

Centers for Medicaid and CHIP Services (CMCS)



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**Transformed Medicaid Statistical Information System
Valid Value Lists (VVLs)**

Version: v4.1.0

Last Modified: 2026-04-29

PRA Disclosure Statement: The Transformed Medicaid Statistical Information System (TSIS) is used to collect, store, and analyze data to support the development of policies and to calculate quality measures and other metrics, including those reported through this provision by requiring states to include data elements the Secretary determines are required to respond to a collection of information unless it displays a valid OMB control number. States are required to search existing data resources, gather the data needed, and complete and review the

stem (T-MSIS)

n System (T-MSIS) is used to assist the Centers for Medicare & Medicaid Services (CMS),
gh the new Medicaid and CHIP Scoreboard. Section 4735 of the Balanced Budget Act of 1997 inclu
necessary for program integrity, program oversight, and administration. Under the Privacy Act of
rol number. The valid OMB control number for this information collection is 0938-0345 (Expires: :
e information collection. If you have comments concerning the accuracy of the time estimate(s) or

) with monitoring and oversight of Medicaid and CHIP programs, to enable evaluation of d
ided a statutory requirement for states to submit claims data, enrollee encounter data, and supp
1974 any personally identifying information obtained will be kept private to the extent of the law.
11/30/2027). The time required to complete this information collection is estimated to average 10
· suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Re

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

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| WAIVER-TYPE |
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| WAIVER-TYPE |
| WAIVER-TYPE |
| WAIVER-TYPE |
| WORK-FLAG |
| WORK-FLAG |
| ZIP-CODE |

| VVL Name | VVL Code |
|------------------------------------|-----------------|
| 1115A Demonstration Indicator List | 0 |
| 1115A Demonstration Indicator List | 1 |
| 21.P Form List | 2 |
| 21.P Form List | 3 |
| 21.P Form List | 4 |
| 21.P Form List | 5 |
| 21.P Form List | 6 |
| 21.P Form List | 7 |
| 21.P Form List | 8 |
| 21.P Form List | 9 |
| 21.P Form List | 10 |
| 21.P Form List | 11 |
| 21.P Form List | 12 |
| 21.P Form List | 13 |
| 21.P Form List | 14 |
| 21.P Form List | 15 |
| 21.P Form List | 16 |
| 21.P Form List | 17 |
| 21.P Form List | 18 |
| 21.P Form List | 19 |
| 21.P Form List | 20 |
| 21.P Form List | 21 |
| 21.P Form List | 22 |
| 21.P Form List | 23 |
| 21.P Form List | 24 |
| 21.P Form List | 25 |
| 21.P Form List | 26 |
| 21.P Form List | 31 |
| 21.P Form List | 32 |
| 21.P Form List | 33 |
| 21.P Form List | 34 |
| 21.P Form List | 35 |
| 21.P Form List | 1A |
| 21.P Form List | 1B |
| 21.P Form List | 1C |
| 21.P Form List | 1D |
| 21.P Form List | 32A |
| 21.P Form List | 32B |
| 21.P Form List | 35A |
| 21.P Form List | 35B |
| 21.P Form List | 8A |
| 21BASE Form List | 2 |
| 21BASE Form List | 3 |

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| 21BASE Form List | 4 |
| 21BASE Form List | 5 |
| 21BASE Form List | 6 |
| 21BASE Form List | 7 |
| 21BASE Form List | 8 |
| 21BASE Form List | 9 |
| 21BASE Form List | 10 |
| 21BASE Form List | 11 |
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| 21BASE Form List | 26 |
| 21BASE Form List | 31 |
| 21BASE Form List | 32 |
| 21BASE Form List | 33 |
| 21BASE Form List | 34 |
| 21BASE Form List | 35 |
| 21BASE Form List | 1A |
| 21BASE Form List | 1B |
| 21BASE Form List | 1C |
| 21BASE Form List | 1D |
| 21BASE Form List | 32A |
| 21BASE Form List | 32B |
| 21BASE Form List | 35A |
| 21BASE Form List | 35B |
| 21BASE Form List | 8A |
| 64.10BASE Form List | 29 |
| 64.21U Form List | 2 |
| 64.21U Form List | 3 |
| 64.21U Form List | 4 |
| 64.21U Form List | 5 |
| 64.21U Form List | 6 |
| 64.21U Form List | 7 |
| 64.21U Form List | 8 |
| 64.21U Form List | 9 |
| 64.21U Form List | 10 |
| 64.21U Form List | 11 |

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| 64.21U Form List | 12 |
| 64.21U Form List | 13 |
| 64.21U Form List | 14 |
| 64.21U Form List | 15 |
| 64.21U Form List | 16 |
| 64.21U Form List | 17 |
| 64.21U Form List | 18 |
| 64.21U Form List | 19 |
| 64.21U Form List | 20 |
| 64.21U Form List | 21 |
| 64.21U Form List | 22 |
| 64.21U Form List | 23 |
| 64.21U Form List | 24 |
| 64.21U Form List | 26 |
| 64.21U Form List | 31 |
| 64.21U Form List | 1A |
| 64.21U Form List | 1B |
| 64.21U Form List | 1C |
| 64.21U Form List | 1D |
| 64.21U Form List | 21A |
| 64.21U Form List | 2A |
| 64.21U Form List | 3A |
| 64.21U Form List | 3B |
| 64.21U Form List | 8A1 |
| 64.21U Form List | 8A2 |
| 64.21U Form List | 8A3 |
| 64.21U Form List | 8A4 |
| 64.21U Form List | 8A5 |
| 64.21U Form List | 8A6 |
| 64.21U Form List | 8A7 |
| 64.21UP Form List | 2 |
| 64.21UP Form List | 3 |
| 64.21UP Form List | 4 |
| 64.21UP Form List | 5 |
| 64.21UP Form List | 6 |
| 64.21UP Form List | 7 |
| 64.21UP Form List | 8 |
| 64.21UP Form List | 9 |
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| 64.21UP Form List | 11 |
| 64.21UP Form List | 12 |
| 64.21UP Form List | 13 |
| 64.21UP Form List | 14 |
| 64.21UP Form List | 15 |
| 64.21UP Form List | 16 |
| 64.21UP Form List | 17 |
| 64.21UP Form List | 18 |
| 64.21UP Form List | 19 |

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| 64.21UP Form List | 20 |
| 64.21UP Form List | 21 |
| 64.21UP Form List | 22 |
| 64.21UP Form List | 23 |
| 64.21UP Form List | 24 |
| 64.21UP Form List | 26 |
| 64.21UP Form List | 31 |
| 64.21UP Form List | 1A |
| 64.21UP Form List | 1B |
| 64.21UP Form List | 1C |
| 64.21UP Form List | 1D |
| 64.21UP Form List | 21A |
| 64.21UP Form List | 2A |
| 64.21UP Form List | 3A |
| 64.21UP Form List | 3B |
| 64.21UP Form List | 8A1 |
| 64.21UP Form List | 8A2 |
| 64.21UP Form List | 8A3 |
| 64.21UP Form List | 8A4 |
| 64.21UP Form List | 8A5 |
| 64.21UP Form List | 8A6 |
| 64.21UP Form List | 8A7 |
| 64.9A Form List | A1A |
| 64.9A Form List | A1B1 |
| 64.9A Form List | A1B2 |
| 64.9A Form List | A1C |
| 64.9A Form List | A1C1 |
| 64.9A Form List | A1C2 |
| 64.9A Form List | A1C3 |
| 64.9A Form List | A1C4 |
| 64.9A Form List | A2 |
| 64.9A Form List | B1 |
| 64.9A Form List | B2 |
| 64.9A Form List | B3 |
| 64.9BASE Form List | 7 |
| 64.9BASE Form List | 8 |
| 64.9BASE Form List | 11 |
| 64.9BASE Form List | 12 |
| 64.9BASE Form List | 13 |
| 64.9BASE Form List | 14 |
| 64.9BASE Form List | 15 |
| 64.9BASE Form List | 16 |
| 64.9BASE Form List | 22 |
| 64.9BASE Form List | 25 |
| 64.9BASE Form List | 26 |
| 64.9BASE Form List | 27 |
| 64.9BASE Form List | 28 |
| 64.9BASE Form List | 30 |

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| 64.9BASE Form List | 31 |
| 64.9BASE Form List | 32 |
| 64.9BASE Form List | 33 |
| 64.9BASE Form List | 34 |
| 64.9BASE Form List | 35 |
| 64.9BASE Form List | 36 |
| 64.9BASE Form List | 38 |
| 64.9BASE Form List | 39 |
| 64.9BASE Form List | 40 |
| 64.9BASE Form List | 41 |
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| 64.9BASE Form List | 43 |
| 64.9BASE Form List | 44 |
| 64.9BASE Form List | 45 |
| 64.9BASE Form List | 46 |
| 64.9BASE Form List | 47 |
| 64.9BASE Form List | 48 |
| 64.9BASE Form List | 49 |
| 64.9BASE Form List | 69 |
| 64.9BASE Form List | 10A |
| 64.9BASE Form List | 10B |
| 64.9BASE Form List | 17A |
| 64.9BASE Form List | 17B |
| 64.9BASE Form List | 17C1 |
| 64.9BASE Form List | 17D |
| 64.9BASE Form List | 18A |
| 64.9BASE Form List | 18A1 |
| 64.9BASE Form List | 18A2 |
| 64.9BASE Form List | 18A3 |
| 64.9BASE Form List | 18A4 |
| 64.9BASE Form List | 18A5 |
| 64.9BASE Form List | 18A6 |
| 64.9BASE Form List | 18B1 |
| 64.9BASE Form List | 18B1a |
| 64.9BASE Form List | 18B1b |
| 64.9BASE Form List | 18B1c |
| 64.9BASE Form List | 18B1d |
| 64.9BASE Form List | 18B1e |
| 64.9BASE Form List | 18B1f |
| 64.9BASE Form List | 18B2 |
| 64.9BASE Form List | 18B2a |
| 64.9BASE Form List | 18B2b |
| 64.9BASE Form List | 18B2c |
| 64.9BASE Form List | 18B2d |
| 64.9BASE Form List | 18B2e |
| 64.9BASE Form List | 18B2f |
| 64.9BASE Form List | 18C |
| 64.9BASE Form List | 18D |

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| 64.9BASE Form List | 18E |
| 64.9BASE Form List | 19A |
| 64.9BASE Form List | 19B |
| 64.9BASE Form List | 19C |
| 64.9BASE Form List | 19D |
| 64.9BASE Form List | 1A |
| 64.9BASE Form List | 1B |
| 64.9BASE Form List | 1C |
| 64.9BASE Form List | 1D |
| 64.9BASE Form List | 23A |
| 64.9BASE Form List | 23B |
| 64.9BASE Form List | 24A |
| 64.9BASE Form List | 24B |
| 64.9BASE Form List | 29A |
| 64.9BASE Form List | 29B |
| 64.9BASE Form List | 2A |
| 64.9BASE Form List | 2B |
| 64.9BASE Form List | 2C |
| 64.9BASE Form List | 34A |
| 64.9BASE Form List | 37A |
| 64.9BASE Form List | 37B |
| 64.9BASE Form List | 37C |
| 64.9BASE Form List | 3A |
| 64.9BASE Form List | 3B |
| 64.9BASE Form List | 46A1 |
| 64.9BASE Form List | 46A2 |
| 64.9BASE Form List | 46A3 |
| 64.9BASE Form List | 46A4 |
| 64.9BASE Form List | 46A5 |
| 64.9BASE Form List | 46A6 |
| 64.9BASE Form List | 46B |
| 64.9BASE Form List | 4A |
| 64.9BASE Form List | 4B |
| 64.9BASE Form List | 4C |
| 64.9BASE Form List | 5A |
| 64.9BASE Form List | 5B |
| 64.9BASE Form List | 5C |
| 64.9BASE Form List | 5D |
| 64.9BASE Form List | 6A |
| 64.9BASE Form List | 6B |
| 64.9BASE Form List | 7A1 |
| 64.9BASE Form List | 7A2 |
| 64.9BASE Form List | 7A3 |
| 64.9BASE Form List | 7A4 |
| 64.9BASE Form List | 7A5 |
| 64.9BASE Form List | 7A6 |
| 64.9BASE Form List | 7A7 |
| 64.9BASE Form List | 9A |

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| 64.9BASE Form List | 9B |
| 64.9P Form List | 7 |
| 64.9P Form List | 8 |
| 64.9P Form List | 11 |
| 64.9P Form List | 12 |
| 64.9P Form List | 13 |
| 64.9P Form List | 14 |
| 64.9P Form List | 15 |
| 64.9P Form List | 16 |
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| 64.9P Form List | 45 |
| 64.9P Form List | 46 |
| 64.9P Form List | 47 |
| 64.9P Form List | 48 |
| 64.9P Form List | 49 |
| 64.9P Form List | 69 |
| 64.9P Form List | 10A |
| 64.9P Form List | 10B |
| 64.9P Form List | 17A |
| 64.9P Form List | 17B |
| 64.9P Form List | 17C1 |
| 64.9P Form List | 17D |
| 64.9P Form List | 18A |
| 64.9P Form List | 18A1 |
| 64.9P Form List | 18A2 |
| 64.9P Form List | 18A3 |
| 64.9P Form List | 18A4 |
| 64.9P Form List | 18A5 |
| 64.9P Form List | 18A6 |
| 64.9P Form List | 18B1 |

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| 64.9P Form List | 18B1a |
| 64.9P Form List | 18B1b |
| 64.9P Form List | 18B1c |
| 64.9P Form List | 18B1d |
| 64.9P Form List | 18B1e |
| 64.9P Form List | 18B1f |
| 64.9P Form List | 18B2 |
| 64.9P Form List | 18B2a |
| 64.9P Form List | 18B2b |
| 64.9P Form List | 18B2c |
| 64.9P Form List | 18B2d |
| 64.9P Form List | 18B2e |
| 64.9P Form List | 18B2f |
| 64.9P Form List | 18C |
| 64.9P Form List | 18D |
| 64.9P Form List | 18E |
| 64.9P Form List | 19A |
| 64.9P Form List | 19B |
| 64.9P Form List | 19C |
| 64.9P Form List | 19D |
| 64.9P Form List | 1A |
| 64.9P Form List | 1B |
| 64.9P Form List | 1C |
| 64.9P Form List | 1D |
| 64.9P Form List | 23A |
| 64.9P Form List | 23B |
| 64.9P Form List | 24A |
| 64.9P Form List | 24B |
| 64.9P Form List | 29A |
| 64.9P Form List | 29B |
| 64.9P Form List | 2A |
| 64.9P Form List | 2B |
| 64.9P Form List | 2C |
| 64.9P Form List | 34A |
| 64.9P Form List | 37A |
| 64.9P Form List | 37B |
| 64.9P Form List | 37C |
| 64.9P Form List | 3A |
| 64.9P Form List | 3B |
| 64.9P Form List | 46A1 |
| 64.9P Form List | 46A2 |
| 64.9P Form List | 46A3 |
| 64.9P Form List | 46A4 |
| 64.9P Form List | 46A5 |
| 64.9P Form List | 46A6 |
| 64.9P Form List | 46B |
| 64.9P Form List | 4A |
| 64.9P Form List | 4B |

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|---------------------------------------|----------------------------------|
| 64.9P Form List | 4C |
| 64.9P Form List | 5A |
| 64.9P Form List | 5B |
| 64.9P Form List | 5C |
| 64.9P Form List | 5D |
| 64.9P Form List | 6A |
| 64.9P Form List | 6B |
| 64.9P Form List | 7A1 |
| 64.9P Form List | 7A2 |
| 64.9P Form List | 7A3 |
| 64.9P Form List | 7A4 |
| 64.9P Form List | 7A5 |
| 64.9P Form List | 7A6 |
| 64.9P Form List | 7A7 |
| 64.9P Form List | 9A |
| 64.9P Form List | 9B |
| Accepting New Patients Indicator List | 0 |
| Accepting New Patients Indicator List | 1 |
| Accepting New Patients Indicator List | 8 |
| Accreditation Organization List | 01 |
| Accreditation Organization List | 02 |
| Accreditation Organization List | 03 |
| Accreditation Organization List | 05 |
| Accreditation Organization List | 06 |
| Accreditation Organization List | 07 |
| Accreditation Organization List | 08 |
| Accreditation Organization List | 11 |
| Accreditation Organization List | 12 |
| Accreditation Organization List | 13 |
| Accreditation Organization List | 14 |
| Accreditation Organization List | 15 |
| Accreditation Organization List | 16 |
| Accreditation Organization List | See "VVL_Code_Description" field |
| Address Border State Indicator List | 0 |
| Address Border State Indicator List | 1 |
| Address Border State Indicator List | 8 |
| Adjustment Indicator List | 0 |

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|-----------------------------|----------------------------------|
| Adjustment Indicator List | 1 |
| Adjustment Indicator List | 4 |
| Adjustment Indicator List | 5 |
| Adjustment Indicator List | 6 |
| Adjustment Reason Code List | See "VVL_Code_Description" field |
| Admission Type List | 1 |
| Admission Type List | 2 |
| Admission Type List | 3 |
| Admission Type List | 4 |
| Admission Type List | 5 |
| Admission Type List | 9 |
| Admission Type List | See "VVL_Code_Description" field |

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|---|----|
| Adult Group Qualification List | 1 |
| Adult Group Qualification List | 2 |
| Affiliated Program Type List | 2 |
| Affiliated Program Type List | 3 |
| Affiliated Program Type List | 4 |
| Affiliated Program Type List | 5 |
| Affiliated Program Type List | 6 |
| Affiliated Program Type List | 7 |
| American Indian Alaska Native Indicator List | 0 |
| American Indian Alaska Native Indicator List | 1 |
| American Indian Alaska Native Indicator List | 2 |
| Applicable Individual Exception List | 01 |
| Applicable Individual Exception List | 02 |
| Applicable Individual Exception List | 03 |
| Applicable Individual Exception List | 04 |
| Applicable Individual Exception List | 05 |
| Applicable Individual Exception List | 06 |
| Applicable Individual Exception List | 07 |
| Applicable Individual Exception List | 08 |
| Applicable Individual Qualification Type List | 1 |

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|---|----|
| Applicable Individual Qualification Type List | 2 |
| Atypical Provider Indicator List | 0 |
| Atypical Provider Indicator List | 1 |
| Bed Type Code List | 1 |
| Bed Type Code List | 2 |
| Bed Type Code List | 3 |
| Bed Type Code List | 4 |
| Bed Type Code List | 5 |
| Bed Type Code List | 6 |
| Bed Type Code List | 7 |
| Billing Unit List | 01 |
| Billing Unit List | 02 |
| Billing Unit List | 03 |
| Billing Unit List | 04 |
| Billing Unit List | 05 |
| Billing Unit List | 06 |
| Billing Unit List | 07 |
| Border State Indicator List | 0 |
| Border State Indicator List | 1 |
| Brand Generic Indicator List | 0 |
| Brand Generic Indicator List | 1 |
| Brand Generic Indicator List | 2 |
| Category for Federal Reimbursement List | 01 |
| Category for Federal Reimbursement List | 02 |
| Category for Federal Reimbursement List | 03 |
| Category for Federal Reimbursement List | 04 |
| CHIP Code List | 0 |
| CHIP Code List | 1 |
| CHIP Code List | 2 |
| CHIP Code List | 3 |
| Citizenship Indicator List | 0 |
| Citizenship Indicator List | 1 |
| Citizenship Indicator List | 2 |
| Citizenship Verification Flag List | 0 |
| Citizenship Verification Flag List | 1 |
| Claim Denied Indicator List | 0 |
| Claim Denied Indicator List | 1 |

