	0	Immigration Status Verified	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1231	IMMIGRATION-VERIFICATION-FLAG	Immigration Verification Flag List	1	Enrolled in Medicaid pending immigration verification	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1232	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">00</a>	<a href="#">None</a>		
1233	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">01</a>	<a href="#">Anthrax</a>		
1234	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">02</a>	<a href="#">Cervical Cancer}</a>		
1235	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">03</a>	<a href="#">Diphtheria</a>		
1236	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">04</a>	<a href="#">Hepatitis A</a>		
1237	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">05</a>	<a href="#">Hepatitis B</a>		
1238	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">06</a>	<a href="#">Haemophilus influenza type b (Hib)</a>		
1239	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">07</a>	<a href="#">Human Papillomavirus (HPV)</a>		
1240	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">08</a>	<a href="#">H1N1 Flu</a>		
1241	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">09</a>	<a href="#">Seasonal Flu</a>		
1242	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">10</a>	<a href="#">Japanese Encephalitis</a>		
1243	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">11</a>	<a href="#">Lyme Disease</a>		
1244	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">12</a>	<a href="#">Measles</a>		
1245	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">13</a>	<a href="#">Meningococcal</a>		
1246	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">14</a>	<a href="#">Monkey pox</a>		
1247	<a href="#">IMMUNIZATION-TYPE</a>	<a href="#">Immunization Type List</a>	<a href="#">15</a>	<a href="#">Mumps</a>		

1248	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>16</del>	<del>Pertussis</del>		
1249	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>17</del>	<del>Pneumococcal</del>		
1250	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>18</del>	<del>Poliomyelitis</del>		
1251	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>19</del>	<del>Rabies</del>		
1252	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>20</del>	<del>Rotavirus</del>		
1253	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>21</del>	<del>Rubella</del>		
1254	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>22</del>	<del>Shingles</del>		
1255	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>23</del>	<del>Smallpox</del>		
1256	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>24</del>	<del>Tetanus</del>		
1257	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>25</del>	<del>Tuberculosis</del>		
1258	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>26</del>	<del>Typhoid-Fever</del>		
1259	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>27</del>	<del>Varicella</del>		
1260	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>28</del>	<del>Yellow-Fever</del>		
1261	<del>IMMUNIZATION-TYPE</del>	<del>Immunization Type List</del>	<del>29</del>	<del>Other</del>		
1262	INCOME-CODE	Income Code List	01	Individual's State-defined family income is from 0 to 100% of the FPL	<u>01/01/0001</u>	<u>12/31/9999</u>
1263	INCOME-CODE	Income Code List	02	Individual's State-defined family income is from 101 to 133% of the FPL	<u>01/01/0001</u>	<u>12/31/9999</u>
1264	INCOME-CODE	Income Code List	03	Individual's State-defined family income is from 134 to 150% of the FPL	<u>01/01/0001</u>	<u>12/31/9999</u>
1265	INCOME-CODE	Income Code List	04	Individual's State-defined family income is from 151 to 200% of the FPL	<u>01/01/0001</u>	<u>12/31/9999</u>
1266	INCOME-CODE	Income Code List	05	Individual's State-defined family income is from 201 to 255% of the FPL	<u>01/01/0001</u>	<u>12/31/9999</u>
1267	INCOME-CODE	Income Code List	06	Individual's State-defined family income is from 256 to 300% of the FPL	<u>01/01/0001</u>	<u>12/31/9999</u>
1268	INCOME-CODE	Income Code List	07	Individual's State-defined family income is from 301 to 400% of the FPL	<u>01/01/0001</u>	<u>12/31/9999</u>
1269	INCOME-CODE	Income Code List	08	Individual's State-defined family income is over 400% of the FPL	<u>01/01/0001</u>	<u>12/31/9999</u>
1270	<u>INCOME-STANDARD-CODE</u>	<u>Income Standard Code List</u>	<u>01</u>	<u>MAGI</u>	<u>01/01/0001</u>	<u>2958465</u>
1271	<u>INCOME-STANDARD-CODE</u>	<u>Income Standard Code List</u>	<u>02</u>	<u>Non-MAGI</u>	<u>01/01/0001</u>	<u>2958465</u>
1272	<u>INCOME-STANDARD-CODE</u>	<u>Income Standard Code List</u>	<u>95</u>	<u>Other</u>	<u>01/01/0001</u>	<u>2958465</u>
1273	INSURANCE-PLAN-TYPE	Insurance Plan Type List	01	Medical or comprehensive health insurance plan (e.g. HMO)	<u>01/01/0001</u>	<u>12/31/9999</u>
1274	INSURANCE-PLAN-TYPE	Insurance Plan Type List	02	Dental health insurance plan	<u>01/01/0001</u>	<u>12/31/9999</u>
1275	INSURANCE-PLAN-TYPE	Insurance Plan Type List	03	Vision health insurance plan	<u>01/01/0001</u>	<u>12/31/9999</u>
1276	INSURANCE-PLAN-TYPE	Insurance Plan Type List	04	Prenatal/delivery health insurance plan	<u>01/01/0001</u>	<u>12/31/9999</u>
1277	INSURANCE-PLAN-TYPE	Insurance Plan Type List	05	Long term care health insurance plan (Long Term PIHP)	<u>01/01/0001</u>	<u>12/31/9999</u>
1278	INSURANCE-PLAN-TYPE	Insurance Plan Type List	06	Transportation health insurance plan (Transportation PAHP)	<u>01/01/0001</u>	<u>12/31/9999</u>

1279	INSURANCE-PLAN-TYPE	Insurance Plan Type List	07	A managed care plan	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1280	INSURANCE-PLAN-TYPE	Insurance Plan Type List	08	Disease management health insurance plan (Disease Management PAHP)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1281	INSURANCE-PLAN-TYPE	Insurance Plan Type List	09	PAHP (Medical only)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1282	INSURANCE-PLAN-TYPE	Insurance Plan Type List	10	Comprehensive health insurance and Long Term Care (hybrid)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1283	INSURANCE-PLAN-TYPE	Insurance Plan Type List	11	Other health insurance plan	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1284	INSURANCE-PLAN-TYPE	Insurance Plan Type List	12	Veterans Administration health benefits	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1285	INSURANCE-PLAN-TYPE	Insurance Plan Type List	13	Indian Health Service Program health benefits	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1286	INSURANCE-PLAN-TYPE	Insurance Plan Type List	14	TRICARE health benefits	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1287	INSURANCE-PLAN-TYPE	Insurance Plan Type List	15	Eligible enrolled in private LTC insurance	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1288	INSURANCE-PLAN-TYPE	Insurance Plan Type List	16	Fee-for-Service insurance	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1289	LEVEL-OF-CARE-STATUS	Level of Care Status List	001	Hospital as defined in 42 CFR §440.10	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1290	LEVEL-OF-CARE-STATUS	Level of Care Status List	002	Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR §440.160	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1291	LEVEL-OF-CARE-STATUS	Level of Care Status List	003	Nursing Facility	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1292	LEVEL-OF-CARE-STATUS	Level of Care Status List	004	ICF/IDD	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1293	LEVEL-OF-CARE-STATUS	Level of Care Status List	005	Other Type of Facility	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1294	LEVEL-OF-CARE-STATUS	Level of Care Status List	888	Not Applicable (Not in LTSS program)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1295	LICENSE-TYPE	License Type List	1	State, county, or municipality professional or business license	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1296	LICENSE-TYPE	License Type List	2	DEA license	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1297	LICENSE-TYPE	License Type List	3	Professional society accreditation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1298	LICENSE-TYPE	License Type List	4	CLIA accreditation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1299	LICENSE-TYPE	License Type List	5	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1300	<a href="#">LINE-ADJUSTMENT-IND</a>	<a href="#">Line Adjustment Indicator List</a>	<a href="#">0</a>	<a href="#">Original Claim/Encounter/Payment - Indicates that this is the first (and, when applicable, only) fully adjudicated transaction in a claim family (one or more claims with the related ICN-ORIG and/or ICN-ADJ and typically the same MSIS ID and provider ID(s) also).</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1301	<u>LINE-ADJUSTMENT-IND</u>	<u>Line Adjustment Indicator List</u>	<u>1</u>	<u>Void/Reversal/Cancel of a prior submission Use this code to convey that the purpose of the transaction is to void/reverse/cancel a previously paid/approved claim/encounter/payment where the claim/encounter/payment is not being replaced by a new paid/approved version of the claim/encounter/payment. Typically, this would be the last claim/encounter/payment that would ever be associated with a given claim family. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter being voided. CMS expects a void transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment being voided/reversed/cancelled.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1302	<u>LINE-ADJUSTMENT-IND</u>	<u>Line Adjustment Indicator List</u>	<u>4</u>	<u>Replacement/Resubmission of a previously paid/approved claim/encounter/payment - Use when the purpose of the transaction is to replace a previously paid/approved claim/encounter/payment with a new paid/approved version of the claim/encounter/payment. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter being replaced. CMS expects a replacement transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment being replaced/resubmitted.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1303	<u>LINE-ADJUSTMENT-IND</u>	<u>Line Adjustment Indicator List</u>	<u>5</u>	<u>Credit Gross Adjustment - Use this code to indicate an aggregate provider-level recoupment of payments (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as negative numbers. If a credit gross adjustment is reported with an ICN that is related to an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the credit gross adjustment with the more recent adjudication date should completely replace the preceding related gross adjustment. If the ICNs of a credit gross adjustment are not related to any other gross adjustments (credit or debit) then the credit gross adjustment will always be treated as a distinct financial transaction.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

1304	<u>LINE-ADJUSTMENT-IND</u>	<u>Line Adjustment Indicator List</u>	<u>6</u>	<u>Debit Gross Adjustment - Use this code to indicate an aggregate provider-level payment to a provider (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as positive numbers. If a debit gross adjustment is reported with an ICN that is related to an ICN(s) of another gross adjustment (credit or debit) then CMS will interpret this to mean that the credit gross adjustment with the more recent adjudication date should completely replace the preceding related gross adjustment. If the ICNs of a debit gross adjustment are not related to any other gross adjustments (credit or debit) then the debit gross adjustment will always be treated as a distinct financial transaction.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1305	LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code List	<u>Not Applicable</u> See <u>"VVL Code Description" field</u>	<u>Link to Line Adjustment Reason Code List</u> 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.  <u>For background and context, see <a href="https://x12.org/codes/claim-adjustment-reason-codes">https://x12.org/codes/claim-adjustment-reason-codes</a></u>	<u>N/A</u>	<u>N/A</u>
1306	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>01</del>	<del>Physician</del>		
1307	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>02</del>	<del>Speech Language Pathologist</del>		
1308	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>03</del>	<del>Oral Surgery (Dentist only)</del>		
1309	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>04</del>	<del>Cardiac Rehabilitation and Intensive Cardiac Rehabilitation</del>		
1310	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>05</del>	<del>Anesthesiology Assistant</del>		
1311	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>06</del>	<del>Chiropractic</del>		
1312	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>07</del>	<del>Optometry</del>		
1313	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>08</del>	<del>Certified Nurse-Midwife</del>		
1314	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>09</del>	<del>Certified Registered Nurse Anesthetist (CRNA)</del>		
1315	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>10</del>	<del>Mammography Center</del>		
1316	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>11</del>	<del>Independent Diagnostic Testing Facility (IDTF)</del>		
1317	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>12</del>	<del>Pediatrics</del>		
1318	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>13</del>	<del>Ambulatory Surgical Center</del>		
1319	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>14</del>	<del>Nurse Practitioner</del>		
1320	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin Provider Type List</del>	<del>15</del>	<del>Medical Supply Company with Orthotist</del>		

1321	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	16	Medical Supply Company with Prosthetist		
1322	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	17	Medical Supply Company with Orthotist-Prosthetist		
1323	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	18	Other Medical Supply Company		
1324	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	19	Individual Certified Orthotist		
1325	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	20	Individual Certified Prosthetist		
1326	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	21	Individual Certified Prosthetist-Orthotist		
1327	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	22	Medical Supply Company with Pharmacist		
1328	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	23	Ambulance Service Provider		
1329	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	24	Public Health or Welfare Agency		
1330	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	25	Voluntary Health or Charitable Agency		
1331	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	26	Psychologist, Clinical		
1332	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	27	Portable X-Ray Supplier		
1333	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	28	Audiologist		
1334	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	29	Physical Therapist in Private Practice		
1335	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	30	Occupational Therapist in Private Practice		
1336	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	31	Clinical Laboratory		
1337	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	32	Clinic or Group Practice		
1338	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	33	Registered Dietitian or Nutrition Professional		
1339	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	34	Mass Immunizer Roster Biller		
1340	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	35	Radiation Therapy Center		
1341	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	36	Slide Preparation Facility		
1342	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	37	Licensed Clinical Social Worker		
1343	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	38	Certified Clinical Nurse Specialist		
1344	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	39	Advance Diagnostic Imaging		
1345	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	40	Optician		
1346	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	41	Physician Assistant		
1347	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	42	Hospital-General		
1348	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	43	Skilled Nursing Facility		
1349	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	44	Intermediate Care Nursing Facility		
1350	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	45	Other Nursing Facility		
1351	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	46	Home Health Agency		
1352	LOCKIN-PROV-TYPE	Lockin-Provider-Type-List	47	Pharmacy		

1353	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin-Provider-Type-List</del>	<del>48</del>	<del>Medical Supply Company with Respiratory Therapist</del>		
1354	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin-Provider-Type-List</del>	<del>49</del>	<del>Department Store</del>		
1355	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin-Provider-Type-List</del>	<del>50</del>	<del>Grocery Store</del>		
1356	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin-Provider-Type-List</del>	<del>51</del>	<del>Indian Health Service facility</del>		
1357	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin-Provider-Type-List</del>	<del>52</del>	<del>Oxygen supplier</del>		
1358	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin-Provider-Type-List</del>	<del>53</del>	<del>Pedorthic personnel</del>		
1359	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin-Provider-Type-List</del>	<del>54</del>	<del>Medical supply company with pedorthic personnel</del>		
1360	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin-Provider-Type-List</del>	<del>55</del>	<del>Rehabilitation Agency</del>		
1361	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin-Provider-Type-List</del>	<del>56</del>	<del>Ocularist</del>		
1362	<del>LOCKIN-PROV-TYPE</del>	<del>Lockin-Provider-Type-List</del>	<del>57</del>	<del>All Other</del>		
1363	LTSS-LEVEL-CARE	LTSS Level of Care List	1	Skilled Care	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
1364	LTSS-LEVEL-CARE	LTSS Level of Care List	2	Intermediate Care	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
1365	LTSS-LEVEL-CARE	LTSS Level of Care List	3	Custodial Care	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
1366	<del>MAINTENANCE-ASSISTANCE-STATUS</del>	<del>Maintenance-Assistance-Status-List</del>	<del>0</del>	<del>Eligible for Separate CHIP only</del>		
1367	<del>MAINTENANCE-ASSISTANCE-STATUS</del>	<del>Maintenance-Assistance-Status-List</del>	<del>1</del>	<del>-Receiving Cash or eligible under section 1931 of the Act</del>		
1368	<del>MAINTENANCE-ASSISTANCE-STATUS</del>	<del>Maintenance-Assistance-Status-List</del>	<del>2</del>	<del>Medically Needy</del>		
1369	<del>MAINTENANCE-ASSISTANCE-STATUS</del>	<del>Maintenance-Assistance-Status-List</del>	<del>3</del>	<del>Poverty Related</del>		
1370	<del>MAINTENANCE-ASSISTANCE-STATUS</del>	<del>Maintenance-Assistance-Status-List</del>	<del>4</del>	<del>Other</del>		
1371	<del>MAINTENANCE-ASSISTANCE-STATUS</del>	<del>Maintenance-Assistance-Status-List</del>	<del>5</del>	<del>-1115--Demonstration expansion eligible</del>		
1372	MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	1	MCOs corporate address and contact information	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
1373	MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	2	MCOs mailing address	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
1374	MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	3	MCOs service location address	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
1375	MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	4	MCOs Billing address and contact information	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
1376	MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	5	CEO's address and contact information	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
1377	MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	6	CFO's address and contact information	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>
1378	MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	7	Other	<a href="#"><u>01/01/0001</u></a>	<a href="#"><u>12/31/9999</u></a>



1379	<u>MANAGED-CARE-PLAN-OTHER-ID-TYPE</u>	<u>Managed Care Plan Other ID Type List</u>	<u>01</u>	<u>Federal Tax ID</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1380	<u>MANAGED-CARE-PLAN-OTHER-ID-TYPE</u>	<u>Managed Care Plan Other ID Type List</u>	<u>02</u>	<u>State Tax ID</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1381	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>01</del>	<del>Parents and Other Caretaker Relatives</del>		
1382	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>02</del>	<del>Transitional Medical Assistance</del>		
1383	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>03</del>	<del>Extended Medicaid due to Earnings</del>		
1384	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>04</del>	<del>Extended Medicaid due to Spousal Support Collections</del>		
1385	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>05</del>	<del>Pregnant Women</del>		
1386	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>06</del>	<del>Deemed Newborns</del>		
1387	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>07</del>	<del>Infants and Children under Age 19</del>		
1388	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>08</del>	<del>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</del>		
1389	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>09</del>	<del>Former Foster Care Children</del>		
1390	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>10</del>	<del>Individuals at or below 133% FPL Age 19 through 64   Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL</del>		
1391	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>11</del>	<del>Individuals Receiving SSI</del>		
1392	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>12</del>	<del>Aged, Blind and Disabled Individuals in 209(b) States</del>		
1393	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>13</del>	<del>Individuals Receiving Mandatory State Supplements</del>		
1394	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>14</del>	<del>Individuals Who Are Essential Spouses</del>		
1395	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>15</del>	<del>Institutionalized Individuals Continuously Eligible Since 1973</del>		
1396	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>16</del>	<del>Blind or Disabled Individuals Eligible in 1973</del>		
1397	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>17</del>	<del>Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972</del>		
1398	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>18</del>	<del>Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977</del>		
1399	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>19</del>	<del>Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI</del>		
1400	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>20</del>	<del>Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security</del>		
1401	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>21</del>	<del>Working Disabled under 1619(b)</del>		
1402	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>22</del>	<del>Disabled Adult Children</del>		
1403	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>23</del>	<del>Qualified Medicare Beneficiaries</del>		
1404	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>24</del>	<del>Qualified Disabled and Working Individuals</del>		
1405	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>25</del>	<del>Specified Low Income Medicare Beneficiaries</del>		

1406	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	26	Qualifying Individuals		
1407	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	27	Optional Coverage of Parents and Other Caretaker Relatives		
1408	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	28	Reasonable Classifications of Individuals under Age 21		
1409	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	29	Children with Non-IV-E Adoption Assistance		
1410	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	30	Independent Foster Care Adolescents		
1411	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	31	Optional Targeted Low-Income Children		
1412	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	32	Individuals Electing COBRA Continuation Coverage		
1413	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	33	Individuals above 133% FPL under Age 65		
1414	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	34	Certain Individuals Needing Treatment for Breast or Cervical Cancer		
1415	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	35	Individuals Eligible for Family Planning Services		
1416	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	36	Individuals with Tuberculosis		
1417	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	37	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance		
1418	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	38	Individuals Eligible for Cash Assistance except for Institutionalization		
1419	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	39	Individuals Receiving Home and Community-Based Services under Institutional Rules		
1420	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	40	Optional State Supplement Recipients—1634 States, and SSI Criteria States with 1616 Agreements		
1421	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	41	Optional State Supplement Recipients—209(b) States, and SSI Criteria States without 1616 Agreements		
1422	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	42	Institutionalized Individuals Eligible under a Special Income Level		
1423	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	43	Individuals participating in a PACE Program under Institutional Rules		
1424	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	44	Individuals Receiving Hospice Care		
1425	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	45	Qualified Disabled Children under Age 19		
1426	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	46	Poverty Level Aged or Disabled		
1427	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	47	Work Incentives Eligibility Group		
1428	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	48	Ticket to Work Basic Group		
1429	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	49	Ticket to Work Medical Improvements Group		
1430	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	50	Family Opportunity Act Children with Disabilities		
1431	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	51	Individuals Eligible for Home and Community-Based Services		
1432	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	52	Individuals Eligible for Home and Community-Based Services—Special Income Level		
1433	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	53	Medically Needy Pregnant Women		
1434	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	54	Medically Needy Children under Age 18		
1435	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	55	Medically Needy Children Age 18 through 20		
1436	MANAGED-CARE-PLAN-POP	Managed Care Plan Pop List	56	Medically Needy Parents and Other Caretakers		

1437	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>59</del>	<del>Medically Needy Aged, Blind or Disabled</del>		
1438	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>60</del>	<del>Medically Needy Blind or Disabled Individuals Eligible in 1973</del>		
1439	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>61</del>	<del>Targeted Low Income Children</del>		
1440	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>62</del>	<del>Deemed Newborn</del>		
1441	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>63</del>	<del>Children Ineligible for Medicaid Due to Loss of Income Disregards</del>		
1442	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>64</del>	<del>Coverage from Conception to Birth</del>		
1443	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>65</del>	<del>Children with Access to Public Employee Coverage</del>		
1444	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>66</del>	<del>Children Eligible for Dental Only Supplemental Coverage</del>		
1445	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>67</del>	<del>Targeted Low Income Pregnant Women</del>		
1446	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>68</del>	<del>Pregnant Women with Access to Public Employee Coverage</del>		
1447	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>69</del>	<del>Individuals with Mental Health Conditions (expansion group)</del>		
1448	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>70</del>	<del>Family Planning Participants (expansion group)</del>		
1449	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>71</del>	<del>Other expansion group</del>		
1450	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>72</del>	<del>Adult Group—Individuals at or below 133% FPL Age 19 through 64—newly eligible for all states</del>		
1451	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>72</del>	<del>Adult Group—Individuals at or below 133% FPL Age 19 through 64—newly eligible for all states</del>		
1452	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>73</del>	<del>Adult Group—Individuals at or below 133% FPL Age 19 through 64—not newly eligible for non 1905z(3) states</del>		
1453	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>73</del>	<del>Adult Group—Individuals at or below 133% FPL Age 19 through 64—not newly eligible for non 1905z(3) states</del>		
1454	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>74</del>	<del>Adult Group—Individuals at or below 133% FPL Age 19 through 64—not newly eligible parent/ caretaker relative(s) in 1905z(3) states</del>		
1455	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>74</del>	<del>Adult Group—Individuals at or below 133% FPL Age 19 through 64—not newly eligible parent/ caretaker relative(s) in 1905z(3) states</del>		
1456	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>75</del>	<del>Adult Group—Individuals at or below 133% FPL Age 19 through 64—not newly eligible non-parent/ caretaker relative(s) in 1905z(3) states</del>		
1457	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>75</del>	<del>Adult Group—Individuals at or below 133% FPL Age 19 through 64—not newly eligible non-parent/ caretaker relative(s) in 1905z(3) states</del>		
1458	<del>MANAGED-CARE-PLAN-POP</del>	<del>Managed Care Plan Pop List</del>	<del>76</del>	<del>Uninsured Individual eligible for COVID-19 testing</del>		
1459	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	01	Comprehensive MCO	<u>01/01/0001</u>	<u>12/31/9999</u>
1460	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	02	Traditional PCCM Provider <del>arrangement</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
1461	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	03	Enhanced PCCM Provider <del>arrangement</del>	<u>01/01/0001</u>	<u>12/31/9999</u>
1462	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	04	<del>Health Insuring Organization (HIO)HIO</del>	<u>01/01/0001</u>	<u>12/31/9999</u>

1463	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	05	Medical-only PIHP (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1464	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	06	Medical-only PAHP (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1465	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	07	Long Term Care (LTC) PIHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1466	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	08	Mental Health (MH) PIHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1467	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	09	Mental Health (MH) PAHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1468	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	10	Substance Use Disorders (SUD) PIHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1469	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	11	Substance Use Disorders (SUD) PAHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1470	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	12	Mental Health (MH) and Substance Use Disorders (SUD) PIHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1471	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	13	Mental Health (MH) and Substance Use Disorders (SUD) PAHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1472	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	14	Dental PAHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1473	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	15	Transportation PAHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1474	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	16	Disease Management PAHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1475	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	17	<del>Program for All-Inclusive Care for the Elderly (PACE)</del> <u>PACE</u>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1476	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	18	Pharmacy PAHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1477	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	19	Individual is enrolled in Long-Term Services & Supports (LTSS) and Mental Health (MH) PIHP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1478	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	20	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1479	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	60	Accountable Care Organization	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1480	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	70	Health/Medical Home	<a href="#">01/01/0001</a>	<a href="#">09/30/2020</a>
1481	MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	80	Integrated Care For Dual Eligibles	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1482	MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status List	01	501(C)(3) NON-PROFIT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1483	MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status List	02	FOR-PROFIT, CLOSELY HELD	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1484	MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status List	03	FOR-PROFIT, PUBLICLY TRADED	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1485	MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status List	04	OTHER	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1486	MANAGED-CARE-PROGRAM	Managed Care Program List	1	Medicaid State Plan	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1487	MANAGED-CARE-PROGRAM	Managed Care Program List	2	CHIP State Plan	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1488	MANAGED-CARE-PROGRAM	Managed Care Program List	3	Both Medicaid and CHIP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1489	MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	1	Statewide - The managed care entity provides services to beneficiaries throughout the entire state.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1490	MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	2	County - The managed care entity provides services to beneficiaries in specified counties.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1491	MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	3	City - The managed care entity provides services to beneficiaries in specified cities.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1492	MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	4	Region - The managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state ( <u>"region"</u> is state-defined).	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1493	MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	5	Zip Code - The managed care entity program provides services to beneficiaries in specified zip codes.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1494	MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	6	Other - The managed care entity provides services to beneficiaries in "other" area(s), not Statewide, County, City, or Region.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1495	MANAGED-CARE-SERVICE-AREA-NAME	Managed Care Service Area Name List	<del>Not Applicable</del> <a href="#">See "VVL Code Description" field</a>	<del>This URL will take the reader to the American National Standards Institute (ANSI) Website for the various geographical code sets:</del> <a href="#">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.</a>  <a href="https://www.census.gov/library/reference/code-lists/ansi.html">For background and context, see https://www.census.gov/library/reference/code-lists/ansi.html</a>	<del>N/A</del>	<del>N/A</del>
1496	<del>MANAGED-CARE-SERVICE-AREA-NAME</del>	<del>Managed Care Service Area Name List</del>	<del>Not Applicable</del>	<del>Managed Care Service Area Name List</del>		
1497	<del>MANAGED-CARE-SERVICE-AREA-NAME</del>	<del>Managed Care Service Area Name List</del>	<del>Not Applicable</del>	<del>Once at the Website, the reader should scroll down to the section entitled "State and State Equivalents" for the state codes, "FIPS Codes for Outlying Areas of the United States and the Freely Associated States" for the territory codes and "County Subdivision" for the county codes.</del>		
1498	MARITAL-STATUS	Marital Status List	01	Legally Married (to opposite sex), spouse present	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1499	MARITAL-STATUS	Marital Status List	02	Legally Married (to opposite sex), spouse absent	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1500	MARITAL-STATUS	Marital Status List	03	Legally Married (to same sex), spouse present	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1501	MARITAL-STATUS	Marital Status List	04	Legally Married (to same sex), spouse absent	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1502	MARITAL-STATUS	Marital Status List	05	Partnered or in Civil Union (to opposite sex), spouse present	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1503	MARITAL-STATUS	Marital Status List	06	Partnered or in Civil Union (to opposite sex), spouse absent	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1504	MARITAL-STATUS	Marital Status List	07	Partnered or in Civil Union (to same sex), spouse present	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1505	MARITAL-STATUS	Marital Status List	08	Partnered or in Civil Union (to same sex), spouse absent	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1506	MARITAL-STATUS	Marital Status List	09	Legally separated (and not married or partnered)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1507	MARITAL-STATUS	Marital Status List	10	Divorced (and not currently married or partnered)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1508	MARITAL-STATUS	Marital Status List	11	Separated (and not currently married or partnered)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1509	MARITAL-STATUS	Marital Status List	12	Widower/Widow (and not currently married or partnered)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1510	MARITAL-STATUS	Marital Status List	13	Never married/partnered	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1511	MARITAL-STATUS	Marital Status List	14	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1512	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">15</a>	<a href="#">Legally Married (to opposite sex)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1513	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">16</a>	<a href="#">Legally Married (to same sex)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1514	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">17</a>	<a href="#">Legally Married, spouse present</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1515	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">18</a>	<a href="#">Legally Married, spouse absent</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1516	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">19</a>	<a href="#">Legally Married</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1517	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">20</a>	<a href="#">Partnered or in Civil Union (to opposite sex)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1518	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">21</a>	<a href="#">Partnered (Registered Domestic Partner) or in Civil Union (to same sex)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1519	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">22</a>	<a href="#">Partnered (Registered Domestic Partner) or in Civil Union, spouse present</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1520	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">23</a>	<a href="#">Partnered (Registered Domestic Partner) or in Civil Union, spouse absent</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1521	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">24</a>	<a href="#">Partnered (Registered Domestic Partner) or in Civil Union</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1522	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">25</a>	<a href="#">Partnered (Registered Domestic Partner)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1523	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">26</a>	<a href="#">Civil Union</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1524	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">27</a>	<a href="#">Legally Married, Partnered, or in Civil Union</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1525	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">28</a>	<a href="#">Legally separated (and still legally married)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1526	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">29</a>	<a href="#">Legally separated</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1527	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">30</a>	<a href="#">Annulled (and not currently married or partnered)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1528	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">31</a>	<a href="#">Separated (and currently married or partnered)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1529	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">32</a>	<a href="#">Separated</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1530	<a href="#">MARITAL-STATUS</a>	<a href="#">Marital Status List</a>	<a href="#">33</a>	<a href="#">Single, widowed, or divorced</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1531	<a href="#">MBESCBES-FORM-GROUP</a>	<a href="#">MBESCBES Form Group List</a>	<a href="#">1</a>	<a href="#">The MBES/CBES form that this expenditure was or will be reported to is a form for Medicaid (but not Medicaid-expansion CHIP) expenditures or adjustments.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1532	<u>MBESCBES-FORM-GROUP</u>	<u>MBESCBES Form Group List</u>	<u>2</u>	<u>The MBES/CBES form that this expenditure was or will be reported to is a form for Medicaid-expansion CHIP expenditures or adjustments.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1533	<u>MBESCBES-FORM-GROUP</u>	<u>MBESCBES Form Group List</u>	<u>3</u>	<u>The MBES/CBES form that this expenditure was or will be reported to is a form for separate CHIP expenditures or adjustments.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1534	<u>MBESCBES-FORMGMP-1</u>	<u>MBESCBES Form Group 1 List</u>	<u>64.10BASE</u>	<u>Quarterly Expenditures for State &amp; Local Administration</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1535	<u>MBESCBES-FORMGMP-1</u>	<u>MBESCBES Form Group 1 List</u>	<u>64.9A</u>	<u>Third Party Liability Collections and Cost Avoidance</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1536	<u>MBESCBES-FORMGMP-1</u>	<u>MBESCBES Form Group 1 List</u>	<u>64.9BASE</u>	<u>Medical Assistance Expenditures by Type of Service</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1537	<u>MBESCBES-FORMGMP-1</u>	<u>MBESCBES Form Group 1 List</u>	<u>64.9P</u>	<u>Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Prior Period Adjustment</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1538	<u>MBESCBES-FORMGMP-2</u>	<u>MBESCBES Form Group 2 List</u>	<u>64.21U</u>	<u>Child Health Expenditures by Service</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1539	<u>MBESCBES-FORMGMP-2</u>	<u>MBESCBES Form Group 2 List</u>	<u>64.21UP</u>	<u>Quarterly Medical Assistance Expenditures by Children's Health Insurance Program expenditure categories</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1540	<u>MBESCBES-FORMGMP-3</u>	<u>MBESCBES Form Group 3 List</u>	<u>21BASE</u>	<u>Children's Health Expenditures By Type of Service</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1541	<u>MBESCBES-FORMGMP-3</u>	<u>MBESCBES Form Group 3 List</u>	<u>21P</u>	<u>Quarterly Children's Health Insurance Program</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1542	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>00</del>	<del>Eligible for Separate CHIP only</del>		
1543	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>01</del>	<del>Aged Individual</del>		
1544	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>02</del>	<del>Blind/Disabled Individual</del>		
1545	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>03</del>	<del>Not used</del>		
1546	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>04</del>	<del>Child (not Child of Unemployed Adult, not Foster Care Child)</del>		
1547	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>05</del>	<del>Adult (not based on unemployed status)</del>		
1548	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>06</del>	<del>Child of Unemployed Adult (optional)</del>		
1549	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>07</del>	<del>Unemployed Adult (optional)</del>		
1550	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>08</del>	<del>Foster Care Child</del>		
1551	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>10</del>	<del>Refugee Medical Assistance (45 CFR Sub part G)</del>		
1552	<del>MEDICAID-BASIS-OF-ELIGIBILITY</del>	<del>Medicaid Basis of Eligibility List</del>	<del>11</del>	<del>Individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000</del>		
1553	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator List	0	Amount not combined with coinsurance amount	<u>01/01/0001</u>	<u>12/31/9999</u>
1554	MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator List	1	Amount combined with coinsurance amount	<u>01/01/0001</u>	<u>12/31/9999</u>
1555	MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	01	IPPS - Acute Inpatient PPS	<u>01/01/0001</u>	<u>12/31/9999</u>

1556	MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	02	LTCHPPS - Long-term Care Hospital PPS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1557	MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	03	SNFPPS - Skilled Nursing Facility PPS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1558	MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	04	HHPPS - Home Health PPS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1559	MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	05	IRFPPS - Inpatient Rehabilitation Facility PPS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1560	MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	06	IPFPPS - Inpatient Psychiatric Facility PPS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1561	MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	07	OPPS - Outpatient PPS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1562	MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	08	Fee Schedules (for physicians, DME, ambulance, and clinical lab)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1563	MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	09	Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1564	MFP-LIVES-WITH-FAMILY	MFP Lives with Family List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1565	MFP-LIVES-WITH-FAMILY	MFP Lives with Family List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1566	MFP-LIVES-WITH-FAMILY	MFP Lives with Family List	2	<del>No</del> -MFPNon Participation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1567	MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	00	Default- <del>No</del> -MFPNon Participation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1568	MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	01	Nursing Facility	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1569	MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	02	ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1570	MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	03	IMD (Institution for Mental Diseases)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1571	MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	04	Hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1572	MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	05	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1573	MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	00	Default - <del>No</del> -MFPNon Participation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1574	MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	01	Home owned by participant	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1575	MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	02	Home owned by family member	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1576	MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	03	Apartment leased by participant, not assisted living	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1577	MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	04	Apartment leased by participant, assisted living	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1578	MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	05	Group home of no more than 4 people	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>



1579	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	00	Default - No <del>MFP</del> Participation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1580	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	01	Completed 365 days of participation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1581	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	02	Suspended eligibility	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1582	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	03	Re-institutionalized	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1583	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	04	Died	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1584	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	05	Moved	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1585	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	06	No longer needed services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1586	MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	07	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1587	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	00	Default- <del>No-MFP</del> <u>Non</u> Participation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1588	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	01	Acute care hospitalization followed by long term rehabilitation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1589	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	02	Deterioration in cognitive functioning	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1590	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	03	Deterioration in health	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1591	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	04	Deterioration in mental health	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1592	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	05	Loss of housing	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1593	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	06	Loss of personal care giver	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1594	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	07	By request of participant or guardian	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1595	MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	08	Lack of sufficient community services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1596	<del>NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE</del>	<del>National Health Care Entity ID Type List</del>	<del>1</del>	<del>Controlling Health Plan (CHP) ID—the national health plan identifier of a health plan that either controls its own business activities, actions, or policies, or is controlled by an entity that is not a health plan and exercises sufficient control over the subhealth plan(s) under it so as to direct its own business activities, actions, or policies, as well as those of any subhealth plans under it.</del>		
1597	<del>NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE</del>	<del>National Health Care Entity ID Type List</del>	<del>2</del>	<del>Subhealth Plan (SHP) ID—the national health plan identifier of a health plan whose business activities, actions, or policies are directed by a controlling health plan. All subhealth HPIDs should be reported.</del>		
1598	<del>NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE</del>	<del>National Health Care Entity ID Type List</del>	<del>3</del>	<del>Other Entity Identifier (OEID)—a national identifier for entities that are not health plans, health care providers, or individuals (as defined in 45 CFR 160.103), but that need to be identified in standard transactions (including, for example, third party administrators, transaction vendors, clearinghouses, and other payers). Other entities are not required to obtain an OEID, but they could obtain and use one if they need to be identified in covered transactions.</del>		
1599	<del>NDC-UNIT-OF-MEASURE/UNIT-OF-MEASURE</del>	<del>NDC Unit of Measure List</del>	<del>EA</del>	<del>Each</del>		
1600	<del>NDC-UNIT-OF-MEASURE/UNIT-OF-MEASURE</del>	NDC Unit of Measure List	F2	International Unit	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1601	<del>NDC-UNIT-OF-MEASURE/UNIT-OF-MEASURE</del>	<del>NDC Unit of Measure List</del>	<del>GM</del>	<del>Grams</del>		
1602	<del>NDC-UNIT-OF-MEASURE/UNIT-OF-MEASURE</del>	NDC Unit of Measure List	GR	Gram	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1603	<del>NDC-UNIT-OF-MEASURE/UNIT-OF-MEASURE</del>	NDC Unit of Measure List	ME	Milligram	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1604	<del>NDC-UNIT-OF-MEASURE/UNIT-OF-MEASURE</del>	NDC Unit of Measure List	ML	Milliliter	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1605	<u>NDC-UNIT-OF-MEASURE</u>	<u>NDC Unit of Measure List</u>	<u>See "VVL Code Description" field</u>	<u>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.</u>  <u>For background and context, see <a href="https://www.x12.org/">https://www.x12.org/</a></u>	<u>N/A</u>	<u>N/A</u>
1606	<u>NDC-UNIT-OF-MEASURE</u> / <del>UNIT-OF-MEASURE</del>	<u>NDC Unit of Measure List</u>	<u>UN</u>	<u>Unit</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1607	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>00</u>	<u>New Prescription</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1608	<del>NEW-REFILL-IND</del>	<del>New Refill Indicator List</del>	<del>01-99</del>	<del>Number of Refill(s)</del>		
1609	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>01</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1610	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>02</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1611	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>03</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1612	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>04</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1613	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>05</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1614	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>06</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1615	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>07</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1616	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>08</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1617	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>09</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1618	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>10</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1619	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>11</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1620	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>12</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1621	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>13</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1622	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>14</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1623	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>15</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1624	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>16</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1625	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>17</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1626	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>18</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1627	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>19</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
1628	<u>NEW-REFILL-IND</u>	<u>New Refill Indicator List</u>	<u>20</u>	<u>Number of Refill(s)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>





1689	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">81</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1690	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">82</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1691	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">83</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1692	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">84</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1693	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">85</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1694	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">86</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1695	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">87</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1696	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">88</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1697	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">89</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1698	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">90</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1699	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">91</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1700	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">92</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1701	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">93</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1702	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">94</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1703	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">95</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1704	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">96</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1705	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">97</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1706	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">98</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1707	<a href="#">NEW-REFILL-IND</a>	<a href="#">New Refill Indicator List</a>	<a href="#">99</a>	<a href="#">Number of Refill(s)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1708	<a href="#">OCCURRENCE-CODE</a>	<a href="#">Occurrence Code List</a>	<a href="#">See "VVL Code Description" field</a>	<a href="#">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.</a>  <a href="#">For background and context, see <u><a href="https://www.nubc.org/license">https://www.nubc.org/license</a></u> or <u><a href="https://med.noridianmedicare.com/web/jea/topics/claim-submission/occurrence-codes">https://med.noridianmedicare.com/web/jea/topics/claim-submission/occurrence-codes</a></u></a>	<a href="#">N/A</a>	<a href="#">N/A</a>
1709	<a href="#">OCCURRENCE-CODE-01 to OCCURRENCE-CODE-10</a>	<a href="#">Occurrence Code List</a>	<a href="#">Not Applicable</a>	<a href="#">Occurrence Codes</a>		
1710	<a href="#">OCCURRENCE-CODE-01 to OCCURRENCE-CODE-10</a>	<a href="#">Occurrence Code List</a>	<a href="#">Not Applicable</a>	<a href="#">Occurrence Span Codes</a>		

1711	<a href="#">OFFSET-TRANS-TYPE</a>	<a href="#">Offset Transaction Type List</a>	<a href="#">1</a>	<a href="#">Capitation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1712	<a href="#">OFFSET-TRANS-TYPE</a>	<a href="#">Offset Transaction Type List</a>	<a href="#">2</a>	<a href="#">Individual Premium</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1713	<a href="#">OFFSET-TRANS-TYPE</a>	<a href="#">Offset Transaction Type List</a>	<a href="#">3</a>	<a href="#">Group Premium</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1714	OPERATING-AUTHORITY	Operating Authority List	01	1115 demonstration waiver program - demonstration projects under which most provisions of Section 1902 of the Social Security Act are waived and/or expenditures that would not otherwise be eligible for FFP are authorized. States use these to expand eligibility, restructure Medicaid coverage and secure programmatic flexibility.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1715	OPERATING-AUTHORITY	Operating Authority List	02	1915(b) waiver program - waivers of most provisions of Section 1902 of the Social Security Act in order to limit beneficiaries' freedom of choice of provider; selectively contract with providers; or provide additional services to beneficiaries (State may include BBA special populations)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1716	OPERATING-AUTHORITY	Operating Authority List	03	1932(a) state plan option to use managed care for MCO and PCCM programs - mandatory managed care programs implemented through the state plan (State must exclude or permit voluntary enrollment of specific populations)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1717	OPERATING-AUTHORITY	Operating Authority List	04	1915(a) voluntary managed care program - an MCO managed care program in which enrollment is voluntary and therefore does not require a waiver.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1718	OPERATING-AUTHORITY	Operating Authority List	05	Concurrent 1915(b)/1915(c) waivers- programs, or portions thereof, operating under both 1915(b) managed care and 1915(c) home and community-based services waivers.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1719	OPERATING-AUTHORITY	Operating Authority List	06	Concurrent 1915(a)/1915(c) waivers- programs, or portions thereof, operating under both 1915(a) voluntary managed care and 1915(c) home and community-based services waiver	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1720	OPERATING-AUTHORITY	Operating Authority List	07	Concurrent 1932(a)/1915(c) waivers - programs, or portions thereof, operating under both 1932(a) managed care and 1915(c) home and community-based services waiver.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1721	OPERATING-AUTHORITY	Operating Authority List	08	PACE - program that provides pre-paid, capitated comprehensive, health care services to the frail elderly.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1722	OPERATING-AUTHORITY	Operating Authority List	09	1905(t) voluntary PCCM program - A PCCM managed care program in which enrollment is voluntary and therefore does not require a waiver.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1723	OPERATING-AUTHORITY	Operating Authority List	10	1937benchmark benefit program-- programs to provide benefits that differ from Medicaid state plan benefits using managed care and implemented through the state plan.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1724	OPERATING-AUTHORITY	Operating Authority List	11	1902(a)(70) non-emergency medical transportation program -non-emergency medical transportation brokerage programs implemented through the state plan which can vary scope of services, operate on a less-than-statewide basis, and limit freedom of choice	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1725	OPERATING-AUTHORITY	Operating Authority List	12	Concurrent 1915(b)/1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1915(b) managed care waiver program.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1726	OPERATING-AUTHORITY	Operating Authority List	13	Concurrent 1915(a)/ 1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1915(a) voluntary managed care program.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1727	OPERATING-AUTHORITY	Operating Authority List	14	Concurrent 1932(a)/ 1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1932(a) managed care state plan option.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1728	OPERATING-AUTHORITY	Operating Authority List	15	1945 Health Homes.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1729	<a href="#">OPERATING-AUTHORITY</a>	<a href="#">Operating Authority List</a>	<a href="#">16</a>	<a href="#">Concurrent 1915(a)/1915(j) - programs, or portions thereof, operating under both 1915(a) and 1915(j) authorities</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1730	<a href="#">OPERATING-AUTHORITY</a>	<a href="#">Operating Authority List</a>	<a href="#">17</a>	<a href="#">Concurrent 1932(a)/1915(j) - programs, or portions thereof, operating under both 1932(a) and 1915(j) authorities</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1731	<a href="#">OPERATING-AUTHORITY</a>	<a href="#">Operating Authority List</a>	<a href="#">18</a>	<a href="#">Concurrent 1915(b)/1915(j) - programs, or portions thereof, operating under both 1915(b) and 1915(j) authorities</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1732	<a href="#">OPERATING-AUTHORITY</a>	<a href="#">Operating Authority List</a>	<a href="#">19</a>	<a href="#">Concurrent 1115/1915(j) - programs, or portions thereof, operating under both 1115 and 1915(j) authorities</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1733	<a href="#">OPERATING-AUTHORITY</a>	<a href="#">Operating Authority List</a>	<a href="#">20</a>	<a href="#">Concurrent 1915(a)/1915(k) - programs, or portions thereof, operating under both 1915(a) and 1915(k) authorities</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1734	<a href="#">OPERATING-AUTHORITY</a>	<a href="#">Operating Authority List</a>	<a href="#">21</a>	<a href="#">Concurrent 1932(a)/1915(k) - programs, or portions thereof, operating under both 1932(a) and 1915(k) authorities</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1735	<a href="#">OPERATING-AUTHORITY</a>	<a href="#">Operating Authority List</a>	<a href="#">22</a>	<a href="#">Concurrent 1915(b)/1915(k) - programs, or portions thereof, operating under both 1915(b) and 1915(k) authorities</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1736	<a href="#">OPERATING-AUTHORITY</a>	<a href="#">Operating Authority List</a>	<a href="#">23</a>	<a href="#">Concurrent 1115/1915(k) - programs, or portions thereof, operating under both 1115 and 1915(k) authorities</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1737	OTHER-INSURANCE-IND	Other Insurance Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>



1738	OTHER-INSURANCE-IND	Other Insurance Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1739	OTHER-TPL-COLLECTION	Other TPL Collection List	000	Not Applicable	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1740	OTHER-TPL-COLLECTION	Other TPL Collection List	001	Third Party Resource is Casualty/Tort	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1741	OTHER-TPL-COLLECTION	Other TPL Collection List	002	Third Party Resource is Estate	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1742	OTHER-TPL-COLLECTION	Other TPL Collection List	003	Third Party Resource is Lien (TEFRA)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1743	OTHER-TPL-COLLECTION	Other TPL Collection List	004	Third Party Resource is Lien (Other)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1744	OTHER-TPL-COLLECTION	Other TPL Collection List	005	Third Party Resource is Worker's Compensation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1745	OTHER-TPL-COLLECTION	Other TPL Collection List	006	Third Party Resource is Medical Malpractice	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1746	OTHER-TPL-COLLECTION	Other TPL Collection List	007	Third Party Resource is Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1747	OUTLIER-CODE	Outlier Code List	00	No Outlier	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1748	OUTLIER-CODE	Outlier Code List	01	Day Outlier	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1749	OUTLIER-CODE	Outlier Code List	02	Cost Outlier	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1750	OUTLIER-CODE	Outlier Code List	06	Valid DRG Received from the intermediary	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1751	OUTLIER-CODE	Outlier Code List	07	CMS Developed DRG	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1752	OUTLIER-CODE	Outlier Code List	08	CMS Developed DRG Using Patient Status Code	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1753	OUTLIER-CODE	Outlier Code List	09	Not Group able	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1754	OUTLIER-CODE	Outlier Code List	10	Composite of cost outliers	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1755	OWNERSHIP-CODE	Ownership Code List	01	Voluntary - Non-Profit - Religious Organizations	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1756	OWNERSHIP-CODE	Ownership Code List	02	Voluntary - Non-Profit - Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1757	OWNERSHIP-CODE	Ownership Code List	03	Voluntary - multiple owners	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1758	OWNERSHIP-CODE	Ownership Code List	04	Proprietary - Individual	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1759	OWNERSHIP-CODE	Ownership Code List	05	Proprietary - Corporation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1760	OWNERSHIP-CODE	Ownership Code List	06	Proprietary - Partnership	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1761	OWNERSHIP-CODE	Ownership Code List	07	Proprietary - Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1762	OWNERSHIP-CODE	Ownership Code List	08	Proprietary - multiple owners	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1763	OWNERSHIP-CODE	Ownership Code List	09	Government - Federal	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1764	OWNERSHIP-CODE	Ownership Code List	10	Government - State	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1765	OWNERSHIP-CODE	Ownership Code List	11	Government - City	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1766	OWNERSHIP-CODE	Ownership Code List	12	Government - County	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1767	OWNERSHIP-CODE	Ownership Code List	13	Government - City-County	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1768	OWNERSHIP-CODE	Ownership Code List	14	Government - Hospital District	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1769	OWNERSHIP-CODE	Ownership Code List	15	Government - State and City/County	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1770	OWNERSHIP-CODE	Ownership Code List	16	Government - other multiple owners	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1771	OWNERSHIP-CODE	Ownership Code List	17	Voluntary /Proprietary	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1772	OWNERSHIP-CODE	Ownership Code List	18	Proprietary/Government	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1773	OWNERSHIP-CODE	Ownership Code List	19	Voluntary/Government	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1774	OWNERSHIP-CODE	Ownership Code List	88	N/A - The individual only practices as part of a group, e.g., as an employee	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1775	PATIENT-STATUS	Patient Status List	<a href="#">Not Applicable</a> <a href="#">See "VVL Code Description" field</a>	<a href="#">A valid list of Patient Status codes can be purchased at https://www.nubc.org/license</a> <a href="#">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.</a>  <a href="#">For background and context, see https://www.nubc.org/license</a>	<a href="#">N/A</a>	<a href="#">N/A</a>
1776	<a href="#">PAYEE-ID-TYPE</a>	<a href="#">Payee ID Type List</a>	<a href="#">01</a>	<a href="#">State</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1777	<a href="#">PAYEE-ID-TYPE</a>	<a href="#">Payee ID Type List</a>	<a href="#">02</a>	<a href="#">Capitated plan ID</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1778	<a href="#">PAYEE-ID-TYPE</a>	<a href="#">Payee ID Type List</a>	<a href="#">03</a>	<a href="#">Sub-capitated plan ID</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1779	<a href="#">PAYEE-ID-TYPE</a>	<a href="#">Payee ID Type List</a>	<a href="#">04</a>	<a href="#">Sub-capitated network provider ID</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1780	<a href="#">PAYEE-ID-TYPE</a>	<a href="#">Payee ID Type List</a>	<a href="#">05</a>	<a href="#">State contracted FFS provider ID assigned by state</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1781	<a href="#">PAYEE-ID-TYPE</a>	<a href="#">Payee ID Type List</a>	<a href="#">06</a>	<a href="#">State contracted FFS provider NPI</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1782	<a href="#">PAYEE-ID-TYPE</a>	<a href="#">Payee ID Type List</a>	<a href="#">07</a>	<a href="#">Insurance carrier</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1783	<a href="#">PAYEE-ID-TYPE</a>	<a href="#">Payee ID Type List</a>	<a href="#">08</a>	<a href="#">Beneficiary</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1784	<a href="#">PAYEE-ID-TYPE</a>	<a href="#">Payee ID Type List</a>	<a href="#">09</a>	<a href="#">Non-Medicaid eligible guardian</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1785	<a href="#">PAYEE-ID-TYPE</a>	<a href="#">Payee ID Type List</a>	<a href="#">95</a>	<a href="#">Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1786	<a href="#">PAYEE-TAX-ID-TYPE</a>	<a href="#">Payee Tax ID Type List</a>	<a href="#">01</a>	<a href="#">SSN</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1787	<a href="#">PAYEE-TAX-ID-TYPE</a>	<a href="#">Payee Tax ID Type List</a>	<a href="#">02</a>	<a href="#">EIN</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1788	<a href="#">PAYEE-TAX-ID-TYPE</a>	<a href="#">Payee Tax ID Type List</a>	<a href="#">03</a>	<a href="#">ITIN</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1789	<a href="#">PAYEE-TAX-ID-TYPE</a>	<a href="#">Payee Tax ID Type List</a>	<a href="#">04</a>	<a href="#">State Tax ID</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1790	<a href="#">PAYEE-TAX-ID-TYPE</a>	<a href="#">Payee Tax ID Type List</a>	<a href="#">95</a>	<a href="#">Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1791	<a href="#">PAYER-ID-TYPE</a>	<a href="#">Payer ID Type List</a>	<a href="#">01</a>	<a href="#">State</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1792	<a href="#">PAYER-ID-TYPE</a>	<a href="#">Payer ID Type List</a>	<a href="#">02</a>	<a href="#">Capitated plan ID</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1793	<a href="#">PAYER-ID-TYPE</a>	<a href="#">Payer ID Type List</a>	<a href="#">03</a>	<a href="#">Sub-capitated entity ID</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1794	<a href="#">PAYER-ID-TYPE</a>	<a href="#">Payer ID Type List</a>	<a href="#">04</a>	<a href="#">Sub-capitated network provider ID</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1795	<a href="#">PAYER-ID-TYPE</a>	<a href="#">Payer ID Type List</a>	<a href="#">95</a>	<a href="#">Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1796	PAYMENT-LEVEL-IND	Payment Level Indicator List	1	<del>Claim payment</del> <a href="#">Payment/allowed amount</a> is <u>not</u> determined at the <del>header</del> <a href="#">individual line level</a> (e.g., DRG or outpatient PPS)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1797	PAYMENT-LEVEL-IND	Payment Level Indicator List	2	<del>Claim payment</del> <a href="#">Payment/allowed amount</a> is determined at the individual <del>lines</del> <a href="#">line level</a> (e.g., RBRVS) and when applicable, cost-sharing and/or coordination of benefits were deducted from one or more specific line-level payment/allowed amount(s)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1798	<a href="#">PAYMENT-LEVEL-IND</a>	<a href="#">Payment Level Indicator List</a>	<a href="#">3</a>	<a href="#">Payment/allowed amount</a> is determined for each individual line (e.g., RBRVS) but then cost sharing or coordination of benefits was deducted from the total paid/allowed amount at the header only	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1799	<a href="#">PAYMENT-PERIOD-TYPE</a>	<a href="#">Payment Period Type List</a>	<a href="#">01</a>	<a href="#">Bene coverage period</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1800	<a href="#">PAYMENT-PERIOD-TYPE</a>	<a href="#">Payment Period Type List</a>	<a href="#">02</a>	<a href="#">Service coverage period</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1801	<a href="#">PAYMENT-PERIOD-TYPE</a>	<a href="#">Payment Period Type List</a>	<a href="#">03</a>	<a href="#">Provider coverage period</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1802	<a href="#">PAYMENT-PERIOD-TYPE</a>	<a href="#">Payment Period Type List</a>	<a href="#">04</a>	<a href="#">Fiscal period</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1803	<a href="#">PAYMENT-PERIOD-TYPE</a>	<a href="#">Payment Period Type List</a>	<a href="#">05</a>	<a href="#">Episode of care</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1804	<a href="#">PAYMENT-PERIOD-TYPE</a>	<a href="#">Payment Period Type List</a>	<a href="#">95</a>	<a href="#">Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1805	PLACE-OF-SERVICE	Place of Service Code List	<del>Not Applicable</del> <a href="#">See "VVL Code Description" field</a>	<del>Place of Service Code List</del> <a href="#">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.</a>  <a href="#">For background and context, see https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set</a>	<a href="#">N/A</a>	<a href="#">N/A</a>
1806	POLICY-OWNER-CODE	Policy Owner Code List	01	Self	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1807	POLICY-OWNER-CODE	Policy Owner Code List	02	Spouse	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1808	POLICY-OWNER-CODE	Policy Owner Code List	03	Custodial Parent	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