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| Claim Payment Remittance Code List | See "VVL_Code_Description" field |
| Claim Status Code List | See "VVL_Code_Description" field |
| Claim Status Category List | See "VVL_Code_Description" field |
| Community Service Flag List | 0 |
| Community Service Flag List | 1 |
| Compound Dosage Form List | 01 |
| Compound Dosage Form List | 02 |
| Compound Dosage Form List | 03 |
| Compound Dosage Form List | 04 |
| Compound Dosage Form List | 05 |
| Compound Dosage Form List | 06 |
| Compound Dosage Form List | 07 |
| Compound Dosage Form List | 10 |
| Compound Dosage Form List | 11 |
| Compound Dosage Form List | 12 |
| Compound Dosage Form List | 13 |
| Compound Dosage Form List | 14 |
| Compound Dosage Form List | 15 |
| Compound Dosage Form List | 16 |
| Compound Dosage Form List | 17 |
| Compound Dosage Form List | 18 |
| Compound Dosage Form List | See "VVL_Code_Description" field |

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|---------------------------------------|----------------------------------|
| Compound Drug Indicator List | 0 |
| Compound Drug Indicator List | 1 |
| Conception to Birth Indicator List | 0 |
| Conception to Birth Indicator List | 1 |
| Continuous Eligibility Code List | 001 |
| Continuous Eligibility Code List | 002 |
| Continuous Eligibility Code List | 995 |
| Copay Waived Indicator List | 0 |
| Copay Waived Indicator List | 1 |
| Core Based Statistical Area Code List | 1 |
| Core Based Statistical Area Code List | 2 |
| Core Based Statistical Area Code List | 3 |
| US County Code List | See "VVL_Code_Description" field |
| Coverage Type List | 01 |
| Coverage Type List | 02 |
| Coverage Type List | 03 |
| Coverage Type List | 04 |
| Coverage Type List | 05 |
| Coverage Type List | 06 |
| Coverage Type List | 07 |
| Coverage Type List | 08 |
| Coverage Type List | 09 |
| Coverage Type List | 10 |
| Coverage Type List | 11 |
| Coverage Type List | 12 |
| Coverage Type List | 13 |
| Coverage Type List | 14 |
| Coverage Type List | 15 |
| Coverage Type List | 16 |
| Coverage Type List | 17 |
| Coverage Type List | 18 |
| Coverage Type List | 19 |
| Coverage Type List | 20 |
| Coverage Type List | 21 |
| Coverage Type List | 22 |
| Coverage Type List | 23 |
| Coverage Type List | 98 |
| Crossover Indicator List | 0 |
| Crossover Indicator List | 1 |
| Data Dictionary Version List | DEC13V2.3 |
| Data Dictionary Version List | NOV07V2.1 |

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|------------------------------|----------------------------------|
| Data Dictionary Version List | NOV13V1.1 |
| Data Dictionary Version List | NOV15V2.0 |
| Data Dictionary Version List | NOV17V2.1 |
| Data Dictionary Version List | NOV23V2.2 |
| Data Dictionary Version List | v2.4.0 |
| Data Dictionary Version List | v3.0.0 |
| Data Dictionary Version List | v4.0.0 |
| Diagnosis Code List | See "VVL_Code_Description" field |
| Diagnosis Code Flag List | 1 |
| Diagnosis Code Flag List | 2 |
| Diagnosis POA Flag List | 1 |
| Diagnosis POA Flag List | N |
| Diagnosis POA Flag List | See "VVL_Code_Description" field |
| Diagnosis POA Flag List | U |
| Diagnosis POA Flag List | W |
| Diagnosis POA Flag List | Y |
| Diagnosis Type List | A |
| Diagnosis Type List | D |
| Diagnosis Type List | E |
| Diagnosis Type List | O |
| Diagnosis Type List | P |
| Diagnosis Type List | R |
| Disability Type Code List | 01 |
| Disability Type Code List | 02 |
| Disability Type Code List | 03 |
| Disability Type Code List | 04 |
| Disability Type Code List | 05 |
| Disability Type Code List | 06 |
| Disability Type Code List | 07 |

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|---|----------------------------------|
| Disability Type Code List | 08 |
| Drug Utilization Code List | See "VVL_Code_Description" field |
| Drug Utilization Reason for Service Code List | AD |
| Drug Utilization Reason for Service Code List | AN |
| Drug Utilization Reason for Service Code List | AR |
| Drug Utilization Reason for Service Code List | AT |
| Drug Utilization Reason for Service Code List | CD |
| Drug Utilization Reason for Service Code List | CH |
| Drug Utilization Reason for Service Code List | CS |
| Drug Utilization Reason for Service Code List | DA |
| Drug Utilization Reason for Service Code List | DC |
| Drug Utilization Reason for Service Code List | DD |
| Drug Utilization Reason for Service Code List | DF |
| Drug Utilization Reason for Service Code List | DI |
| Drug Utilization Reason for Service Code List | DL |
| Drug Utilization Reason for Service Code List | DM |
| Drug Utilization Reason for Service Code List | DS |
| Drug Utilization Reason for Service Code List | ED |
| Drug Utilization Reason for Service Code List | ER |
| Drug Utilization Reason for Service Code List | EX |
| Drug Utilization Reason for Service Code List | HD |
| Drug Utilization Reason for Service Code List | IC |
| Drug Utilization Reason for Service Code List | ID |
| Drug Utilization Reason for Service Code List | LD |
| Drug Utilization Reason for Service Code List | LK |
| Drug Utilization Reason for Service Code List | LR |
| Drug Utilization Reason for Service Code List | MC |
| Drug Utilization Reason for Service Code List | MN |
| Drug Utilization Reason for Service Code List | MS |
| Drug Utilization Reason for Service Code List | MX |
| Drug Utilization Reason for Service Code List | NA |
| Drug Utilization Reason for Service Code List | NC |
| Drug Utilization Reason for Service Code List | ND |
| Drug Utilization Reason for Service Code List | NF |
| Drug Utilization Reason for Service Code List | NN |
| Drug Utilization Reason for Service Code List | NP |
| Drug Utilization Reason for Service Code List | NR |
| Drug Utilization Reason for Service Code List | NS |
| Drug Utilization Reason for Service Code List | OH |
| Drug Utilization Reason for Service Code List | PA |
| Drug Utilization Reason for Service Code List | PC |
| Drug Utilization Reason for Service Code List | PG |
| Drug Utilization Reason for Service Code List | PH |

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| Drug Utilization Reason for Service Code List | PN |
| Drug Utilization Reason for Service Code List | PP |
| Drug Utilization Reason for Service Code List | PR |
| Drug Utilization Reason for Service Code List | PS |
| Drug Utilization Reason for Service Code List | RE |
| Drug Utilization Reason for Service Code List | RF |
| Drug Utilization Reason for Service Code List | SC |
| Drug Utilization Reason for Service Code List | SD |
| Drug Utilization Reason for Service Code List | SE |
| Drug Utilization Reason for Service Code List | SF |
| Drug Utilization Reason for Service Code List | SR |
| Drug Utilization Reason for Service Code List | SX |
| Drug Utilization Reason for Service Code List | TD |
| Drug Utilization Reason for Service Code List | TN |
| Drug Utilization Reason for Service Code List | TP |
| Drug Utilization Professional Service Code List | OO |
| Drug Utilization Professional Service Code List | AS |
| Drug Utilization Professional Service Code List | CC |
| Drug Utilization Professional Service Code List | DE |
| Drug Utilization Professional Service Code List | FE |
| Drug Utilization Professional Service Code List | GP |
| Drug Utilization Professional Service Code List | M0 |
| Drug Utilization Professional Service Code List | MA |
| Drug Utilization Professional Service Code List | MR |
| Drug Utilization Professional Service Code List | PO |
| Drug Utilization Professional Service Code List | PE |
| Drug Utilization Professional Service Code List | PH |
| Drug Utilization Professional Service Code List | PM |
| Drug Utilization Professional Service Code List | PT |
| Drug Utilization Professional Service Code List | RO |
| Drug Utilization Professional Service Code List | RT |
| Drug Utilization Professional Service Code List | SC |
| Drug Utilization Professional Service Code List | SW |
| Drug Utilization Professional Service Code List | TC |
| Drug Utilization Professional Service Code List | TH |
| Drug Utilization Result of Service Code List | 00 |
| Drug Utilization Result of Service Code List | 1A |
| Drug Utilization Result of Service Code List | 1B |
| Drug Utilization Result of Service Code List | 1C |
| Drug Utilization Result of Service Code List | 1D |
| Drug Utilization Result of Service Code List | 1E |
| Drug Utilization Result of Service Code List | 1F |
| Drug Utilization Result of Service Code List | 1G |
| Drug Utilization Result of Service Code List | 1H |
| Drug Utilization Result of Service Code List | 1J |
| Drug Utilization Result of Service Code List | 1K |
| Drug Utilization Result of Service Code List | 2A |
| Drug Utilization Result of Service Code List | 2B |

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| Drug Utilization Result of Service Code List | 3A |
| Drug Utilization Result of Service Code List | 3B |
| Drug Utilization Result of Service Code List | 3C |
| Drug Utilization Result of Service Code List | 3D |
| Drug Utilization Result of Service Code List | 3E |
| Drug Utilization Result of Service Code List | 3F |
| Drug Utilization Result of Service Code List | 3G |
| Drug Utilization Result of Service Code List | 3H |
| Drug Utilization Result of Service Code List | 3J |
| Drug Utilization Result of Service Code List | 3K |
| Drug Utilization Result of Service Code List | 3M |
| Drug Utilization Result of Service Code List | 3N |
| Dual Eligible Code List | 00 |
| Dual Eligible Code List | 01 |
| Dual Eligible Code List | 02 |
| Dual Eligible Code List | 03 |
| Dual Eligible Code List | 04 |
| Dual Eligible Code List | 05 |
| Dual Eligible Code List | 06 |
| Dual Eligible Code List | 08 |
| Dual Eligible Code List | 09 |
| Dual Eligible Code List | 10 |
| Education Flag List | 0 |
| Education Flag List | 1 |
| Eligible Identifier Type List | 1 |
| Eligible Identifier Type List | 2 |
| Eligibility Extension Code List | 001 |
| Eligibility Extension Code List | 002 |
| Eligibility Extension Code List | 003 |
| Eligibility Extension Code List | 995 |
| Eligibility Group List | 01 |
| Eligibility Group List | 02 |
| Eligibility Group List | 03 |
| Eligibility Group List | 04 |
| Eligibility Group List | 05 |
| Eligibility Group List | 06 |
| Eligibility Group List | 07 |
| Eligibility Group List | 08 |
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| Eligibility Group List | 12 |
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| Eligibility Group List | 14 |
| Eligibility Group List | 15 |

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| Eligibility Group List | 16 |
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| Eligibility Group List | 61 |
| Eligibility Group List | 62 |
| Eligibility Group List | 63 |
| Eligibility Group List | 64 |

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| Eligibility Group List | 65 |
| Eligibility Group List | 66 |
| Eligibility Group List | 67 |
| Eligibility Group List | 68 |
| Eligibility Group List | 69 |
| Eligibility Group List | 70 |
| Eligibility Group List | 71 |
| Eligibility Group List | 72 |
| Eligibility Group List | 73 |
| Eligibility Group List | 74 |
| Eligibility Group List | 75 |
| Eligibility Group List | 76 |
| Eligibility Termination Reason List | 01 |
| Eligibility Termination Reason List | 02 |
| Eligibility Termination Reason List | 03 |
| Eligibility Termination Reason List | 04 |
| Eligibility Termination Reason List | 05 |
| Eligibility Termination Reason List | 06 |
| Eligibility Termination Reason List | 07 |
| Eligibility Termination Reason List | 08 |
| Eligibility Termination Reason List | 09 |
| Eligibility Termination Reason List | 10 |
| Eligibility Termination Reason List | 11 |
| Eligibility Termination Reason List | 12 |
| Eligibility Termination Reason List | 13 |
| Eligibility Termination Reason List | 14 |
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| Eligibility Termination Reason List | 19 |
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| Eligibility Termination Reason List | 22 |
| Eligibility Termination Reason List | 23 |
| Eligibility Termination Reason List | 24 |
| Eligibility Termination Reason List | 25 |
| Eligibility Termination Reason List | 26 |

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| Eligibility Termination Reason List | 27 |
| Eligibility Termination Reason List | 28 |
| Eligibility Termination Reason List | 29 |
| Eligibility Termination Reason List | 30 |
| Eligibility Termination Reason List | 31 |
| Eligibility Termination Reason List | 34 |
| Eligibility Termination Reason List | 35 |
| Eligible Address Type List | 01 |
| Eligible Address Type List | 02 |
| Eligible Address Type List | 03 |
| Eligible Address Type List | 04 |
| Eligible Address Type List | 05 |
| Eligible Address Type List | 06 |
| Engl Prof List | 0 |
| Engl Prof List | 1 |
| Engl Prof List | 2 |
| Engl Prof List | 3 |
| Enrollment Type List | 1 |
| Enrollment Type List | 2 |
| Ethnicity Code List | 0 |
| Ethnicity Code List | 1 |
| Ethnicity Code List | 2 |
| Ethnicity Code List | 3 |
| Ethnicity Code List | 4 |
| Ethnicity Code List | 5 |
| Ethnicity Code List | 6 |
| Exclusion Type List | 01 |
| Exclusion Type List | 02 |
| Exclusion Type List | 03 |
| Exclusion Type List | 04 |

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| Exclusion Type List | 05 |
| Exclusion Type List | 06 |
| Exclusion Type List | 07 |
| Exclusion Type List | 08 |
| Exclusion Type List | 09 |
| Exclusion Type List | 10 |
| Exclusion Type List | 11 |
| Exclusion Type List | 12 |
| Exclusion Type List | 13 |
| Expenditure Authority Type List | 01 |
| Expenditure Authority Type List | 95 |
| Facility Group Individual Code List | 01 |
| Facility Group Individual Code List | 02 |
| Facility Group Individual Code List | 03 |
| File Encoding Specification List | FLF |
| File Encoding Specification List | PSV |
| T-MSIS File Type List | CLAIM-IP |
| T-MSIS File Type List | CLAIM-LT |
| T-MSIS File Type List | CLAIM-OT |
| T-MSIS File Type List | CLAIM-RX |
| T-MSIS File Type List | ELIGIBLE |
| T-MSIS File Type List | FINTRANS |
| T-MSIS File Type List | MNGDCARE |
| T-MSIS File Type List | PROVIDER |
| T-MSIS File Type List | TPL-FILE |
| File Status Indicator List | P |
| File Status Indicator List | T |
| File Submission Method List | 01 |
| File Submission Method List | 02 |
| File Submission Method List | 03 |
| File Submission Method List | 04 |
| File Submission Method List | 05 |
| Fixed Payment Indicator List | 0 |
| Fixed Payment Indicator List | 1 |
| Forced Claim Indicator List | 0 |

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

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|-------------------------|-------|
| HCBS Service Code List | 7 |
| HCBS Taxonomy Code List | 01010 |
| HCBS Taxonomy Code List | 02011 |
| HCBS Taxonomy Code List | 02012 |
| HCBS Taxonomy Code List | 02013 |
| HCBS Taxonomy Code List | 02021 |
| HCBS Taxonomy Code List | 02022 |
| HCBS Taxonomy Code List | 02023 |
| HCBS Taxonomy Code List | 02031 |
| HCBS Taxonomy Code List | 02032 |
| HCBS Taxonomy Code List | 02033 |
| HCBS Taxonomy Code List | 03010 |
| HCBS Taxonomy Code List | 03021 |
| HCBS Taxonomy Code List | 03022 |
| HCBS Taxonomy Code List | 03030 |
| HCBS Taxonomy Code List | 04010 |
| HCBS Taxonomy Code List | 04020 |
| HCBS Taxonomy Code List | 04030 |
| HCBS Taxonomy Code List | 04040 |
| HCBS Taxonomy Code List | 04050 |
| HCBS Taxonomy Code List | 04060 |
| HCBS Taxonomy Code List | 04070 |
| HCBS Taxonomy Code List | 04080 |
| HCBS Taxonomy Code List | 05010 |
| HCBS Taxonomy Code List | 05020 |
| HCBS Taxonomy Code List | 06010 |
| HCBS Taxonomy Code List | 07010 |
| HCBS Taxonomy Code List | 08010 |
| HCBS Taxonomy Code List | 08020 |
| HCBS Taxonomy Code List | 08030 |
| HCBS Taxonomy Code List | 08040 |
| HCBS Taxonomy Code List | 08050 |
| HCBS Taxonomy Code List | 08060 |
| HCBS Taxonomy Code List | 09011 |
| HCBS Taxonomy Code List | 09012 |
| HCBS Taxonomy Code List | 09020 |
| HCBS Taxonomy Code List | 10010 |
| HCBS Taxonomy Code List | 10020 |
| HCBS Taxonomy Code List | 10030 |
| HCBS Taxonomy Code List | 10040 |
| HCBS Taxonomy Code List | 10050 |
| HCBS Taxonomy Code List | 10060 |
| HCBS Taxonomy Code List | 10070 |
| HCBS Taxonomy Code List | 10080 |
| HCBS Taxonomy Code List | 10090 |
| HCBS Taxonomy Code List | 11010 |
| HCBS Taxonomy Code List | 11020 |
| HCBS Taxonomy Code List | 11030 |

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| HCBS Taxonomy Code List | 11040 |
| HCBS Taxonomy Code List | 11050 |
| HCBS Taxonomy Code List | 11060 |
| HCBS Taxonomy Code List | 11070 |
| HCBS Taxonomy Code List | 11080 |
| HCBS Taxonomy Code List | 11090 |
| HCBS Taxonomy Code List | 11100 |
| HCBS Taxonomy Code List | 11110 |
| HCBS Taxonomy Code List | 11120 |
| HCBS Taxonomy Code List | 11130 |
| HCBS Taxonomy Code List | 12010 |
| HCBS Taxonomy Code List | 12020 |
| HCBS Taxonomy Code List | 13010 |
| HCBS Taxonomy Code List | 14010 |
| HCBS Taxonomy Code List | 14020 |
| HCBS Taxonomy Code List | 14031 |
| HCBS Taxonomy Code List | 14032 |
| HCBS Taxonomy Code List | 15010 |
| HCBS Taxonomy Code List | 16010 |
| HCBS Taxonomy Code List | 17010 |
| HCBS Taxonomy Code List | 17020 |
| HCBS Taxonomy Code List | 17030 |
| HCBS Taxonomy Code List | 17990 |
| Healthcare Acquired Condition Indicator List | 0 |
| Healthcare Acquired Condition Indicator List | 1 |
| Health Home Chronic Condition List | A |
| Health Home Chronic Condition List | B |
| Health Home Chronic Condition List | C |
| Health Home Chronic Condition List | D |
| Health Home Chronic Condition List | E |
| Health Home Chronic Condition List | F |
| Health Home Chronic Condition List | G |
| Health Home Chronic Condition List | H |
| Health Home Provider Indicator List | 0 |
| Health Home Provider Indicator List | 1 |
| Hour List | 00 |
| Hour List | 01 |
| Hour List | 02 |
| Hour List | 03 |
| Hour List | 04 |
| Hour List | 05 |
| Hour List | 06 |
| Hour List | 07 |
| Hour List | 08 |
| Hour List | 09 |
| Hour List | 10 |
| Hour List | 11 |
| Hour List | 12 |

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| Hour List | 13 |
| Hour List | 14 |
| Hour List | 15 |
| Hour List | 16 |
| Hour List | 17 |
| Hour List | 18 |
| Hour List | 19 |
| Hour List | 20 |
| Hour List | 21 |
| Hour List | 22 |
| Hour List | 23 |
| Household Size List | 01 |
| Household Size List | 02 |
| Household Size List | 03 |
| Household Size List | 04 |
| Household Size List | 05 |
| Household Size List | 06 |
| Household Size List | 07 |
| Household Size List | 08 |
| IHS Service Indicator Code List | 0 |
| IHS Service Indicator Code List | 1 |
| Immigration Status List | 1 |
| Immigration Status List | 2 |
| Immigration Status List | 3 |
| Immigration Status List | 8 |
| Immigration Verification Flag List | 0 |
| Immigration Verification Flag List | 1 |
| Income Code List | 01 |
| Income Code List | 02 |
| Income Code List | 03 |
| Income Code List | 04 |
| Income Code List | 05 |
| Income Code List | 06 |
| Income Code List | 07 |
| Income Code List | 08 |
| Income Flag List | 0 |
| Income Flag List | 1 |
| Income Standard Code List | 01 |
| Income Standard Code List | 02 |
| Income Standard Code List | 95 |
| Insurance Plan Type List | 01 |
| Insurance Plan Type List | 02 |
| Insurance Plan Type List | 03 |
| Insurance Plan Type List | 04 |
| Insurance Plan Type List | 05 |