1809	POLICY-OWNER-CODE	Policy Owner Code List	04	Noncustodial Parent (Child Support Enforcement in effect)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1810	POLICY-OWNER-CODE	Policy Owner Code List	05	Noncustodial Parent without child support enforcement in effect	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1811	POLICY-OWNER-CODE	Policy Owner Code List	06	Grandparent	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1812	POLICY-OWNER-CODE	Policy Owner Code List	07	Guardian	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1813	POLICY-OWNER-CODE	Policy Owner Code List	08	Domestic Partner	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1814	POLICY-OWNER-CODE	Policy Owner Code List	09	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1815	<a href="#">PREFERRED-LANGUAGE-CODE</a>	<a href="#">Preferred Language Code List</a>	See <a href="#">"VVL Code Description" field</a>	<a href="#">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.</a>  <a href="#">For background and context, see <a href="https://en.wikipedia.org/wiki/List_of_ISO_639-2_codes">https://en.wikipedia.org/wiki/List_of_ISO_639-2_codes</a></a>	N/A	N/A
1816	PREGNANCY-IND	Pregnancy Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1817	PREGNANCY-IND	Pregnancy Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1818	<a href="#">PRESCRIPTION-ORIGIN-CODE</a>	<a href="#">Prescription Origin Code List</a>	See <a href="#">"VVL Code Description" field</a>	<a href="#">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.</a>  <a href="#">For background and context, see <a href="https://www.ncpdp.org/">https://www.ncpdp.org/</a> or <a href="https://www.ncpdp.org/NCPDP/media/pdf/VersionD-Questions.pdf">https://www.ncpdp.org/NCPDP/media/pdf/VersionD-Questions.pdf</a></a>	N/A	N/A
1819	PRIMARY-ELIGIBILITY-GROUP-IND	Primary Eligibility Group Indicator List	0	<del>No</del> NO	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1820	PRIMARY-ELIGIBILITY-GROUP-IND	Primary Eligibility Group Indicator List	1	<del>Yes</del> YES	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1821	<a href="#">PRIMARY-LANGUAGE-CODE</a>	<a href="#">Primary Language Code List</a>	Not Applicable	<a href="#">See language codes in the Data Dictionary Appendix G: ISO-639-2 Language Codes Reference for a list of all valid language codes</a>		
1822	<a href="#">PRIMARY-LANGUAGE-CODE</a>	<a href="#">Primary Language Code List</a>	Not Applicable	<a href="#">Language Codes List</a>		

1823	<del>PRIMARY LANGUAGE ENGL- PROF-CODE</del>	Primary Language Engl Prof List	0	Very Well		
1824	<del>PRIMARY LANGUAGE ENGL- PROF-CODE</del>	Primary Language Engl Prof List	1	Well		
1825	<del>PRIMARY LANGUAGE ENGL- PROF-CODE</del>	Primary Language Engl Prof List	2	Not well		
1826	<del>PRIMARY LANGUAGE ENGL- PROF-CODE</del>	Primary Language Engl Prof List	3	No spoken proficiency		
1827	<del>PROCEDURE CODE 1 thru PROCEDURE CODE 6</del>	Procedure Code List	Not Applicable	Procedure Code List		
1828	<del>PROCEDURE CODE 1 thru PROCEDURE CODE 6</del>	Procedure Code List	Not Applicable	Procedure Code List 2		
1829	<del>PROCEDURE CODE 1 thru PROCEDURE CODE 6</del>	Procedure Code List	Not Applicable	Procedure Code List 3		
1830	<del>PROCEDURE-CODE-FLAG 1 thru PROCEDURE-CODE-FLAG 6</del>	Procedure Code Flag List	01	CPT 4	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1831	<del>PROCEDURE-CODE-FLAG 1 thru PROCEDURE-CODE-FLAG 6</del>	Procedure Code Flag List	02	ICD-9 CM	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1832	<del>PROCEDURE-CODE-FLAG 1 thru PROCEDURE-CODE-FLAG 6</del>	Procedure Code Flag List	06	HCPCS ( <del>Both National Level II and Regional HCPCS</del> )CDT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1833	<del>PROCEDURE-CODE-FLAG 1 thru PROCEDURE-CODE-FLAG 6</del>	Procedure Code Flag List	07	ICD-10 - <del>CM</del> PCS <a href="#">(Will be implemented on 10/1/2014)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1834	<del>PROCEDURE-CODE-FLAG 1 thru PROCEDURE-CODE-FLAG 6</del>	Procedure Code Flag List	<del>10-87</del>	<del>Other Systems</del>		
1835	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">10</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1836	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">11</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1837	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">12</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1838	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">13</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1839	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">14</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1840	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">15</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1841	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">16</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1842	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">17</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1843	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">18</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1844	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">19</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>





1905	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">80</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1906	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">81</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1907	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">82</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1908	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">83</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1909	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">84</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1910	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">85</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1911	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">86</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1912	<a href="#">PROCEDURE-CODE-FLAG</a>	<a href="#">Procedure Code Flag List</a>	<a href="#">87</a>	<a href="#">Other Systems</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1913	PROGRAM-TYPE	Program Type List	00	No Special Program	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1914	PROGRAM-TYPE	Program Type List	01	EPSDT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1915	PROGRAM-TYPE	Program Type List	02	Family Planning	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1916	PROGRAM-TYPE	Program Type List	03	Rural Health Clinic	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1917	PROGRAM-TYPE	Program Type List	04	Federally Qualified Health Centers (FQHC)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1918	PROGRAM-TYPE	Program Type List	05	Indian Health Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1919	PROGRAM-TYPE	Program Type List	07	Home and Community Based Care Waiver Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1920	PROGRAM-TYPE	Program Type List	08	Money Follows the Person (MFP)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1921	PROGRAM-TYPE	Program Type List	10	BIP - Balancing Incentive Payment	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1922	PROGRAM-TYPE	Program Type List	11	Community First Choice (1915(k))	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1923	PROGRAM-TYPE	Program Type List	12	Medicaid Emergency Psychiatric Demonstration	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1924	PROGRAM-TYPE	Program Type List	13	Home and Community Based Services (HCBS) State Plan Option (1915(i))	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1925	PROGRAM-TYPE	Program Type List	14	State Plan CHIP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1926	PROGRAM-TYPE	Program Type List	15	Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1927	PROGRAM-TYPE	Program Type List	16	1915(j) (Self- directed personal assistance services/personal care under State Plan or 1915(c) waiver)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1928	PROGRAM-TYPE	Program Type List	17	COVID-19 Testing <del>and Testing-Related</del> Services (1905(a)(3) and 2103(c))	<a href="#">03/18/2020</a>	<a href="#">12/31/9999</a>
1929	<a href="#">PROV-ADDR-TYPE</a>	<a href="#">Provider Address Type List</a>	<a href="#">1</a>	<a href="#">Provider Billing</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1930	<a href="#">PROV-ADDR-TYPE</a>	<a href="#">Provider Address Type List</a>	<a href="#">2</a>	<a href="#">Provider Mailing</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1931	<a href="#">PROV-ADDR-TYPE</a>	<a href="#">Provider Address Type List</a>	<a href="#">3</a>	<a href="#">Provider Practice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1932	<a href="#">PROV-ADDR-TYPE</a>	<a href="#">Provider Address Type List</a>	<a href="#">4</a>	<a href="#">Provider Service Location</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
1933	<a href="#">PROV-CLASSIFICATION-TYPE</a>	<a href="#">Provider Classification Type List</a>	<a href="#">1</a>	<a href="#">Taxonomy code</a>		
1934	<a href="#">PROV-CLASSIFICATION-TYPE</a>	<a href="#">Provider Classification Type List</a>	<a href="#">2</a>	<a href="#">Provider specialty code</a>		



1935	PROV-CLASSIFICATION-TYPE	Provider-Classification-Type-List	3	Provider-type-code		
1936	PROV-CLASSIFICATION-TYPE	Provider-Classification-Type-List	4	Authorized category of service code		
1937	PROV-CLASSIFICATION-TYPE = 1 {Provider-Taxonomy}	Provider-Taxonomy-List	Not Applicable	The key-values-pairs for this list is incorporated by reference and can be found at the following URL:		
1938	PROV-CLASSIFICATION-TYPE = 1 {Provider-Taxonomy}	Provider-Taxonomy-List	Not Applicable	Link to Provider-Taxonomy-Code-List		
1939	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	01	General-Practice		
1940	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	02	General-Surgery		
1941	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	03	Allergy/Immunology		
1942	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	04	Otolaryngology		
1943	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	05	Anesthesiology-C		
1944	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	06	Cardiology		
1945	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	07	Dermatology		
1946	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	08	Family-Practice		
1947	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	09	Interventional-Pain-Management		
1948	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	10	Gastroenterology		
1949	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	11	Internal-Medicine		
1950	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	12	Osteopathic-Manipulative-Therapy		
1951	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	13	Neurology		
1952	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	14	Neurosurgery		
1953	PROV-CLASSIFICATION-TYPE = 2 {Provider-Specialty-Code}	Provider-Specialty-List	15	Speech-Language-Pathologist		

1954	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	16	Obstetrics/Gynecology		
1955	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	17	Hospice and Palliative Care		
1956	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	18	Ophthalmology		
1957	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	19	Oral Surgery (dentists-only)		
1958	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	20	Orthopedic Surgery		
1959	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	21	Cardiac Electrophysiology		
1960	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	22	Pathology		
1961	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	23	Sports Medicine		
1962	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	24	Plastic and Reconstructive Surgery		
1963	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	25	Physical Medicine and Rehabilitation		
1964	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	26	Psychiatry		
1965	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	27	Geriatric Psychiatry		
1966	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	28	Colorectal Surgery (formerly proctology)		
1967	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	29	Pulmonary Disease		
1968	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	30	Diagnostic Radiology		
1969	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	31	Cardiac Rehabilitation & Intensive Cardiac Rehabilitation		
1970	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	32	Anesthesiologist Assistant		
1971	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	33	Thoracic Surgery		

1972	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	34	Urology		
1973	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	35	Chiropractic		
1974	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	36	Nuclear Medicine		
1975	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	37	Pediatric Medicine		
1976	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	38	Geriatric Medicine		
1977	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	39	Nephrology		
1978	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	40	Hand Surgery		
1979	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	41	Optometry		
1980	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	42	Certified Nurse Midwife		
1981	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	43	Certified Registered Nurse Anesthetist (CRNA)		
1982	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	44	Infectious Disease		
1983	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	45	Mammography Center		
1984	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	46	Endocrinology		
1985	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	47	Independent Diagnostic Testing Facility (IDTF)		
1986	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	48	Podiatry		
1987	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	49	Ambulatory Surgical Center		
1988	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	50	Nurse Practitioner		
1989	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	51	Medical Supply Company with Orthotist		

1990	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	52	Medical Supply Company with Prosthetist		
1991	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	53	Medical Supply Company with Orthotist-Prosthetist		
1992	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	54	Other Medical Supply Company		
1993	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	55	Individual Certified Orthotist		
1994	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	56	Individual Certified Prosthetist		
1995	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	57	Individual Certified Orthotist-Prosthetist		
1996	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	58	Medical Supply Company with Pharmacist		
1997	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	59	Ambulance Service Provider		
1998	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	60	Public Health or Welfare Agency		
1999	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	61	Voluntary Health or Charitable Agency		
2000	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	62	Psychologist (Billing Independently)		
2001	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	63	Portable X-Ray Supplier		
2002	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	64	Audiologist		
2003	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	65	Physical Therapist in Private Practice		
2004	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	66	Rheumatology		
2005	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	67	Occupational Therapist in Private Practice		
2006	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	68	Clinical Psychologist		
2007	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	69	Clinical Laboratory		

2008	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	70	Single or Multispecialty Clinic or Group Practice		
2009	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	71	Registered Dietitian or Nutrition Professional		
2010	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	72	Pain Management		
2011	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	73	Mass Immunization Roster Biller		
2012	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	74	Radiation Therapy Center		
2013	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	75	Slide Preparation Facility		
2014	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	76	Peripheral Vascular Disease		
2015	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	77	Vascular Surgery		
2016	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	78	Cardiac Surgery		
2017	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	79	Addiction Medicine		
2018	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	80	Licensed Clinical Social Worker		
2019	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	81	Critical Care (Intensivists)		
2020	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	82	Hematology		
2021	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	83	Hematology/Oncology		
2022	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	84	Preventive Medicine		
2023	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	85	Maxillofacial Surgery		
2024	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	86	Neuropsychiatry		
2025	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	87	All Other Suppliers		

2026	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	88	Unknown Supplier/Provider Specialty		
2027	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	89	Certified Clinical Nurse Specialist		
2028	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	90	Medical Oncology		
2029	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	91	Surgical Oncology		
2030	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	92	Radiation Oncology		
2031	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	93	Emergency Medicine		
2032	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	94	Interventional Radiology		
2033	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	95	Advance Diagnostic Imaging		
2034	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	96	Optician		
2035	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	97	Physician Assistant		
2036	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	98	Gynecological/Oncology		
2037	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	99	Undefined physician type (provider is an MD)		
2038	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	A0	Hospital-General		
2039	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	A1	Skilled Nursing Facility		
2040	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	A2	Intermediate Care Nursing Facility		
2041	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	A3	Other Nursing Facility		
2042	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	A4	Home Health Agency		
2043	PROV-CLASSIFICATION-TYPE = 2 {Provider Specialty Code}	Provider Specialty List	A5	Pharmacy		

2044	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	A6	Medical Supply Company with Respiratory Therapist		
2045	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	A7	Department Store		
2046	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	A8	Grocery Store		
2047	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	A9	Indian Health Service facility		
2048	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	B1	Oxygen supplier		
2049	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	B2	Pedorthic personnel		
2050	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	B3	Medical supply company with pedorthic personnel		
2051	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	B4	Rehabilitation Agency		
2052	PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code)	Provider Specialty List	B5	Ocularist		
2053	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	01	Physician		
2054	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	02	Speech Language Pathologist		
2055	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	03	Oral Surgery (Dentist only)		
2056	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	04	Cardiac Rehabilitation and Intensive Cardiac Rehabilitation		
2057	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	05	Anesthesiology Assistant		
2058	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	06	Chiropractic		
2059	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	07	Optometry		
2060	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	08	Certified Nurse Midwife		
2061	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	09	Certified Registered Nurse Anesthetist (CRNA)		

2062	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	10	Mammography Center		
2063	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	11	Independent Diagnostic Testing Facility (IDTF)		
2064	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	12	Podiatry		
2065	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	13	Ambulatory Surgical Center		
2066	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	14	Nurse Practitioner		
2067	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	15	Medical Supply Company with Orthotist		
2068	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	16	Medical Supply Company with Prosthetist		
2069	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	17	Medical Supply Company with Orthotist-Prosthetist		
2070	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	18	Other Medical Supply Company		
2071	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	19	Individual Certified Orthotist		
2072	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	20	Individual Certified Prosthetist		
2073	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	21	Individual Certified Prosthetist-Orthotist		
2074	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	22	Medical Supply Company with Pharmacist		
2075	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	23	Ambulance Service Provider		
2076	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	24	Public Health or Welfare Agency		
2077	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	25	Voluntary Health or Charitable Agency		
2078	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	26	Psychologist, Clinical		
2079	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	27	Portable X-Ray Supplier		



2080	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	28	Audiologist		
2081	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	29	Physical Therapist in Private Practice		
2082	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	30	Occupational Therapist in Private Practice		
2083	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	31	Clinical Laboratory		
2084	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	32	Clinic or Group Practice		
2085	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	33	Registered Dietitian or Nutrition Professional		
2086	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	34	Mass Immunizer Roster Biller		
2087	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	35	Radiation Therapy Center		
2088	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	36	Slide Preparation Facility		
2089	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	37	Licensed Clinical Social Worker		
2090	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	38	Certified Clinical Nurse Specialist		
2091	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	39	Advance Diagnostic Imaging		
2092	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	40	Optician		
2093	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	41	Physician Assistant		
2094	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	42	Hospital-General		
2095	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	43	Skilled Nursing Facility		
2096	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	44	Intermediate Care Nursing Facility		
2097	PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)	Provider Type Code List	45	Other Nursing Facility		

2098	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>46</del>	<del>Home Health Agency</del>		
2099	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>47</del>	<del>Pharmacy</del>		
2100	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>48</del>	<del>Medical Supply Company with Respiratory Therapist</del>		
2101	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>49</del>	<del>Department Store</del>		
2102	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>50</del>	<del>Grocery Store</del>		
2103	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>51</del>	<del>Indian Health Service facility</del>		
2104	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>52</del>	<del>Oxygen supplier</del>		
2105	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>53</del>	<del>Pedorthic personnel</del>		
2106	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>54</del>	<del>Medical supply company with pedorthic personnel</del>		
2107	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>55</del>	<del>Rehabilitation Agency</del>		
2108	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>56</del>	<del>Ocularist</del>		
2109	<del>PROV-CLASSIFICATION-TYPE=3 (Provider Type Code)</del>	<del>Provider Type Code List</del>	<del>57</del>	<del>All Other</del>		
2110	<del>PROV-CLASSIFICATION-CODE-TYPE=4 (Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	001	Inpatient hospital services, other than services in an institution for mental diseases	<u>01/01/0001</u>	<u>12/31/9999</u>
2111	<del>PROV-CLASSIFICATION-CODE-TYPE=4 (Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	002	Outpatient hospital services	<u>01/01/0001</u>	<u>12/31/9999</u>
2112	<del>PROV-CLASSIFICATION-CODE-TYPE=4 (Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	003	Rural health clinic services	<u>01/01/0001</u>	<u>12/31/9999</u>
2113	<del>PROV-CLASSIFICATION-CODE-TYPE=4 (Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	004	Other ambulatory services furnished by a rural health clinic	<u>01/01/0001</u>	<u>12/31/9999</u>

2114	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	005	Professional laboratory services	<u>01/01/0001</u>	<u>12/31/9999</u>
2115	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	006	Technical laboratory services	<u>01/01/0001</u>	<u>12/31/9999</u>
2116	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	007	Professional radiological services	<u>01/01/0001</u>	<u>12/31/9999</u>
2117	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	008	Technical radiological services	<u>01/01/0001</u>	<u>12/31/9999</u>
2118	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	009	Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease)	<u>01/01/0001</u>	<u>12/31/9999</u>
2119	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	010	Early and periodic screening and diagnosis and treatment (EPSDT) services	<u>01/01/0001</u>	<u>12/31/9999</u>
2120	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	011	Family planning services and supplies for individuals of child-bearing age	<u>01/01/0001</u>	<u>12/31/9999</u>
2121	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	012	Physicians' services	<u>01/01/0001</u>	<u>12/31/9999</u>
2122	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	013	Medical and surgical services of a dentist	<u>01/01/0001</u>	<u>12/31/9999</u>
2123	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	014	Outpatient substance abuse treatment services.	<u>01/01/0001</u>	<u>12/31/9999</u>
2124	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	015	Medical or other remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law	<u>01/01/0001</u>	<u>12/31/9999</u>
2125	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	016	Home health services - Nursing services	<u>01/01/0001</u>	<u>12/31/9999</u>

2126	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	017	Home health services - Home health aide services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2127	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	018	Home health services - Medical supplies, equipment, and appliances suitable for use in the home	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2128	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code 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	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2129	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code 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	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2130	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code 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	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2131	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	022	Private duty nursing services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2132	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	023	Advanced practice nurse services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2133	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	024	Pediatric nurse	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2134	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	025	Nurse-midwife service	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2135	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	026	Nurse practitioner services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2136	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	027	Respiratory care for ventilator-dependent individuals	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2137	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	028	Clinic services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2138	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	029	Dental services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2139	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	030	Physical therapy services (when not provided under home health services)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2140	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	031	Occupational therapy services (when not provided under home health services)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2141	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	032	Speech, hearing, and language disorders services (when not provided under home health services)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2142	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	033	Prescribed drugs	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2143	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	034	Over-the-counter medications.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2144	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	035	Dentures	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2145	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	036	Prosthetic devices	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2146	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	037	Eyeglasses	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2147	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	038	Hearing Aids	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2148	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <del>_4</del> <del>(Authorized Category of Service Code)</del>	Provider Authorized Category of Service Code List	039	Diagnostic services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2149	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	040	Screening services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2150	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	041	Preventive services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2151	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	042	Well-baby and well-child care services as defined by the State.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2152	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	043	Rehabilitative services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2153	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	044	Inpatient hospital services for individuals age 65 or older in institutions for mental diseases	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2154	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	045	Nursing facility services for individuals age 65 or older in institutions for mental diseases	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2155	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	046	Intermediate care facility (ICF/ <del>HIDICF</del> /IID) services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2156	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	047	Nursing facility services, other than in institutions for mental diseases	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2157	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	048	Inpatient psychiatric services for individuals under age 21	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2158	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	049	Outpatient mental health services, other than Outpatient substance abuse treatment services. This TOS includes services furnished in a State-operated mental hospital and including community-based services.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2159	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	050	Inpatient substance abuse treatment services and residential substance abuse treatment services.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2160	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	051	Personal care services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2161	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	052	Primary care case management services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2162	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	053	Targeted case management services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2163	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	054	Case Management services other than those that meet the definition of primary care case management services or targeted case management services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2164	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	055	Care coordination services.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2165	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	056	Transportation services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2166	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	057	Enabling services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2167	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	058	Services furnished in a religious nonmedical health care institution	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2168	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	059	Skilled nursing facility services for individuals under age 21	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2169	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	060	Emergency hospital services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2170	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	061	Critical access hospital services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2171	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>--4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	062	HCBS - Case management services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2172	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	063	HCBS - Homemaker services	<u>01/01/0001</u>	<u>12/31/9999</u>
2173	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	064	HCBS - Home health aide services	<u>01/01/0001</u>	<u>12/31/9999</u>
2174	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	065	HCBS - Personal care services	<u>01/01/0001</u>	<u>12/31/9999</u>
2175	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	066	HCBS - Adult day health services	<u>01/01/0001</u>	<u>12/31/9999</u>
2176	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	067	HCBS - Habilitation services	<u>01/01/0001</u>	<u>12/31/9999</u>
2177	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	068	HCBS - Respite care services	<u>01/01/0001</u>	<u>12/31/9999</u>
2178	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code 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	<u>01/01/0001</u>	<u>12/31/9999</u>
2179	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	070	HCBS - Day Care	<u>01/01/0001</u>	<u>12/31/9999</u>
2180	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	071	HCBS - Training for family members	<u>01/01/0001</u>	<u>12/31/9999</u>
2181	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	072	HCBS - Minor modification to the home	<u>01/01/0001</u>	<u>12/31/9999</u>
2182	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	073	HCBS - Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization	<u>01/01/0001</u>	<u>12/31/9999</u>