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|--------------------------------|-----|
| Insurance Plan Type List | 06 |
| Insurance Plan Type List | 07 |
| Insurance Plan Type List | 08 |
| Insurance Plan Type List | 09 |
| Insurance Plan Type List | 10 |
| Insurance Plan Type List | 11 |
| Insurance Plan Type List | 12 |
| Insurance Plan Type List | 13 |
| Insurance Plan Type List | 14 |
| Insurance Plan Type List | 15 |
| Insurance Plan Type List | 16 |
| Jobs Program Flag List | 0 |
| Jobs Program Flag List | 1 |
| Level of Care Status List | 001 |
| Level of Care Status List | 002 |
| Level of Care Status List | 003 |
| Level of Care Status List | 004 |
| Level of Care Status List | 005 |
| Level of Care Status List | 888 |
| License Type List | 1 |
| License Type List | 2 |
| License Type List | 3 |
| License Type List | 4 |
| License Type List | 5 |
| Line Adjustment Indicator List | 0 |
| Line Adjustment Indicator List | 1 |
| Line Adjustment Indicator List | 4 |

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|--------------------------------------|----------------------------------|
| Line Adjustment Indicator List | 5 |
| Line Adjustment Indicator List | 6 |
| Line Adjustment Reason Code List | See "VVL_Code_Description" field |
| LTSS Level of Care List | 1 |
| LTSS Level of Care List | 2 |
| LTSS Level of Care List | 3 |
| Managed Care Address Type List | 1 |
| Managed Care Address Type List | 2 |
| Managed Care Address Type List | 3 |
| Managed Care Address Type List | 4 |
| Managed Care Address Type List | 5 |
| Managed Care Address Type List | 6 |
| Managed Care Address Type List | 7 |
| Managed Care Plan Other ID Type List | 01 |
| Managed Care Plan Other ID Type List | 02 |
| Managed Care Plan Type List | 01 |
| Managed Care Plan Type List | 02 |
| Managed Care Plan Type List | 03 |
| Managed Care Plan Type List | 04 |
| Managed Care Plan Type List | 05 |
| Managed Care Plan Type List | 06 |
| Managed Care Plan Type List | 07 |
| Managed Care Plan Type List | 08 |
| Managed Care Plan Type List | 09 |
| Managed Care Plan Type List | 10 |
| Managed Care Plan Type List | 11 |
| Managed Care Plan Type List | 12 |
| Managed Care Plan Type List | 13 |
| Managed Care Plan Type List | 14 |

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| Managed Care Plan Type List | 15 |
| Managed Care Plan Type List | 16 |
| Managed Care Plan Type List | 17 |
| Managed Care Plan Type List | 18 |
| Managed Care Plan Type List | 19 |
| Managed Care Plan Type List | 20 |
| Managed Care Plan Type List | 60 |
| Managed Care Plan Type List | 70 |
| Managed Care Plan Type List | 80 |
| Managed Care Profit Status List | 01 |
| Managed Care Profit Status List | 02 |
| Managed Care Profit Status List | 03 |
| Managed Care Profit Status List | 04 |
| Managed Care Program List | 1 |
| Managed Care Program List | 2 |
| Managed Care Program List | 3 |
| Managed Care Service Area List | 1 |
| Managed Care Service Area List | 2 |
| Managed Care Service Area List | 3 |
| Managed Care Service Area List | 4 |
| Managed Care Service Area List | 5 |
| Managed Care Service Area List | 6 |
| Managed Care Service Area Name List | See "VVL_Code_Description" field |
| Marital Status List | 01 |
| Marital Status List | 02 |
| Marital Status List | 03 |
| Marital Status List | 04 |
| Marital Status List | 05 |
| Marital Status List | 06 |
| Marital Status List | 07 |
| Marital Status List | 08 |
| Marital Status List | 09 |
| Marital Status List | 10 |
| Marital Status List | 11 |
| Marital Status List | 12 |
| Marital Status List | 13 |
| Marital Status List | 14 |
| Marital Status List | 15 |
| Marital Status List | 16 |

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| Marital Status List | 17 |
| Marital Status List | 18 |
| Marital Status List | 19 |
| Marital Status List | 20 |
| Marital Status List | 21 |
| Marital Status List | 22 |
| Marital Status List | 23 |
| Marital Status List | 24 |
| Marital Status List | 25 |
| Marital Status List | 26 |
| Marital Status List | 27 |
| Marital Status List | 28 |
| Marital Status List | 29 |
| Marital Status List | 30 |
| Marital Status List | 31 |
| Marital Status List | 32 |
| Marital Status List | 33 |
| MBESCBES Form Group List | 1 |
| MBESCBES Form Group List | 2 |
| MBESCBES Form Group List | 3 |
| MBESCBES Form Group 1 List | 64.10BASE |
| MBESCBES Form Group 1 List | 64.9A |
| MBESCBES Form Group 1 List | 64.9BASE |
| MBESCBES Form Group 1 List | 64.9P |
| MBESCBES Form Group 2 List | 64.21U |
| MBESCBES Form Group 2 List | 64.21UP |
| MBESCBES Form Group 3 List | 21BASE |
| MBESCBES Form Group 3 List | 21P |
| Medical Frailty Type List | 01 |
| Medical Frailty Type List | 02 |
| Medical Frailty Type List | 03 |
| Medical Frailty Type List | 04 |
| Medical Frailty Type List | 05 |
| Medical Frailty Type List | 06 |
| Medicare Combined Deductible Indicator List | 0 |
| Medicare Combined Deductible Indicator List | 1 |
| Medicare Reimbursement Type List | 01 |
| Medicare Reimbursement Type List | 02 |
| Medicare Reimbursement Type List | 03 |
| Medicare Reimbursement Type List | 04 |
| Medicare Reimbursement Type List | 05 |
| Medicare Reimbursement Type List | 06 |
| Medicare Reimbursement Type List | 07 |

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|-------------------------------------|----------------------------------|
| Medicare Reimbursement Type List | 08 |
| Medicare Reimbursement Type List | 09 |
| MFP Lives with Family List | 0 |
| MFP Lives with Family List | 1 |
| MFP Lives with Family List | 2 |
| MFP Qualified Institution List | 00 |
| MFP Qualified Institution List | 01 |
| MFP Qualified Institution List | 02 |
| MFP Qualified Institution List | 03 |
| MFP Qualified Institution List | 04 |
| MFP Qualified Institution List | 05 |
| MFP Qualified Residence List | 00 |
| MFP Qualified Residence List | 01 |
| MFP Qualified Residence List | 02 |
| MFP Qualified Residence List | 03 |
| MFP Qualified Residence List | 04 |
| MFP Qualified Residence List | 05 |
| MFP Reason Participation Ended List | 00 |
| MFP Reason Participation Ended List | 01 |
| MFP Reason Participation Ended List | 02 |
| MFP Reason Participation Ended List | 03 |
| MFP Reason Participation Ended List | 04 |
| MFP Reason Participation Ended List | 05 |
| MFP Reason Participation Ended List | 06 |
| MFP Reason Participation Ended List | 07 |
| MFP Reinstitutionalized Reason List | 00 |
| MFP Reinstitutionalized Reason List | 01 |
| MFP Reinstitutionalized Reason List | 02 |
| MFP Reinstitutionalized Reason List | 03 |
| MFP Reinstitutionalized Reason List | 04 |
| MFP Reinstitutionalized Reason List | 05 |
| MFP Reinstitutionalized Reason List | 06 |
| MFP Reinstitutionalized Reason List | 07 |
| MFP Reinstitutionalized Reason List | 08 |
| NDC Unit of Measure List | F2 |
| NDC Unit of Measure List | GR |
| NDC Unit of Measure List | ME |
| NDC Unit of Measure List | ML |
| NDC Unit of Measure List | See "VVL_Code_Description" field |
| NDC Unit of Measure List | UN |
| New Refill Indicator List | 00 |
| New Refill Indicator List | 01 |

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|---------------------------|----|
| New Refill Indicator List | 02 |
| New Refill Indicator List | 03 |
| New Refill Indicator List | 04 |
| New Refill Indicator List | 05 |
| New Refill Indicator List | 06 |
| New Refill Indicator List | 07 |
| New Refill Indicator List | 08 |
| New Refill Indicator List | 09 |
| New Refill Indicator List | 10 |
| New Refill Indicator List | 11 |
| New Refill Indicator List | 12 |
| New Refill Indicator List | 13 |
| New Refill Indicator List | 14 |
| New Refill Indicator List | 15 |
| New Refill Indicator List | 16 |
| New Refill Indicator List | 17 |
| New Refill Indicator List | 18 |
| New Refill Indicator List | 19 |
| New Refill Indicator List | 20 |
| New Refill Indicator List | 21 |
| New Refill Indicator List | 22 |
| New Refill Indicator List | 23 |
| New Refill Indicator List | 24 |
| New Refill Indicator List | 25 |
| New Refill Indicator List | 26 |
| New Refill Indicator List | 27 |
| New Refill Indicator List | 28 |
| New Refill Indicator List | 29 |
| New Refill Indicator List | 30 |
| New Refill Indicator List | 31 |
| New Refill Indicator List | 32 |
| New Refill Indicator List | 33 |
| New Refill Indicator List | 34 |
| New Refill Indicator List | 35 |
| New Refill Indicator List | 36 |
| New Refill Indicator List | 37 |
| New Refill Indicator List | 38 |
| New Refill Indicator List | 39 |
| New Refill Indicator List | 40 |
| New Refill Indicator List | 41 |
| New Refill Indicator List | 42 |
| New Refill Indicator List | 43 |
| New Refill Indicator List | 44 |
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| New Refill Indicator List | 46 |
| New Refill Indicator List | 47 |
| New Refill Indicator List | 48 |
| New Refill Indicator List | 49 |

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| New Refill Indicator List | 50 |
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| New Refill Indicator List | 52 |
| New Refill Indicator List | 53 |
| New Refill Indicator List | 54 |
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| New Refill Indicator List | 67 |
| New Refill Indicator List | 68 |
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| New Refill Indicator List | 89 |
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| New Refill Indicator List | 91 |
| New Refill Indicator List | 92 |
| New Refill Indicator List | 93 |
| New Refill Indicator List | 94 |
| New Refill Indicator List | 95 |
| New Refill Indicator List | 96 |
| New Refill Indicator List | 97 |

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|------------------------------|----------------------------------|
| New Refill Indicator List | 98 |
| New Refill Indicator List | 99 |
| Occurrence Code List | See "VVL_Code_Description" field |
| Offset Transaction Type List | 1 |
| Offset Transaction Type List | 2 |
| Offset Transaction Type List | 3 |
| Operating Authority List | 01 |
| Operating Authority List | 02 |
| Operating Authority List | 03 |
| Operating Authority List | 04 |
| Operating Authority List | 05 |
| Operating Authority List | 06 |
| Operating Authority List | 07 |
| Operating Authority List | 08 |
| Operating Authority List | 09 |
| Operating Authority List | 10 |
| Operating Authority List | 11 |
| Operating Authority List | 12 |
| Operating Authority List | 13 |
| Operating Authority List | 14 |
| Operating Authority List | 15 |

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| Operating Authority List | 16 |
| Operating Authority List | 17 |
| Operating Authority List | 18 |
| Operating Authority List | 19 |
| Operating Authority List | 20 |
| Operating Authority List | 21 |
| Operating Authority List | 22 |
| Operating Authority List | 23 |
| Other Insurance Indicator List | 0 |
| Other Insurance Indicator List | 1 |
| Other TPL Collection List | 000 |
| Other TPL Collection List | 001 |
| Other TPL Collection List | 002 |
| Other TPL Collection List | 003 |
| Other TPL Collection List | 004 |
| Other TPL Collection List | 005 |
| Other TPL Collection List | 006 |
| Other TPL Collection List | 007 |
| Outlier Code List | 00 |
| Outlier Code List | 01 |
| Outlier Code List | 02 |
| Outlier Code List | 06 |
| Outlier Code List | 07 |
| Outlier Code List | 08 |
| Outlier Code List | 09 |
| Outlier Code List | 10 |
| Ownership Code List | 01 |
| Ownership Code List | 02 |
| Ownership Code List | 03 |
| Ownership Code List | 04 |
| Ownership Code List | 05 |
| Ownership Code List | 06 |
| Ownership Code List | 07 |
| Ownership Code List | 08 |
| Ownership Code List | 09 |
| Ownership Code List | 10 |
| Ownership Code List | 11 |
| Ownership Code List | 12 |
| Ownership Code List | 13 |
| Ownership Code List | 14 |
| Ownership Code List | 15 |

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|------------------------------|----------------------------------|
| Ownership Code List | 16 |
| Ownership Code List | 17 |
| Ownership Code List | 18 |
| Ownership Code List | 19 |
| Ownership Code List | 88 |
| Patient Status List | See "VVL_Code_Description" field |
| Payee ID Type List | 01 |
| Payee ID Type List | 02 |
| Payee ID Type List | 03 |
| Payee ID Type List | 04 |
| Payee ID Type List | 05 |
| Payee ID Type List | 06 |
| Payee ID Type List | 07 |
| Payee ID Type List | 08 |
| Payee ID Type List | 09 |
| Payee ID Type List | 95 |
| Payee Tax ID Type List | 01 |
| Payee Tax ID Type List | 02 |
| Payee Tax ID Type List | 03 |
| Payee Tax ID Type List | 04 |
| Payee Tax ID Type List | 95 |
| Payer ID Type List | 01 |
| Payer ID Type List | 02 |
| Payer ID Type List | 03 |
| Payer ID Type List | 04 |
| Payer ID Type List | 95 |
| Payment Level Indicator List | 1 |
| Payment Level Indicator List | 2 |
| Payment Level Indicator List | 3 |
| Payment Period Type List | 01 |
| Payment Period Type List | 02 |
| Payment Period Type List | 03 |
| Payment Period Type List | 04 |
| Payment Period Type List | 05 |
| Payment Period Type List | 95 |

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|--|----------------------------------|
| Place of Service Code List | See "VVL_Code_Description" field |
| Policy Owner Code List | 01 |
| Policy Owner Code List | 02 |
| Policy Owner Code List | 03 |
| Policy Owner Code List | 04 |
| Policy Owner Code List | 05 |
| Policy Owner Code List | 06 |
| Policy Owner Code List | 07 |
| Policy Owner Code List | 08 |
| Policy Owner Code List | 09 |
| Preferred Language Code List | See "VVL_Code_Description" field |
| Pregnancy Indicator List | 0 |
| Pregnancy Indicator List | 1 |
| Prescription Origin Code List | See "VVL_Code_Description" field |
| Primary Eligibility Group Indicator List | 0 |
| Primary Eligibility Group Indicator List | 1 |
| Procedure Code Flag List | 01 |
| Procedure Code Flag List | 02 |
| Procedure Code Flag List | 06 |
| Procedure Code Flag List | 07 |
| Procedure Code Flag List | 10 |
| Procedure Code Flag List | 11 |
| Procedure Code Flag List | 12 |
| Procedure Code Flag List | 13 |
| Procedure Code Flag List | 14 |
| Procedure Code Flag List | 15 |
| Procedure Code Flag List | 16 |
| Procedure Code Flag List | 17 |
| Procedure Code Flag List | 18 |
| Procedure Code Flag List | 19 |
| Procedure Code Flag List | 20 |

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| Procedure Code Flag List | 21 |
| Procedure Code Flag List | 22 |
| Procedure Code Flag List | 23 |
| Procedure Code Flag List | 24 |
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| Procedure Code Flag List | 26 |
| Procedure Code Flag List | 27 |
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| Procedure Code Flag List | 62 |
| Procedure Code Flag List | 63 |
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| Procedure Code Flag List | 65 |
| Procedure Code Flag List | 66 |
| Procedure Code Flag List | 67 |
| Procedure Code Flag List | 68 |

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| Procedure Code Flag List | 69 |
| Procedure Code Flag List | 70 |
| Procedure Code Flag List | 71 |
| Procedure Code Flag List | 72 |
| Procedure Code Flag List | 73 |
| Procedure Code Flag List | 74 |
| Procedure Code Flag List | 75 |
| Procedure Code Flag List | 76 |
| Procedure Code Flag List | 77 |
| Procedure Code Flag List | 78 |
| Procedure Code Flag List | 79 |
| Procedure Code Flag List | 80 |
| Procedure Code Flag List | 81 |
| Procedure Code Flag List | 82 |
| Procedure Code Flag List | 83 |
| Procedure Code Flag List | 84 |
| Procedure Code Flag List | 85 |
| Procedure Code Flag List | 86 |
| Procedure Code Flag List | 87 |
| Program Type List | 00 |
| Program Type List | 01 |
| Program Type List | 02 |
| Program Type List | 03 |
| Program Type List | 04 |
| Program Type List | 05 |
| Program Type List | 07 |
| Program Type List | 08 |
| Program Type List | 10 |
| Program Type List | 11 |
| Program Type List | 12 |
| Program Type List | 13 |
| Program Type List | 14 |
| Program Type List | 15 |
| Program Type List | 16 |
| Program Type List | 17 |
| Provider Address Type List | 1 |
| Provider Address Type List | 2 |
| Provider Address Type List | 3 |
| Provider Address Type List | 4 |
| Provider Authorized Category of Service Code List | 001 |
| Provider Authorized Category of Service Code List | 002 |
| Provider Authorized Category of Service Code List | 003 |
| Provider Authorized Category of Service Code List | 004 |

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|---|-----|
| Provider Authorized Category of Service Code List | 005 |
| Provider Authorized Category of Service Code List | 006 |
| Provider Authorized Category of Service Code List | 007 |
| Provider Authorized Category of Service Code List | 008 |
| Provider Authorized Category of Service Code List | 009 |
| Provider Authorized Category of Service Code List | 010 |
| Provider Authorized Category of Service Code List | 011 |
| Provider Authorized Category of Service Code List | 012 |
| Provider Authorized Category of Service Code List | 013 |
| Provider Authorized Category of Service Code List | 014 |
| Provider Authorized Category of Service Code List | 015 |
| Provider Authorized Category of Service Code List | 016 |
| Provider Authorized Category of Service Code List | 017 |
| Provider Authorized Category of Service Code List | 018 |
| Provider Authorized Category of Service Code List | 019 |
| Provider Authorized Category of Service Code List | 020 |
| Provider Authorized Category of Service Code List | 021 |
| Provider Authorized Category of Service Code List | 022 |
| Provider Authorized Category of Service Code List | 023 |
| Provider Authorized Category of Service Code List | 024 |
| Provider Authorized Category of Service Code List | 025 |
| Provider Authorized Category of Service Code List | 026 |
| Provider Authorized Category of Service Code List | 027 |
| Provider Authorized Category of Service Code List | 028 |
| Provider Authorized Category of Service Code List | 029 |