2183	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	074	HCBS - Expanded habilitation services - Prevocational services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2184	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	075	HCBS - Expanded habilitation services - Educational services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2185	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	076	HCBS - Expanded habilitation services - Supported employment services, which facilitate paid employment	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2186	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	077	HCBS-65-plus - Case management services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2187	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	078	HCBS-65-plus - Homemaker services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2188	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	079	HCBS-65-plus - Home health aide services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2189	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	080	HCBS-65-plus - Personal care services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2190	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	081	HCBS-65-plus - Adult day health services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2191	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	082	HCBS-65-plus - Respite care services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2192	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	083	HCBS-65-plus - Other medical and social services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2193	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	084	Sterilizations	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2194	PROV-CLASSIFICATION- <u>CODE-</u> TYPE= <u>-_4</u> ( <del>Authorized Category of Service Code</del> )	Provider Authorized Category of Service Code List	085	Prenatal care and pre-pregnancy family planning services and supplies.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2195	PROV-CLASSIFICATION-CODE- TYPE= <del>_4</del> (Authorized Category of Service Code)	Provider Authorized Category of Service Code List	086	Other Pregnancy-related Procedures	<u>01/01/0001</u>	<u>12/31/9999</u>
2196	PROV-CLASSIFICATION-CODE- TYPE= <del>_4</del> (Authorized Category of Service Code)	Provider Authorized Category of Service Code List	087	Hospice services	<u>01/01/0001</u>	<u>12/31/9999</u>
2197	PROV-CLASSIFICATION-CODE- TYPE= <del>_4</del> (Authorized Category of Service Code)	Provider Authorized Category of Service Code List	088	Any other health care services or items specified by the Secretary and not excluded under regulations.	<u>01/01/0001</u>	<u>12/31/9999</u>
2198	<u>PROV-CLASSIFICATION-CODE- TYPE-4</u>	<u>Provider Authorized Category of Service Code List</u>	<u>089</u>	<u>Disposable medical supplies.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2199	<u>PROV-CLASSIFICATION-CODE- TYPE-4</u>	<u>Provider Authorized Category of Service Code List</u>	<u>090</u>	<u>Critical access hospital services - IP</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2200	<u>PROV-CLASSIFICATION-CODE- TYPE-4</u>	<u>Provider Authorized Category of Service Code List</u>	<u>091</u>	<u>Skilled care - hospital residing</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2201	<u>PROV-CLASSIFICATION-CODE- TYPE-4</u>	<u>Provider Authorized Category of Service Code List</u>	<u>092</u>	<u>Exceptional care - hospital residing</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2202	<u>PROV-CLASSIFICATION-CODE- TYPE-4</u>	<u>Provider Authorized Category of Service Code List</u>	<u>093</u>	<u>Non-acute care - hospital residing</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2203	PROV-CLASSIFICATION-CODE- TYPE= <del>_4</del> (Authorized Category of Service Code)	Provider Authorized Category of Service Code List	115	Residential care	<u>01/01/0001</u>	<u>12/31/9999</u>
2204	<u>PROV-CLASSIFICATION-CODE- TYPE-4</u>	<u>Provider Authorized Category of Service Code List</u>	<u>120</u>	<u>Capitated payments for primary care case management (PCCM)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2205	<u>PROV-CLASSIFICATION-CODE- TYPE-4</u>	<u>Provider Authorized Category of Service Code List</u>	<u>123</u>	<u>Disproportionate share hospital (DSH) payments</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2206	<u>PROV-CLASSIFICATION-CODE- TYPE-4</u>	<u>Provider Authorized Category of Service Code List</u>	<u>127</u>	<u>Indian Health Service (IHS) - Family Plan</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2207	<u>PROV-CLASSIFICATION-CODE- TYPE-4</u>	<u>Provider Authorized Category of Service Code List</u>	<u>132</u>	<u>Supplemental payment - inpatient</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2208	<u>PROV-CLASSIFICATION-CODE- TYPE-4</u>	<u>Provider Authorized Category of Service Code List</u>	<u>133</u>	<u>Supplemental payment - nursing</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

2209	<a href="#">PROV-CLASSIFICATION-CODE-TYPE-4</a>	<a href="#">Provider Authorized Category of Service Code List</a>	<a href="#">134</a>	<a href="#">Supplemental payment - outpatient</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2210	<a href="#">PROV-CLASSIFICATION-CODE-TYPE-4</a>	<a href="#">Provider Authorized Category of Service Code List</a>	<a href="#">135</a>	<a href="#">EHR payments to provider</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2211	<a href="#">PROV-CLASSIFICATION-CODE-TYPE-4</a>	<a href="#">Provider Authorized Category of Service Code List</a>	<a href="#">136</a>	<a href="#">In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products</a>	<a href="#">03/18/2020</a>	<a href="#">12/31/9999</a>
2212	<a href="#">PROV-CLASSIFICATION-CODE-TYPE-4</a>	<a href="#">Provider Authorized Category of Service Code List</a>	<a href="#">137</a>	<a href="#">COVID-19 testing-related services</a>	<a href="#">03/18/2020</a>	<a href="#">12/31/9999</a>
2213	<a href="#">PROV-CLASSIFICATION-CODE-TYPE-4</a>	<a href="#">Provider Authorized Category of Service Code List</a>	<a href="#">138</a>	<a href="#">Per member per month (PMPM) payments for health home services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2214	<a href="#">PROV-CLASSIFICATION-CODE-TYPE-4</a>	<a href="#">Provider Authorized Category of Service Code List</a>	<a href="#">143</a>	<a href="#">Per member per month (PMPM) payments for other payments</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2215	<a href="#">PROV-CLASSIFICATION-CODE-TYPE-4</a>	<a href="#">Provider Authorized Category of Service Code List</a>	<a href="#">144</a>	<a href="#">Payments to individuals for personal assistance services under 1915(j)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2216	<a href="#">PROV-CLASSIFICATION-CODE-TYPE-4</a>	<a href="#">Provider Authorized Category of Service Code List</a>	<a href="#">145</a>	<a href="#">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</a>	<a href="#">10/01/2020</a>	<a href="#">12/31/9999</a>
2217	<a href="#">PROV-CLASSIFICATION-CODE-TYPE-4</a>	<a href="#">Provider Authorized Category of Service Code List</a>	<a href="#">146</a>	<a href="#">Inpatient Psychiatric Services for beneficiaries between the ages of 22 and 64 who receive services in an institution for mental disease (IMD)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2218	<a href="#">PROV-CLASSIFICATION-CODE-TYPE-4</a>	<a href="#">Provider Authorized Category of Service Code List</a>	<a href="#">147</a>	<a href="#">Residential Pediatric Recovery Center (RPRC): A center or facility that furnishes items and services for which medical assistance is available under the State plan to infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2219	<a href="#">PROV-CLASSIFICATION-TYPE</a>	<a href="#">Provider Classification Type List</a>	<a href="#">1</a>	<a href="#">Taxonomy code</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2220	<a href="#">PROV-CLASSIFICATION-TYPE</a>	<a href="#">Provider Classification Type List</a>	<a href="#">2</a>	<a href="#">Provider specialty code</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2221	<a href="#">PROV-CLASSIFICATION-TYPE</a>	<a href="#">Provider Classification Type List</a>	<a href="#">3</a>	<a href="#">Provider type code</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2222	<a href="#">PROV-CLASSIFICATION-TYPE</a>	<a href="#">Provider Classification Type List</a>	<a href="#">4</a>	<a href="#">Authorized category of service code</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2223	PROV-ENROLLMENT-METHOD	Provider Enrollment Method	1	Enrolled through use of Medicare enrollment system (State did not require that provider submit application. Rather Provider is active Medicare provider and state Medicaid program accepted these credentials as sufficient to participate as state Medicaid provider.)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2224	PROV-ENROLLMENT-METHOD	Provider Enrollment Method	2	Enrolled through use of state-based provider application	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2225	PROV-ENROLLMENT-METHOD	Provider Enrollment Method	3	Other—?	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2226	PROV-FACILITY-TYPE	Provider Facility Type	100000000	Individuals or Groups (of Individuals)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2227	PROV-FACILITY-TYPE	Provider Facility Type	170000000	Non-Individual - Other Service Providers	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2228	PROV-FACILITY-TYPE	Provider Facility Type	250000000	Non-Individual - Agencies	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2229	PROV-FACILITY-TYPE	Provider Facility Type	260000000	Non-Individual - Ambulatory Health Care Facilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2230	PROV-FACILITY-TYPE	Provider Facility Type	270000000	Non-Individual - Hospital Units	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2231	PROV-FACILITY-TYPE	Provider Facility Type	280000000	Non-Individual - Hospitals	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2232	PROV-FACILITY-TYPE	Provider Facility Type	290000000	Non-Individual - Laboratories	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2233	PROV-FACILITY-TYPE	Provider Facility Type	300000000	Non-Individual - Managed Care Organizations	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2234	PROV-FACILITY-TYPE	Provider Facility Type	310000000	Non-Individual - Nursing & Custodial Care Facilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2235	PROV-FACILITY-TYPE	Provider Facility Type	320000000	Non-Individual - Residential Treatment Facilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2236	PROV-FACILITY-TYPE	Provider Facility Type	330000000	Non-Individual - Suppliers	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2237	PROV-FACILITY-TYPE	Provider Facility Type	340000000	Non-Individual - Transportation Services	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2238	PROV-FACILITY-TYPE	Provider Facility Type	380000000	Non-Individual - Respite Care Facility	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2239	PROV-FACILITY-TYPE	Provider Facility Type	<a href="#">Not ApplicableSee "VVL Code Description" field</a>	<a href="#">Note: Appendix L takes the WPC taxonomy codes and relates each one to its provider facility type codeThis 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.</a>  <a href="https://x12.org/codes/provider-taxonomy-codes">For background and context, see https://x12.org/codes/provider-taxonomy-codes</a>	<a href="#">N/A</a>	<a href="#">N/A</a>
2240	PROV-IDENTIFIER-TYPE	Provider Identifier Type List	1	State-specific Medicaid Provider ID	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2241	PROV-IDENTIFIER-TYPE	Provider Identifier Type List	2	NPI	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2242	PROV-IDENTIFIER-TYPE	Provider Identifier Type List	3	Medicare ID	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2243	PROV-IDENTIFIER-TYPE	Provider Identifier Type List	4	NCPDP ID	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2244	PROV-IDENTIFIER-TYPE	Provider Identifier Type List	5	Federal Tax ID	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2245	PROV-IDENTIFIER-TYPE	Provider Identifier Type List	6	State Tax ID	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2246	PROV-IDENTIFIER-TYPE	Provider Identifier Type List	7	SSN	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2247	PROV-IDENTIFIER-TYPE	Provider Identifier Type List	8	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2248	<a href="#">PROV-IDENTIFIER-TYPE</a>	<a href="#">Provider Identifier Type List</a>	<a href="#">9</a>	<a href="#">Old State Provider ID</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2249	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	01	Active - Active Do Not Pay	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2250	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	02	Active - Active Reinstated	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2251	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	03	Active - Active	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2252	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	04	Active - Eligibility Verification	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2253	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	05	Active - Encounter Only	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2254	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	06	Active - Financial Trans Only	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2255	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	20	Denied - Denied Two Provider Numbers	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2256	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	21	Denied - For Other Reasons	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2257	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	22	Denied - Invalid License	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2258	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	23	Denied - Not Eligible	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2259	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	24	Denied - Same Number Assigned	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2260	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	40	Pending - Enrollment	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2261	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	41	Pending - License/Cert Verification	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2262	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	42	Pending - Missing Documentation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2263	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	43	Pending - No License/Temp License	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2264	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	44	Pending - NPI Invalid	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2265	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	45	Pending - Rate Determination	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2266	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	46	Pending - Signed Agreement	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2267	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	47	Pending - Status Approval	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2268	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	48	Pending - W9 Missing or Incomplete	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2269	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	60	Term - Abuse of billing privileges	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2270	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	61	Term - Action Taken by Medicaid/CHIP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2271	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	62	Term - Action Taken by Medicare	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2272	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	63	Term - Change of Ownership	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2273	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	64	Term - Failure to report a change of address/ownership	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2274	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	65	Term - False or misleading information	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2275	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	66	Term - Federal exclusion/ debarment, etc.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2276	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	67	Term - Felony conviction	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2277	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	68	Term - Involuntary Termination	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2278	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	69	Term - License Expired	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2279	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	70	Term - License Revoked	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2280	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	71	Term - Loss of license or other State action	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2281	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	72	Term - Medicare/Medicaid Exclusion	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2282	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	73	Term - Medicaid Authority	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2283	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	74	Term - Medicare Termination	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2284	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	75	Term - Misuse of billing number	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2285	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	76	Term - No Claims Activity	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2286	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	77	Term - Non-Compliance	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2287	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	78	Term - Onsite review/ Provider is no longer operational	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2288	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	79	Term - Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2289	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	80	Term - Provider Deceased	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2290	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	81	Term - State exclusion/ debarment, etc.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2291	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	82	Term - Unknown	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2292	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	83	Term - Voluntary Termination	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2293	PROV-PROFIT-STATUS	Provider Profit Status List	01	501(C)(3) NON-PROFIT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2294	PROV-PROFIT-STATUS	Provider Profit Status List	02	FOR-PROFIT, CLOSELY HELD	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2295	PROV-PROFIT-STATUS	Provider Profit Status List	03	FOR-PROFIT, PUBLICLY TRADED	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2296	PROV-PROFIT-STATUS	Provider Profit Status List	04	OTHER	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2297	PROV-PROFIT-STATUS	Provider Profit Status List	88	N/A - The individual only practices as part of a group	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2298	PROV-PROFIT-STATUS	Provider Profit Status List	99	Unknown	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2299	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">01</a>	<a href="#">General Practice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2300	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">02</a>	<a href="#">General Surgery</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2301	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">03</a>	<a href="#">Allergy/Immunology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2302	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">04</a>	<a href="#">Otolaryngology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2303	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">05</a>	<a href="#">Anesthesiology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2304	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">06</a>	<a href="#">Cardiology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2305	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">07</a>	<a href="#">Dermatology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2306	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">08</a>	<a href="#">Family Practice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2307	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">09</a>	<a href="#">Interventional Pain Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2308	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">10</a>	<a href="#">Gastroenterology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2309	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">11</a>	<a href="#">Internal Medicine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2310	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">12</a>	<a href="#">Osteopathic Manipulative Therapy</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2311	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">13</a>	<a href="#">Neurology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2312	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">14</a>	<a href="#">Neurosurgery</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2313	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">15</a>	<a href="#">Speech Language Pathologist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2314	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">16</a>	<a href="#">Obstetrics/Gynecology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2315	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">17</a>	<a href="#">Hospice and Palliative Care</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2316	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">18</a>	<a href="#">Ophthalmology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2317	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">19</a>	<a href="#">Oral Surgery (dentists only)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2318	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">20</a>	<a href="#">Orthopedic Surgery</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2319	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">21</a>	<a href="#">Cardiac Electrophysiology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2320	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">22</a>	<a href="#">Pathology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>



2321	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">23</a>	<a href="#">Sports Medicine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2322	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">24</a>	<a href="#">Plastic and Reconstructive Surgery</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2323	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">25</a>	<a href="#">Physical Medicine and Rehabilitation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2324	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">26</a>	<a href="#">Psychiatry</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2325	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">27</a>	<a href="#">Geriatric Psychiatry</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2326	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">28</a>	<a href="#">Colorectal Surgery (formerly proctology)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2327	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">29</a>	<a href="#">Pulmonary Disease</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2328	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">30</a>	<a href="#">Diagnostic Radiology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2329	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">31</a>	<a href="#">Cardiac Rehabilitation &amp; Intensive Cardiac Rehabilitation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2330	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">32</a>	<a href="#">Anesthesiologist Assistant</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2331	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">33</a>	<a href="#">Thoracic Surgery</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2332	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">34</a>	<a href="#">Urology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2333	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">35</a>	<a href="#">Chiropractic</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2334	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">36</a>	<a href="#">Nuclear Medicine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2335	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">37</a>	<a href="#">Pediatric Medicine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2336	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">38</a>	<a href="#">Geriatric Medicine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2337	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">39</a>	<a href="#">Nephrology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2338	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">40</a>	<a href="#">Hand Surgery</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2339	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">41</a>	<a href="#">Optometry</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2340	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">42</a>	<a href="#">Certified Nurse Midwife</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2341	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">43</a>	<a href="#">Certified Registered Nurse Anesthetist (CRNA)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2342	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">44</a>	<a href="#">Infectious Disease</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2343	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">45</a>	<a href="#">Mammography Center</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2344	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">46</a>	<a href="#">Endocrinology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2345	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">47</a>	<a href="#">Independent Diagnostic Testing Facility (IDTF)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2346	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">48</a>	<a href="#">Podiatry</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2347	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">49</a>	<a href="#">Ambulatory Surgical Center</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2348	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">50</a>	<a href="#">Nurse Practitioner</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2349	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">51</a>	<a href="#">Medical Supply Company with Orthotist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2350	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">52</a>	<a href="#">Medical Supply Company with Prosthetist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2351	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">53</a>	<a href="#">Medical Supply Company with Orthotist-Prosthetist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2352	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">54</a>	<a href="#">Other Medical Supply Company</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2353	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">55</a>	<a href="#">Individual Certified Orthotist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2354	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">56</a>	<a href="#">Individual Certified Prosthetist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2355	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">57</a>	<a href="#">Individual Certified Orthotist-Prosthetist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2356	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">58</a>	<a href="#">Medical Supply Company with Pharmacist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2357	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">59</a>	<a href="#">Ambulance Service Provider</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2358	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">60</a>	<a href="#">Public Health or Welfare Agency</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2359	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">61</a>	<a href="#">Voluntary Health or Charitable Agency</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2360	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">62</a>	<a href="#">Psychologist (Billing Independently)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2361	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">63</a>	<a href="#">Portable X-Ray Supplier</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2362	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">64</a>	<a href="#">Audiologist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2363	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">65</a>	<a href="#">Physical Therapist in Private Practice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2364	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">66</a>	<a href="#">Rheumatology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2365	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">67</a>	<a href="#">Occupational Therapist in Private Practice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2366	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">68</a>	<a href="#">Clinical Psychologist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2367	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">69</a>	<a href="#">Clinical Laboratory</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2368	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">70</a>	<a href="#">Single or Multispecialty Clinic or Group Practice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2369	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">71</a>	<a href="#">Registered Dietitian or Nutrition Professional</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2370	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">72</a>	<a href="#">Pain Management</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2371	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">73</a>	<a href="#">Mass Immunization Roster Biller</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2372	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">74</a>	<a href="#">Radiation Therapy Center</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2373	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">75</a>	<a href="#">Slide Preparation Facility</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2374	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">76</a>	<a href="#">Peripheral Vascular Disease</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2375	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">77</a>	<a href="#">Vascular Surgery</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2376	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">78</a>	<a href="#">Cardiac Surgery</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2377	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">79</a>	<a href="#">Addiction Medicine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2378	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">80</a>	<a href="#">Licensed Clinical Social Worker</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2379	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">81</a>	<a href="#">Critical Care (Intensivists)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2380	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">82</a>	<a href="#">Hematology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2381	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">83</a>	<a href="#">Hematology/Oncology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2382	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">84</a>	<a href="#">Preventive Medicine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2383	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">85</a>	<a href="#">Maxillofacial Surgery</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2384	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">86</a>	<a href="#">Neuropsychiatry</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2385	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">87</a>	<a href="#">All Other Suppliers</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2386	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">88</a>	<a href="#">Unknown Supplier/Provider Specialty</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2387	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">89</a>	<a href="#">Certified Clinical Nurse Specialist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2388	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">90</a>	<a href="#">Medical Oncology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2389	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">91</a>	<a href="#">Surgical Oncology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2390	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">92</a>	<a href="#">Radiation Oncology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2391	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">93</a>	<a href="#">Emergency Medicine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2392	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">94</a>	<a href="#">Interventional Radiology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2393	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">95</a>	<a href="#">Advance Diagnostic Imaging</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2394	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">96</a>	<a href="#">Optician</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2395	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">97</a>	<a href="#">Physician Assistant</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2396	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">98</a>	<a href="#">Gynecological/Oncology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2397	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">99</a>	<a href="#">Undefined physician type (provider is an MD)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2398	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">A0</a>	<a href="#">Hospital-General</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2399	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">A1</a>	<a href="#">Skilled Nursing Facility</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2400	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">A2</a>	<a href="#">Intermediate Care Nursing Facility</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2401	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">A3</a>	<a href="#">Other Nursing Facility</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2402	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">A4</a>	<a href="#">Home Health Agency</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2403	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">A5</a>	<a href="#">Pharmacy</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2404	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">A6</a>	<a href="#">Medical Supply Company with Respiratory Therapist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2405	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">A7</a>	<a href="#">Department Store</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2406	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">A8</a>	<a href="#">Grocery Store</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2407	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">A9</a>	<a href="#">Indian Health Service facility</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2408	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">B1</a>	<a href="#">Oxygen supplier</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2409	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">B2</a>	<a href="#">Pedorthic personnel</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2410	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">B3</a>	<a href="#">Medical supply company with pedorthic personnel</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2411	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">B4</a>	<a href="#">Rehabilitation Agency</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2412	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">B5</a>	<a href="#">Ocularist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2413	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">C0</a>	<a href="#">Sleep Medicine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2414	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">C1</a>	<a href="#">Centralized Flu</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2415	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">C2</a>	<a href="#">Indirect Payment Procedure</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2416	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">C3</a>	<a href="#">Interventional Cardiology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2417	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">C4</a>	<a href="#">Restricted Use</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2418	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">C5</a>	<a href="#">Dentist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2419	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">C6</a>	<a href="#">Hospitalist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2420	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">C7</a>	<a href="#">Advanced Heart Failure and Transplant Cardiology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2421	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">C8</a>	<a href="#">Medical Toxicology</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2422	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">C9</a>	<a href="#">Hematopoietic Cell Transplantation and Cellular Therapy</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2423	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">D1</a>	<a href="#">Medicare Diabetes Preventive Program</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2424	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">D2</a>	<a href="#">Restricted Use</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2425	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">D3</a>	<a href="#">Medical Genetics and Genomics</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2426	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">D4</a>	<a href="#">Undersea and Hyperbaric Medicine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2427	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">D5</a>	<a href="#">Opioid Treatment Program</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2428	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">D6</a>	<a href="#">Home Infusion Therapy Services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2429	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">D7</a>	<a href="#">Micrographic Dermatologic Surgery</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2430	<a href="#">PROV-SPECIALTY</a>	<a href="#">Provider Specialty List</a>	<a href="#">D8</a>	<a href="#">Adult Congenital Heart Disease</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2431	<a href="#">PROV-TAXONOMY</a>	<a href="#">Provider Taxonomy List</a>	See <a href="#">"VVL Code Description"</a> 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 <a href="https://x12.org/codes/provider-taxonomy-codes">https://x12.org/codes/provider-taxonomy-codes</a>	<a href="#">N/A</a>	<a href="#">N/A</a>
2432	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">01</a>	<a href="#">Physician</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2433	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">02</a>	<a href="#">Speech Language Pathologist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2434	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">03</a>	<a href="#">Oral Surgery (Dentist only)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2435	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">04</a>	<a href="#">Cardiac Rehabilitation and Intensive Cardiac Rehabilitation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2436	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">05</a>	<a href="#">Anesthesiology Assistant</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2437	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">06</a>	<a href="#">Chiropractic</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2438	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">07</a>	<a href="#">Optometry</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2439	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">08</a>	<a href="#">Certified Nurse Midwife</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2440	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">09</a>	<a href="#">Certified Registered Nurse Anesthetist (CRNA)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2441	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">10</a>	<a href="#">Mammography Center</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2442	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">11</a>	<a href="#">Independent Diagnostic Testing Facility (IDTF)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2443	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">12</a>	<a href="#">Podiatry</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2444	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">13</a>	<a href="#">Ambulatory Surgical Center</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2445	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">14</a>	<a href="#">Nurse Practitioner</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2446	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">15</a>	<a href="#">Medical Supply Company with Orthotist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2447	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">16</a>	<a href="#">Medical Supply Company with Prosthetist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2448	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">17</a>	<a href="#">Medical Supply Company with Orthotist-Prosthetist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2449	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">18</a>	<a href="#">Other Medical Supply Company</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2450	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">19</a>	<a href="#">Individual Certified Orthotist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2451	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">20</a>	<a href="#">Individual Certified Prosthetist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2452	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">21</a>	<a href="#">Individual Certified Prosthetist-Orthotist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2453	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">22</a>	<a href="#">Medical Supply Company with Pharmacist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2454	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">23</a>	<a href="#">Ambulance Service Provider</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2455	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">24</a>	<a href="#">Public Health or Welfare Agency</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2456	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">25</a>	<a href="#">Voluntary Health or Charitable Agency</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2457	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">26</a>	<a href="#">Psychologist, Clinical</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2458	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">27</a>	<a href="#">Portable X-Ray Supplier</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2459	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">28</a>	<a href="#">Audiologist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2460	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">29</a>	<a href="#">Physical Therapist in Private Practice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2461	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">30</a>	<a href="#">Occupational Therapist in Private Practice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2462	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">31</a>	<a href="#">Clinical Laboratory</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2463	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">32</a>	<a href="#">Clinic or Group Practice</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2464	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">33</a>	<a href="#">Registered Dietitian or Nutrition Professional</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2465	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">34</a>	<a href="#">Mass Immunizer Roster Biller</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2466	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">35</a>	<a href="#">Radiation Therapy Center</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2467	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">36</a>	<a href="#">Slide Preparation Facility</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2468	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">37</a>	<a href="#">Licensed Clinical Social Worker</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2469	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">38</a>	<a href="#">Certified Clinical Nurse Specialist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2470	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">39</a>	<a href="#">Advance Diagnostic Imaging</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2471	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">40</a>	<a href="#">Optician</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2472	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">41</a>	<a href="#">Physician Assistant</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2473	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">42</a>	<a href="#">Hospital-General</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2474	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">43</a>	<a href="#">Skilled Nursing Facility</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2475	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">44</a>	<a href="#">Intermediate Care Nursing Facility</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2476	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">45</a>	<a href="#">Other Nursing Facility</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2477	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">46</a>	<a href="#">Home Health Agency</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2478	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">47</a>	<a href="#">Pharmacy</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2479	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">48</a>	<a href="#">Medical Supply Company with Respiratory Therapist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2480	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">49</a>	<a href="#">Department Store</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2481	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">50</a>	<a href="#">Grocery Store</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2482	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">51</a>	<a href="#">Indian Health Service facility</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2483	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">52</a>	<a href="#">Oxygen supplier</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2484	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">53</a>	<a href="#">Pedorthic personnel</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2485	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">54</a>	<a href="#">Medical supply company with pedorthic personnel</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2486	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">55</a>	<a href="#">Rehabilitation Agency</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2487	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">56</a>	<a href="#">Ocularist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2488	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">57</a>	<a href="#">All Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2489	<a href="#">PROV-TYPE</a>	<a href="#">Provider Type Code List</a>	<a href="#">58</a>	<a href="#">Institutions for Mental Disease</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2490	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">01</a>	<a href="#">Institutional claim - any (837I format or UB-04 form)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2491	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">02</a>	<a href="#">Institutional claim - electronic (837I format)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2492	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">03</a>	<a href="#">Institutional claim (UB-04 form)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2493	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">11</a>	<a href="#">Professional claim - any (837P format or CMS-1500 form)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2494	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">12</a>	<a href="#">Professional claim - electronic (837P format)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2495	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">13</a>	<a href="#">Professional claim - paper (CMS-1500 form)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2496	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">21</a>	<a href="#">Dental claim - any (837D format or ADA Dental Claim Form)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2497	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">22</a>	<a href="#">Dental claim - electronic (837D format)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2498	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">23</a>	<a href="#">Dental claim - paper (ADA Dental Claim Form)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2499	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">31</a>	<a href="#">Pharmacy claim (NCPDP format)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2500	<a href="#">PROVIDER-CLAIM-FORM-CODE</a>	<a href="#">Provider Claim Form Code List</a>	<a href="#">95</a>	<a href="#">Other claim form or format not listed above</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2501	RACE	Race List	001	White	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2502	RACE	Race List	002	Black or African American	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2503	RACE	Race List	003	American Indian or Alaska Native	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2504	RACE	Race List	004	Asian Indian	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2505	RACE	Race List	005	Chinese	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2506	RACE	Race List	006	Filipino	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2507	RACE	Race List	007	Japanese	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2508	RACE	Race List	008	Korean	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2509	RACE	Race List	009	Vietnamese	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2510	RACE	Race List	010	Other Asian	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2511	RACE	Race List	011	Asian Unknown	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2512	RACE	Race List	012	Native Hawaiian	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2513	RACE	Race List	013	Guamanian or Chamorro	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2514	RACE	Race List	014	Samoan	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2515	RACE	Race List	015	Other Pacific Islander	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2516	RACE	Race List	016	Native Hawaiian or Other Pacific Islander Unknown	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2517	RACE	Race List	017	Unspecified	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2518	<a href="#">RACE</a>	<a href="#">Race List</a>	<a href="#">018</a>	<a href="#">Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2519	REASON-FOR-CHANGE	Reason for Change List	LSE	Large System Enhancement	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2520	REASON-FOR-CHANGE	Reason for Change List	MERGE	Merge Beneficiaries	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2521	REASON-FOR-CHANGE	Reason for Change List	TCAM	Transition between CHIP and Medicaid	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2522	REASON-FOR-CHANGE	Reason for Change List	UNMERGE	Unmerge Beneficiaries	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2523	REBATE-ELIGIBLE-INDICATOR	Rebate Eligible Indicator List	0	NDC is not eligible for drug rebate program. (Manufacturer does not have a rebate agreement.)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2524	REBATE-ELIGIBLE-INDICATOR	Rebate Eligible Indicator List	1	NDC is eligible for drug rebate program	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2525	REBATE-ELIGIBLE-INDICATOR	Rebate Eligible Indicator List	2	NDC is exempt from the drug rebate program (biological and medical devices)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2526	RECORD-ID	Record ID List	CIP00001	FILE-HEADER-RECORD-IP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2527	RECORD-ID	Record ID List	CIP00002	CLAIM-HEADER-RECORD-IP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2528	RECORD-ID	Record ID List	CIP00003	CLAIM-LINE-RECORD-IP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2529	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">CIP00004</a>	<a href="#">CLAIM-DX-IP</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2530	RECORD-ID	Record ID List	CLT00001	FILE-HEADER-RECORD-LT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2531	RECORD-ID	Record ID List	CLT00002	CLAIM-HEADER-RECORD-LT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2532	RECORD-ID	Record ID List	CLT00003	CLAIM-LINE-RECORD-LT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2533	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">CLT00004</a>	<a href="#">CLAIM-DX-LT</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2534	RECORD-ID	Record ID List	COT00001	FILE-HEADER-RECORD-OT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2535	RECORD-ID	Record ID List	COT00002	CLAIM-HEADER-RECORD-OT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2536	RECORD-ID	Record ID List	COT00003	CLAIM-LINE-RECORD-OT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2537	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">COT00004</a>	<a href="#">CLAIM-DX-OT</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2538	RECORD-ID	Record ID List	CRX00001	FILE-HEADER-RECORD-RX	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2539	RECORD-ID	Record ID List	CRX00002	CLAIM-HEADER-RECORD-RX	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2540	RECORD-ID	Record ID List	CRX00003	CLAIM-LINE-RECORD-RX	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2541	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">CRX00004</a>	<a href="#">CLAIM-DX-RX</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2542	RECORD-ID	Record ID List	ELG00001	FILE-HEADER-RECORD-ELIGIBILITY	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2543	RECORD-ID	Record ID List	ELG00002	PRIMARY-DEMOGRAPHICS-ELIGIBILITY	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2544	RECORD-ID	Record ID List	ELG00003	VARIABLE-DEMOGRAPHICS-ELIGIBILITY	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2545	RECORD-ID	Record ID List	ELG00004	ELIGIBLE-CONTACT-INFORMATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2546	RECORD-ID	Record ID List	ELG00005	ELIGIBILITY-DETERMINANTS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2547	RECORD-ID	Record ID List	ELG00006	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2548	RECORD-ID	Record ID List	ELG00007	HEALTH-HOME-SPA-PROVIDERS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2549	RECORD-ID	Record ID List	ELG00008	HEALTH-HOME-CHRONIC-CONDITIONS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2550	RECORD-ID	Record ID List	ELG00009	LOCK-IN-INFORMATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2551	RECORD-ID	Record ID List	ELG00010	MFP-INFORMATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2552	RECORD-ID	Record ID List	ELG00011	STATE-PLAN-OPTION-PARTICIPATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2553	RECORD-ID	Record ID List	ELG00012	WAIVER-PARTICIPATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2554	RECORD-ID	Record ID List	ELG00013	LTSS-PARTICIPATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>