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| Provider Authorized Category of Service Code List | 030 |
| Provider Authorized Category of Service Code List | 031 |
| Provider Authorized Category of Service Code List | 032 |
| Provider Authorized Category of Service Code List | 033 |
| Provider Authorized Category of Service Code List | 034 |
| Provider Authorized Category of Service Code List | 035 |
| Provider Authorized Category of Service Code List | 036 |
| Provider Authorized Category of Service Code List | 037 |
| Provider Authorized Category of Service Code List | 038 |
| Provider Authorized Category of Service Code List | 039 |
| Provider Authorized Category of Service Code List | 040 |
| Provider Authorized Category of Service Code List | 041 |
| Provider Authorized Category of Service Code List | 042 |
| Provider Authorized Category of Service Code List | 043 |
| Provider Authorized Category of Service Code List | 044 |
| Provider Authorized Category of Service Code List | 045 |
| Provider Authorized Category of Service Code List | 046 |
| Provider Authorized Category of Service Code List | 047 |
| Provider Authorized Category of Service Code List | 048 |
| Provider Authorized Category of Service Code List | 049 |
| Provider Authorized Category of Service Code List | 050 |
| Provider Authorized Category of Service Code List | 051 |
| Provider Authorized Category of Service Code List | 052 |
| Provider Authorized Category of Service Code List | 053 |
| Provider Authorized Category of Service Code List | 054 |

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| Provider Authorized Category of Service Code List | 055 |
| Provider Authorized Category of Service Code List | 056 |
| Provider Authorized Category of Service Code List | 057 |
| Provider Authorized Category of Service Code List | 058 |
| Provider Authorized Category of Service Code List | 059 |
| Provider Authorized Category of Service Code List | 060 |
| Provider Authorized Category of Service Code List | 061 |
| Provider Authorized Category of Service Code List | 062 |
| Provider Authorized Category of Service Code List | 063 |
| Provider Authorized Category of Service Code List | 064 |
| Provider Authorized Category of Service Code List | 065 |
| Provider Authorized Category of Service Code List | 066 |
| Provider Authorized Category of Service Code List | 067 |
| Provider Authorized Category of Service Code List | 068 |
| Provider Authorized Category of Service Code List | 069 |
| Provider Authorized Category of Service Code List | 070 |
| Provider Authorized Category of Service Code List | 071 |
| Provider Authorized Category of Service Code List | 072 |
| Provider Authorized Category of Service Code List | 073 |
| Provider Authorized Category of Service Code List | 074 |
| Provider Authorized Category of Service Code List | 075 |
| Provider Authorized Category of Service Code List | 076 |
| Provider Authorized Category of Service Code List | 077 |
| Provider Authorized Category of Service Code List | 078 |
| Provider Authorized Category of Service Code List | 079 |

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| Provider Authorized Category of Service Code List | 080 |
| Provider Authorized Category of Service Code List | 081 |
| Provider Authorized Category of Service Code List | 082 |
| Provider Authorized Category of Service Code List | 083 |
| Provider Authorized Category of Service Code List | 084 |
| Provider Authorized Category of Service Code List | 085 |
| Provider Authorized Category of Service Code List | 086 |
| Provider Authorized Category of Service Code List | 087 |
| Provider Authorized Category of Service Code List | 088 |
| Provider Authorized Category of Service Code List | 089 |
| Provider Authorized Category of Service Code List | 090 |
| Provider Authorized Category of Service Code List | 091 |
| Provider Authorized Category of Service Code List | 092 |
| Provider Authorized Category of Service Code List | 093 |
| Provider Authorized Category of Service Code List | 115 |
| Provider Authorized Category of Service Code List | 120 |
| Provider Authorized Category of Service Code List | 123 |
| Provider Authorized Category of Service Code List | 127 |
| Provider Authorized Category of Service Code List | 132 |
| Provider Authorized Category of Service Code List | 133 |
| Provider Authorized Category of Service Code List | 134 |
| Provider Authorized Category of Service Code List | 135 |
| Provider Authorized Category of Service Code List | 136 |
| Provider Authorized Category of Service Code List | 137 |

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| Provider Authorized Category of Service Code List | 138 |
| Provider Authorized Category of Service Code List | 143 |
| Provider Authorized Category of Service Code List | 144 |
| Provider Authorized Category of Service Code List | 145 |
| Provider Authorized Category of Service Code List | 146 |
| Provider Authorized Category of Service Code List | 147 |
| Provider Classification Type List | 1 |
| Provider Classification Type List | 2 |
| Provider Classification Type List | 3 |
| Provider Classification Type List | 4 |
| Provider Enrollment Method | 1 |
| Provider Enrollment Method | 2 |
| Provider Enrollment Method | 3 |
| Provider Facility Type | 100000000 |
| Provider Facility Type | 170000000 |
| Provider Facility Type | 250000000 |
| Provider Facility Type | 260000000 |
| Provider Facility Type | 270000000 |
| Provider Facility Type | 280000000 |
| Provider Facility Type | 290000000 |
| Provider Facility Type | 300000000 |
| Provider Facility Type | 310000000 |
| Provider Facility Type | 320000000 |
| Provider Facility Type | 330000000 |
| Provider Facility Type | 340000000 |
| Provider Facility Type | 380000000 |
| Provider Facility Type | See "VVL_Code_Description" field |
| Provider Identifier Type List | 1 |
| Provider Identifier Type List | 2 |
| Provider Identifier Type List | 3 |
| Provider Identifier Type List | 4 |
| Provider Identifier Type List | 5 |
| Provider Identifier Type List | 6 |
| Provider Identifier Type List | 7 |
| Provider Identifier Type List | 8 |

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|---|----|
| Provider Identifier Type List | 9 |
| Provider Medicaid Enrollment Status Code List | 01 |
| Provider Medicaid Enrollment Status Code List | 02 |
| Provider Medicaid Enrollment Status Code List | 03 |
| Provider Medicaid Enrollment Status Code List | 04 |
| Provider Medicaid Enrollment Status Code List | 05 |
| Provider Medicaid Enrollment Status Code List | 06 |
| Provider Medicaid Enrollment Status Code List | 20 |
| Provider Medicaid Enrollment Status Code List | 21 |
| Provider Medicaid Enrollment Status Code List | 22 |
| Provider Medicaid Enrollment Status Code List | 23 |
| Provider Medicaid Enrollment Status Code List | 24 |
| Provider Medicaid Enrollment Status Code List | 40 |
| Provider Medicaid Enrollment Status Code List | 41 |
| Provider Medicaid Enrollment Status Code List | 42 |
| Provider Medicaid Enrollment Status Code List | 43 |
| Provider Medicaid Enrollment Status Code List | 44 |
| Provider Medicaid Enrollment Status Code List | 45 |
| Provider Medicaid Enrollment Status Code List | 46 |
| Provider Medicaid Enrollment Status Code List | 47 |
| Provider Medicaid Enrollment Status Code List | 48 |
| Provider Medicaid Enrollment Status Code List | 60 |
| Provider Medicaid Enrollment Status Code List | 61 |
| Provider Medicaid Enrollment Status Code List | 62 |
| Provider Medicaid Enrollment Status Code List | 63 |
| Provider Medicaid Enrollment Status Code List | 64 |
| Provider Medicaid Enrollment Status Code List | 65 |
| Provider Medicaid Enrollment Status Code List | 66 |
| Provider Medicaid Enrollment Status Code List | 67 |
| Provider Medicaid Enrollment Status Code List | 68 |
| Provider Medicaid Enrollment Status Code List | 69 |
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| Provider Medicaid Enrollment Status Code List | 71 |
| Provider Medicaid Enrollment Status Code List | 72 |
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| Provider Medicaid Enrollment Status Code List | 74 |
| Provider Medicaid Enrollment Status Code List | 75 |
| Provider Medicaid Enrollment Status Code List | 76 |
| Provider Medicaid Enrollment Status Code List | 77 |
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| Provider Medicaid Enrollment Status Code List | 79 |
| Provider Medicaid Enrollment Status Code List | 80 |
| Provider Medicaid Enrollment Status Code List | 81 |
| Provider Medicaid Enrollment Status Code List | 82 |
| Provider Medicaid Enrollment Status Code List | 83 |
| Provider Profit Status List | 01 |
| Provider Profit Status List | 02 |
| Provider Profit Status List | 03 |

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|-----------------------------|----|
| Provider Profit Status List | 04 |
| Provider Profit Status List | 88 |
| Provider Profit Status List | 99 |
| Provider Specialty List | 01 |
| Provider Specialty List | 02 |
| Provider Specialty List | 03 |
| Provider Specialty List | 04 |
| Provider Specialty List | 05 |
| Provider Specialty List | 06 |
| Provider Specialty List | 07 |
| Provider Specialty List | 08 |
| Provider Specialty List | 09 |
| Provider Specialty List | 10 |
| Provider Specialty List | 11 |
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| Provider Specialty List | 40 |
| Provider Specialty List | 41 |
| Provider Specialty List | 42 |
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| Provider Specialty List | 44 |
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| Provider Specialty List | 46 |
| Provider Specialty List | 47 |
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| Provider Specialty List | 51 |
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| Provider Specialty List | 89 |
| Provider Specialty List | 90 |
| Provider Specialty List | 91 |
| Provider Specialty List | 92 |
| Provider Specialty List | 93 |

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| Provider Specialty List | 94 |
| Provider Specialty List | 95 |
| Provider Specialty List | 96 |
| Provider Specialty List | 97 |
| Provider Specialty List | 98 |
| Provider Specialty List | 99 |
| Provider Specialty List | A0 |
| Provider Specialty List | A1 |
| Provider Specialty List | A2 |
| Provider Specialty List | A3 |
| Provider Specialty List | A4 |
| Provider Specialty List | A5 |
| Provider Specialty List | A6 |
| Provider Specialty List | A7 |
| Provider Specialty List | A8 |
| Provider Specialty List | A9 |
| Provider Specialty List | B1 |
| Provider Specialty List | B2 |
| Provider Specialty List | B3 |
| Provider Specialty List | B4 |
| Provider Specialty List | B5 |
| Provider Specialty List | C0 |
| Provider Specialty List | C1 |
| Provider Specialty List | C2 |
| Provider Specialty List | C3 |
| Provider Specialty List | C4 |
| Provider Specialty List | C5 |
| Provider Specialty List | C6 |
| Provider Specialty List | C7 |
| Provider Specialty List | C8 |
| Provider Specialty List | C9 |
| Provider Specialty List | D1 |
| Provider Specialty List | D2 |
| Provider Specialty List | D3 |
| Provider Specialty List | D4 |
| Provider Specialty List | D5 |
| Provider Specialty List | D6 |
| Provider Specialty List | D7 |
| Provider Specialty List | D8 |
| Provider Taxonomy List | See "VVL_Code_Description" field |
| Provider Type Code List | 01 |
| Provider Type Code List | 02 |
| Provider Type Code List | 03 |

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|-------------------------|----|
| Provider Type Code List | 04 |
| Provider Type Code List | 05 |
| Provider Type Code List | 06 |
| Provider Type Code List | 07 |
| Provider Type Code List | 08 |
| Provider Type Code List | 09 |
| Provider Type Code List | 10 |
| Provider Type Code List | 11 |
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| Provider Type Code List | 46 |
| Provider Type Code List | 47 |
| Provider Type Code List | 48 |
| Provider Type Code List | 49 |
| Provider Type Code List | 50 |
| Provider Type Code List | 51 |

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|--------------------------------|----------|
| Provider Type Code List | 52 |
| Provider Type Code List | 53 |
| Provider Type Code List | 54 |
| Provider Type Code List | 55 |
| Provider Type Code List | 56 |
| Provider Type Code List | 57 |
| Provider Type Code List | 58 |
| Provider Claim Form Code List | 01 |
| Provider Claim Form Code List | 02 |
| Provider Claim Form Code List | 03 |
| Provider Claim Form Code List | 11 |
| Provider Claim Form Code List | 12 |
| Provider Claim Form Code List | 13 |
| Provider Claim Form Code List | 21 |
| Provider Claim Form Code List | 22 |
| Provider Claim Form Code List | 23 |
| Provider Claim Form Code List | 31 |
| Provider Claim Form Code List | 95 |
| Race List | 001 |
| Race List | 002 |
| Race List | 003 |
| Race List | 004 |
| Race List | 005 |
| Race List | 006 |
| Race List | 007 |
| Race List | 008 |
| Race List | 009 |
| Race List | 010 |
| Race List | 011 |
| Race List | 012 |
| Race List | 013 |
| Race List | 014 |
| Race List | 015 |
| Race List | 016 |
| Race List | 017 |
| Race List | 018 |
| Reason for Change List | LSE |
| Reason for Change List | MERGE |
| Reason for Change List | TCAM |
| Reason for Change List | UNMERGE |
| Rebate Eligible Indicator List | 0 |
| Rebate Eligible Indicator List | 1 |
| Rebate Eligible Indicator List | 2 |
| Record ID List | CIP00001 |
| Record ID List | CIP00002 |
| Record ID List | CIP00003 |
| Record ID List | CIP00004 |
| Record ID List | CLT00001 |

| | |
|-----------------------|----------|
| Record ID List | CLT00002 |
| Record ID List | CLT00003 |
| Record ID List | CLT00004 |
| Record ID List | COT00001 |
| Record ID List | COT00002 |
| Record ID List | COT00003 |
| Record ID List | COT00004 |
| Record ID List | CRX00001 |
| Record ID List | CRX00002 |
| Record ID List | CRX00003 |
| Record ID List | CRX00004 |
| Record ID List | ELG00001 |
| Record ID List | ELG00002 |
| Record ID List | ELG00003 |
| Record ID List | ELG00004 |
| Record ID List | ELG00005 |
| Record ID List | ELG00006 |
| Record ID List | ELG00007 |
| Record ID List | ELG00008 |
| Record ID List | ELG00009 |
| Record ID List | ELG00010 |
| Record ID List | ELG00011 |
| Record ID List | ELG00012 |
| Record ID List | ELG00013 |
| Record ID List | ELG00014 |
| Record ID List | ELG00015 |
| Record ID List | ELG00016 |
| Record ID List | ELG00017 |
| Record ID List | ELG00018 |
| Record ID List | ELG00020 |
| Record ID List | ELG00021 |
| Record ID List | ELG00022 |
| Record ID List | ELG00023 |
| Record ID List | FTX00001 |
| Record ID List | FTX00002 |
| Record ID List | FTX00003 |
| Record ID List | FTX00004 |
| Record ID List | FTX00005 |
| Record ID List | FTX00006 |
| Record ID List | FTX00007 |
| Record ID List | FTX00008 |
| Record ID List | FTX00009 |
| Record ID List | FTX00095 |
| Record ID List | MCR00001 |
| Record ID List | MCR00002 |
| Record ID List | MCR00003 |
| Record ID List | MCR00004 |
| Record ID List | MCR00005 |

| | |
|--------------------------------|----------|
| Record ID List | MCR00006 |
| Record ID List | MCR00007 |
| Record ID List | MCR00008 |
| Record ID List | MCR00009 |
| Record ID List | MCR00010 |
| Record ID List | PRV00001 |
| Record ID List | PRV00002 |
| Record ID List | PRV00003 |
| Record ID List | PRV00004 |
| Record ID List | PRV00005 |
| Record ID List | PRV00006 |
| Record ID List | PRV00007 |
| Record ID List | PRV00008 |
| Record ID List | PRV00009 |
| Record ID List | PRV00010 |
| Record ID List | TPL00001 |
| Record ID List | TPL00002 |
| Record ID List | TPL00003 |
| Record ID List | TPL00004 |
| Record ID List | TPL00005 |
| Record ID List | TPL00006 |
| Reimbursement Arrangement List | 01 |
| Reimbursement Arrangement List | 02 |
| Reimbursement Arrangement List | 03 |
| Reimbursement Arrangement List | 04 |
| Reimbursement Arrangement List | 05 |
| Reimbursement Arrangement List | 06 |
| Reimbursement Arrangement List | 07 |
| Reimbursement Arrangement List | 08 |
| Restricted Benefits Code List | 0 |
| Restricted Benefits Code List | 1 |
| Restricted Benefits Code List | 2 |
| Restricted Benefits Code List | 3 |
| Restricted Benefits Code List | 4 |
| Restricted Benefits Code List | 5 |
| Restricted Benefits Code List | 6 |
| Restricted Benefits Code List | 7 |
| Restricted Benefits Code List | A |

| | |
|---------------------------------------|----------------------------------|
| Restricted Benefits Code List | B |
| Restricted Benefits Code List | C |
| Restricted Benefits Code List | D |
| Restricted Benefits Code List | E |
| Restricted Benefits Code List | F |
| Restricted Benefits Code List | G |
| Revenue Code List | See "VVL_Code_Description" field |
| State Directed Payment Indicator List | 0 |
| State Directed Payment Indicator List | 1 |
| Self Direction Type List | 000 |
| Self Direction Type List | 001 |
| Self Direction Type List | 002 |
| Self Direction Type List | 003 |
| Sex List | F |
| Sex List | M |
| Sex List | U |
| Sex Assigned at Birth List | 1 |
| Sex Assigned at Birth List | 2 |
| Sex Assigned at Birth List | 3 |
| Sex Assigned at Birth List | 4 |
| Sex Assigned at Birth List | 5 |
| Sexual Orientation List | 1 |
| Sexual Orientation List | 2 |
| Sexual Orientation List | 3 |
| Sexual Orientation List | 4 |
| Sexual Orientation List | 5 |
| Sexual Orientation List | 6 |
| Source Location List | 01 |
| Source Location List | 02 |
| Source Location List | 03 |
| Source Location List | 04 |

| | |
|--------------------------------|-----|
| Source Location List | 05 |
| Source Location List | 06 |
| Source Location List | 07 |
| Source Location List | 08 |
| Source Location List | 09 |
| Source Location List | 10 |
| Source Location List | 20 |
| Source Location List | 22 |
| Source Location List | 23 |
| Split Claim Indicator List | 0 |
| Split Claim Indicator List | 1 |
| SSDI Indicator List | 0 |
| SSDI Indicator List | 1 |
| SSI Indicator List | 0 |
| SSI Indicator List | 1 |
| SSI State Supplement Code List | 000 |
| SSI State Supplement Code List | 001 |
| SSI State Supplement Code List | 002 |
| SSI Status List | 000 |
| SSI Status List | 001 |
| SSI Status List | 002 |
| SSI Status List | 003 |
| SSN Indicator List | 0 |
| SSN Indicator List | 1 |
| SSN Verification Flag List | 0 |
| SSN Verification Flag List | 1 |
| SSN Verification Flag List | 2 |
| State Code List | 01 |
| State Code List | 02 |
| State Code List | 04 |
| State Code List | 05 |
| State Code List | 06 |
| State Code List | 08 |
| State Code List | 09 |
| State Code List | 10 |
| State Code List | 11 |
| State Code List | 12 |
| State Code List | 13 |
| State Code List | 15 |
| State Code List | 16 |
| State Code List | 17 |
| State Code List | 18 |
| State Code List | 19 |
| State Code List | 20 |
| State Code List | 21 |
| State Code List | 22 |
| State Code List | 23 |
| State Code List | 24 |

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| State Code List | 25 |
| State Code List | 26 |
| State Code List | 27 |
| State Code List | 28 |
| State Code List | 29 |
| State Code List | 30 |
| State Code List | 31 |
| State Code List | 32 |
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| State Code List | 42 |
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| State Code List | 46 |
| State Code List | 47 |
| State Code List | 48 |
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| State Code List | 51 |
| State Code List | 53 |
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| State Code List | 56 |
| State Code List | 60 |
| State Code List | 64 |
| State Code List | 66 |
| State Code List | 67 |
| State Code List | 68 |
| State Code List | 69 |
| State Code List | 70 |
| State Code List | 71 |
| State Code List | 72 |
| State Code List | 74 |
| State Code List | 76 |
| State Code List | 78 |
| State Code List | 79 |
| State Code List | 81 |
| State Code List | 84 |
| State Code List | 86 |
| State Code List | 89 |
| State Code List | 93 |