2555	RECORD-ID	Record ID List	ELG00014	MANAGED-CARE-PARTICIPATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2556	RECORD-ID	Record ID List	ELG00015	ETHNICITY-INFORMATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2557	RECORD-ID	Record ID List	ELG00016	RACE-INFORMATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2558	RECORD-ID	Record ID List	ELG00017	DISABILITY-INFORMATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2559	RECORD-ID	Record ID List	ELG00018	1115A-DEMONSTRATION-INFORMATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2560	RECORD-ID	Record ID List	ELG00020	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2561	RECORD-ID	Record ID List	ELG00021	ENROLLMENT-TIME-SPAN	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2562	RECORD-ID	Record ID List	ELG00022	ELG-IDENTIFIERS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2563	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">ELG00023</a>	<a href="#">SOGI</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2564	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">FTX00001</a>	<a href="#">FILE-HEADER-RECORD-FTX</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2565	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">FTX00002</a>	<a href="#">INDIVIDUAL-CAPITATION-PMPM</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2566	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">FTX00003</a>	<a href="#">INDIVIDUAL-HEALTH-INSURANCE-PREMIUM-PAYMENT</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2567	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">FTX00004</a>	<a href="#">GROUP-INSURANCE-PREMIUM-PAYMENT</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2568	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">FTX00005</a>	<a href="#">COST-SHARING-OFFSET</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2569	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">FTX00006</a>	<a href="#">VALUE-BASED-PAYMENT</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2570	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">FTX00007</a>	<a href="#">STATE-DIRECTED-PAYMENT-SEPARATE-PAYMENT-TERM</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2571	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">FTX00008</a>	<a href="#">COST-SETTLEMENT-PAYMENT</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2572	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">FTX00009</a>	<a href="#">FQHC-WRAP-PAYMENT</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2573	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">FTX00095</a>	<a href="#">MISCELLANEOUS-PAYMENT</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2574	RECORD-ID	Record ID List	MCR00001	FILE-HEADER-RECORD-MANAGED-CARE	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2575	RECORD-ID	Record ID List	MCR00002	MANAGED-CARE-MAIN	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2576	RECORD-ID	Record ID List	MCR00003	MANAGED-CARE-LOCATION-AND-CONTACT-INFO	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2577	RECORD-ID	Record ID List	MCR00004	MANAGED-CARE-SERVICE-AREA	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2578	RECORD-ID	Record ID List	MCR00005	MANAGED-CARE-OPERATING-AUTHORITY	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2579	RECORD-ID	Record ID List	MCR00006	MANAGED-CARE-PLAN-POPULATION-ENROLLED	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2580	RECORD-ID	Record ID List	MCR00007	MANAGED-CARE-ACCREDITATION-ORGANIZATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2581	RECORD-ID	Record ID List	MCR00008	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2582	RECORD-ID	Record ID List	MCR00009	CHPID-SHPID-RELATIONSHIP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2583	<a href="#">RECORD-ID</a>	<a href="#">Record ID List</a>	<a href="#">MCR00010</a>	<a href="#">MANAGED-CARE-ID</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2584	RECORD-ID	Record ID List	PRV00001	FILE-HEADER-RECORD-PROVIDER	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2585	RECORD-ID	Record ID List	PRV00002	PROV-ATTRIBUTES-MAIN	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2586	RECORD-ID	Record ID List	PRV00003	PROV-LOCATION-AND-CONTACT-INFO	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2587	RECORD-ID	Record ID List	PRV00004	PROV-LICENSING-INFO	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2588	RECORD-ID	Record ID List	PRV00005	PROV-IDENTIFIERS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2589	RECORD-ID	Record ID List	PRV00006	PROV-TAXONOMY-CLASSIFICATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2590	RECORD-ID	Record ID List	PRV00007	PROV-MEDICAID-ENROLLMENT	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2591	RECORD-ID	Record ID List	PRV00008	PROV-AFFILIATED-GROUPS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2592	RECORD-ID	Record ID List	PRV00009	PROV-AFFILIATED-PROGRAMS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2593	RECORD-ID	Record ID List	PRV00010	PROV-BED-TYPE-INFO	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2594	RECORD-ID	Record ID List	TPL00001	FILE-HEADER-RECORD-TPL	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2595	RECORD-ID	Record ID List	TPL00002	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2596	RECORD-ID	Record ID List	TPL00003	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2597	RECORD-ID	Record ID List	TPL00004	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2598	RECORD-ID	Record ID List	TPL00005	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2599	RECORD-ID	Record ID List	TPL00006	TPL-ENTITY-CONTACT-INFORMATION	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2600	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	01	Risk-based Capitation, no incentives or risk-sharing	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2601	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	02	Risk-based Capitation with Incentive Arrangements	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2602	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	03	Risk-based Capitation with other risk-sharing Arrangements	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2603	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	04	Non-Risk Capitation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2604	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	05	Fee-For-Service	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2605	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	06	Primary Care Case Management Payment	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2606	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	07	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2607	REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	08	Primary Care Case Management Payment plus Fee-For-Service	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2608	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	0	Individual is not eligible for Medicaid or CHIP during the month.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2609	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	1	Individual is eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2610	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	2	Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but only entitled to restricted benefits based on alien status.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2611	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	3	Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status (e.g., QMB, SLMB, QDWI, QI).	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2612	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	4	Individual is eligible for Medicaid or CHIP but is only entitled to restricted benefits for pregnancy-related services, including services that do and those that do not meet the Minimum Essential Coverage standard.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2613	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	5	Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based upon substance abuse, medically needy, or other criteria) that meet the standard for Minimum Essential Coverage.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2614	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	6	Individual is eligible for Medicaid or Medicaid-Expansion CHIP but only entitled to restricted benefits for family planning services.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2615	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	7	Individual is eligible for Medicaid and entitled to Medicaid benefits under an alternative package of benchmark-equivalent coverage, as enacted by the Deficit Reduction Act of 2005.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2616	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	A	Individual is eligible for Medicaid and entitled to benefits under the Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF), as enacted by the Deficit Reduction Act of 2005.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2617	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	B	Individual is eligible for Medicaid and entitled to Medicaid benefits using a Health Opportunity Account (HOA).	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2618	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	C	Individual is eligible for S-separate CHIP dental coverage (supplemental dental wraparound benefit to employer-sponsored insurance).	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2619	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	D	Individual is eligible for Medicaid and entitled to benefits under a "Money Follows the Person" (MFP) rebalancing demonstration, as enacted by the Deficit Reduction Act of 2005, to allow States to develop community based long term care opportunities.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2620	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	E	Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based on substance abuse, medically needy, or other criteria) that do not meet the standard for Minimum Essential Coverage.	<u>01/01/0001</u>	<u>12/31/9999</u>
2621	RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	F	Individual is eligible for Medicaid but is only entitled to restricted benefits for medical assistance for COVID-19 diagnostic products and any visit described as a COVID-19 testing-related service for which payment may be made under the State plan during any portion of the public health emergency period, beginning March 18, 2020, as described in Sections 1902(a)(10)(A)(ii)(XXIII), 1902(ss) and clause XVIII in the matter following 1902(a)(10)(G) of the Social Security Act.	<u>03/18/2020</u>	<u>12/31/9999</u>
2622	<u>RESTRICTED-BENEFITS-CODE</u>	<u>Restricted Benefits Code List</u>	<u>G</u>	<u>Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status Medicare Part B-ID ESRD Benefit.</u>	<u>01/01/2023</u>	<u>12/31/9999</u>

2623	REVENUE-CODE	Revenue Code List	<u>Not Applicable See "VVL Code Description" field</u>	<u>Revenue Code List 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.</u>  <u>For background and context, see <a href="https://www.nubc.org/">https://www.nubc.org/</a></u>	<u>N/A</u>	<u>N/A</u>
2624	<u>SDP-IND</u>	<u>State Directed Payment Indicator List</u>	<u>0</u>	<u>No, not an SDP</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2625	<u>SDP-IND</u>	<u>State Directed Payment Indicator List</u>	<u>1</u>	<u>Yes, SDP</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2626	SELF-DIRECTION-TYPE	Self Direction Type List	000	Not Applicable	<u>01/01/0001</u>	<u>12/31/9999</u>
2627	SELF-DIRECTION-TYPE	Self Direction Type List	001	Hiring Authority	<u>01/01/0001</u>	<u>12/31/9999</u>
2628	SELF-DIRECTION-TYPE	Self Direction Type List	002	Budget Authority	<u>01/01/0001</u>	<u>12/31/9999</u>
2629	SELF-DIRECTION-TYPE	Self Direction Type List	003	Hiring and Budget Authority	<u>01/01/0001</u>	<u>12/31/9999</u>
2630	<u>SERVICE-TRACKING-TYPE</u>	<u>Service Tracking Type List</u>	<u>00</u>	<u>Not a Service Tracking Claim</u>		
2631	<u>SERVICE-TRACKING-TYPE</u>	<u>Service Tracking Type List</u>	<u>01</u>	<u>Drug Rebate</u>		
2632	<u>SERVICE-TRACKING-TYPE</u>	<u>Service Tracking Type List</u>	<u>02</u>	<u>DSH Payment</u>		

2633	<u>SERVICE-TRACKING-TYPE</u>	<u>Service Tracking Type List</u>	<u>03</u>	<u>Lump Sum Payment</u>		
2634	<u>SERVICE-TRACKING-TYPE</u>	<u>Service Tracking Type List</u>	<u>04</u>	<u>Cost Settlement</u>		
2635	<u>SERVICE-TRACKING-TYPE</u>	<u>Service Tracking Type List</u>	<u>05</u>	<u>Supplemental</u>		
2636	<u>SERVICE-TRACKING-TYPE</u>	<u>Service Tracking Type List</u>	<u>06</u>	<u>Other</u>		
2637	SEX	Sex List	F	Female	<u>01/01/0001</u>	<u>12/31/9999</u>
2638	SEX	Sex List	M	Male	<u>01/01/0001</u>	<u>12/31/9999</u>
2639	SEX	Sex List	U	Unknown	<u>01/01/0001</u>	<u>12/31/9999</u>
2640	<u>SEX-ASSIGNED-AT-BIRTH</u>	<u>Sex Assigned at Birth List</u>	<u>1</u>	<u>Female</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2641	<u>SEX-ASSIGNED-AT-BIRTH</u>	<u>Sex Assigned at Birth List</u>	<u>2</u>	<u>Male</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2642	<u>SEX-ASSIGNED-AT-BIRTH</u>	<u>Sex Assigned at Birth List</u>	<u>3</u>	<u>Not sure</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2643	<u>SEX-ASSIGNED-AT-BIRTH</u>	<u>Sex Assigned at Birth List</u>	<u>4</u>	<u>Prefer not to answer</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2644	<u>SEX-ASSIGNED-AT-BIRTH</u>	<u>Sex Assigned at Birth List</u>	<u>5</u>	<u>Other</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2645	<u>SEXUAL-ORIENTATION</u>	<u>Sexual Orientation List</u>	<u>1</u>	<u>Lesbian or gay</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2646	<u>SEXUAL-ORIENTATION</u>	<u>Sexual Orientation List</u>	<u>2</u>	<u>Straight</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2647	<u>SEXUAL-ORIENTATION</u>	<u>Sexual Orientation List</u>	<u>3</u>	<u>Bisexual</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2648	<u>SEXUAL-ORIENTATION</u>	<u>Sexual Orientation List</u>	<u>4</u>	<u>Not sure</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2649	<u>SEXUAL-ORIENTATION</u>	<u>Sexual Orientation List</u>	<u>5</u>	<u>Prefer not to answer</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2650	<u>SEXUAL-ORIENTATION</u>	<u>Sexual Orientation List</u>	<u>6</u>	<u>Other</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2651	SOURCE-LOCATION	Source Location List	01	MMIS	<u>01/01/0001</u>	<u>12/31/9999</u>
2652	SOURCE-LOCATION	Source Location List	02	Non-MMIS CHIP Payment System	<u>01/01/0001</u>	<u>12/31/9999</u>
2653	SOURCE-LOCATION	Source Location List	03	Pharmacy Benefits Manager (PBM) Vendor	<u>01/01/0001</u>	<u>12/31/9999</u>
2654	SOURCE-LOCATION	Source Location List	04	Dental Benefits Manager Vendor	<u>01/01/0001</u>	<u>12/31/9999</u>
2655	SOURCE-LOCATION	Source Location List	05	Transportation Provider System	<u>01/01/0001</u>	<u>12/31/9999</u>
2656	SOURCE-LOCATION	Source Location List	06	Mental Health Claims Payment System	<u>01/01/0001</u>	<u>12/31/9999</u>
2657	SOURCE-LOCATION	Source Location List	07	Financial Transaction/Accounting System	<u>01/01/0001</u>	<u>12/31/9999</u>
2658	SOURCE-LOCATION	Source Location List	08	Other State Agency Claims Payment System	<u>01/01/0001</u>	<u>12/31/9999</u>
2659	SOURCE-LOCATION	Source Location List	09	County/Local Government Claims Payment System	<u>01/01/0001</u>	<u>12/31/9999</u>
2660	SOURCE-LOCATION	Source Location List	10	Other Vendor/Other Claims Payment System	<u>01/01/0001</u>	<u>12/31/9999</u>
2661	SOURCE-LOCATION	Source Location List	20	Managed Care Organization (MCO)	<u>01/01/0001</u>	<u>12/31/9999</u>
2662	<u>SOURCE-LOCATION</u>	<u>Source Location List</u>	<u>22</u>	<u>Sub-contracted entity</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
2663	<u>SOURCE-LOCATION</u>	<u>Source Location List</u>	<u>23</u>	<u>Sub-capitated network provider</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

2664	SPLIT-CLAIM-IND	Split Claim Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2665	SPLIT-CLAIM-IND	Split Claim Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2666	SSDI-IND	SSDI Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2667	SSDI-IND	SSDI Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2668	SSI-IND	SSI Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2669	SSI-IND	SSI Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2670	SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Code List	000	Not Applicable	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2671	SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Code List	001	Mandatory	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2672	SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Code List	002	Optional	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2673	SSI-STATUS	SSI Status List	000	Not Applicable	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2674	SSI-STATUS	SSI Status List	001	SSI	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2675	SSI-STATUS	SSI Status List	002	SSI Eligible Spouse	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2676	SSI-STATUS	SSI Status List	003	SSI Pending a Final Determination of Disposal of Resources Exceeding SSI Dollar Limits	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2677	SSN-INDICATOR	SSN Indicator List	0	State does not use SSN as MSIS-IDENTIFICATION-NUMBER	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2678	SSN-INDICATOR	SSN Indicator List	1	State uses SSN as MSIS-IDENTIFICATION-NUMBER	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2679	SSN-VERIFICATION-FLAG	SSN Verification Flag List	0	SSN not verified	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2680	SSN-VERIFICATION-FLAG	SSN Verification Flag List	1	SSN successfully verified by SSA	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2681	SSN-VERIFICATION-FLAG	SSN Verification Flag List	2	SSN is pending SSA verification	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2682	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">01</a>	<a href="#">Alabama</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2683	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">02</a>	<a href="#">Alaska</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2684	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">04</a>	<a href="#">Arizona</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2685	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">05</a>	<a href="#">Arkansas</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2686	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">06</a>	<a href="#">California</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2687	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">08</a>	<a href="#">Colorado</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2688	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">09</a>	<a href="#">Connecticut</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2689	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">10</a>	<a href="#">Delaware</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2690	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">11</a>	<a href="#">District of Columbia</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2691	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">12</a>	<a href="#">Florida</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2692	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">13</a>	<a href="#">Georgia</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2693	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">15</a>	<a href="#">Hawaii</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2694	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">16</a>	<a href="#">Idaho</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2695	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">17</a>	<a href="#">Illinois</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2696	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">18</a>	<a href="#">Indiana</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2697	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">19</a>	<a href="#">Iowa (Medicaid)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2698	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">20</a>	<a href="#">Kansas</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2699	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">21</a>	<a href="#">Kentucky</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2700	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">22</a>	<a href="#">Louisiana</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2701	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">23</a>	<a href="#">Maine</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2702	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">24</a>	<a href="#">Maryland</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2703	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">25</a>	<a href="#">Massachusetts</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2704	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">26</a>	<a href="#">Michigan</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2705	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">27</a>	<a href="#">Minnesota</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2706	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">28</a>	<a href="#">Mississippi</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2707	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">29</a>	<a href="#">Missouri</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2708	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">30</a>	<a href="#">Montana</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2709	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">31</a>	<a href="#">Nebraska</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2710	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">32</a>	<a href="#">Nevada</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2711	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">33</a>	<a href="#">New Hampshire</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2712	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">34</a>	<a href="#">New Jersey</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2713	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">35</a>	<a href="#">New Mexico</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2714	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">36</a>	<a href="#">New York</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2715	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">37</a>	<a href="#">North Carolina</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2716	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">38</a>	<a href="#">North Dakota</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2717	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">39</a>	<a href="#">Ohio</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2718	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">40</a>	<a href="#">Oklahoma</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2719	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">41</a>	<a href="#">Oregon</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2720	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">42</a>	<a href="#">Pennsylvania</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2721	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">44</a>	<a href="#">Rhode Island</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2722	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">45</a>	<a href="#">South Carolina</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2723	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">46</a>	<a href="#">South Dakota</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2724	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">47</a>	<a href="#">Tennessee</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2725	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">48</a>	<a href="#">Texas</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2726	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">49</a>	<a href="#">Utah</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2727	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">50</a>	<a href="#">Vermont</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2728	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">51</a>	<a href="#">Virginia</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2729	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">53</a>	<a href="#">Washington</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2730	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">54</a>	<a href="#">West Virginia</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2731	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">55</a>	<a href="#">Wisconsin</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2732	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">56</a>	<a href="#">Wyoming</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2733	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">60</a>	<a href="#">American Samoa</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2734	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">64</a>	<a href="#">Federated States of Micronesia</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2735	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">66</a>	<a href="#">Guam</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2736	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">67</a>	<a href="#">Johnston Atoll</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2737	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">68</a>	<a href="#">Marshall Islands</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2738	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">69</a>	<a href="#">Commonwealth of the Northern Mariana Islands</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2739	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">70</a>	<a href="#">Palau</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2740	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">71</a>	<a href="#">Midway Islands</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2741	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">72</a>	<a href="#">Puerto Rico</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2742	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">74</a>	<a href="#">U.S. Minor Outlying Islands</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2743	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">76</a>	<a href="#">Navassa Island</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2744	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">78</a>	<a href="#">U.S. Virgin Islands</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2745	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">79</a>	<a href="#">Wake Island</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2746	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">81</a>	<a href="#">Baker Island</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2747	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">84</a>	<a href="#">Howland Island</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2748	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">86</a>	<a href="#">Jarvis Island</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2749	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">89</a>	<a href="#">Kingman Reef</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2750	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">93</a>	<a href="#">WYOMING CHIP</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>



2751	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">94</a>	<a href="#">MONTANA TPA</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2752	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">95</a>	<a href="#">Palmyra Atoll</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2753	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">96</a>	<a href="#">Iowa (CHIP) - I4</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2754	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">97</a>	<a href="#">Pennsylvania (CHIP) - P1</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2755	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">99</a>	<a href="#">Test State</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2756	<a href="#">STATE</a>	<a href="#">State Code List</a>	<a href="#">See "VVL Code Description" field</a>	<p><a href="#">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.</a></p> <p><a href="#">For background and context, see <a href="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</a></a></p>	<a href="#">N/A</a>	<a href="#">N/A</a>
2757	STATE-PLAN-ENROLLMENT	State Plan Enrollment List	1	Medicaid	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2758	STATE-PLAN-ENROLLMENT	State Plan Enrollment List	2	CHIP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2759	STATE-PLAN-ENROLLMENT	State Plan Enrollment List	3	Both Medicaid and CHIP	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2760	STATE-PLAN-ENROLLMENT	State Plan Enrollment List	4	Not state plan affiliated	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2761	<a href="#">STATE-PLAN-OPTION-TYPE</a>	<a href="#">State Plan Option Type List</a>	<a href="#">00</a>	<a href="#">Not Applicable</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2762	STATE-PLAN-OPTION-TYPE	State Plan Option Type List	01	Community First Choice	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2763	STATE-PLAN-OPTION-TYPE	State Plan Option Type List	02	1915(i)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2764	STATE-PLAN-OPTION-TYPE	State Plan Option Type List	03	1915(j)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2765	STATE-PLAN-OPTION-TYPE	State Plan Option Type List	04	1932(a)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2766	STATE-PLAN-OPTION-TYPE	State Plan Option Type List	05	1915(a)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2767	STATE-PLAN-OPTION-TYPE	State Plan Option Type List	06	1937 (Alternative Benefit Plans)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2768	<a href="#">SUBCAPITATION-IND</a>	<a href="#">Subcapitation Indicator List</a>	<a href="#">1</a>	<a href="#">No, transaction is not a sub-capitation payment or recoupment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2769	<a href="#">SUBCAPITATION-IND</a>	<a href="#">Subcapitation Indicator List</a>	<a href="#">2</a>	<a href="#">Yes, transaction is a sub-capitation or recoupment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2770	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type List	C	Create File—a file that contains a complete set of transactions/changes processed since the last Create file submission. States may submit only one valid Create file per reporting period and data file type.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2771	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type List	R	Replacement File—a Replacement submission is a replacement of the month's data. It will completely replace the immediate prior submission. If a later replacement entry is received, it will overwrite the previous replacement, as well as a prior Create or Update submission for the same data type and reporting period.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2772	SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type List	U	Update File—a file that contains T-MSIS record segments created in response to business rule rejects. Note: The records in an Update file are not generated as a result of a change processed in the state's Medicaid or Medicaid-related systems during the current reporting month. These Update file record segments may be unchanged from the ones submitted previously for various reasons (for example, the state may be unable to process a change record in their Medicaid / Medicaid-related systems to correct the issue because the state is simply passing through to T-MSIS data that originated outside of the state's systems).[1] Conversely, the records may be different from those previously submitted, but the change is the result of a fix whose root cause problem was an issue in the T-MSIS file-creation or replacement process at CMS. Regardless, the record was not generated from a change that occurred in the state's source data.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2773	<del>SUBMITTING-STATE / MANAGED-CARE-STATE / ADDR-STATE / ELIGIBLE-STATE / INSURANCE-CARRIER-STATE / ORIGINATION-STATE / DESTINATION-STATE</del>	<del>State Code List</del>	<del>01</del>	<del>Alabama</del>		
2774	<del>SUBMITTING-STATE / MANAGED-CARE-STATE / ADDR-STATE / ELIGIBLE-STATE / INSURANCE-CARRIER-STATE / ORIGINATION-STATE / DESTINATION-STATE</del>	<del>State Code List</del>	<del>02</del>	<del>Alaska</del>		
2775	<del>SUBMITTING-STATE / MANAGED-CARE-STATE / ADDR-STATE / ELIGIBLE-STATE / INSURANCE-CARRIER-STATE / ORIGINATION-STATE / DESTINATION-STATE</del>	<del>State Code List</del>	<del>04</del>	<del>Arizona</del>		