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|----------------------------------|----------------------------------|
| State Code List | 94 |
| State Code List | 95 |
| State Code List | 96 |
| State Code List | 97 |
| State Code List | 99 |
| State Code List | See "VVL_Code_Description" field |
| State Plan Enrollment List | 1 |
| State Plan Enrollment List | 2 |
| State Plan Enrollment List | 3 |
| State Plan Enrollment List | 4 |
| State Plan Option Type List | 00 |
| State Plan Option Type List | 01 |
| State Plan Option Type List | 02 |
| State Plan Option Type List | 03 |
| State Plan Option Type List | 04 |
| State Plan Option Type List | 05 |
| State Plan Option Type List | 06 |
| Subcapitation Indicator List | 1 |
| Subcapitation Indicator List | 2 |
| Submission Transaction Type List | C |
| Submission Transaction Type List | R |
| Submission Transaction Type List | U |
| TANF Cash Code List | 0 |
| TANF Cash Code List | 1 |
| TANF Cash Code List | 2 |
| Teaching Indicator List | 0 |
| Teaching Indicator List | 1 |
| Tooth Designation System List | JO |

| | |
|-------------------------------|----|
| Tooth Designation System List | JP |
| Tooth Number List | 1 |
| Tooth Number List | 2 |
| Tooth Number List | 3 |
| Tooth Number List | 4 |
| Tooth Number List | 5 |
| Tooth Number List | 6 |
| Tooth Number List | 7 |
| Tooth Number List | 8 |
| Tooth Number List | 9 |
| Tooth Number List | 10 |
| Tooth Number List | 11 |
| Tooth Number List | 12 |
| Tooth Number List | 13 |
| Tooth Number List | 14 |
| Tooth Number List | 15 |
| Tooth Number List | 16 |
| Tooth Number List | 17 |
| Tooth Number List | 18 |
| Tooth Number List | 19 |
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| Tooth Number List | 21 |
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| Tooth Number List | 23 |
| Tooth Number List | 24 |
| Tooth Number List | 25 |
| Tooth Number List | 26 |
| Tooth Number List | 27 |
| Tooth Number List | 28 |
| Tooth Number List | 29 |
| Tooth Number List | 30 |
| Tooth Number List | 31 |
| Tooth Number List | 32 |
| Tooth Number List | 51 |
| Tooth Number List | 52 |
| Tooth Number List | 53 |
| Tooth Number List | 54 |
| Tooth Number List | 55 |
| Tooth Number List | 56 |
| Tooth Number List | 57 |
| Tooth Number List | 58 |
| Tooth Number List | 59 |
| Tooth Number List | 60 |
| Tooth Number List | 61 |
| Tooth Number List | 62 |
| Tooth Number List | 63 |
| Tooth Number List | 64 |
| Tooth Number List | 65 |

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|-------------------|----|
| Tooth Number List | 66 |
| Tooth Number List | 67 |
| Tooth Number List | 68 |
| Tooth Number List | 69 |
| Tooth Number List | 70 |
| Tooth Number List | 71 |
| Tooth Number List | 72 |
| Tooth Number List | 73 |
| Tooth Number List | 74 |
| Tooth Number List | 75 |
| Tooth Number List | 76 |
| Tooth Number List | 77 |
| Tooth Number List | 78 |
| Tooth Number List | 79 |
| Tooth Number List | 80 |
| Tooth Number List | 81 |
| Tooth Number List | 82 |
| Tooth Number List | A |
| Tooth Number List | AS |
| Tooth Number List | B |
| Tooth Number List | BS |
| Tooth Number List | C |
| Tooth Number List | CS |
| Tooth Number List | D |
| Tooth Number List | DS |
| Tooth Number List | E |
| Tooth Number List | ES |
| Tooth Number List | F |
| Tooth Number List | FS |
| Tooth Number List | G |
| Tooth Number List | GS |
| Tooth Number List | H |
| Tooth Number List | HS |
| Tooth Number List | I |
| Tooth Number List | IS |
| Tooth Number List | J |
| Tooth Number List | JS |
| Tooth Number List | K |
| Tooth Number List | KS |
| Tooth Number List | L |
| Tooth Number List | LS |
| Tooth Number List | M |
| Tooth Number List | MS |
| Tooth Number List | N |
| Tooth Number List | NS |
| Tooth Number List | O |
| Tooth Number List | OS |
| Tooth Number List | P |

| | |
|-------------------------|----------------------------------|
| Tooth Number List | PS |
| Tooth Number List | Q |
| Tooth Number List | QS |
| Tooth Number List | R |
| Tooth Number List | RS |
| Tooth Number List | S |
| Tooth Number List | See "VVL_Code_Description" field |
| Tooth Number List | SS |
| Tooth Number List | T |
| Tooth Number List | TS |
| Tooth Quad Code List | 00 |
| Tooth Quad Code List | 01 |
| Tooth Quad Code List | 02 |
| Tooth Quad Code List | 03 |
| Tooth Quad Code List | 04 |
| Tooth Quad Code List | 05 |
| Tooth Quad Code List | 06 |
| Tooth Quad Code List | 07 |
| Tooth Quad Code List | 08 |
| Tooth Quad Code List | 09 |
| Tooth Quad Code List | 10 |
| Tooth Quad Code List | 20 |
| Tooth Quad Code List | 30 |
| Tooth Quad Code List | 40 |
| Tooth Quad Code List | See "VVL_Code_Description" field |
| Tooth Surface Code List | B |
| Tooth Surface Code List | D |
| Tooth Surface Code List | F |
| Tooth Surface Code List | I |
| Tooth Surface Code List | L |
| Tooth Surface Code List | M |

| | |
|--|----------------------------------|
| Tooth Surface Code List | 0 |
| Tooth Surface Code List | See "VVL_Code_Description" field |
| TPL Entity Address Type List | 06 |
| TPL Entity Address Type List | 07 |
| TPL Entity Address Type List | 08 |
| TPL Entity Address Type List | 09 |
| TPL Entity Address Type List | 10 |
| TPL Entity Address Type List | 11 |
| TPL Health Insurance Coverage Indicator List | 0 |
| TPL Health Insurance Coverage Indicator List | 1 |
| TPL Other Coverage Indicator List | 0 |
| TPL Other Coverage Indicator List | 1 |
| Transaction Type List | 01 |
| Transaction Type List | 02 |
| Transaction Type List | 03 |
| Transaction Type List | 04 |
| Transaction Type List | 95 |
| Type of Bill List | See "VVL_Code_Description" field |
| Type of Bill List (2nd position; Facility Type) | 1 |
| Type of Bill List (2nd position; Facility Type) | 2 |
| Type of Bill List (2nd position; Facility Type) | 3 |
| Type of Bill List (2nd position; Facility Type) | 4 |
| Type of Bill List (2nd position; Facility Type) | 5 |
| Type of Bill List (2nd position; Facility Type) | 6 |
| Type of Bill List (2nd position; Facility Type) | 7 |
| Type of Bill List (2nd position; Facility Type) | 8 |
| Type of Bill List (2nd position; Facility Type) | 9 |
| Type of Bill List (3rd position; Facility Type: Clinics; Type of Care) | 1 |
| Type of Bill List (3rd position; Facility Type: Clinics; Type of Care) | 2 |
| Type of Bill List (3rd position; Facility Type: Clinics; Type of Care) | 3 |
| Type of Bill List (3rd position; Facility Type: Clinics; Type of Care) | 4 |

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

| | |
|---|-----|
| Type of Bill list (4th position; Frequency) | B |
| Type of Bill list (4th position; Frequency) | C |
| Type of Bill list (4th position; Frequency) | D |
| Type of Bill list (4th position; Frequency) | E |
| Type of Bill list (4th position; Frequency) | F |
| Type of Bill list (4th position; Frequency) | G |
| Type of Bill list (4th position; Frequency) | H |
| Type of Bill list (4th position; Frequency) | I |
| Type of Bill list (4th position; Frequency) | J |
| Type of Bill list (4th position; Frequency) | K |
| Type of Bill list (4th position; Frequency) | M |
| Type of Bill list (4th position; Frequency) | P |
| Type of Claim List | 1 |
| Type of Claim List | 3 |
| Type of Claim List | A |
| Type of Claim List | C |
| Type of Claim List | U |
| Type of Claim List | W |
| Type of Claim List | Z |
| Type of Hospital List | 00 |
| Type of Hospital List | 01 |
| Type of Hospital List | 02 |
| Type of Hospital List | 03 |
| Type of Hospital List | 04 |
| Type of Hospital List | 05 |
| Type of Hospital List | 06 |
| Type of Hospital List | 07 |
| Type of Hospital List | 08 |
| Type of Other Third-Party Liability List | 1 |
| Type of Other Third-Party Liability List | 2 |
| Type of Other Third-Party Liability List | 3 |
| Type of Other Third-Party Liability List | 4 |
| Type of Other Third-Party Liability List | 5 |
| Type of Other Third-Party Liability List | 6 |
| Type of Other Third-Party Liability List | 7 |
| Type of Service IP List | 001 |
| Type of Service IP List | 058 |
| Type of Service IP List | 060 |

| | |
|-------------------------|-----|
| Type of Service IP List | 084 |
| Type of Service IP List | 086 |
| Type of Service IP List | 090 |
| Type of Service IP List | 091 |
| Type of Service IP List | 092 |
| Type of Service IP List | 093 |
| Type of Service IP List | 136 |
| Type of Service IP List | 137 |
| Type of Service LT List | 009 |
| Type of Service LT List | 044 |
| Type of Service LT List | 045 |
| Type of Service LT List | 046 |
| Type of Service LT List | 047 |
| Type of Service LT List | 048 |
| Type of Service LT List | 050 |
| Type of Service LT List | 059 |
| Type of Service LT List | 136 |
| Type of Service LT List | 137 |
| Type of Service LT List | 146 |
| Type of Service LT List | 147 |
| Type of Service OT List | 002 |
| Type of Service OT List | 003 |
| Type of Service OT List | 004 |
| Type of Service OT List | 005 |
| Type of Service OT List | 006 |
| Type of Service OT List | 007 |
| Type of Service OT List | 008 |
| Type of Service OT List | 010 |
| Type of Service OT List | 011 |
| Type of Service OT List | 012 |
| Type of Service OT List | 013 |
| Type of Service OT List | 014 |
| Type of Service OT List | 015 |
| Type of Service OT List | 016 |
| Type of Service OT List | 017 |

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| Type of Service OT List | 018 |
| Type of Service OT List | 019 |
| Type of Service OT List | 020 |
| Type of Service OT List | 021 |
| Type of Service OT List | 022 |
| Type of Service OT List | 023 |
| Type of Service OT List | 024 |
| Type of Service OT List | 025 |
| Type of Service OT List | 026 |
| Type of Service OT List | 027 |
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| Type of Service OT List | 061 |
| Type of Service OT List | 062 |
| Type of Service OT List | 063 |
| Type of Service OT List | 064 |
| Type of Service OT List | 065 |

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| Type of Service OT List | 066 |
| Type of Service OT List | 067 |
| Type of Service OT List | 068 |
| Type of Service OT List | 069 |
| Type of Service OT List | 070 |
| Type of Service OT List | 071 |
| Type of Service OT List | 072 |
| Type of Service OT List | 073 |
| Type of Service OT List | 074 |
| Type of Service OT List | 075 |
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| Type of Service OT List | 078 |
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| Type of Service OT List | 080 |
| Type of Service OT List | 081 |
| Type of Service OT List | 082 |
| Type of Service OT List | 083 |
| Type of Service OT List | 084 |
| Type of Service OT List | 085 |
| Type of Service OT List | 086 |
| Type of Service OT List | 087 |
| Type of Service OT List | 088 |
| Type of Service OT List | 089 |
| Type of Service OT List | 115 |
| Type of Service OT List | 127 |
| Type of Service OT List | 136 |
| Type of Service OT List | 137 |
| Type of Service RX List | 011 |
| Type of Service RX List | 018 |
| Type of Service RX List | 033 |
| Type of Service RX List | 034 |
| Type of Service RX List | 036 |
| Type of Service RX List | 085 |
| Type of Service RX List | 089 |
| Type of Service RX List | 127 |

| | |
|-------------------------------------|----------------------------------|
| Type of Service RX List | 136 |
| Type of Service RX List | 137 |
| Type of Service RX List | 145 |
| Unit of Measure List | EA |
| Unit of Measure List | F2 |
| Unit of Measure List | GM |
| Unit of Measure List | GR |
| Unit of Measure List | ME |
| Unit of Measure List | ML |
| Unit of Measure List | See "VVL_Code_Description" field |
| NDC Unit of Measure List | UN |
| Value Based Payment Model Type List | 2A |
| Value Based Payment Model Type List | 2B |
| Value Based Payment Model Type List | 2C |
| Value Based Payment Model Type List | 3A |
| Value Based Payment Model Type List | 3B |
| Value Based Payment Model Type List | 3N |
| Value Based Payment Model Type List | 4A |
| Value Based Payment Model Type List | 4B |
| Value Based Payment Model Type List | 4C |
| Value Based Payment Model Type List | 4N |
| Veteran Indicator List | 0 |
| Veteran Indicator List | 1 |
| Waiver Type List | 01 |
| Waiver Type List | 02 |
| Waiver Type List | 03 |
| Waiver Type List | 04 |
| Waiver Type List | 05 |
| Waiver Type List | 06 |
| Waiver Type List | 07 |
| Waiver Type List | 08 |
| Waiver Type List | 09 |
| Waiver Type List | 10 |
| Waiver Type List | 11 |
| Waiver Type List | 12 |
| Waiver Type List | 13 |
| Waiver Type List | 14 |

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| Waiver Type List | 15 |
| Waiver Type List | 16 |
| Waiver Type List | 17 |
| Waiver Type List | 18 |
| Waiver Type List | 19 |
| Waiver Type List | 20 |
| Waiver Type List | 21 |
| Waiver Type List | 22 |
| Waiver Type List | 23 |
| Waiver Type List | 24 |
| Waiver Type List | 25 |
| Waiver Type List | 26 |
| Waiver Type List | 27 |
| Waiver Type List | 28 |
| Waiver Type List | 29 |
| Waiver Type List | 30 |
| Waiver Type List | 31 |
| Waiver Type List | 32 |
| Waiver Type List | 33 |
| Waiver Type List | 34 |
| Work Flag List | 0 |
| Work Flag List | 1 |
| Zip Code List | See "VVL_Code_Description" field |

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

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

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

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

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

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| Medicaid - Other |
| Home & Community-Based Services - Regular Payment (1915(c) Waiver) |
| Home & Community-Based Services - St. Plan 1915(i) Only Pay. |
| Home & Community-Based Services - St. Plan 1915(j) Only Pay. |
| Home & Community Based Services State Plan 1915(k) Community First Choice |
| Inpatient Hospital - Reg. Payments |
| Inpatient Hospital - DSH |
| Inpatient Hospital - Sup. Payments |
| Inpatient Hospital - GME Sup Payments |
| Personal Care Services - Reg. Payments |
| Personal Care Services - SDS 1915(j) |
| Targeted Case Management Services - Com. Case-Man. |
| Case Management - State Wide |
| Non-Emergency Medical Transportation - Reg. Payments |
| Non-Emergency Medical Transportation - Sup. Payments |
| Mental Health Facility Services - Reg. Payments |
| Mental Health Facility - DSH |
| Certified Community Behavior Health Clinic Payments |
| Preventive Services Grade A OR B, ACIP Vaccines and their Admin |
| Critical Access Hospitals - Reg. Payments |
| Critical Access Hospitals Inpatient - Sup. Payments |
| Critical Access Hospitals Outpatient - Sup. Payments |
| Nursing Facility Services - Reg. Payments |
| Nursing Facility Services - Sup. Payments |
| ODU MAT DRUG REBATE/National Agreement |
| ODU MAT DRUG REBATE/State Sidebar |
| ODU MAT DRUG REBATE MCO /National Agreement |
| ODU MAT DRUG REBATE MCO /State Sidebar |
| ODU MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100% |
| ODU MAT DRUG REBATE/Increased ACA Offset MCO - 100% |
| ODU Medicaid Assisted Treatment Services |
| Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers |
| Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers |
| Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments |
| Physician & Surgical Services - Reg. Payments |
| Physician & Surgical Services - Sup. Payments |
| Physician & Surgical Services - Evaluation and Management |
| Physician & Surgical Services - Vaccine codes |
| Outpatient Hospital Services - Reg. Payments |
| Outpatient Hospital Services - Sup. Payments |
| Drug Rebate Offset - National |
| Drug Rebate Offset - State Sidebar Agreement |
| MCO - National Agreement |
| MCO - State Sidebar Agreement |
| Increased ACA OFFSET - Fee for Service - 100% |
| Increased ACA OFFSET - MCO - 100% |
| Drug Rebate Offset - Value Based Purchasing |
| Other Practitioners Services - Reg. Payments |

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

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

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| Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments |
| Physician & Surgical Services - Reg. Payments |
| Physician & Surgical Services - Sup. Payments |
| Physician & Surgical Services - Evaluation and Management |
| Physician & Surgical Services - Vaccine codes |
| Outpatient Hospital Services - Reg. Payments |
| Outpatient Hospital Services - Sup. Payments |
| Drug Rebate - National |
| Drug Rebate - State |
| MCO - National Agreement |
| MCO - State Sidebar Agreement |
| Increased ACA OFFSET - Fee for Service - 100% |
| Increased ACA OFFSET - MCO - 100% |
| Drug Rebate Offset - Value Based Purchasing |
| Other Practitioners Services - Reg. Payments |
| Other Practitioners Services - Sup. Payments |
| No |
| Yes |
| N/A - The individual only practices as a member of a group. |
| National committee for quality assurance - excellent |
| National committee for quality assurance - commendable |
| National committee for quality assurance - provisional |
| URAC - full |
| URAC - conditional |
| URAC - provisional |
| Accreditation Association for Ambulatory Health Care, Inc. (AAAHHC) - 3 years |
| Not accredited |
| Other |
| National committee for quality assurance-- accredited |
| National committee for quality assurance - interim |
| National committee for quality assurance - denied |
| JCAHO (Joint Commission on Accreditation of Healthcare Organizations) |
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| For background and context, see https://www.ncqa.org/programs/health-plans/health-plan-accreditation-hpa/ and https://www.aaahc.org/accreditation/accreditation-general-information/terms-of-accreditation/ |
| No |
| Yes |
| N/A - State does not distinguish "border state providers". |
| Original Claim/Encounter/Payment/Financial Transaction - Indicates that this is the first (and, when applicable, only) fully adjudicated transaction in a claim/encounter/payment/financial transaction family (one or more claims with the related ICN-ORIG and/or ICN-ADJ and typically the same MSIS ID and provider ID(s) also). |

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| <p>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.</p> |
| <p>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.</p> |
| <p>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.</p> |
| <p>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.</p> |
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| <p>For background and context, see https://x12.org/codes/claim-adjustment-reason-codes</p> |
| EMERGENCY |
| URGENT |
| ELECTIVE |
| NEWBORN |
| TRAUMA |
| UNKNOWN |
| <p>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.</p> |
| <p>For background and context, see https://www.nubc.org/license</p> |