2776	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>05</del>	<del>Arkansas</del>		
2777	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>06</del>	<del>California</del>		
2778	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>08</del>	<del>Colorado</del>		
2779	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>09</del>	<del>Connecticut</del>		
2780	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>10</del>	<del>Delaware</del>		
2781	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>11</del>	<del>District-of-Columbia</del>		

2782	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>12</del>	<del>Florida</del>		
2783	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>13</del>	<del>Georgia</del>		
2784	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>15</del>	<del>Hawaii</del>		
2785	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>16</del>	<del>Idaho</del>		
2786	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>17</del>	<del>Illinois</del>		
2787	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>18</del>	<del>Indiana</del>		

2788	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>19</del>	<del>Iowa</del>		
2789	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>20</del>	<del>Kansas</del>		
2790	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>21</del>	<del>Kentucky</del>		
2791	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>22</del>	<del>Louisiana</del>		
2792	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>23</del>	<del>Maine</del>		
2793	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>24</del>	<del>Maryland</del>		

2794	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>25</del>	<del>Massachusetts</del>		
2795	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>26</del>	<del>Michigan</del>		
2796	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>27</del>	<del>Minnesota</del>		
2797	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>28</del>	<del>Mississippi</del>		
2798	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>29</del>	<del>Missouri</del>		
2799	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>30</del>	<del>Montana</del>		

2800	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>31</del>	<del>Nebraska</del>		
2801	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>32</del>	<del>Nevada</del>		
2802	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>33</del>	<del>New Hampshire</del>		
2803	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>34</del>	<del>New Jersey</del>		
2804	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>35</del>	<del>New Mexico</del>		
2805	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>36</del>	<del>New York</del>		

2806	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>37</del>	<del>North-Carolina</del>		
2807	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>38</del>	<del>North-Dakota</del>		
2808	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>39</del>	<del>Ohio</del>		
2809	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>40</del>	<del>Oklahoma</del>		
2810	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>41</del>	<del>Oregon</del>		
2811	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>42</del>	<del>Pennsylvania</del>		



2812	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>44</del>	<del>Rhode-Island</del>		
2813	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>45</del>	<del>South-Carolina</del>		
2814	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>46</del>	<del>South-Dakota</del>		
2815	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>47</del>	<del>Tennessee</del>		
2816	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>48</del>	<del>Texas</del>		
2817	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>49</del>	<del>Utah</del>		

2818	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>50</del>	<del>Vermont</del>		
2819	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>51</del>	<del>Virginia</del>		
2820	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>53</del>	<del>Washington</del>		
2821	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>54</del>	<del>West-Virginia</del>		
2822	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>55</del>	<del>Wisconsin</del>		
2823	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>56</del>	<del>Wyoming</del>		

2824	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>60</del>	<del>American-Samoa</del>		
2825	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>66</del>	<del>Guam</del>		
2826	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>72</del>	<del>Puerto-Rico</del>		
2827	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>78</del>	<del>U.S. Virgin Islands</del>		
2828	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>93</del>	<del>Wyoming (CHIP) – W4</del>		
2829	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	<del>State-Code-List</del>	<del>94</del>	<del>Montana (TPA) – M8</del>		

2830	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	State-Code-List	96	Iowa (CHIP) – I4		
2831	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	State-Code-List	97	Pennsylvania (CHIP) – P1		
2832	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	State-Code-List	Not Applicable	This URL will take the reader to the American National Standards Institute (ANSI) Website for the various geographical code sets:		
2833	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	State-Code-List	Not Applicable	State-Code-List		
2834	<del>SUBMITTING-STATE/ MANAGED-CARE-STATE/ADDR- STATE/ELIGIBLE-STATE/ INSURANCE-CARRIER-STATE/ ORIGINATION-STATE/ DESTINATION-STATE</del>	State-Code-List	Not Applicable	The list is based on ANSI state codes but in some cases have been modified to meet T-MSIS needs.		
2835	TANF-CASH-CODE	TANF Cash Code List	0	Individual was not eligible for Medicaid.	<u>01/01/0001</u>	<u>12/31/9999</u>
2836	TANF-CASH-CODE	TANF Cash Code List	1	Individual did not receive TANF benefits	<u>01/01/0001</u>	<u>12/31/9999</u>
2837	TANF-CASH-CODE	TANF Cash Code List	2	Individual did receive TANF benefits (States should only use this value if they can accurately separate eligible receiving TANF benefits from other 1931 eligible) <u>reported into MAS 1)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

2838	TEACHING-IND	Teaching Indicator List	0	No		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2839	TEACHING-IND	Teaching Indicator List	1	Yes		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2840	TOOTH-DESIGNATION-SYSTEM	Tooth Designation System List	JO	ANSI/ADA/ISO Specification No. 3950		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2841	TOOTH-DESIGNATION-SYSTEM	Tooth Designation System List	JP	ADA's Universal/National Tooth Designation system		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2842	TOOTH-NUM	Tooth Number List	1	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2843	TOOTH-NUM	Tooth Number List	2	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2844	TOOTH-NUM	Tooth Number List	3	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2845	TOOTH-NUM	Tooth Number List	4	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2846	TOOTH-NUM	Tooth Number List	5	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2847	TOOTH-NUM	Tooth Number List	6	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2848	TOOTH-NUM	Tooth Number List	7	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2849	TOOTH-NUM	Tooth Number List	8	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2850	TOOTH-NUM	Tooth Number List	9	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2851	TOOTH-NUM	Tooth Number List	10	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2852	TOOTH-NUM	Tooth Number List	11	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2853	TOOTH-NUM	Tooth Number List	12	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2854	TOOTH-NUM	Tooth Number List	13	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2855	TOOTH-NUM	Tooth Number List	14	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2856	TOOTH-NUM	Tooth Number List	15	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2857	TOOTH-NUM	Tooth Number List	16	Upper Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2858	TOOTH-NUM	Tooth Number List	17	Lower Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2859	TOOTH-NUM	Tooth Number List	18	Lower Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2860	TOOTH-NUM	Tooth Number List	19	Lower Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2861	TOOTH-NUM	Tooth Number List	20	Lower Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2862	TOOTH-NUM	Tooth Number List	21	Lower Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2863	TOOTH-NUM	Tooth Number List	22	Lower Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2864	TOOTH-NUM	Tooth Number List	23	Lower Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2865	TOOTH-NUM	Tooth Number List	24	Lower Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2866	TOOTH-NUM	Tooth Number List	25	Lower Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2867	TOOTH-NUM	Tooth Number List	26	Lower Arch, <a href="#">(commencing in the</a> Upper right quadrant <a href="#">and rotating counterclockwise)</a>		<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>





2928	TOOTH-NUM	Tooth Number List	L	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2929	TOOTH-NUM	Tooth Number List	LS	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2930	TOOTH-NUM	Tooth Number List	M	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2931	TOOTH-NUM	Tooth Number List	MS	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2932	TOOTH-NUM	Tooth Number List	N	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2933	TOOTH-NUM	Tooth Number List	NS	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2934	TOOTH-NUM	Tooth Number List	O	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2935	TOOTH-NUM	Tooth Number List	OS	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2936	TOOTH-NUM	Tooth Number List	P	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2937	TOOTH-NUM	Tooth Number List	PS	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2938	TOOTH-NUM	Tooth Number List	Q	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2939	TOOTH-NUM	Tooth Number List	QS	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2940	TOOTH-NUM	Tooth Number List	R	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2941	TOOTH-NUM	Tooth Number List	RS	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2942	TOOTH-NUM	Tooth Number List	S	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2943	<a href="#">TOOTH-NUM</a>	<a href="#">Tooth Number List</a>	<a href="#">See "VVL Code Description" field</a>	<a href="#">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.</a>  <a href="#">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</a>	<a href="#">N/A</a>	<a href="#">N/A</a>
2944	TOOTH-NUM	Tooth Number List	SS	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2945	TOOTH-NUM	Tooth Number List	T	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2946	TOOTH-NUM	Tooth Number List	TS	Lower Arch, <a href="#">(commencing in the Upper right quadrant and rotating counterclockwise)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2947	TOOTH-QUAD-CODE	Tooth Quad Code List	00	Entire Oral Cavity	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2948	TOOTH-QUAD-CODE	Tooth Quad Code List	01	Maxillary Area	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2949	TOOTH-QUAD-CODE	Tooth Quad Code List	02	Mandibular Area	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2950	TOOTH-QUAD-CODE	Tooth Quad Code List	03	Upper Right Sextant	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2951	TOOTH-QUAD-CODE	Tooth Quad Code List	04	Upper Anterior Sextant	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>



2952	TOOTH-QUAD-CODE	Tooth Quad Code List	05	Upper Left Sextant	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2953	TOOTH-QUAD-CODE	Tooth Quad Code List	06	Lower Left Sextant	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2954	TOOTH-QUAD-CODE	Tooth Quad Code List	07	Lower Anterior Sextant	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2955	TOOTH-QUAD-CODE	Tooth Quad Code List	08	Lower Right Sextant	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2956	TOOTH-QUAD-CODE	Tooth Quad Code List	09	Other Area of Oral Cavity (An area specified in an annexed document or further explanation available.)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2957	TOOTH-QUAD-CODE	Tooth Quad Code List	10	Upper Right Quadrant (Right Refers to the oral and skeletal structures on the right side.)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2958	TOOTH-QUAD-CODE	Tooth Quad Code List	20	Upper Left Quadrant (Left Refers to the oral and skeletal structures on the left side.)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2959	TOOTH-QUAD-CODE	Tooth Quad Code List	30	Lower Left Quadrant	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2960	TOOTH-QUAD-CODE	Tooth Quad Code List	40	Lower Right Quadrant	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2961	<a href="#">TOOTH-QUAD-CODE</a>	<a href="#">Tooth Quad Code List</a>	<a href="#">See "VVL Code Description" field</a>	<a href="#">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.</a>  <a href="https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/areaoftheoralcavityandtoothanatomybycdtcode_2022jan.pdf">For background and context, see https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/areaoftheoralcavityandtoothanatomybycdtcode_2022jan.pdf</a>	<a href="#">N/A</a>	<a href="#">N/A</a>
2962	TOOTH-SURFACE-CODE	Tooth Surface Code List	B	Buccal - The surface of the tooth which is closest to the cheek.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2963	TOOTH-SURFACE-CODE	Tooth Surface Code List	D	Distal - The surface of the tooth facing away from an invisible line drawn vertically through the center of the face.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2964	TOOTH-SURFACE-CODE	Tooth Surface Code List	F	Facial - The surface of a tooth that is directed towards the face.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2965	TOOTH-SURFACE-CODE	Tooth Surface Code List	I	Incisal - The cutting edges of the anterior teeth.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2966	TOOTH-SURFACE-CODE	Tooth Surface Code List	L	Lingual - The surface of the tooth that is directed towards the tongue.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2967	TOOTH-SURFACE-CODE	Tooth Surface Code List	M	Mesial - The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2968	TOOTH-SURFACE-CODE	Tooth Surface Code List	O	Occlusal - The surfaces of the posterior (back) teeth which provides the chewing function.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2969	<a href="#">TOOTH-SURFACE-CODE</a>	<a href="#">Tooth Surface Code List</a>	See <a href="#">"VVL Code Description" field</a>	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.  <a href="https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada_utds_value_set_v1_2022_aug.pdf">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</a>	<a href="#">N/A</a>	<a href="#">N/A</a>
2970	TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	06	TPL-Entity Corporate Location	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2971	TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	07	TPL-Entity Mailing	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2972	TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	08	TPL-Entity Satellite Location	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2973	TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	09	TPL-Entity Billing	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2974	TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	10	TPL-Entity Correspondence	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2975	TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	11	TPL-Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2976	TPL-HEALTH-INSURANCE-COVERAGE-IND	TPL Health Insurance Coverage Indicator List	0	<del>Medicaid/CHIP eligible</del> Eligible individual has no TPL insurance coverage.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2977	TPL-HEALTH-INSURANCE-COVERAGE-IND	TPL Health Insurance Coverage Indicator List	1	<del>Medicaid/CHIP eligible</del> Eligible individual does have TPL insurance coverage.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2978	TPL-OTHER-COVERAGE-IND	TPL Other Coverage Indicator List	0	<del>Medicaid/CHIP eligible</del> Eligible individual has no other TPL funding available.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2979	TPL-OTHER-COVERAGE-IND	TPL Other Coverage Indicator List	1	<del>Medicaid/CHIP eligible</del> Eligible individual does have other TPL funding available.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2980	<a href="#">TRANSACTION-TYPE</a>	<a href="#">Transaction Type List</a>	<a href="#">01</a>	<a href="#">Kick payment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2981	<a href="#">TRANSACTION-TYPE</a>	<a href="#">Transaction Type List</a>	<a href="#">02</a>	<a href="#">Provider retainer payment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2982	<a href="#">TRANSACTION-TYPE</a>	<a href="#">Transaction Type List</a>	<a href="#">03</a>	<a href="#">Direct reimbursement to Bene for retroactive period cost (e.g. 42 CFR 447.25)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2983	<a href="#">TRANSACTION-TYPE</a>	<a href="#">Transaction Type List</a>	<a href="#">04</a>	<a href="#">Direct reimbursement to Bene for non-emergency transportation</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
2984	<a href="#">TRANSACTION-TYPE</a>	<a href="#">Transaction Type List</a>	<a href="#">95</a>	<a href="#">Other</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

2985	<del>TYPE-OF-BILL</del>	Type of Bill 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 <a href="https://www.nubc.org/license">https://www.nubc.org/license</a>	N/A	N/A
2986	<del>TYPE-OF-BILL</del>	Type of Bill List	0	Nonpayment/Zero Claims		
2987	<del>TYPE-OF-BILL</del>	Type of Bill List	1	Hospital		
2988	<del>TYPE-OF-BILL</del>	Type of Bill List	1	Inpatient		
2989	<del>TYPE-OF-BILL</del>	Type of Bill List	1	Rural Health Clinic (RHC)		
2990	<del>TYPE-OF-BILL</del>	Type of Bill List	1	Hospice (Nonhospital Based)		
2991	<del>TYPE-OF-BILL</del>	Type of Bill List	1	Admit Through Discharge Claim		
2992						
2993	<del>TYPE-OF-BILL</del>	Type of Bill List	2	Skilled Nursing		
2994	<del>TYPE-OF-BILL</del>	Type of Bill List	2	Inpatient		
2995	<del>TYPE-OF-BILL</del>	Type of Bill List	2	Hospital Based or Independent Renal Dialysis Facility		
2996	<del>TYPE-OF-BILL</del>	Type of Bill List	2	Hospice (Hospital Based)		
2997	<del>TYPE-OF-BILL</del>	Type of Bill List	2	Interim-First Claim		
2998	<del>TYPE-OF-BILL</del>	Type of Bill List	3	Home Health		
2999	<del>TYPE-OF-BILL</del>	Type of Bill List	3	Outpatient		
3000	<del>TYPE-OF-BILL</del>	Type of Bill List	3	Free Standing Provider-Based Federally Qualified Health Center (FQHC)		
3001	<del>TYPE-OF-BILL</del>	Type of Bill List	3	Ambulatory Surgical Center Services to Hospital Outpatients		
3002	<del>TYPE-OF-BILL</del>	Type of Bill List	3	Interim-Continuing Claims (Not valid for PPS-Bills)		
3003	<del>TYPE-OF-BILL</del>	Type of Bill List	4	Religious-Nonmedical (Hospital)		
3004	<del>TYPE-OF-BILL</del>	Type of Bill List	4	Other		
3005	<del>TYPE-OF-BILL</del>	Type of Bill List	4	Other Rehabilitation Facility (ORF)		
3006	<del>TYPE-OF-BILL</del>	Type of Bill List	4	Free Standing Birthing Center		
3007	<del>TYPE-OF-BILL</del>	Type of Bill List	4	Interim-Last Claim (Not valid for PPS-Bills)		
3008	<del>TYPE-OF-BILL</del>	Type of Bill List	5	Reserved for national assignment (discontinued effective 10/1/05).		
3009	<del>TYPE-OF-BILL</del>	Type of Bill List	5	Intermediate Care - Level I		
3010	<del>TYPE-OF-BILL</del>	Type of Bill List	5	Comprehensive Outpatient Rehabilitation Facility (CORF)		

3011	TYPE-OF-BILL	Type of Bill List	5	Critical-Access-Hospital		
3012	TYPE-OF-BILL	Type of Bill List	5	Late-Charge-Only		
3013	TYPE-OF-BILL	Type of Bill List	6	Intermediate-Care		
3014	TYPE-OF-BILL	Type of Bill List	6	Intermediate-Care—Level-II		
3015	TYPE-OF-BILL	Type of Bill List	6	Community-Mental-Health-Center-(CMHC)		
3016	TYPE-OF-BILL	Type of Bill List	6	Residential-Facility		
3017	TYPE-OF-BILL	Type of Bill List	7	Clinic-or-Hospital-Based-Renal-Dialysis-Facility-(requires-special-information-in-second-digit-below).		
3018	TYPE-OF-BILL	Type of Bill List	7	Reserved-for-national-assignment-(discontinued-effective-10/1/05).		
3019	TYPE-OF-BILL	Type of Bill List	7	Reserved-for-national-assignment-(discontinued-effective-10/1/05)		
3020	TYPE-OF-BILL	Type of Bill List	7	Freestanding-Non-residential-Opioid-Treatment-Program-(Effective-1/1/21)		
3021	TYPE-OF-BILL	Type of Bill List	7	Replacement-of-Prior-Claim		
3022	TYPE-OF-BILL	Type of Bill List	8	Special-facility-or-hospital-ASC-surgery-(requires-special-information-in-second-digit-below).		
3023	TYPE-OF-BILL	Type of Bill List	8	Swing-Bed-(may-be-used-to-indicate-billing-for-SNF-level-of-care-in-a-hospital-with-an-approved-swing-bed-agreement).		
3024	TYPE-OF-BILL	Type of Bill List	8	Licensed-Freestanding-Emergency-Medical-Facility-(Effective-4/1/12)		
3025	TYPE-OF-BILL	Type of Bill List	8	Reserved-for-National-Assignment		
3026	TYPE-OF-BILL	Type of Bill List	8	Void/Cancel-of-a-Prior-Claim		
3027	TYPE-OF-BILL	Type of Bill List	9	Reserved-for-National-Assignment		
3028	TYPE-OF-BILL	Type of Bill List	9	Reserved-for-National-Assignment		
3029	TYPE-OF-BILL	Type of Bill List	9	OTHER		
3030	TYPE-OF-BILL	Type of Bill List	9	OTHER		
3031	TYPE-OF-BILL	Type of Bill List	9	Final-Claim-for-a-Home-Health-PPS-Episode		
3032	TYPE-OF-BILL	Type of Bill List	A	Admission/Election-Notice		
3033	TYPE-OF-BILL	Type of Bill List	B	Hospice/Medicare-Coordinated-Care-Demonstration/Religious-Nonmedical-Health-Care-Institution-Termination/Revocation-Notice		
3034	TYPE-OF-BILL	Type of Bill List	C	Hospice-Change-of-Provider-Notice		
3035	TYPE-OF-BILL	Type of Bill List	D	Hospice/Medicare-Coordinated-Care-Demonstration/Religious-Nonmedical-Health-Care-Institution-Void/Cancel		
3036	TYPE-OF-BILL	Type of Bill List	E	Hospice-Change-of-Ownership		
3037	TYPE-OF-BILL	Type of Bill List	F	Beneficiary-Initiated-Adjustment-Claim		
3038	TYPE-OF-BILL	Type of Bill List	G	CWF-Initiated-Adjustment-Claim		

3039	<del>TYPE-OF-BILL</del>	Type of Bill List	H	<del>CMS-Initiated Adjustment Claim</del>		
3040	<del>TYPE-OF-BILL</del>	Type of Bill List	I	<del>FI Adjustment Claim (Other than QIO or Provider</del>		
3041	<del>TYPE-OF-BILL</del>	Type of Bill List	J	<del>Initiated Adjustment Claim-Other</del>		
3042	<del>TYPE-OF-BILL</del>	Type of Bill List	K	<del>OIG-Initiated Adjustment Claim</del>		
3043	<del>TYPE-OF-BILL</del>	Type of Bill List	M	<del>MSP-Initiated Adjustment Claim</del>		
3044	<del>TYPE-OF-BILL</del>	Type of Bill List	Not Applicable	<del>1st Digit must always be a zero ('0')</del>		
3045	<del>TYPE-OF-BILL</del>	Type of Bill List	Not Applicable	<del>2nd Digit-Type of Facility</del>		
3046	<del>TYPE-OF-BILL</del>	Type of Bill List	Not Applicable	<del>3rd Digit-Bill Classification (Except Clinics and Special Facilities)</del>		
3047	<del>TYPE-OF-BILL</del>	Type of Bill List	Not Applicable	<del>3rd Digit-Classification (Clinics Only)</del>		
3048	<del>TYPE-OF-BILL</del>	Type of Bill List	Not Applicable	<del>3rd Digit-Classification (Special Facilities Only)</del>		
3049	<del>TYPE-OF-BILL</del>	Type of Bill List	Not Applicable	<del>4th Digit-Frequency</del>		
3050	<del>TYPE-OF-BILL</del>	Type of Bill List	P	<del>QIO Adjustment Claim</del>		
3051	<u>TYPE-OF-BILL-2-FACILITY-TYPE</u>	Type of Bill List (2nd position; Facility Type)	<u>1</u>	<u>Hospital</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3052	<u>TYPE-OF-BILL-2-FACILITY-TYPE</u>	Type of Bill List (2nd position; Facility Type)	<u>2</u>	<u>Skilled Nursing</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3053	<u>TYPE-OF-BILL-2-FACILITY-TYPE</u>	Type of Bill List (2nd position; Facility Type)	<u>3</u>	<u>Home Health</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3054	<u>TYPE-OF-BILL-2-FACILITY-TYPE</u>	Type of Bill List (2nd position; Facility Type)	<u>4</u>	<u>Religious Nonmedical (Hospital)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3055	<u>TYPE-OF-BILL-2-FACILITY-TYPE</u>	Type of Bill List (2nd position; Facility Type)	<u>5</u>	<u>Reserved for national assignment (discontinued effective 10/1/05).</u>	<u>01/01/0001</u>	<u>10/01/2005</u>
3056	<u>TYPE-OF-BILL-2-FACILITY-TYPE</u>	Type of Bill List (2nd position; Facility Type)	<u>6</u>	<u>Intermediate Care</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3057	<u>TYPE-OF-BILL-2-FACILITY-TYPE</u>	Type of Bill List (2nd position; Facility Type)	<u>7</u>	<u>Clinic or Hospital Based Renal Dialysis Facility (requires special information in second digit below).</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3058	<u>TYPE-OF-BILL-2-FACILITY-TYPE</u>	Type of Bill List (2nd position; Facility Type)	<u>8</u>	<u>Special facility or hospital ASC surgery (requires special information in second digit below).</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3059	<u>TYPE-OF-BILL-2-FACILITY-TYPE</u>	Type of Bill List (2nd position; Facility Type)	<u>9</u>	<u>Reserved for National Assignment</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

3060	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS</u>	<u>Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)</u>	<u>1</u>	<u>Rural Health Clinic (RHC)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3061	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS</u>	<u>Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)</u>	<u>2</u>	<u>Hospital Based or Independent Renal Dialysis Facility</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3062	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS</u>	<u>Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)</u>	<u>3</u>	<u>Free Standing Provider-Based Federally Qualified Health Center (FQHC)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3063	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS</u>	<u>Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)</u>	<u>4</u>	<u>Other Rehabilitation Facility (ORF)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3064	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS</u>	<u>Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)</u>	<u>5</u>	<u>Comprehensive Outpatient Rehabilitation Facility (CORF)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3065	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS</u>	<u>Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)</u>	<u>6</u>	<u>Community Mental Health Center (CMHC)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3066	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS</u>	<u>Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)</u>	<u>7</u>	<u>Federally Qualified Health Center (FQHC) (Effective 4/1/10)</u>	<u>04/01/2010</u>	<u>12/31/9999</u>
3067	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS</u>	<u>Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)</u>	<u>8</u>	<u>Licensed Freestanding Emergency Medical Facility (Effective 4/1/12)</u>	<u>04/01/2012</u>	<u>12/31/9999</u>
3068	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS</u>	<u>Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)</u>	<u>9</u>	<u>OTHER</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3069	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY</u>	<u>Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)</u>	<u>1</u>	<u>Hospice (Nonhospital Based)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3070	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY</u>	<u>Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)</u>	<u>2</u>	<u>Hospice (Hospital Based)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