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| Applicable Individual - Individual does not meet the criteria for a specified excluded individual |
| Specified Excluded Individual - Individual meets one of the criteria for a specified excluded individual |
| Health Plan (state-assigned health plan ID) - The value in the AFFILIATED-PROGRAM-ID data element contains the state-assigned health plan Identifier of health plan in which the provider is enrolled to provide services including through the state plan and a waiver. |
| Waiver - The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for the waiver in which a provider is allowed to deliver services to eligible beneficiaries. |
| Health Home Entity - The value in the AFFILIATED-PROGRAM-ID data element contains the name of the health home in which a provider is participating. The health home entity is responsible for providing health home services to the patient in conformance with the Health Home SPA. This is the name that the state uses to uniquely identify the health home team. This entity can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). |
| Other - The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for something other than a health plan, waiver, or health home entity |
| Sub-capitated Network provider - The value in the AFFILIATED-PROGRAM-ID data element contains the state-assigned health plan identifier with which the network provider has a sub-capitated contract to provide services for managed care plan enrollees. |
| Fee-For-Service - (This value is used to identify providers that are affiliated directly with the state's Medicaid or CHIP agency (or their fiscal intermediary) and reimbursed by the Medicaid or CHIP agency on a FFS basis. The value in the AFFILIATED-PROGRAM-ID data element contains the ANSI state code of the state in which the provider is enrolled to provide services including through the state plan and a waiver.) |
| Individual does not meet the definition of an American Indian/Alaska Native |
| Individual meets the definition of an American Indian/Alaska Native |
| Yes, Individual does have CDIB |
| Previously Excluded Individual - Beneficiary is excepted because they met a specified excluded criteria for part of the review period. Mandatory Exception |
| Under the age of 19 - Mandatory Exception |
| Eligible/enrolled in Medicare (exception) - Entitled to, or enrolled for, benefits under part A of title XVIII, or enrolled for benefits under part B of title XVIII. Mandatory Exception |
| Prior inmate of a public institution (exception) - At any point during the 3-month period ending on the first day of such month, the individual was an inmate of a public institution. Mandatory Exception |
| Inpatient/Acute Care - Individual receives inpatient hospital services, nursing facility services, services in an intermediate care facility for individuals with intellectual disabilities, inpatient psychiatric hospital services, or such other services of similar acuity (including outpatient care relating to other specified services). Optional short-term hardship exception. |
| Medical Service Travel - An individual or their dependent must travel outside of their community for an extended period of time to receive medical services necessary to treat a serious or complex medical condition that are not available within their community of residence. Optional short-term hardship exception. |
| Emergency/Disaster Declaration - Beneficiary resides in a county (or equivalent unit of government) in which an emergency or disaster has been declared. Optional short-term hardship exception. |
| High unemployment Rate - Beneficiary resides in a county (or equivalent unit of government) in which the unemployment rate is lesser of 8 percent or 1.5 times the national unemployment rate. Optional short-term hardship exception. |
| Excepted applicable individual - Individual meets the criteria for a mandatory exception or an optional short-term hardship exception (if included in the state plan) |

Demonstrates Community Engagement - Individual demonstrates community engagement through one or more activities

No, the State does not consider this to be an atypical provider

Yes, the State considers this to be an atypical provider

Intermediate Care Facility for the Intellectually Disabled bed not in an Institution for Mental Disease

Inpatient bed not in an Institution for Mental Disease

Nursing Facility bed not in an Institution for Mental Disease

Title 18 Skilled Nursing Facility (T18 SNF) bed not in an Institution for Mental Disease

Intermediate Care Facility for the Intellectually Disabled bed in an Institution for Mental Disease

Inpatient bed in an Institution for Mental Disease

Nursing Facility bed in an Institution for Mental Disease

Per Day

Per Hour

Per Case

Per Encounter

Per Week

Per Month

Other Arrangements

No

Yes

Non-Drug

Generic

Brand

Federal funding under Title XIX

Federal funding under Title XXI

Federal funding under ACA

Federal funding under other legislation

Individual was not Medicaid eligible and not eligible for separate CHIP for the month

Individual was Medicaid eligible, but was not included in either Medicaid-Expansion CHIP or a separate title XXI CHIP) program for the month

Individual was included in the Medicaid-Expansion CHIP program and subject to enhanced Federal matching for the month

Individual was not Medicaid-Expansion CHIP eligible, but was included in a separate title XXI CHIP program for the month.

Non-citizen

U.S. Citizen (If the state's eligibility determination system does not distinguish between U.S. citizens and U.S. nationals who are not U.S. citizens, then use this value for all U.S. citizens and U.S. nationals (see 42 CFR 435 and 436.)

U.S. National (If the state's eligibility determination system does distinguish between U.S. citizens and U.S. nationals who are not U.S. citizens, then use this value for U.S. nationals who are not U.S. citizens (see 42 CFR 435 and 436.)

Citizenship Verified

Enrolled in Medicaid pending citizenship verification

Denied: The payment of claim in its entirety was denied by the state.

Not Denied: The state paid some or all of the claim.

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For background and context, see <https://x12.org/codes/remittance-advice-remark-codes>

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For background and context, see <https://x12.org/codes/claim-status-codes> and <https://x12.org/codes/claim-status-codes>

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For background and context, see <http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/>

Not applicable for Community Engagement requirement - Beneficiary meets an exclusion requirement, is an excepted individual or activity is not applicable to demonstrate Community Engagement

Beneficiary performed community service to demonstrate community engagement - Applicable individual performed community service in whole or in conjunction with another activity to demonstrate community engagement

Capsule

Ointment

Cream

Suppository

Powder

Emulsion

Liquid

Tablet

Solution

Suspension

Lotion

Shampoo

Elixir

Syrup

Lozenge

Enema

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For background and context, see <https://www.ncpdp.org/>

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| Not Compound |
| Compound |
| No |
| Yes |
| Continuous eligibility for children (optional per SSA 1902(e)(12) or 2105(a)(4)(A)) |
| 1115 waiver for continuous eligibility |
| Other |
| Not Waived: The provider did not waive the beneficiary's copayment. |
| Waived: The provider waived the beneficiary's copayment. |
| The MCOs service area falls partially or entirely inside one or more metropolitan areas. |
| The MCOs service area falls partially or entirely inside one or more micropolitan areas, but not within any metropolitan areas. |
| The MCOs service area falls entirely outside of all metropolitan and micropolitan areas. |
| This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CSMO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. |
| For background and context, see https://www.census.gov/library/reference/code-lists/ansi.html#cou |
| Drug |
| Professional (Physician) Visit - Office |
| Dental Care |
| Inpatient Hospital |
| Outpatient Hospital |
| Nursing Home |
| Vision |
| Durable Med Equip (rent) |
| Durable Med Equip (purchase) |
| Home Health |
| Mental health-outpatient |
| Mental health -inpatient |
| Psychiatric care- outpatient |
| Psychiatric care- inpatient |
| Rehabilitation |
| Cancer |
| Emergency Services |
| Chiropractic |
| Surgical |
| Diagnostic Medical, including X-ray and Lab Services |
| PT/OT/ST |
| Hospice |
| Transportation |
| Other |
| Not Crossover Claim |
| Crossover Claim |
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| This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. |
| For background and context, see https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes |
| ICD-9 |
| ICD-10 |
| Unreported/Not used. Exempt from POA reporting. |
| Diagnosis was not present at time of inpatient admission |
| This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. |
| For background and context, see https://www.nubc.org/license |
| Documentation insufficient to determine if condition was present at the time of inpatient admission |
| Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. |
| Diagnosis was present at time of inpatient admission |
| Admitting (from 837I or UB-04 claim for IP and LT) |
| Diagnosis Code #1-5 (from NCPDP claim for RX) or #1-12 (from 837P, CMS-1500, 837D, or ADA claim for OT) |
| External Cause of Injury #1-12 (from 837I claim for IP, LT, and OT) |
| Other Diagnosis #1-24 (for IP, LT) or #1-12 (from 837I or UB-04 claim for OT) |
| Principal (from 837I or UB-04 claim for IP, LT, and OT) |
| Reason for Visit #1-3 (from 837I claim for OT) |
| Individual is deaf or has serious difficulty hearing. |
| Individual is blind or has serious difficulty seeing, even when wearing glasses. |
| Individual has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. (Applicable only to people who are 5 years old or older.) |
| Individual has serious difficulty walking or climbing stairs. (Applicable only to people who are 5 years old or older.) |
| Individual has difficulty dressing or bathing. (Applicable only to people who are 5 years old or older.) |
| Individual has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. (Applicable only to people who are 15 years old or older.) |
| Other |

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| None |
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| For background and context, see https://www.ncdpd.org/ |
| 439-E4: Additional Drug Needed |
| 439-E4: Prescription Authentication |
| 439-E4: Adverse Drug Reaction |
| 439-E4: Additive Toxicity |
| 439-E4: Chronic Disease Management |
| 439-E4: Call Help Desk |
| 439-E4: Patient Complaint/Symptom |
| 439-E4: Drug-Allergy |
| 439-E4: Drug-Disease (Inferred) |
| 439-E4: Drug-Drug Interaction |
| 439-E4: Drug-Food interaction |
| 439-E4: Drug Incompatibility |
| 439-E4: Drug-Lab Conflict |
| 439-E4: Apparent Drug Misuse |
| 439-E4: Tobacco Use |
| 439-E4: Patient Education/Instruction |
| 439-E4: Overuse |
| 439-E4: Excessive Quantity |
| 439-E4: High Dose |
| 439-E4: Iatrogenic Condition |
| 439-E4: Ingredient Duplication |
| 439-E4: Low Dose |
| 439-E4: Lock In Recipient |
| 439-E4: Underuse |
| 439-E4: Drug-Disease (Reported) |
| 439-E4: Insufficient Duration |
| 439-E4: Missing Information/Clarification |
| 439-E4: Excessive Duration |
| 439-E4: Drug Not Available |
| 439-E4: Non-covered Drug Purchase |
| 439-E4: New Disease/Diagnosis |
| 439-E4: Non-Formulary Drug |
| 439-E4: Unnecessary Drug |
| 439-E4: New Patient Processing |
| 439-E4: Lactation/Nursing Interaction |
| 439-E4: Insufficient Quantity |
| 439-E4: Alcohol Conflict |
| 439-E4: Drug-Age |
| 439-E4: Patient Question/Concern |
| 439-E4: Drug-Pregnancy |
| 439-E4: Preventive Health Care |

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| 439-E4: Prescriber Consultation |
| 439-E4: Plan Protocol |
| 439-E4: Prior Adverse Reaction |
| 439-E4: Product Selection Opportunity |
| 439-E4: Suspected Environmental Risk |
| 439-E4: Health Provider Referral |
| 439-E4: Suboptimal Compliance |
| 439-E4: Suboptimal Drug/Indication |
| 439-E4: Side Effect |
| 439-E4: Suboptimal Dosage Form |
| 439-E4: Suboptimal Regimen |
| 439-E4: Drug-Gender |
| 439-E4: Therapeutic |
| 439-E4: Laboratory Test Needed |
| 439-E4: Payer/Processor Question |
| 440-E5: No intervention |
| 440-E5: Patient assessment |
| 440-E5: Coordination of care |
| 440-E5: Dosing evaluation/determination |
| 440-E5: Formulary enforcement |
| 440-E5: Generic product selection |
| 440-E5: Prescriber consulted |
| 440-E5: Medication administration |
| 440-E5: Medication review |
| 440-E5: Patient consulted |
| 440-E5: Patient education/instruction |
| 440-E5: Patient medication history |
| 440-E5: Patient monitoring |
| 440-E5: Perform laboratory test |
| 440-E5: Pharmacist consulted other source |
| 440-E5: Recommend laboratory test |
| 440-E5: Self-care consultation |
| 440-E5: Literature search/review |
| 440-E5: Payer/processor consulted |
| 440-E5: Therapeutic product interchange |
| 441-E6: Not Specified |
| 441-E6: Filled As Is |
| 441-E6: Filled Prescription As Is |
| 441-E6: Filled |
| 441-E6: Filled |
| 441-E6: Filled |
| 441-E6: Filled |
| 441-E6: Filled |
| 441-E6: Filled |
| 441-E6: Brand-to-Generic Change |
| 441-E6: Rx-to-OTC Change |
| 441-E6: Filled with Different Dosage Form |
| 441-E6: Prescription Not Filled |
| 441-E6: Not Filled |

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| 441-E6: Recommendation Accepted |
| 441-E6: Recommendation Not Accepted |
| 441-E6: Discontinued Drug |
| 441-E6: Regimen Changed |
| 441-E6: Therapy Changed |
| 441-E6: Therapy Changed-cost increased acknowledged |
| 441-E6: Drug Therapy Unchanged |
| 441-E6: Follow-Up/Report |
| 441-E6: Patient Referral |
| 441-E6: Instructions Understood |
| 441-E6: Compliance Aid Provided |
| 441-E6: Medication Administered |
| Eligible is not a Medicare beneficiary |
| Eligible is entitled to Medicare- QMB only |
| Eligible is entitled to Medicare- QMB AND Medicaid coverage |
| Eligible is entitled to Medicare- SLMB only |
| Eligible is entitled to Medicare- SLMB AND Medicaid coverage |
| Eligible is entitled to Medicare- QDWI |
| Eligible is entitled to Medicare- Qualifying individuals |
| Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) |
| Eligible is entitled to Medicare - Other (This code is to be used only with specific CMS approval.) |
| Separate CHIP Eligible is entitled to Medicare |
| Not applicable for Community Engagement requirement - Beneficiary meets an exclusion requirement, is an excepted individual or activity is not applicable to demonstrate Community Engagement |
| Beneficiary enrolled in an education program to demonstrate community engagement - Applicable individual meets education hours in whole or in conjunction with another activity to demonstrate community engagement |
| Medicaid Card ID |
| Old MSIS Identification Number |
| 60-day extended postpartum coverage (mandatory per SSA 1902(e)(5) and 2112(d)(2)(A)) |
| 12-month extended postpartum coverage (optional per SSA 1902(e)(16) or 2107(e)(1)(J)) |
| 1115 waiver for extended postpartum coverage |
| Other |
| Parents and Other Caretaker Relatives |
| Transitional Medical Assistance |
| Extended Medicaid due to Earnings |
| Extended Medicaid due to Spousal Support Collections |
| Pregnant Women |
| Deemed Newborns |
| Infants and Children under Age 19 |
| Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care |
| Former Foster Care Children |
| Individuals Receiving SSI |
| Aged, Blind and Disabled Individuals in 209(b) States |
| Individuals Receiving Mandatory State Supplements |
| Individuals Who Are Essential Spouses |
| Institutionalized Individuals Continuously Eligible Since 1973 |

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| Blind or Disabled Individuals Eligible in 1973 |
| Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972 |
| Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977 |
| Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI |
| Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security |
| Working Disabled under 1619(b) |
| Disabled Adult Children |
| Qualified Medicare Beneficiaries |
| Qualified Disabled and Working Individuals |
| Specified Low Income Medicare Beneficiaries |
| Qualifying Individuals |
| Optional Coverage of Parents and Other Caretaker Relatives |
| Reasonable Classifications of Individuals under Age 21 |
| Children with Non-IV-E Adoption Assistance |
| Independent Foster Care Adolescents |
| Optional Targeted Low Income Children |
| Individuals Electing COBRA Continuation Coverage |
| Individuals above 133% FPL under Age 65 |
| Certain Individuals Needing Treatment for Breast or Cervical Cancer |
| Individuals Eligible for Family Planning Services |
| Individuals with Tuberculosis |
| Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance |
| Individuals Eligible for Cash Assistance except for Institutionalization |
| Individuals Receiving Home and Community Based Services under Institutional Rules |
| Optional State Supplement Recipients - 1634 States, and SSI Criteria States with 1616 Agreements |
| Optional State Supplement Recipients - 209(b) States, and SSI Criteria States without 1616 Agreements |
| Institutionalized Individuals Eligible under a Special Income Level |
| Individuals participating in a PACE Program under Institutional Rules |
| Individuals Receiving Hospice Care |
| Qualified Disabled Children under Age 19 |
| Poverty Level Aged or Disabled |
| Work Incentives Eligibility Group |
| Ticket to Work Basic Group |
| Ticket to Work Medical Improvements Group |
| Family Opportunity Act Children with Disabilities |
| Individuals Eligible for Home and Community-Based Services |
| Individuals Eligible for Home and Community-Based Services - Special Income Level |
| Medically Needy Pregnant Women |
| Medically Needy Children under Age 18 |
| Medically Needy Children Age 18 through 20 |
| Medically Needy Parents and Other Caretakers |
| Medically Needy Aged, Blind or Disabled |
| Medically Needy Blind or Disabled Individuals Eligible in 1973 |
| Targeted Low-Income Children |
| Deemed Newborn |
| Children Ineligible for Medicaid Due to Loss of Income Disregards |
| Coverage from Conception to Birth |

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| Children with Access to Public Employee Coverage |
| Children Eligible for Dental Only Supplemental Coverage |
| Targeted Low-Income Pregnant Women |
| Pregnant Women with Access to Public Employee Coverage |
| Individuals with Mental Health Conditions (expansion group) |
| Family Planning Participants (expansion group) |
| Other expansion group |
| Adult Group - Individuals at or below 133% FPL Age 19 through 64 - newly eligible for all states |
| Adult Group - Individuals at or below 133% FPL Age 19 through 64- not newly eligible for non 1905z(3) states |
| Adult Group - Individuals at or below 133% FPL Age 19 through 64 - not newly eligible parent/ caretaker-relative(s) in 1905z(3) states |
| Adult Group - Individuals at or below 133% FPL Age 19 through 64- not newly eligible non-parent/ caretaker-relative(s) in 1905z(3) states |
| Uninsured Individual eligible for COVID-19 testing |
| Income Requirement not met - do not use for changes in household composition |
| Asset requirement not met - do not use for changes in household composition |
| Income reduced - (do not use - typically not a reason for termination) |
| Aged out of program |
| No longer in the foster care system - (do not use - typically not a reason for termination) |
| Death |
| No longer disabled |
| No longer institutionalized |
| No longer in need of long-term care services |
| Obtained employer sponsored insurance (ESI) |
| Gained access to public employees health plan |
| Obtained other coverage (not ESI or public employees health plan) |
| Failure to respond |
| Failure to pay premium or enrollment fees |
| Residency requirement not met (e.g., individual moved to a different state, individual has entered or been discharged from an otherwise unspecified facility or institution) |
| Voluntary request for termination |
| Lack of verifications (e.g., unable to successfully verify citizenship status, immigration status, income, or other information from an application; if unverifiable due to non-response, document as "Failure to respond") |
| Fraud |
| Suspension/termination due to incarceration - use when the state is able to distinguish a more granular reason than just residency requirement not met |
| Disqualification for residence in an Institution for Mental Disease (IMD) - use when the state is able to distinguish a more granular reason than just residency requirement not met |
| Suspension/Termination with reason unknown |
| Other |
| Terminated due to Incorrect Granting of Eligibility (e.g., someone is given eligibility in error and then eligibility has to be retracted/terminated) |
| Household or family composition criteria not met (e.g., someone was incorrectly included or excluded from the household or family composition) - do not use for changes in income |
| Non-financial program requirements not met (e.g. child support not paid, failure of drug tests, failure to apply for SSN, etc.) |
| No longer meets categorical eligibility requirements. |

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| End of pregnancy/postpartum coverage period - should only be used if the beneficiary did not obtain coverage through another coverage group like parent/caretaker relative |
| Time limited eligibility expired (e.g., Transitional Medical Assistance (TMA)) |
| Closed as duplicate |
| Medical/health status or condition or level of care requirements no longer met - for reasons other than no longer being institutionalized or no longer meeting disability requirements (e.g., completed breast and/or cervical cancer treatment, incarcerated individual no longer requires temporary inpatient level of care) |
| Change in federal or state law or policy (e.g., a state or federal program is completely discontinued and not replaced by an equivalent or transitional program; unwinding of the Families First Coronavirus Response Act coverage of COVID testing for otherwise uninsured individuals who would have otherwise continued to be eligible if they had been re-determined eligible for at least the same program had the program not been terminated) |
| Community Engagement not verified - The state could not verify if the individual qualified as a specified excluded individual, demonstrated community engagement, or was deemed to have demonstrated community engagement through a mandatory or short-term hardship exception |
| Community Engagement not met - The Individual did not qualify as a specified excluded individual, did not demonstrate community engagement, and was not deemed to have demonstrated community engagement through a mandatory or a short-term hardship exception. |
| Primary home address and contact information, used for the eligibility determination process |
| Primary work address and contact information |
| Secondary residence and contact information |
| Secondary work address and contact information |
| Other category of address and contact information |
| Eligible person's official mailing address |
| Very Well |
| Well |
| Not well |
| No spoken proficiency |
| Medicaid |
| CHIP |
| Not of Hispanic or, Latino/a, or Spanish origin |
| Mexican, Mexican American, Chicano/a |
| Puerto Rican |
| Cuban |
| Another Hispanic, Latino, or Spanish origin |
| Hispanic or Latino Unknown |
| Ethnicity Unspecified |
| FFCC - Former Foster Care Children |
| AI/AN - Individual who <ul style="list-style-type: none"> · is an Indian or an Urban Indian (as such terms are defined in paragraphs (13) and (28) of section 4 of the Indian Health Care Improvement Act); · is a California Indian described in section 809(a) of such Act; or · has otherwise been determined eligible as an Indian for the Indian Health Service under regulations promulgated by the Secretary |
| The individual is a parent or guardian of a dependent child 13 years and under or disabled individual for whom he or she provides assistance |
| The individual resides in the same household as a dependent child 13 years of age and under or disabled individual for whom he or she provides assistance |

The individual is a relative (applying the relationships specified in the “caretaker relative” definition at § 435.550(b)) of a dependent child 13 years of age and under or disabled individual for whom he or she provides regular assistance that is not solely incidental in nature and does not reside in the same household

The individual does not reside with and is not a relative of a dependent child 13 years of age and under or disabled individual for whom he or she provides not less than 80 hours of assistance per month.