3071	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY</u>	<u>Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)</u>	<u>3</u>	<u>Ambulatory Surgical Center Services to Hospital Outpatients</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3072	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY</u>	<u>Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)</u>	<u>4</u>	<u>Free Standing Birthing Center</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3073	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY</u>	<u>Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)</u>	<u>5</u>	<u>Critical Access Hospital</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3074	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY</u>	<u>Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)</u>	<u>6</u>	<u>Residential Facility</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3075	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY</u>	<u>Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)</u>	<u>7</u>	<u>Freestanding Non-residential Opioid Treatment Program (Effective 1/1/21)</u>	<u>01/01/2021</u>	<u>12/31/9999</u>
3076	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY</u>	<u>Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)</u>	<u>8</u>	<u>Reserved for National Assignment</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3077	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY</u>	<u>Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)</u>	<u>9</u>	<u>OTHER</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3078	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER</u>	<u>Type of Bill List (3rd position; Facility Type: Other; Type of Care)</u>	<u>1</u>	<u>Inpatient</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3079	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER</u>	<u>Type of Bill List (3rd position; Facility Type: Other; Type of Care)</u>	<u>2</u>	<u>Inpatient</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3080	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER</u>	<u>Type of Bill List (3rd position; Facility Type: Other; Type of Care)</u>	<u>3</u>	<u>Outpatient</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3081	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER</u>	<u>Type of Bill List (3rd position; Facility Type: Other; Type of Care)</u>	<u>4</u>	<u>Other</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

3082	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER</u>	<u>Type of Bill List (3rd position; Facility Type: Other; Type of Care)</u>	<u>5</u>	<u>Intermediate Care - Level I</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3083	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER</u>	<u>Type of Bill List (3rd position; Facility Type: Other; Type of Care)</u>	<u>6</u>	<u>Intermediate Care - Level II</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3084	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER</u>	<u>Type of Bill List (3rd position; Facility Type: Other; Type of Care)</u>	<u>7</u>	<u>Reserved for national assignment (discontinued effective 10/1/05).</u>	<u>01/01/0001</u>	<u>10/01/2005</u>
3085	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER</u>	<u>Type of Bill List (3rd position; Facility Type: Other; Type of Care)</u>	<u>8</u>	<u>Swing Bed (may be used to indicate billing for SNF level of care in a hospital with an approved swing bed agreement).</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3086	<u>TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER</u>	<u>Type of Bill List (3rd position; Facility Type: Other; Type of Care)</u>	<u>9</u>	<u>Reserved for National Assignment</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3087	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>0</u>	<u>Nonpayment/Zero Claims</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3088	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>1</u>	<u>Admit Through Discharge Claim</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3089	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>2</u>	<u>Interim-First Claim</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3090	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>3</u>	<u>Interim-Continuing Claims (Not valid for PPS Bills)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3091	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>A</u>	<u>Admission/Election Notice</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3092	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>B</u>	<u>Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Termination/Revocation Notice</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3093	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>C</u>	<u>Hospice Change of Provider Notice</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3094	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>D</u>	<u>Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Void/Cancel</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3095	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>E</u>	<u>Hospice Change of Ownership</u>	<u>01/01/0001</u>	<u>12/31/9999</u>



3096	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>F</u>	<u>Beneficiary Initiated Adjustment Claim</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3097	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>G</u>	<u>CWF Initiated Adjustment Claim</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3098	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>H</u>	<u>CMS Initiated Adjustment Claim</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3099	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>I</u>	<u>FI Adjustment Claim (Other than QIO or Provider</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3100	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>J</u>	<u>Initiated Adjustment Claim-Other</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3101	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>K</u>	<u>OIG Initiated Adjustment Claim</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3102	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>M</u>	<u>MSP Initiated Adjustment Claim</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3103	<u>TYPE-OF-BILL-4-FREQUENCY</u>	<u>Type of Bill list (4th position; Frequency)</u>	<u>P</u>	<u>QIO Adjustment Claim</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3104	TYPE-OF-CLAIM	Type of Claim List	1	A Fee-For-Service Medicaid or Medicaid-expansion <del>CHIP</del> -Claim	<u>01/01/0001</u>	<u>12/31/9999</u>
3105						
3106	<del>TYPE-OF-CLAIM</del>	<del>Type of Claim List</del>	<del>2</del>	<del>Medicaid or Medicaid-expansion CHIP-Capitated Payment</del>		
3107	TYPE-OF-CLAIM	Type of Claim List	3	Medicaid or Medicaid-expansion <del>CHIP</del> -Managed Care Encounter ( <u>a.k.a. ""Dummy""</u> ) record that simulates a bill for a service rendered to a patient covered under some form of Capitation Plan. This includes billing records submitted by providers to non-state entities (e.g., MCOs, health plans) for which the State has no financial liability since the <u>at</u> risk entity has already received a capitated payment from the State.	<u>01/01/0001</u>	<u>12/31/9999</u>
3108	<del>TYPE-OF-CLAIM</del>	<del>Type of Claim List</del>	<del>4</del>	<del>Medicaid or Medicaid-expansion CHIP-Service Tracking Claim</del>		
3109	<del>TYPE-OF-CLAIM</del>	<del>Type of Claim List</del>	<del>5</del>	<del>Medicaid or Medicaid-expansion CHIP Supplemental Payment (above capitation fee or above negotiated rate) (e.g., FQHC additional reimbursement)</del>		
3110	TYPE-OF-CLAIM	Type of Claim List	A	Separate CHIP (Title XXI) claim: A Fee-for-Service Claim	<u>01/01/0001</u>	<u>12/31/9999</u>
3111	<del>TYPE-OF-CLAIM</del>	<del>Type of Claim List</del>	<del>B</del>	<del>Separate CHIP (Title XXI) claim: Capitated Payment</del>		

3112	TYPE-OF-CLAIM	Type of Claim List	C	Separate CHIP (Title XXI)- <del>managed-care</del> encounter record that simulates a bill for a service or items rendered to a patient covered under some form of Capitation Plan. This includes billing records submitted by providers to non-State entities (e.g., MCOs, health plans) for which a state has no financial liability as the at-risk entity has already received a capitated payment from the state	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3113	<del>TYPE-OF-CLAIM</del>	<del>Type of Claim List</del>	<del>D</del>	<del>Separate CHIP (Title XXI) Service Tracking Claim</del>		
3114	<del>TYPE-OF-CLAIM</del>	<del>Type of Claim List</del>	<del>E</del>	<del>Separate CHIP (Title XXI) claim for a supplemental payment (above capitation fee or above negotiated rate) (e.g., FQHC additional reimbursement)</del>		
3115	TYPE-OF-CLAIM	Type of Claim List	U	Other FFS claim	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3116	<del>TYPE-OF-CLAIM</del>	<del>Type of Claim List</del>	<del>V</del>	<del>Other Capitated Payment</del>		
3117	TYPE-OF-CLAIM	Type of Claim List	W	Other Managed Care Encounter	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3118	<del>TYPE-OF-CLAIM</del>	<del>Type of Claim List</del>	<del>X</del>	<del>Non-Medicaid/CHIP service tracking claims</del>		
3119	<del>TYPE-OF-CLAIM</del>	<del>Type of Claim List</del>	<del>Y</del>	<del>Other Supplemental Payment</del>		
3120	TYPE-OF-CLAIM	Type of Claim List	Z	Denied claims	<a href="#">01/01/0001</a>	<a href="#">06/30/2020</a>

3121	TYPE-OF-HOSPITAL	Type of Hospital List	00	Not a hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3122	TYPE-OF-HOSPITAL	Type of Hospital List	01	Inpatient Hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3123	TYPE-OF-HOSPITAL	Type of Hospital List	02	Outpatient Hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3124	TYPE-OF-HOSPITAL	Type of Hospital List	03	Critical Access Hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3125	TYPE-OF-HOSPITAL	Type of Hospital List	04	Swing Bed Hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3126	TYPE-OF-HOSPITAL	Type of Hospital List	05	Inpatient Psychiatric Hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3127	TYPE-OF-HOSPITAL	Type of Hospital List	06	IHS Hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3128	TYPE-OF-HOSPITAL	Type of Hospital List	07	Children's Hospital	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3129	TYPE-OF-HOSPITAL	Type of Hospital List	08	Other	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3130	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	1	Tort/Casualty Claim	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3131	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	2	Medical Malpractice	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3132	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	3	Estate (an estate, annuity or designated trust)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

3133	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	4	Liens	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3134	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	5	Worker's Compensation	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3135	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	6	Payments from an individual or group who has either voluntarily or been assigned legal responsibility for the health care of one or more Medicaid recipients; fraternal groups; unions	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3136	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	7	Other - unidentified	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3137	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Inpatient Claim) List</del>	<del>001</del>	<del>Inpatient hospital services, other than services in an institution for mental diseases</del>		
3138	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>002</del>	<del>Outpatient hospital services</del>		
3139	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>003</del>	<del>Rural health clinic services</del>		
3140	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>004</del>	<del>Other ambulatory services furnished by a rural health clinic</del>		
3141	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>005</del>	<del>Professional laboratory services, Technical laboratory services</del>		
3142	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>006</del>	<del>Technical laboratory services</del>		
3143	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>007</del>	<del>Professional radiological services</del>		
3144	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>008</del>	<del>Technical radiological services</del>		
3145	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Long Term Claim) List</del>	<del>009</del>	<del>Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease)</del>		
3146	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>010</del>	<del>Early and periodic screening and diagnosis and treatment (EPSDT) services</del>		
3147	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>011</del>	<del>Family planning services and supplies for individuals of child-bearing age</del>		
3148	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (RX Claim) List</del>	<del>011</del>	<del>Family planning services and supplies for individuals of child-bearing age</del>		
3149	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>012</del>	<del>Physicians' services</del>		
3150	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>013</del>	<del>Medical and surgical services of a dentist</del>		
3151	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>014</del>	<del>Outpatient substance abuse treatment services.</del>		
3152	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>015</del>	<del>Medical or other remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law</del>		
3153	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>016</del>	<del>Home health services—Nursing services</del>		
3154	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>017</del>	<del>Home health services—Home health aide services</del>		
3155	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>018</del>	<del>Home health services—Medical supplies, equipment, and appliances suitable for use in the home</del>		

3156	TYPE-OF-SERVICE	Type of Service (RX-Claim) List	018	Home health services—Medical supplies, equipment, and appliances suitable for use in the home		
3157	TYPE-OF-SERVICE	Type of Service (Other Claim) 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		
3158	TYPE-OF-SERVICE	Type of Service (Other Claim) 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		
3159	TYPE-OF-SERVICE	Type of Service (Other Claim) 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		
3160	TYPE-OF-SERVICE	Type of Service (Other Claim) List	022	Private duty nursing services		
3161	TYPE-OF-SERVICE	Type of Service (Other Claim) List	023	Advanced practice nurse services		
3162	TYPE-OF-SERVICE	Type of Service (Other Claim) List	024	Pediatric nurse		
3163	TYPE-OF-SERVICE	Type of Service (Other Claim) List	025	Nurse-midwife service		
3164	TYPE-OF-SERVICE	Type of Service (Other Claim) List	026	Nurse practitioner services		
3165	TYPE-OF-SERVICE	Type of Service (Other Claim) List	027	Respiratory care for ventilator-dependent individuals		
3166	TYPE-OF-SERVICE	Type of Service (Other Claim) List	028	Clinic services		
3167	TYPE-OF-SERVICE	Type of Service (Other Claim) List	029	Dental services		
3168	TYPE-OF-SERVICE	Type of Service (Other Claim) List	030	Physical therapy services (when not provided under home health services)		
3169	TYPE-OF-SERVICE	Type of Service (Other Claim) List	031	Occupational therapy services (when not provided under home health services)		
3170	TYPE-OF-SERVICE	Type of Service (Other Claim) List	032	Speech, hearing, and language disorders services (when not provided under home health services)		
3171	TYPE-OF-SERVICE	Type of Service (RX-Claim) List	033	Prescribed drugs		
3172	TYPE-OF-SERVICE	Type of Service (RX-Claim) List	034	Over-the-counter medications.		
3173	TYPE-OF-SERVICE	Type of Service (Other Claim) List	035	Dentures		
3174	TYPE-OF-SERVICE	Type of Service (Other Claim) List	036	Medical equipment/prosthetic devices		
3175	TYPE-OF-SERVICE	Type of Service (RX-Claim) List	036	Medical equipment/prosthetic devices		
3176	TYPE-OF-SERVICE	Type of Service (Other Claim) List	037	Eyeglasses		
3177	TYPE-OF-SERVICE	Type of Service (Other Claim) List	038	Hearing Aids		
3178	TYPE-OF-SERVICE	Type of Service (Other Claim) List	039	Diagnostic services		
3179	TYPE-OF-SERVICE	Type of Service (Other Claim) List	040	Screening services		
3180	TYPE-OF-SERVICE	Type of Service (Other Claim) List	041	Preventive services		
3181	TYPE-OF-SERVICE	Type of Service (Other Claim) List	042	Well-baby and well-child care services as defined by the State.		
3182	TYPE-OF-SERVICE	Type of Service (Other Claim) List	043	Rehabilitative services		

3183	TYPE-OF-SERVICE	Type of Service (Long Term Claim) List	044	Inpatient hospital services for individuals age 65 or older in institutions for mental diseases		
3184	TYPE-OF-SERVICE	Type of Service (Long Term Claim) List	045	Nursing facility services for individuals age 65 or older in institutions for mental diseases		
3185	TYPE-OF-SERVICE	Type of Service (Long Term Claim) List	046	Intermediate care facility (ICF/IID) services		
3186	TYPE-OF-SERVICE	Type of Service (Long Term Claim) List	047	Nursing facility services, other than in institutions for mental diseases		
3187	TYPE-OF-SERVICE	Type of Service (Long Term Claim) List	048	Inpatient psychiatric services for individuals under age 21		
3188	TYPE-OF-SERVICE	Type of Service (Other Claim) List	049	Outpatient mental health services, other than Outpatient substance abuse treatment services. This TOS includes services furnished in a State-operated mental hospital and including community-based services.		
3189	TYPE-OF-SERVICE	Type of Service (Long Term Claim) List	050	Inpatient substance abuse treatment services and residential substance abuse treatment services.		
3190	TYPE-OF-SERVICE	Type of Service (Other Claim) List	050	Inpatient substance abuse treatment services and residential substance abuse treatment services.		
3191	TYPE-OF-SERVICE	Type of Service (Other Claim) List	051	Personal care services		
3192	TYPE-OF-SERVICE	Type of Service (Other Claim) List	052	Primary care case management services		
3193	TYPE-OF-SERVICE	Type of Service (Other Claim) List	053	Targeted case management services		
3194	TYPE-OF-SERVICE	Type of Service (Other Claim) List	054	Case Management services other than those that meet the definition of primary care case management services or targeted case management services		
3195	TYPE-OF-SERVICE	Type of Service (Other Claim) List	055	Care coordination services		
3196	TYPE-OF-SERVICE	Type of Service (Other Claim) List	056	Transportation services		
3197	TYPE-OF-SERVICE	Type of Service (Other Claim) List	057	Enabling services		
3198	TYPE-OF-SERVICE	Type of Service (Inpatient Claim) List	058	Services furnished in a religious nonmedical health care institution		
3199	TYPE-OF-SERVICE	Type of Service (Long Term Claim) List	059	Skilled nursing facility services for individuals under age 21		
3200	TYPE-OF-SERVICE	Type of Service (Inpatient Claim) List	060	Emergency hospital services		
3201	TYPE-OF-SERVICE	Type of Service (Other Claim) List	060	Emergency hospital services		
3202	TYPE-OF-SERVICE	Type of Service (Other Claim) List	061	Critical access hospital services –OT		
3203	TYPE-OF-SERVICE	Type of Service (Other Claim) List	062	HCBS –Case management services		
3204	TYPE-OF-SERVICE	Type of Service (Other Claim) List	063	HCBS –Homemaker services		

3205	TYPE-OF-SERVICE	Type of Service (Other Claim) List	064	HCBS—Home health aide services		
3206	TYPE-OF-SERVICE	Type of Service (Other Claim) List	065	HCBS—Personal care services		
3207	TYPE-OF-SERVICE	Type of Service (Other Claim) List	066	HCBS—Adult day health services		
3208	TYPE-OF-SERVICE	Type of Service (Other Claim) List	067	HCBS—Habilitation services		
3209	TYPE-OF-SERVICE	Type of Service (Other Claim) List	068	HCBS—Respite care services		
3210	TYPE-OF-SERVICE	Type of Service (Other Claim) 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		
3211	TYPE-OF-SERVICE	Type of Service (Other Claim) List	070	HCBS—Day Care		
3212	TYPE-OF-SERVICE	Type of Service (Other Claim) List	071	HCBS—Training for family members		
3213	TYPE-OF-SERVICE	Type of Service (Other Claim) List	072	HCBS—Minor modification to the home		
3214	TYPE-OF-SERVICE	Type of Service (Other Claim) List	073	HCBS—Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization		
3215	TYPE-OF-SERVICE	Type of Service (Other Claim) List	074	HCBS—Expanded habilitation services—Prevocational services		
3216	TYPE-OF-SERVICE	Type of Service (Other Claim) List	075	HCBS—Expanded habilitation services—Educational services		
3217	TYPE-OF-SERVICE	Type of Service (Other Claim) List	076	HCBS—Expanded habilitation services—Supported employment services, which facilitate paid employment		
3218	TYPE-OF-SERVICE	Type of Service (Other Claim) List	077	HCBS-65-plus—Case management services		
3219	TYPE-OF-SERVICE	Type of Service (Other Claim) List	078	HCBS-65-plus—Homemaker services		
3220	TYPE-OF-SERVICE	Type of Service (Other Claim) List	079	HCBS-65-plus—Home health aide services		
3221	TYPE-OF-SERVICE	Type of Service (Other Claim) List	080	HCBS-65-plus—Personal care services		
3222	TYPE-OF-SERVICE	Type of Service (Other Claim) List	081	HCBS-65-plus—Adult day health services		
3223	TYPE-OF-SERVICE	Type of Service (Other Claim) List	082	HCBS-65-plus—Respite care services		
3224	TYPE-OF-SERVICE	Type of Service (Other Claim) List	083	HCBS-65-plus—Other medical and social services		
3225	TYPE-OF-SERVICE	Type of Service (Inpatient Claim) List	084	Sterilizations		
3226	TYPE-OF-SERVICE	Type of Service (Other Claim) List	084	Sterilizations		
3227	TYPE-OF-SERVICE	Type of Service (Other Claim) List	085	Prenatal care and pre-pregnancy family planning services and supplies.		
3228	TYPE-OF-SERVICE	Type of Service (RX Claim) List	085	Prenatal care and pre-pregnancy family planning services and supplies.		
3229	TYPE-OF-SERVICE	Type of Service (Inpatient Claim) List	086	Other Pregnancy-related Procedures		
3230	TYPE-OF-SERVICE	Type of Service (Other Claim) List	086	Other Pregnancy-related Procedures		
3231	TYPE-OF-SERVICE	Type of Service (Other Claim) List	087	Hospice services		

3232	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>088</del>	<del>Any other health care services or items specified by the Secretary and not excluded under regulations.</del>		
3233	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>089</del>	<del>Disposable medical supplies.</del>		
3234	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (RX Claim) List</del>	<del>089</del>	<del>Disposable medical supplies.</del>		
3235	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Inpatient Claim) List</del>	<del>090</del>	<del>Critical access hospital services—IP</del>		
3236	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Inpatient Claim) List</del>	<del>091</del>	<del>Skilled care—hospital residing</del>		
3237	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Inpatient Claim) List</del>	<del>092</del>	<del>Exceptional care—hospital residing</del>		
3238	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Inpatient Claim) List</del>	<del>093</del>	<del>Non-acute care—hospital residing</del>		
3239	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>115</del>	<del>Residential care</del>		
3240	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>119</del>	<del>Capitated payments to HMOs, HIOs, or PACE plans</del>		
3241	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>120</del>	<del>Capitated payments for primary care case management (PCCM)</del>		
3242	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>121</del>	<del>Premium payments for private health insurance</del>		
3243	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>122</del>	<del>Capitated payments to prepaid health plans (PHPs)</del>		
3244	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Inpatient Claim) List</del>	<del>123</del>	<del>Disproportionate share hospital (DSH) payments</del>		
3245	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>123</del>	<del>Disproportionate share hospital (DSH) payments</del>		
3246	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>127</del>	<del>Indian Health Service (IHS)—Family Plan</del>		
3247	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (RX Claim) List</del>	<del>127</del>	<del>Indian Health Service (IHS)—Family Plan</del>		
3248	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>131</del>	<del>Drug Rebates</del>		
3249	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (RX Claim) List</del>	<del>131</del>	<del>Drug Rebates</del>		
3250	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Inpatient Claim) List</del>	<del>132</del>	<del>Supplemental payment—inpatient</del>		
3251	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Long Term Claim) List</del>	<del>133</del>	<del>Supplemental payment—nursing</del>		
3252	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>134</del>	<del>Supplemental payment—outpatient</del>		
3253	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Inpatient Claim) List</del>	<del>135</del>	<del>EHR payments to provider</del>		
3254	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Other Claim) List</del>	<del>135</del>	<del>EHR payments to provider</del>		
3255	<del>TYPE-OF-SERVICE</del>	<del>Type of Service (Inpatient Claim) List</del>	<del>136</del>	<del>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</del>		

				paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARSCoV2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products		
3256	TYPE-OF-SERVICE	Type of Service (Long Term Claim) 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 emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products		
3257	TYPE-OF-SERVICE	Type of Service (Other Claim) 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 emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARSCoV2 or the diagnosis of the virus that causes COVID19, and the administration of such in vitro diagnostic products		
3258	TYPE-OF-SERVICE	Type of Service (RX Claim) 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 emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products		
3259	TYPE-OF-SERVICE	Type of Service (Inpatient Claim) List	137	COVID-19 testing-related services		
3260	TYPE-OF-SERVICE	Type of Service (Long Term Claim) List	137	COVID-19 testing-related services		
3261	TYPE-OF-SERVICE	Type of Service (Other Claim) List	137	COVID-19 testing-related services		
3262	TYPE-OF-SERVICE	Type of Service (RX Claim) List	137	COVID-19 testing-related services		
3263	TYPE-OF-SERVICE	Type of Service (Other Claim) List	138	Per member per month (PMPM) payments for health home services		
3264	TYPE-OF-SERVICE	Type of Service (Other Claim) List	139	Per member per month (PMPM) payments for Medicare Part A premiums		
3265	TYPE-OF-SERVICE	Type of Service (Other Claim) List	140	Per member per month (PMPM) payments for Medicare Part B premiums		
3266	TYPE-OF-SERVICE	Type of Service (Other Claim) List	141	Per member per month (PMPM) payments for Medicare Advantage Dual Special Needs Plans (D-SNP) Medicare Part C		
3267	TYPE-OF-SERVICE	Type of Service (Other Claim) List	142	Per member per month (PMPM) payments for Medicare Part D premiums		
3268	TYPE-OF-SERVICE	Type of Service (Other Claim) List	143	Per member per month (PMPM) payments for other payments		
3269	TYPE-OF-SERVICE	Type of Service (Other Claim) List	144	Payments to individuals for personal assistance services under 1915(j)		
3270	TYPE-OF-SERVICE	Type of Service (Other Claim) List	145	Medication Assisted Treatment (MAT) services and drugs for evidenced-based treatment of Opioid Use Disorder (OUD)		



3271	<u>TYPE-OF-SERVICE</u>	<u>Type of Service (RX-Claim)-List</u>	<u>145</u>	<u>Medication Assisted Treatment (MAT) services and drugs for evidenced-based treatment of Opioid Use Disorder (OUD)</u>		
3272	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>001</u>	<u>Inpatient hospital services, other than services in an institution for mental diseases</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3273	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>058</u>	<u>Services furnished in a religious nonmedical health care institution</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3274	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>060</u>	<u>Emergency hospital services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3275	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>084</u>	<u>Sterilizations</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3276	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>086</u>	<u>Other Pregnancy-related Procedures</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3277	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>090</u>	<u>Critical access hospital services - IP</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3278	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>091</u>	<u>Skilled care - hospital residing</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3279	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>092</u>	<u>Exceptional care - hospital residing</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3280	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>093</u>	<u>Non-acute care - hospital residing</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3281	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>136</u>	<u>In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products</u>	<u>03/18/2020</u>	<u>12/31/9999</u>
3282	<u>TYPE-OF-SERVICE-IP</u>	<u>Type of Service IP List</u>	<u>137</u>	<u>COVID-19 testing-related services</u>	<u>03/18/2020</u>	<u>12/31/9999</u>
3283	<u>TYPE-OF-SERVICE-LT</u>	<u>Type of Service LT List</u>	<u>009</u>	<u>Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3284	<u>TYPE-OF-SERVICE-LT</u>	<u>Type of Service LT List</u>	<u>044</u>	<u>Inpatient hospital services for individuals age 65 or older in institutions for mental diseases</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3285	<u>TYPE-OF-SERVICE-LT</u>	<u>Type of Service LT List</u>	<u>045</u>	<u>Nursing facility services for individuals age 65 or older in institutions for mental diseases</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3286	<u>TYPE-OF-SERVICE-LT</u>	<u>Type of Service LT List</u>	<u>046</u>	<u>ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities)</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3287	<u>TYPE-OF-SERVICE-LT</u>	<u>Type of Service LT List</u>	<u>047</u>	<u>Nursing facility services, other than in institutions for mental diseases</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3288	<u>TYPE-OF-SERVICE-LT</u>	<u>Type of Service LT List</u>	<u>048</u>	<u>Inpatient psychiatric services for individuals under age 21</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3289	<u>TYPE-OF-SERVICE-LT</u>	<u>Type of Service LT List</u>	<u>050</u>	<u>Inpatient substance abuse treatment services and residential substance abuse treatment services.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3290	<u>TYPE-OF-SERVICE-LT</u>	<u>Type of Service LT List</u>	<u>059</u>	<u>Skilled nursing facility services for individuals under age 21</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

3291	<a href="#">TYPE-OF-SERVICE-LT</a>	<a href="#">Type of Service LT List</a>	<a href="#">136</a>	<a href="#">In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products</a>	<a href="#">03/18/2020</a>	<a href="#">12/31/9999</a>
3292	<a href="#">TYPE-OF-SERVICE-LT</a>	<a href="#">Type of Service LT List</a>	<a href="#">137</a>	<a href="#">COVID-19 testing-related services</a>	<a href="#">03/18/2020</a>	<a href="#">12/31/9999</a>
3293	<a href="#">TYPE-OF-SERVICE-LT</a>	<a href="#">Type of Service LT List</a>	<a href="#">146</a>	<a href="#">Inpatient Psychiatric Services for beneficiaries between the ages of 22 and 64 who receive services in an institution for mental disease (IMD)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3294	<a href="#">TYPE-OF-SERVICE-LT</a>	<a href="#">Type of Service LT List</a>	<a href="#">147</a>	<a href="#">Residential Pediatric Recovery Center (RPRC): A center or facility that furnishes items and services for which medical assistance is available under the State plan to infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3295	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">002</a>	<a href="#">Outpatient hospital services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3296	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">003</a>	<a href="#">Rural health clinic services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3297	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">004</a>	<a href="#">Other ambulatory services furnished by a rural health clinic</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3298	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">005</a>	<a href="#">Professional laboratory services, Technical laboratory services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3299	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">006</a>	<a href="#">Technical laboratory services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3300	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">007</a>	<a href="#">Professional radiological services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3301	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">008</a>	<a href="#">Technical radiological services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3302	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">010</a>	<a href="#">Early and periodic screening and diagnosis and treatment (EPSDT) services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3303	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">011</a>	<a href="#">Family planning services and supplies for individuals of child-bearing age</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3304	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">012</a>	<a href="#">Physicians' services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3305	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">013</a>	<a href="#">Medical and surgical services of a dentist</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3306	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">014</a>	<a href="#">Outpatient substance abuse treatment services.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3307	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">015</a>	<a href="#">Medical or other remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3308	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">016</a>	<a href="#">Home health services - Nursing services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3309	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">017</a>	<a href="#">Home health services - Home health aide services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3310	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">018</a>	<a href="#">Home health services - Medical supplies, equipment, and appliances suitable for use in the home</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