Veteran with total disability rating - Veteran with a disability rated as total under section 1155 of title 38, United States Code

Medically Frail - Individual who is medically frail or otherwise has special medical needs. The Medical Frailty Type data element must be populated if a beneficiary is excluded due to medical frailty

Enrolled in a household receiving SNAP and not exempt - Member of a household that receives supplemental nutrition assistance program benefits under the Food and Nutrition Act of 2008 and is not exempt from a work requirement under such Act

Meeting TANF requirements - Beneficiary meets TANF requirements

SUD treatment and rehab - Individual who is participating in a drug addiction or alcoholic treatment and rehabilitation program (as defined in section 3(h) of the Food and Nutrition Act of 2008)

Inmate of a public institution

Pregnant or postpartum - Individual who is pregnant or entitled to postpartum medical assistance under paragraph (5) or (16) of subsection (e)

1115

Other

Facility - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a facility.

Group - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a group of individual practitioners.

Individual - The entity identified by the associated SUBMITTING-STATE-PROV-ID is an individual practitioner.

The file follows a fixed length format.

The file follows a pipe-delimited format.

Inpatient Claim/Encounters File

Long Term Care Claims/Encounters File

Other Claims/Encounters File

Pharmacy Claims/Encounters File

Eligible File

Financial Transaction File

Managed Care Plan Information File

Provider File

Third Party Liability File

Production File

Test File

True Full File Refresh (TFFR)

Rolling History File Refresh (RHFR)

Incremental Timespan (IT) - One month incremental Create files

Change-Segment Only (CSO)

Incremental Timespan (IT) - Multi-month incremental Create files

Not Fixed Payment

FFS Fixed Payment

No

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| Yes |
| Medicaid Agency |
| CHIP Agency |
| Mental Health Service Agency |
| Education Agency |
| Child and Family Services Agency |
| County |
| City |
| Providers |
| Other |
| State appropriations to the Medicaid agency |
| Intergovernmental transfers (IGT) |
| Certified public expenditures (CPE) |
| Provider taxes |
| Donations |
| State appropriations to the CHIP agency |
| Female |
| Male |
| Transgender female |
| Transgender male |
| Not sure |
| Prefer not to answer |
| Other |
| Aged |
| Physical Disabilities |
| Intellectual Disabilities |
| Autism Spectrum Disorder |
| Developmental Disabilities |
| Mental Illness and/or Serious Emotional Disturbance |
| Brain Injury |
| HIV/AIDs |
| Technology Dependent or Medically Fragile |
| Disabled (other) |
| The HCBS service was provided under 1915(i) |
| The HCBS service was provided under 1915(j) |
| The HCBS service was provided under 1915(k) |
| The HCBS service was provided under a 1915(c) HCBS Waiver |
| The HCBS service was provided under an 1115 waiver |
| The HCBS service was not provided under the statutes identified above and was of an acute care nature |

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

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| Nutrition Consultation |
| Physician Services |
| Prescription Drugs |
| Dental Services |
| Occupational Therapy |
| Physical Therapy |
| Speech, Hearing, And Language Therapy |
| Respiratory Therapy |
| Cognitive Rehabilitative Therapy |
| Other Therapies |
| Financial Management Services In Support Of Participant Direction |
| Information and Assistance In Support Of Participant Direction |
| Participant Training |
| Personal Emergency Response System (Pers) |
| Home and/or Vehicle Accessibility Adaptations |
| Equipment and Technology |
| Supplies |
| Non-Medical Transportation |
| Community Transition Services |
| Goods and Services |
| Interpreter |
| Housing Consultation |
| Other |
| No |
| Yes |
| Mental health |
| Substance abuse |
| Asthma |
| Diabetes |
| Heart disease |
| Overweight (BMI of >25) |
| HIV/AIDS |
| Other |
| No |
| Yes |
| 0:00-0:59 |
| 1:00-1:59 |
| 2:00-2:59 |
| 3:00-3:59 |
| 4:00-4:59 |
| 5:00-5:59 |
| 6:00-6:59 |
| 7:00-7:59 |
| 8:00-8:59 |
| 9:00-9:59 |
| 10:00-10:59 |
| 11:00-11:59 |
| 12:00-12:59 |

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| 13:00-13:59 |
| 14:00-14:59 |
| 15:00-15:59 |
| 16:00-16:59 |
| 17:00-17:59 |
| 18:00-18:59 |
| 19:00-19:59 |
| 20:00-20:59 |
| 21:00-21:59 |
| 22:00-22:59 |
| 23:00-23:59 |
| 1 person |
| 2 people |
| 3 people |
| 4 people |
| 5 people |
| 6 people |
| 7 people |
| 8 or more people |
| No |
| Yes |
| Qualified non-citizen |
| Lawfully present under CHIPRA 214 |
| Eligible only for payment for emergency services |
| Not Applicable (U.S. citizen or U.S. national) |
| Immigration Status Verified |
| Enrolled in Medicaid pending immigration verification |
| Individual's State-defined family income is from 0 to 100% of the FPL |
| Individual's State-defined family income is from 101 to 133% of the FPL |
| Individual's State-defined family income is from 134 to 150% of the FPL |
| Individual's State-defined family income is from 151 to 200% of the FPL |
| Individual's State-defined family income is from 201 to 255% of the FPL |
| Individual's State-defined family income is from 256 to 300% of the FPL |
| Individual's State-defined family income is from 301 to 400% of the FPL |
| Individual's State-defined family income is over 400% of the FPL |
| Not applicable for Community Engagement requirement - Beneficiary meets an exclusion requirement, is an excepted individual or activity is not applicable to demonstrate Community Engagement |
| Beneficiary meets the minimum wage income community engagement requirement -Applicable individual earns an income equivalent to 80 hours of work at minimum wage to demonstrate community engagement |
| MAGI |
| Non-MAGI |
| Other |
| Medical or comprehensive health insurance plan (e.g. HMO) |
| Dental health insurance plan |
| Vision health insurance plan |
| Prenatal/delivery health insurance plan |
| Long term care health insurance plan (Long Term PIHP) |

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| Transportation health insurance plan (Transportation PAHP) |
| A managed care plan |
| Disease management health insurance plan (Disease Management PAHP) |
| PAHP (Medical only) |
| Comprehensive health insurance and Long Term Care (hybrid) |
| Other health insurance plan |
| Veterans Administration health benefits |
| Indian Health Service Program health benefits |
| TRICARE health benefits |
| Eligible enrolled in private LTC insurance |
| Fee-for-Service insurance |
| Not applicable for Community Engagement requirement - Beneficiary meets an exclusion requirement, is an excepted individual or activity is not applicable to demonstrate Community Engagement |
| Beneficiary participated in a jobs program to demonstrate community engagement -Applicable individual participated in a jobs program in whole or in conjunction with another activity to demonstrate Community Engagement |
| Hospital as defined in 42 CFR \$440.10 |
| Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR \$440.160 |
| Nursing Facility |
| ICF/IDD |
| Other Type of Facility |
| Not Applicable (Not in LTSS program) |
| State, county, or municipality professional or business license |
| DEA license |
| Professional society accreditation |
| CLIA accreditation |
| Other |
| Original Claim/Encounter/Payment - Indicates that this is the first (and, when applicable, only) fully adjudicated transaction in a claim family (one or more claims with the related ICN-ORIG and/or ICN-ADJ and typically the same MSIS ID and provider ID(s) also). |
| Void/Reversal/Cancel of a prior submission Use this code to convey that the purpose of the transaction is to void/reverse/cancel a previously paid/approved claim/encounter/payment where the claim/encounter/payment is not being replaced by a new paid/approved version of the claim/encounter/payment. Typically, this would be the last claim/encounter/payment that would ever be associated with a given claim family. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter being voided. CMS expects a void transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment being voided/reversed/cancelled. |
| Replacement/Resubmission of a previously paid/approved claim/encounter/payment - Use when the purpose of the transaction is to replace a previously paid/approved claim/encounter/payment with a new paid/approved version of the claim/encounter/payment. These records must have the same ICN-ORIG or ICN-ADJ as the claim/encounter being replaced. CMS expects a replacement transaction to also have the same MSIS ID and provider ID(s) as the claim/encounter/payment being replaced/resubmitted. |

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

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

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For background and context, see <https://x12.org/codes/claim-adjustment-reason-codes>

Skilled Care

Intermediate Care

Custodial Care

MCOs corporate address and contact information

MCOs mailing address

MCOs service location address

MCOs Billing address and contact information

CEO's address and contact information

CFO's address and contact information

Other

Federal Tax ID

State Tax ID

Comprehensive MCO

Traditional PCCM Provider

Enhanced PCCM Provider

HIO

Medical-only PIHP (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)

Medical-only PAHP (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)

Long Term Care (LTC) PIHP

Mental Health (MH) PIHP

Mental Health (MH) PAHP

Substance Use Disorders (SUD) PIHP

Substance Use Disorders (SUD) PAHP

Mental Health (MH) and Substance Use Disorders (SUD) PIHP

Mental Health (MH) and Substance Use Disorders (SUD) PAHP

Dental PAHP

| |
|---|
| Transportation PAHP |
| Disease Management PAHP |
| PACE |
| Pharmacy PAHP |
| Individual is enrolled in Long-Term Services & Supports (LTSS) and Mental Health (MH) PIHP |
| Other |
| Accountable Care Organization |
| Health/Medical Home |
| Integrated Care For Dual Eligibles |
| 501(C)(3) NON-PROFIT |
| FOR-PROFIT, CLOSELY HELD |
| FOR-PROFIT, PUBLICLY TRADED |
| OTHER |
| Medicaid State Plan |
| CHIP State Plan |
| Both Medicaid and CHIP |
| Statewide - The managed care entity provides services to beneficiaries throughout the entire state. |
| County - The managed care entity provides services to beneficiaries in specified counties. |
| City - The managed care entity provides services to beneficiaries in specified cities. |
| Region - The managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state ("region" is state-defined). |
| Zip Code - The managed care entity program provides services to beneficiaries in specified zip codes. |
| Other - The managed care entity provides services to beneficiaries in "other" area(s), not Statewide, County, City, or Region. |
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| For background and context, see https://www.census.gov/library/reference/code-lists/ansi.html |
| Legally Married (to opposite sex), spouse present |
| Legally Married (to opposite sex), spouse absent |
| Legally Married (to same sex), spouse present |
| Legally Married (to same sex), spouse absent |
| Partnered or in Civil Union (to opposite sex), spouse present |
| Partnered or in Civil Union (to opposite sex), spouse absent |
| Partnered or in Civil Union (to same sex), spouse present |
| Partnered or in Civil Union (to same sex), spouse absent |
| Legally separated (and not married or partnered) |
| Divorced (and not currently married or partnered) |
| Separated (and not currently married or partnered) |
| Widower/Widow (and not currently married or partnered) |
| Never married/partnered |
| Other |
| Legally Married (to opposite sex) |
| Legally Married (to same sex) |

| |
|---|
| Legally Married, spouse present |
| Legally Married, spouse absent |
| Legally Married |
| Partnered or in Civil Union (to opposite sex) |
| Partnered (Registered Domestic Partner) or in Civil Union (to same sex) |
| Partnered (Registered Domestic Partner) or in Civil Union, spouse present |
| Partnered (Registered Domestic Partner) or in Civil Union, spouse absent |
| Partnered (Registered Domestic Partner) or in Civil Union |
| Partnered (Registered Domestic Partner) |
| Civil Union |
| Legally Married, Partnered, or in Civil Union |
| Legally separated (and still legally married) |
| Legally separated |
| Annulled (and not currently married or partnered) |
| Separated (and currently married or partnered) |
| Separated |
| Single, widowed, or divorced |
| The MBES/CBES form that this expenditure was or will be reported to is a form for Medicaid (but not Medicaid-expansion CHIP) expenditures or adjustments. |
| The MBES/CBES form that this expenditure was or will be reported to is a form for Medicaid-expansion CHIP expenditures or adjustments. |
| The MBES/CBES form that this expenditure was or will be reported to is a form for separate CHIP expenditures or adjustments. |
| Quarterly Expenditures for State & Local Administration |
| Third Party Liability Collections and Cost Avoidance |
| Medical Assistance Expenditures by Type of Service |
| Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Prior Period Adjustment |
| Child Health Expenditures by Service |
| Quarterly Medical Assistance Expenditures by Children's Health Insurance Program expenditure categories |
| Children's Health Expenditures By Type of Service |
| Quarterly Children's Health Insurance Program |
| Blind or disabled (as defined in section 1614) |
| Substance use disorders |
| Disabling mental disorder |
| Physical, intellectual or developmental disability |
| Serious or complex condition |
| Multiple Medical Frailty Types - Beneficiary meets the requirement for multiple medical frailty types identified above |
| Amount not combined with coinsurance amount |
| Amount combined with coinsurance amount |
| IPPS - Acute Inpatient PPS |
| LTCHPPS - Long-term Care Hospital PPS |
| SNFPPS - Skilled Nursing Facility PPS |
| HHPPS - Home Health PPS |
| IRFPPS - Inpatient Rehabilitation Facility PPS |
| IPFPPS - Inpatient Psychiatric Facility PPS |
| OPPS - Outpatient PPS |

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| Fee Schedules (for physicians, DME, ambulance, and clinical lab) |
| Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model |
| No |
| Yes |
| Non Participation |
| Default- Non Participation |
| Nursing Facility |
| ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities) |
| IMD (Institution for Mental Diseases) |
| Hospital |
| Other |
| Default - Non Participation |
| Home owned by participant |
| Home owned by family member |
| Apartment leased by participant, not assisted living |
| Apartment leased by participant, assisted living |
| Group home of no more than 4 people |
| Default - No Participation |
| Completed 365 days of participation |
| Suspended eligibility |
| Re-institutionalized |
| Died |
| Moved |
| No longer needed services |
| Other |
| Default- Non Participation |
| Acute care hospitalization followed by long term rehabilitation |
| Deterioration in cognitive functioning |
| Deterioration in health |
| Deterioration in mental health |
| Loss of housing |
| Loss of personal care giver |
| By request of participant or guardian |
| Lack of sufficient community services |
| International Unit |
| Gram |
| Milligram |
| Milliliter |
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| For background and context, see https://www.x12.org/ |
| Unit |
| New Prescription |
| Number of Refill(s) |

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| Number of Refill(s) |
| Number of Refill(s) |
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| For background and context, see https://www.nubc.org/license or https://med.noridianmedicare.com/web/jea/topics/claim-submission/occurrence-codes |
| Capitation |
| Individual Premium |
| Group Premium |
| 1115 demonstration waiver program - demonstration projects under which most provisions of Section 1902 of the Social Security Act are waived and/or expenditures that would not otherwise be eligible for FFP are authorized. States use these to expand eligibility, restructure Medicaid coverage and secure programmatic flexibility. |
| 1915(b) waiver program - waivers of most provisions of Section 1902 of the Social Security Act in order to limit beneficiaries' freedom of choice of provider; selectively contract with providers; or provide additional services to beneficiaries (State may include BBA special populations) |
| 1932(a) state plan option to use managed care for MCO and PCCM programs - mandatory managed care programs implemented through the state plan (State must exclude or permit voluntary enrollment of specific populations) |
| 1915(a) voluntary managed care program - an MCO managed care program in which enrollment is voluntary and therefore does not require a waiver. |
| Concurrent 1915(b)/1915(c) waivers- programs, or portions thereof, operating under both 1915(b) managed care and 1915(c) home and community-based services waivers. |
| Concurrent 1915(a)/1915(c) waivers- programs, or portions thereof, operating under both 1915(a) voluntary managed care and 1915(c) home and community-based services waiver |
| Concurrent 1932(a)/1915(c) waivers - programs, or portions thereof, operating under both 1932(a) managed care and 1915(c) home and community-based services waiver. |
| PACE - program that provides pre-paid, capitated comprehensive, health care services to the frail elderly. |
| 1905(t) voluntary PCCM program - A PCCM managed care program in which enrollment is voluntary and therefore does not require a waiver. |
| 1937benchmark benefit program-programs to provide benefits that differ from Medicaid state plan benefits using managed care and implemented through the state plan. |
| 1902(a)(70) non-emergency medical transportation program -non-emergency medical transportation brokerage programs implemented through the state plan which can vary scope of services, operate on a less-than-statewide basis, and limit freedom of choice |
| Concurrent 1915(b)/1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1915(b) managed care waiver program. |
| Concurrent 1915(a)/ 1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1915(a) voluntary managed care program. |
| Concurrent 1932(a)/ 1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1932(a) managed care state plan option. |
| 1945 Health Homes. |

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| Concurrent 1915(a)/1915(j) - programs, or portions thereof, operating under both 1915(a) and 1915(j) authorities |
| Concurrent 1932(a)/1915(j) - programs, or portions thereof, operating under both 1932(a) and 1915(j) authorities |
| Concurrent 1915(b)/1915(j) - programs, or portions thereof, operating under both 1915(b) and 1915(j) authorities |
| Concurrent 1115/1915(j) - programs, or portions thereof, operating under both 1115 and 1915(j) authorities |
| Concurrent 1915(a)/1915(k) - programs, or portions thereof, operating under both 1915(a) and 1915(k) authorities |
| Concurrent 1932(a)/1915(k) - programs, or portions thereof, operating under both 1932(a) and 1915(k) authorities |
| Concurrent 1915(b)/1915(k) - programs, or portions thereof, operating under both 1915(b) and 1915(k) authorities |
| Concurrent 1115/1915(k) - programs, or portions thereof, operating under both 1115 and 1915(k) authorities |
| No |
| Yes |
| Not Applicable |
| Third Party Resource is Casualty/Tort |
| Third Party Resource is Estate |
| Third Party Resource is Lien (TEFRA) |
| Third Party Resource is Lien (Other) |
| Third Party Resource is Worker's Compensation |
| Third Party Resource is Medical Malpractice |
| Third Party Resource is Other |
| No Outlier |
| Day Outlier |
| Cost Outlier |
| Valid DRG Received from the intermediary |
| CMS Developed DRG |
| CMS Developed DRG Using Patient Status Code |
| Not Group able |
| Composite of cost outliers |
| Voluntary - Non-Profit - Religious Organizations |
| Voluntary - Non-Profit - Other |
| Voluntary - multiple owners |
| Proprietary - Individual |
| Proprietary - Corporation |
| Proprietary - Partnership |
| Proprietary - Other |
| Proprietary - multiple owners |
| Government - Federal |
| Government - State |
| Government - City |
| Government - County |
| Government - City-County |
| Government - Hospital District |
| Government - State and City/County |