3311	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">019</a>	<a href="#">Home health services - Physical therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3312	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">020</a>	<a href="#">Home health services - Occupational therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3313	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">021</a>	<a href="#">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</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3314	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">022</a>	<a href="#">Private duty nursing services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3315	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">023</a>	<a href="#">Advanced practice nurse services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3316	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">024</a>	<a href="#">Pediatric nurse</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3317	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">025</a>	<a href="#">Nurse-midwife service</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3318	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">026</a>	<a href="#">Nurse practitioner services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3319	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">027</a>	<a href="#">Respiratory care for ventilator-dependent individuals</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3320	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">028</a>	<a href="#">Clinic services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3321	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">029</a>	<a href="#">Dental services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3322	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">030</a>	<a href="#">Physical therapy services (when not provided under home health services)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3323	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">031</a>	<a href="#">Occupational therapy services (when not provided under home health services)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3324	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">032</a>	<a href="#">Speech, hearing, and language disorders services (when not provided under home health services)</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3325	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">035</a>	<a href="#">Dentures</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3326	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">036</a>	<a href="#">Medical equipment/prosthetic devices</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3327	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">037</a>	<a href="#">Eyeglasses</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3328	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">038</a>	<a href="#">Hearing Aids</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3329	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">039</a>	<a href="#">Diagnostic services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3330	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">040</a>	<a href="#">Screening services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3331	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">041</a>	<a href="#">Preventive services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3332	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">042</a>	<a href="#">Well-baby and well-child care services as defined by the State.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3333	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">043</a>	<a href="#">Rehabilitative services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3334	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">049</a>	<a href="#">Outpatient mental health services, other than Outpatient substance abuse treatment services. This TOS includes services furnished in a State-operated mental hospital and including community-based services.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

3335	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>050</u>	<u>Inpatient substance abuse treatment services and residential substance abuse treatment services.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3336	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>051</u>	<u>Personal care services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3337	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>052</u>	<u>Primary care case management services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3338	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>053</u>	<u>Targeted case management services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3339	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>054</u>	<u>Case Management services other than those that meet the definition of primary care case management services or targeted case management services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3340	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>055</u>	<u>Care coordination services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3341	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>056</u>	<u>Transportation services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3342	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>057</u>	<u>Enabling services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3343	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>058</u>	<u>Services furnished in a religious nonmedical health care institution</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3344	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>060</u>	<u>Emergency hospital services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3345	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>061</u>	<u>Critical access hospital services - OT</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3346	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>062</u>	<u>HCBS - Case management services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3347	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>063</u>	<u>HCBS - Homemaker services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3348	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>064</u>	<u>HCBS - Home health aide services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3349	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>065</u>	<u>HCBS - Personal care services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3350	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>066</u>	<u>HCBS - Adult day health services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3351	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>067</u>	<u>HCBS - Habilitation services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3352	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>068</u>	<u>HCBS - Respite care services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3353	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>069</u>	<u>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</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3354	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>070</u>	<u>HCBS - Day Care</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3355	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>071</u>	<u>HCBS - Training for family members</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3356	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>072</u>	<u>HCBS - Minor modification to the home</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3357	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>073</u>	<u>HCBS - Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3358	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>074</u>	<u>HCBS - Expanded habilitation services - Prevocational services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3359	<u>TYPE-OF-SERVICE-OT</u>	<u>Type of Service OT List</u>	<u>075</u>	<u>HCBS - Expanded habilitation services - Educational services</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

3360	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">076</a>	<a href="#">HCBS - Expanded habilitation services - Supported employment services, which facilitate paid employment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3361	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">077</a>	<a href="#">HCBS-65-plus - Case management services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3362	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">078</a>	<a href="#">HCBS-65-plus - Homemaker services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3363	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">079</a>	<a href="#">HCBS-65-plus - Home health aide services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3364	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">080</a>	<a href="#">HCBS-65-plus - Personal care services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3365	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">081</a>	<a href="#">HCBS-65-plus - Adult day health services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3366	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">082</a>	<a href="#">HCBS-65-plus - Respite care services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3367	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">083</a>	<a href="#">HCBS-65-plus - Other medical and social services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3368	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">084</a>	<a href="#">Sterilizations</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3369	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">085</a>	<a href="#">Prenatal care and pre-pregnancy family planning services and supplies.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3370	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">086</a>	<a href="#">Other Pregnancy-related Procedures</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3371	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">087</a>	<a href="#">Hospice services</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3372	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">088</a>	<a href="#">Any other health care services or items specified by the Secretary and not excluded under regulations.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3373	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">089</a>	<a href="#">Disposable medical supplies.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3374	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">115</a>	<a href="#">Residential care</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3375	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">127</a>	<a href="#">Indian Health Service (IHS) - Family Plan</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3376	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">136</a>	<a href="#">In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products</a>	<a href="#">03/18/2020</a>	<a href="#">12/31/9999</a>
3377	<a href="#">TYPE-OF-SERVICE-OT</a>	<a href="#">Type of Service OT List</a>	<a href="#">137</a>	<a href="#">COVID-19 testing-related services</a>	<a href="#">03/18/2020</a>	<a href="#">12/31/9999</a>
3378	<a href="#">TYPE-OF-SERVICE-RX</a>	<a href="#">Type of Service RX List</a>	<a href="#">011</a>	<a href="#">Family planning services and supplies for individuals of child-bearing age</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3379	<a href="#">TYPE-OF-SERVICE-RX</a>	<a href="#">Type of Service RX List</a>	<a href="#">018</a>	<a href="#">Home health services - Medical supplies, equipment, and appliances suitable for use in the home</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3380	<a href="#">TYPE-OF-SERVICE-RX</a>	<a href="#">Type of Service RX List</a>	<a href="#">033</a>	<a href="#">Prescribed drugs</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3381	<a href="#">TYPE-OF-SERVICE-RX</a>	<a href="#">Type of Service RX List</a>	<a href="#">034</a>	<a href="#">Over-the-counter medications.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3382	<a href="#">TYPE-OF-SERVICE-RX</a>	<a href="#">Type of Service RX List</a>	<a href="#">036</a>	<a href="#">Medical equipment/prosthetic devices</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3383	<a href="#">TYPE-OF-SERVICE-RX</a>	<a href="#">Type of Service RX List</a>	<a href="#">085</a>	<a href="#">Prenatal care and pre-pregnancy family planning services and supplies.</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

3384	<u>TYPE-OF-SERVICE-RX</u>	<u>Type of Service RX List</u>	<u>089</u>	<u>Disposable medical supplies.</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3385	<u>TYPE-OF-SERVICE-RX</u>	<u>Type of Service RX List</u>	<u>127</u>	<u>Indian Health Service (IHS) - Family Plan</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3386	<u>TYPE-OF-SERVICE-RX</u>	<u>Type of Service RX List</u>	<u>136</u>	<u>In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products</u>	<u>03/18/2020</u>	<u>12/31/9999</u>
3387	<u>TYPE-OF-SERVICE-RX</u>	<u>Type of Service RX List</u>	<u>137</u>	<u>COVID-19 testing-related services</u>	<u>03/18/2020</u>	<u>12/31/9999</u>
3388	<u>TYPE-OF-SERVICE-RX</u>	<u>Type of Service RX List</u>	<u>145</u>	<u>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</u>	<u>10/01/2020</u>	<u>12/31/9999</u>
3389	<u>UNIT-OF-MEASURE</u>	<u>Unit of Measure List</u>	<u>EA</u>	<u>Each</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3390	<u>UNIT-OF-MEASURE</u>	<u>Unit of Measure List</u>	<u>F2</u>	<u>International Unit</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3391	<u>UNIT-OF-MEASURE</u>	<u>Unit of Measure List</u>	<u>GM</u>	<u>Grams</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3392	<u>UNIT-OF-MEASURE</u>	<u>Unit of Measure List</u>	<u>GR</u>	<u>Gram</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3393	<u>UNIT-OF-MEASURE</u>	<u>Unit of Measure List</u>	<u>ME</u>	<u>Milligram</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3394	<u>UNIT-OF-MEASURE</u>	<u>Unit of Measure List</u>	<u>ML</u>	<u>Milliliter</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3395	<u>UNIT-OF-MEASURE</u>	<u>Unit of Measure List</u>	<u>See "VVL Code Description" field</u>	<u>This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version.</u>  <u>For background and context, see <a href="https://www.ncdpd.org/">https://www.ncdpd.org/</a></u>	<u>N/A</u>	<u>N/A</u>
3396	<u>UNIT-OF-MEASURE</u>	<u>NDC Unit of Measure List</u>	<u>UN</u>	<u>Unit</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3397	<u>VALUE-BASED-PAYMENT-MODEL-TYPE</u>	<u>Value Based Payment Model Type List</u>	<u>2A</u>	<u>FFS/Q&amp;V Foundational payments for infrastructure and operations</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3398	<u>VALUE-BASED-PAYMENT-MODEL-TYPE</u>	<u>Value Based Payment Model Type List</u>	<u>2B</u>	<u>FFS/Q&amp;V Pay for reporting</u>	<u>01/01/0001</u>	<u>12/31/9999</u>
3399	<u>VALUE-BASED-PAYMENT-MODEL-TYPE</u>	<u>Value Based Payment Model Type List</u>	<u>2C</u>	<u>FFS/Q&amp;V Pay for performance</u>	<u>01/01/0001</u>	<u>12/31/9999</u>

3400	<a href="#">VALUE-BASED-PAYMENT-MODEL-TYPE</a>	<a href="#">Value Based Payment Model Type List</a>	<a href="#">3A</a>	<a href="#">APM/FFS APMs with Shared savings</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3401	<a href="#">VALUE-BASED-PAYMENT-MODEL-TYPE</a>	<a href="#">Value Based Payment Model Type List</a>	<a href="#">3B</a>	<a href="#">APM/FFS APMs with shared savings and downside risk</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3402	<a href="#">VALUE-BASED-PAYMENT-MODEL-TYPE</a>	<a href="#">Value Based Payment Model Type List</a>	<a href="#">3N</a>	<a href="#">APM/FFS Risk based payments NOT linked to quality</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3403	<a href="#">VALUE-BASED-PAYMENT-MODEL-TYPE</a>	<a href="#">Value Based Payment Model Type List</a>	<a href="#">4A</a>	<a href="#">POP/PAY Condition-specific population-based payment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3404	<a href="#">VALUE-BASED-PAYMENT-MODEL-TYPE</a>	<a href="#">Value Based Payment Model Type List</a>	<a href="#">4B</a>	<a href="#">POP/PAY Comprehensive population-based payment</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3405	<a href="#">VALUE-BASED-PAYMENT-MODEL-TYPE</a>	<a href="#">Value Based Payment Model Type List</a>	<a href="#">4C</a>	<a href="#">POP/PAY Integrated finance and delivery system</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3406	<a href="#">VALUE-BASED-PAYMENT-MODEL-TYPE</a>	<a href="#">Value Based Payment Model Type List</a>	<a href="#">4N</a>	<a href="#">POP/PAY Capitated payments NOT linked to quality</a>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3407	VETERAN-IND	Veteran Indicator List	0	No	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3408	VETERAN-IND	Veteran Indicator List	1	Yes	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3409	WAIVER-TYPE	Waiver Type List	01	1115 Other demonstration	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3410	WAIVER-TYPE	Waiver Type List	02	1915(b)(1) - These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3411	WAIVER-TYPE	Waiver Type List	03	1915(b)(2) - These waivers allow states to use enrollment brokers.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3412	WAIVER-TYPE	Waiver Type List	04	1915(b)(3) - These waivers allow states to use savings to provide additional services that are not in the State Plan.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3413	WAIVER-TYPE	Waiver Type List	05	1915(b)(4) - These waivers allow fee for service selective contracting.	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3414	WAIVER-TYPE	Waiver Type List	06	1915(c) <del>1</del> -Aged and Disabled	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3415	WAIVER-TYPE	Waiver Type List	07	1915(c) <del>1</del> -Aged	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3416	WAIVER-TYPE	Waiver Type List	08	1915(c) <del>1</del> -Physical Disabilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3417	WAIVER-TYPE	Waiver Type List	09	1915(c) <del>1</del> -Intellectual Disabilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3418	WAIVER-TYPE	Waiver Type List	10	1915(c) <del>1</del> -Intellectual and Developmental Disabilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3419	WAIVER-TYPE	Waiver Type List	11	1915(c) <del>1</del> -Brain Injury	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3420	WAIVER-TYPE	Waiver Type List	12	1915(c) <del>1</del> -HIV/AIDS	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3421	WAIVER-TYPE	Waiver Type List	13	1915(c) <del>1</del> -Technology Dependent or Medically Fragile	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>

3422	WAIVER-TYPE	Waiver Type List	14	1915(c) <del>1</del> Disabled (other)	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3423	WAIVER-TYPE	Waiver Type List	15	1915(c) <del>1</del> Enrolled in 1915(c) waiver for unspecified or unknown populations	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3424	WAIVER-TYPE	Waiver Type List	16	1915(c) <del>1</del> Autism/Autism spectrum disorder	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3425	WAIVER-TYPE	Waiver Type List	17	1915(c) <del>1</del> Developmental Disabilities	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3426	WAIVER-TYPE	Waiver Type List	18	1915(c) <del>1</del> Mental Illness-Age 18 or Older	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3427	WAIVER-TYPE	Waiver Type List	19	1915(c) <del>1</del> Mental Illness-Under Age 18	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3428	WAIVER-TYPE	Waiver Type List	20	1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3429	WAIVER-TYPE	Waiver Type List	21	1115 HIFA Waiver - <u>The associated Waiver-ID is for a HIFA (Health Insurance and Flexibility and Accountability <del>(HIFA)</del> waiver. May also be called demonstration waiver or refer to the eligibility expansion.</u>	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3430	WAIVER-TYPE	Waiver Type List	22	1115 Pharmacy demonstration	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3431	WAIVER-TYPE	Waiver Type List	23	1115 Disaster-related demonstration	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3432	WAIVER-TYPE	Waiver Type List	24	1115 Family planning demonstration	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3433	WAIVER-TYPE	Waiver Type List	25	1115 Substance use demonstration	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3434	WAIVER-TYPE	Waiver Type List	26	1115 Premium Assistance demonstration	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3435	WAIVER-TYPE	Waiver Type List	27	1115 Beneficiary engagement demonstration	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3436	WAIVER-TYPE	Waiver Type List	28	1115 Former foster care youth from another state	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3437	WAIVER-TYPE	Waiver Type List	29	1115 Managed long term services and support	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3438	WAIVER-TYPE	Waiver Type List	30	1115 Delivery system reform	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3439	WAIVER-TYPE	Waiver Type List	31	1332 Demonstration	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3440	WAIVER-TYPE	Waiver Type List	32	1915(b) waiver	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3441	WAIVER-TYPE	Waiver Type List	33	1915(c) waiver	<a href="#">01/01/0001</a>	<a href="#">12/31/9999</a>
3442	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>7</del>	<del>Prescribed-Drugs</del>		
3443	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>8</del>	<del>Dental-Services</del>		
3444	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>10</del>	<del>Clinic-Services</del>		
3445	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>11</del>	<del>Laboratory/Radiological</del>		
3446	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>12</del>	<del>Home-Health-Services</del>		



3447	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>13</del>	<del>Sterilizations</del>		
3448	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>14</del>	<del>Other-Pregnancy-related-Procedures</del>		
3449	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>15</del>	<del>EPSDT-Screening</del>		
3450	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>16</del>	<del>Rural-Health</del>		
3451	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>22</del>	<del>All-Inclusive-Care-Elderly</del>		
3452	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>25</del>	<del>Primary-Care-Case-Management</del>		
3453	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>26</del>	<del>Hospice-Benefits</del>		
3454	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>27</del>	<del>Emergency-Services-for-Undocumented-Aliens</del>		
3455	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>28</del>	<del>Federally-Qualified-Health-Center</del>		
3456	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>29</del>	<del>Non-Emergency-Medical-Transportation</del>		
3457	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>30</del>	<del>Physical-Therapy</del>		
3458	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>31</del>	<del>Occupational-Therapy</del>		
3459	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>32</del>	<del>Services-for-Speech,Hearing-&amp;-Language</del>		
3460	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>33</del>	<del>Prosthetic-Devices,Dentures,Eyeglasses</del>		
3461	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>34</del>	<del>Diagnostic-Screening-&amp;-Preventive-Services</del>		
3462	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>35</del>	<del>Nurse-Mid-Wife</del>		
3463	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>36</del>	<del>Emergency-Hospital-Services</del>		
3464	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>37</del>	<del>Critical-Access-Hospitals</del>		

3465	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>38</del>	<del>Nurse-Practitioner-Services</del>		
3466	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>39</del>	<del>School-Based-Services</del>		
3467	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>40</del>	<del>Rehabilitative-Services-(non-school-based)</del>		
3468	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>41</del>	<del>Private-Duty-Nursing</del>		
3469	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>42</del>	<del>Freestanding-Birth-Center</del>		
3470	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>43</del>	<del>Health-Home-for-Enrollees-w-Chronic-Conditions</del>		
3471	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>44</del>	<del>Tobacco-Cessation-for-Pregnant-Women</del>		
3472	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>45</del>	<del>Health-Homes-for-Substance-Use-Disorder-Enrollees-per-section-1006-of-the-SUPPORT-for-Patients-and-Communities-Act</del>		
3473	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>49</del>	<del>Other-Care-Services</del>		
3474	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>50</del>	<del>Total</del>		
3475	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>17A</del>	<del>Medicare—Part-A</del>		
3476	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>17B</del>	<del>Medicare—Part-B</del>		
3477	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>17C1</del>	<del>120%—134% Of Poverty</del>		
3478	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>17D</del>	<del>Coinsurance</del>		
3479	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18A</del>	<del>Medicaid—MCO</del>		
3480	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18A1</del>	<del>Medicaid-MCO—Evaluation-and-Management</del>		
3481	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18A2</del>	<del>Medicaid-MCO—Vaccine-codes</del>		
3482	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18A3</del>	<del>Medicaid-MCO—Community-First-Choice</del>		

3483	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18A4</del>	<del>Medicaid-MCO—Preventive-Services-Grade-A-OR-B,ACIP-Vaccines-and-their-Admin</del>		
3484	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18B1</del>	<del>Prepaid-Ambulatory-Health-Plan</del>		
3485	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18B1a</del>	<del>MCO-PAHP—Evaluation-and-Management</del>		
3486	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18B1b</del>	<del>MCO-PAHP—Vaccine-codes</del>		
3487	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18B1c</del>	<del>MCO-PAHP—Community-First-Choice</del>		
3488	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18B1d</del>	<del>MCO-PAHP—Preventive-Services-Grade-A-OR-B,ACIP-Vaccines-and-their-Admin</del>		
3489	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18B2</del>	<del>Prepaid-Inpatient-Health-Plan</del>		
3490	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18B2a</del>	<del>MCO-PIHP—Evaluation-and-Management</del>		
3491	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18B2b</del>	<del>MCO-PIHP—Vaccine-codes</del>		
3492	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18B2c</del>	<del>MCO-PIHP—Community-First-Choice</del>		
3493	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18B2d</del>	<del>MCO-PIHP—Preventive-Services-Grade-A-OR-B,ACIP-Vaccines-and-their-Admin</del>		
3494	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18C</del>	<del>Medicaid—Group-Health</del>		
3495	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18D</del>	<del>Medicaid—Coinsurance</del>		
3496	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>18E</del>	<del>Medicaid—Other</del>		
3497	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>19A</del>	<del>Home-&amp;-Community-Based-Services—Reg.-Pay.-(Waiv)</del>		
3498	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>19B</del>	<del>Home-&amp;-Community-Based-Services—St.-Plan-1915(i)-Only-Pay.</del>		
3499	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>19C</del>	<del>Home-&amp;-Community-Based-Services—St.-Plan-1915(j)-Only-Pay.</del>		
3500	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>19D</del>	<del>Home-&amp;-Community-Based-Services-State-Plan-1915(k)-Community-First-Choice</del>		

3501	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>1A</del>	<del>Inpatient Hospital—Reg. Payments</del>		
3502	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>1B</del>	<del>Inpatient Hospital—DSH</del>		
3503	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>1C</del>	<del>Inpatient Hospital—Sup. Payments</del>		
3504	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>1D</del>	<del>Inpatient Hospital—GME Payments</del>		
3505	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>23A</del>	<del>Personal Care Services—Reg. Payments</del>		
3506	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>23B</del>	<del>Personal Care Services—SDS 1915(j)</del>		
3507	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>24A</del>	<del>Targeted Case Management Services—Com. Case Man.</del>		
3508	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>24B</del>	<del>Case Management—State Wide</del>		
3509	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>2A</del>	<del>Mental Health Facility Services—Reg. Payments</del>		
3510	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>2B</del>	<del>Mental Health Facility—DSH</del>		
3511	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>34A</del>	<del>Preventive Services Grade A OR B, ACIP Vaccines and their Admin</del>		
3512	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>3A</del>	<del>Nursing Facility Services—Reg. Payments</del>		
3513	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>3B</del>	<del>Nursing Facility Services—Sup. Payments</del>		
3514	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>4A</del>	<del>Intermediate Care Facility Services—Individuals with Intellectual Disabilities: Public Providers</del>		
3515	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>4B</del>	<del>Intermediate Care Facility Services—Individuals with Intellectual Disabilities: Private Providers</del>		
3516	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>4C</del>	<del>Intermediate Care Facility Services—Individuals with Intellectual Disabilities: Supplemental Payments</del>		
3517	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>5A</del>	<del>Physician &amp; Surgical Services—Reg. Payments</del>		
3518	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XIX-MBESCBES-Category-of-Service-List</del>	<del>5B</del>	<del>Physician &amp; Surgical Services—Sup. Payments</del>		

3519	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	5C	Physician & Surgical Services—Evaluation and Management		
3520	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	5D	Physician & Surgical Services—Vaccine codes		
3521	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	6A	Outpatient Hospital Services—Reg. Payments		
3522	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	6B	Outpatient Hospital Services—Sup. Payments		
3523	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	7A1	Drug Rebate Offset—National		
3524	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	7A2	Drug Rebate Offset—State Sidebar Agreement		
3525	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	7A3	MCO—National Agreement		
3526	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	7A4	MCO—State Sidebar Agreement		
3527	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	7A5	Increased ACA OFFSET—Fee for Service—100%		
3528	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	7A6	Increased ACA OFFSET—MCO—100%		
3529	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	9A	Other Practitioners Services—Reg. Payments		
3530	<del>XIX-MBESCBES-CATEGORY-OF-SERVICE</del>	XIX-MBESCBES-Category-of-Service-List	9B	Other Practitioners Services—Sup. Payments		
3531	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	XXI-MBESCBES-Category-of-Service-List	2	Inpatient Hospital		
3532	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	XXI-MBESCBES-Category-of-Service-List	3	Inpatient Mental Health		
3533	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	XXI-MBESCBES-Category-of-Service-List	4	Nursing Care Services		
3534	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	XXI-MBESCBES-Category-of-Service-List	5	Physician/Surgical		
3535	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	XXI-MBESCBES-Category-of-Service-List	6	Outpatient Hospital		
3536	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	XXI-MBESCBES-Category-of-Service-List	7	Outpatient Mental Health		

3537	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	8	Prescribed-Drugs		
3538	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	9	Dental-Services		
3539	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	10	Vision-Services		
3540	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	11	Other-Practitioners		
3541	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	12	Clinic-Services		
3542	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	13	Therapy-Services		
3543	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	14	Laboratory/Radiological		
3544	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	15	Medical-Equipment		
3545	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	16	Family-Planning		
3546	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	17	Other-Pregnancy-related-Procedures		
3547	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	18	Screening-Services		
3548	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	19	Home-Health		
3549	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	20	Health-Services-Initiatives		
3550	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	21	Home-and-Community		
3551	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	22	Hospice		
3552	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	23	Medical-Transportation		
3553	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	24	Case-Management		
3554	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	25	Translation-and-Interpretation		

3555	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>31</del>	<del>Other Services</del>		
3556	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>32</del>	<del>Outreach</del>		
3557	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>33</del>	<del>Administration</del>		
3558	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>34</del>	<del>PERM-Administration</del>		
3559	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>35</del>	<del>Citizenship-Verification-Technology-CHIPRA</del>		
3560	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>48</del>	<del>Balance</del>		
3561	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>49</del>	<del>Less: Collections</del>		
3562	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>50</del>	<del>Total</del>		
3563	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>1A</del>	<del>Premiums—Up To 150%: Gross Premiums Paid</del>		
3564	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>1B</del>	<del>Premiums—Up To 150%: Cost Sharing Offset</del>		
3565	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>1C</del>	<del>Premiums—Over 150%: Gross Premiums Paid</del>		
3566	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>1D</del>	<del>Premiums—Over 150%: Cost Sharing Offset</del>		
3567	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>32A</del>	<del>Increased Outreach and Enrollment of Indians</del>		
3568	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>32B</del>	<del>Increase outreach and enrollment of children through premium subsidies</del>		
3569	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>35A</del>	<del>CVT Development</del>		
3570	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>35B</del>	<del>CVT Operation</del>		
3571	<del>XXI-MBESCBES-CATEGORY-OF-SERVICE</del>	<del>XXI-MBESCBES-Category-of-Service-List</del>	<del>8A</del>	<del>Drug Rebate</del>		

3572	<u>ZIP-CODE</u>	<u>Zip Code List</u>	<u>See "VVL Code Description" field</u>	<u>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.</u>  <u>For background and context, <a href="https://tools.usps.com/zip-code-lookup.htm?bycitystate">https://tools.usps.com/zip-code-lookup.htm?bycitystate</a></u>	<u>N/A</u>	<u>N/A</u>
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