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| Government - other multiple owners |
| Voluntary /Proprietary |
| Proprietary/Government |
| Voluntary/Government |
| N/A - The individual only practices as part of a group, e.g., as an employee |
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| For background and context, see https://www.nubc.org/license |
| State |
| Capitated plan ID |
| Sub-capitated plan ID |
| Sub-capitated network provider ID |
| State contracted FFS provider ID assigned by state |
| State contracted FFS provider NPI |
| Insurance carrier |
| Beneficiary |
| Non-Medicaid eligible guardian |
| Other |
| SSN |
| EIN |
| ITIN |
| State Tax ID |
| Other |
| State |
| Capitated plan ID |
| Sub-capitated entity ID |
| Sub-capitated network provider ID |
| Other |
| Payment/allowed amount is not determined at the individual line level (e.g., DRG or outpatient PPS) |
| Payment/allowed amount is determined at the individual line level (e.g., RBRVS) and when applicable, cost-sharing and/or coordination of benefits were deducted from one or more specific line-level payment/allowed amount(s) |
| Payment/allowed amount is determined for each individual line (e.g., RBRVS) but then cost sharing or coordination of benefits was deducted from the total paid/allowed amount at the header only |
| Bene coverage period |
| Service coverage period |
| Provider coverage period |
| Fiscal period |
| Episode of care |
| Other |

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For background and context, see

https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

Self

Spouse

Custodial Parent

Noncustodial Parent (Child Support Enforcement in effect)

Noncustodial Parent without child support enforcement in effect

Grandparent

Guardian

Domestic Partner

Other

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For background and context, see https://en.wikipedia.org/wiki/List_of_ISO_639-2_codes

No

Yes

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For background and context, see <https://www.ncdp.org/> or

<https://www.ncdp.org/NCPDP/media/pdf/VersionD-Questions.pdf>

NO

YES

CPT 4

ICD-9 CM

HCPCS Level II and CDT

ICD-10 - PCS (Will be implemented on 10/1/2014)

Other Systems

Other Systems

Other Systems

Other Systems

Other Systems

Other Systems

Other Systems

Other Systems

Other Systems

Other Systems

Other Systems

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| Other Systems |
| No Special Program |
| EPSDT |
| Family Planning |
| Rural Health Clinic |
| Federally Qualified Health Centers (FQHC) |
| Indian Health Services |
| Home and Community Based Care Waiver Services |
| Money Follows the Person (MFP) |
| BIP - Balancing Incentive Payment |
| Community First Choice (1915(k)) |
| Medicaid Emergency Psychiatric Demonstration |
| Home and Community Based Services (HCBS) State Plan Option (1915(i)) |
| State Plan CHIP |
| Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF) |
| 1915(j) (Self- directed personal assistance services/personal care under State Plan or 1915(c) waiver) |
| COVID-19 Testing Services (1905(a)(3) and 2103(c)) |
| Provider Billing |
| Provider Mailing |
| Provider Practice |
| Provider Service Location |
| Inpatient hospital services, other than services in an institution for mental diseases |
| Outpatient hospital services |
| Rural health clinic services |
| Other ambulatory services furnished by a rural health clinic |

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| Professional laboratory services |
| Technical laboratory services |
| Professional radiological services |
| Technical radiological services |
| Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease) |
| Early and periodic screening and diagnosis and treatment (EPSDT) services |
| Family planning services and supplies for individuals of child-bearing age |
| Physicians' services |
| Medical and surgical services of a dentist |
| Outpatient substance abuse treatment services. |
| Medical or other remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law |
| Home health services - Nursing services |
| Home health services - Home health aide services |
| Home health services - Medical supplies, equipment, and appliances suitable for use in the home |
| Home health services - Physical therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services |
| Home health services - Occupational therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services |
| Home health services - Speech pathology and audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services |
| Private duty nursing services |
| Advanced practice nurse services |
| Pediatric nurse |
| Nurse-midwife service |
| Nurse practitioner services |
| Respiratory care for ventilator-dependent individuals |
| Clinic services |
| Dental services |

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| Physical therapy services (when not provided under home health services) |
| Occupational therapy services (when not provided under home health services) |
| Speech, hearing, and language disorders services (when not provided under home health services) |
| Prescribed drugs |
| Over-the-counter medications. |
| Dentures |
| Prosthetic devices |
| Eyeglasses |
| Hearing Aids |
| Diagnostic services |
| Screening services |
| Preventive services |
| Well-baby and well-child care services as defined by the State. |
| Rehabilitative services |
| Inpatient hospital services for individuals age 65 or older in institutions for mental diseases |
| Nursing facility services for individuals age 65 or older in institutions for mental diseases |
| Intermediate care facility (ICF/IID) services |
| Nursing facility services, other than in institutions for mental diseases |
| Inpatient psychiatric services for individuals under age 21 |
| Outpatient mental health services, other than Outpatient substance abuse treatment services. This TOS includes services furnished in a State-operated mental hospital and including community-based services. |
| Inpatient substance abuse treatment services and residential substance abuse treatment services. |
| Personal care services |
| Primary care case management services |
| Targeted case management services |
| Case Management services other than those that meet the definition of primary care case management services or targeted case management services |

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| Care coordination services. |
| Transportation services |
| Enabling services |
| Services furnished in a religious nonmedical health care institution |
| Skilled nursing facility services for individuals under age 21 |
| Emergency hospital services |
| Critical access hospital services |
| HCBS - Case management services |
| HCBS - Homemaker services |
| HCBS - Home health aide services |
| HCBS - Personal care services |
| HCBS - Adult day health services |
| HCBS - Habilitation services |
| HCBS - Respite care services |
| HCBS - Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness |
| HCBS - Day Care |
| HCBS - Training for family members |
| HCBS - Minor modification to the home |
| HCBS - Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization |
| HCBS - Expanded habilitation services - Prevocational services |
| HCBS - Expanded habilitation services - Educational services |
| HCBS - Expanded habilitation services - Supported employment services, which facilitate paid employment |
| HCBS-65-plus - Case management services |
| HCBS-65-plus - Homemaker services |
| HCBS-65-plus - Home health aide services |

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| HCBS-65-plus - Personal care services |
| HCBS-65-plus - Adult day health services |
| HCBS-65-plus - Respite care services |
| HCBS-65-plus - Other medical and social services |
| Sterilizations |
| Prenatal care and pre-pregnancy family planning services and supplies. |
| Other Pregnancy-related Procedures |
| Hospice services |
| Any other health care services or items specified by the Secretary and not excluded under regulations. |
| Disposable medical supplies. |
| Critical access hospital services - IP |
| Skilled care - hospital residing |
| Exceptional care - hospital residing |
| Non-acute care - hospital residing |
| Residential care |
| Capitated payments for primary care case management (PCCM) |
| Disproportionate share hospital (DSH) payments |
| Indian Health Service (IHS) - Family Plan |
| Supplemental payment - inpatient |
| Supplemental payment - nursing |
| Supplemental payment - outpatient |
| EHR payments to provider |
| In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products |
| COVID-19 testing-related services |

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| Per member per month (PMPM) payments for health home services |
| Per member per month (PMPM) payments for other payments |
| Payments to individuals for personal assistance services under 1915(j) |
| Medication Assisted Treatment (MAT) services and drugs for evidenced-based treatment of Opioid Use Disorder (OUD) in accordance with section 1905(a)(29) of the Social Security Act |
| Inpatient Psychiatric Services for beneficiaries between the ages of 22 and 64 who receive services in an institution for mental disease (IMD) |
| Residential Pediatric Recovery Center (RPRC): A center or facility that furnishes items and services for which medical assistance is available under the State plan to infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors. |
| Taxonomy code |
| Provider specialty code |
| Provider type code |
| Authorized category of service code |
| Enrolled through use of Medicare enrollment system (State did not require that provider submit application. Rather Provider is active Medicare provider and state Medicaid program accepted these credentials as sufficient to participate as state Medicaid provider.) |
| Enrolled through use of state-based provider application |
| Other? |
| Individuals or Groups (of Individuals) |
| Non-Individual - Other Service Providers |
| Non-Individual - Agencies |
| Non-Individual - Ambulatory Health Care Facilities |
| Non-Individual - Hospital Units |
| Non-Individual - Hospitals |
| Non-Individual - Laboratories |
| Non-Individual - Managed Care Organizations |
| Non-Individual - Nursing & Custodial Care Facilities |
| Non-Individual - Residential Treatment Facilities |
| Non-Individual - Suppliers |
| Non-Individual - Transportation Services |
| Non-Individual - Respite Care Facility |
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| For background and context, see https://x12.org/codes/provider-taxonomy-codes |
| State-specific Medicaid Provider ID |
| NPI |
| Medicare ID |
| NCPDP ID |
| Federal Tax ID |
| State Tax ID |
| SSN |
| Other |

| |
|---|
| Old State Provider ID |
| Active - Active Do Not Pay |
| Active - Active Reinstated |
| Active - Active |
| Active - Eligibility Verification |
| Active - Encounter Only |
| Active - Financial Trans Only |
| Denied - Denied Two Provider Numbers |
| Denied - For Other Reasons |
| Denied - Invalid License |
| Denied - Not Eligible |
| Denied - Same Number Assigned |
| Pending - Enrollment |
| Pending - License/Cert Verification |
| Pending - Missing Documentation |
| Pending - No License/Temp License |
| Pending - NPI Invalid |
| Pending - Rate Determination |
| Pending - Signed Agreement |
| Pending - Status Approval |
| Pending - W9 Missing or Incomplete |
| Term - Abuse of billing privileges |
| Term - Action Taken by Medicaid/CHIP |
| Term - Action Taken by Medicare |
| Term - Change of Ownership |
| Term - Failure to report a change of address/ownership |
| Term - False or misleading information |
| Term - Federal exclusion/ debarment, etc. |
| Term - Felony conviction |
| Term - Involuntary Termination |
| Term - License Expired |
| Term - License Revoked |
| Term - Loss of license or other State action |
| Term - Medicare/Medicaid Exclusion |
| Term - Medicaid Authority |
| Term - Medicare Termination |
| Term - Misuse of billing number |
| Term - No Claims Activity |
| Term - Non-Compliance |
| Term - Onsite review/ Provider is no longer operational |
| Term - Other |
| Term - Provider Deceased |
| Term - State exclusion/ debarment, etc. |
| Term - Unknown |
| Term - Voluntary Termination |
| 501(C)(3) NON-PROFIT |
| FOR-PROFIT, CLOSELY HELD |
| FOR-PROFIT, PUBLICLY TRADED |

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|---|
| OTHER |
| N/A - The individual only practices as part of a group |
| Unknown |
| General Practice |
| General Surgery |
| Allergy/Immunology |
| Otolaryngology |
| Anesthesiology |
| Cardiology |
| Dermatology |
| Family Practice |
| Interventional Pain Management |
| Gastroenterology |
| Internal Medicine |
| Osteopathic Manipulative Therapy |
| Neurology |
| Neurosurgery |
| Speech Language Pathologist |
| Obstetrics/Gynecology |
| Hospice and Palliative Care |
| Ophthalmology |
| Oral Surgery (dentists only) |
| Orthopedic Surgery |
| Cardiac Electrophysiology |
| Pathology |
| Sports Medicine |
| Plastic and Reconstructive Surgery |
| Physical Medicine and Rehabilitation |
| Psychiatry |
| Geriatric Psychiatry |
| Colorectal Surgery (formerly proctology) |
| Pulmonary Disease |
| Diagnostic Radiology |
| Cardiac Rehabilitation & Intensive Cardiac Rehabilitation |
| Anesthesiologist Assistant |
| Thoracic Surgery |
| Urology |
| Chiropractic |
| Nuclear Medicine |
| Pediatric Medicine |
| Geriatric Medicine |
| Nephrology |
| Hand Surgery |
| Optometry |
| Certified Nurse Midwife |
| Certified Registered Nurse Anesthetist (CRNA) |
| Infectious Disease |
| Mammography Center |

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| Endocrinology |
| Independent Diagnostic Testing Facility (IDTF) |
| Podiatry |
| Ambulatory Surgical Center |
| Nurse Practitioner |
| Medical Supply Company with Orthotist |
| Medical Supply Company with Prosthetist |
| Medical Supply Company with Orthotist-Prosthetist |
| Other Medical Supply Company |
| Individual Certified Orthotist |
| Individual Certified Prosthetist |
| Individual Certified Orthotist-Prosthetist |
| Medical Supply Company with Pharmacist |
| Ambulance Service Provider |
| Public Health or Welfare Agency |
| Voluntary Health or Charitable Agency |
| Psychologist (Billing Independently) |
| Portable X-Ray Supplier |
| Audiologist |
| Physical Therapist in Private Practice |
| Rheumatology |
| Occupational Therapist in Private Practice |
| Clinical Psychologist |
| Clinical Laboratory |
| Single or Multispecialty Clinic or Group Practice |
| Registered Dietitian or Nutrition Professional |
| Pain Management |
| Mass Immunization Roster Biller |
| Radiation Therapy Center |
| Slide Preparation Facility |
| Peripheral Vascular Disease |
| Vascular Surgery |
| Cardiac Surgery |
| Addiction Medicine |
| Licensed Clinical Social Worker |
| Critical Care (Intensivists) |
| Hematology |
| Hematology/Oncology |
| Preventive Medicine |
| Maxillofacial Surgery |
| Neuropsychiatry |
| All Other Suppliers |
| Unknown Supplier/Provider Specialty |
| Certified Clinical Nurse Specialist |
| Medical Oncology |
| Surgical Oncology |
| Radiation Oncology |
| Emergency Medicine |

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|---|
| Interventional Radiology |
| Advance Diagnostic Imaging |
| Optician |
| Physician Assistant |
| Gynecological/Oncology |
| Undefined physician type (provider is an MD) |
| Hospital-General |
| Skilled Nursing Facility |
| Intermediate Care Nursing Facility |
| Other Nursing Facility |
| Home Health Agency |
| Pharmacy |
| Medical Supply Company with Respiratory Therapist |
| Department Store |
| Grocery Store |
| Indian Health Service facility |
| Oxygen supplier |
| Pedorthic personnel |
| Medical supply company with pedorthic personnel |
| Rehabilitation Agency |
| Ocularist |
| Sleep Medicine |
| Centralized Flu |
| Indirect Payment Procedure |
| Interventional Cardiology |
| Restricted Use |
| Dentist |
| Hospitalist |
| Advanced Heart Failure and Transplant Cardiology |
| Medical Toxicology |
| Hematopoietic Cell Transplantation and Cellular Therapy |
| Medicare Diabetes Preventive Program |
| Restricted Use |
| Medical Genetics and Genomics |
| Undersea and Hyperbaric Medicine |
| Opioid Treatment Program |
| Home Infusion Therapy Services |
| Micrographic Dermatologic Surgery |
| Adult Congenital Heart Disease |
| This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CSMO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. |
| For background and context, see https://x12.org/codes/provider-taxonomy-codes |
| Physician |
| Speech Language Pathologist |
| Oral Surgery (Dentist only) |

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| Cardiac Rehabilitation and Intensive Cardiac Rehabilitation |
| Anesthesiology Assistant |
| Chiropractic |
| Optometry |
| Certified Nurse Midwife |
| Certified Registered Nurse Anesthetist (CRNA) |
| Mammography Center |
| Independent Diagnostic Testing Facility (IDTF) |
| Podiatry |
| Ambulatory Surgical Center |
| Nurse Practitioner |
| Medical Supply Company with Orthotist |
| Medical Supply Company with Prosthetist |
| Medical Supply Company with Orthotist-Prosthetist |
| Other Medical Supply Company |
| Individual Certified Orthotist |
| Individual Certified Prosthetist |
| Individual Certified Prosthetist-Orthotist |
| Medical Supply Company with Pharmacist |
| Ambulance Service Provider |
| Public Health or Welfare Agency |
| Voluntary Health or Charitable Agency |
| Psychologist, Clinical |
| Portable X-Ray Supplier |
| Audiologist |
| Physical Therapist in Private Practice |
| Occupational Therapist in Private Practice |
| Clinical Laboratory |
| Clinic or Group Practice |
| Registered Dietitian or Nutrition Professional |
| Mass Immunizer Roster Biller |
| Radiation Therapy Center |
| Slide Preparation Facility |
| Licensed Clinical Social Worker |
| Certified Clinical Nurse Specialist |
| Advance Diagnostic Imaging |
| Optician |
| Physician Assistant |
| Hospital-General |
| Skilled Nursing Facility |
| Intermediate Care Nursing Facility |
| Other Nursing Facility |
| Home Health Agency |
| Pharmacy |
| Medical Supply Company with Respiratory Therapist |
| Department Store |
| Grocery Store |
| Indian Health Service facility |

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

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

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| MANAGED-CARE-PLAN-POPULATION-ENROLLED |
| MANAGED-CARE-ACCREDITATION-ORGANIZATION |
| NATIONAL-HEALTH-CARE-ENTITY-ID-INFO |
| CHPID-SHPID-RELATIONSHIP |
| MANAGED-CARE-ID |
| FILE-HEADER-RECORD-PROVIDER |
| PROV-ATTRIBUTES-MAIN |
| PROV-LOCATION-AND-CONTACT-INFO |
| PROV-LICENSING-INFO |
| PROV-IDENTIFIERS |
| PROV-TAXONOMY-CLASSIFICATION |
| PROV-MEDICAID-ENROLLMENT |
| PROV-AFFILIATED-GROUPS |
| PROV-AFFILIATED-PROGRAMS |
| PROV-BED-TYPE-INFO |
| FILE-HEADER-RECORD-TPL |
| TPL-MEDICAID-ELIGIBLE-PERSON-MAIN |
| TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO |
| TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES |
| TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION |
| TPL-ENTITY-CONTACT-INFORMATION |
| Risk-based Capitation, no incentives or risk-sharing |
| Risk-based Capitation with Incentive Arrangements |
| Risk-based Capitation with other risk-sharing Arrangements |
| Non-Risk Capitation |
| Fee-For-Service |
| Primary Care Case Management Payment |
| Other |
| Primary Care Case Management Payment plus Fee-For-Service |
| Individual is not eligible for Medicaid or CHIP during the month. |
| Individual is eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits. |
| Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but only entitled to restricted benefits based on alien status. |
| Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status (e.g., QMB, SLMB, QDWI, QI). |
| Individual is eligible for Medicaid or CHIP but is only entitled to restricted benefits for pregnancy-related services, including services that do and those that do not meet the Minimum Essential Coverage standard. |
| Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based upon substance abuse, medically needy, or other criteria) that meet the standard for Minimum Essential Coverage. |
| Individual is eligible for Medicaid or Medicaid-Expansion CHIP but only entitled to restricted benefits for family planning services. |
| Individual is eligible for Medicaid and entitled to Medicaid benefits under an alternative package of benchmark-equivalent coverage, as enacted by the Deficit Reduction Act of 2005. |
| Individual is eligible for Medicaid and entitled to benefits under the Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF), as enacted by the Deficit Reduction Act of 2005. |

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| Individual is eligible for Medicaid and entitled to Medicaid benefits using a Health Opportunity Account (HOA). |
| Individual is eligible for S-separate CHIP dental coverage (supplemental dental wraparound benefit to employer-sponsored insurance). |
| Individual is eligible for Medicaid and entitled to benefits under a ""Money Follows the Person"" (MFP) rebalancing demonstration, as enacted by the Deficit Reduction Act of 2005, to allow States to develop community based long term care opportunities. |
| Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based on substance abuse, medically needy, or other criteria) that do not meet the standard for Minimum Essential Coverage. |
| Individual is eligible for Medicaid but is only entitled to restricted benefits for medical assistance for COVID-19 diagnostic products and any visit described as a COVID-19 testing-related service for which payment may be made under the State plan during any portion of the public health emergency period, beginning March 18, 2020 as described in Sections 1902(a)(10)(A)(ii)(XXIII), 1902(ss) and clause XVIII in the matter following 1902(a)(10)(G) of the Social Security Act. |
| Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status Medicare Part B-ID ESRD Benefit. |
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| For background and context, see https://www.nubc.org/ |
| No, not an SDP |
| Yes, SDP |
| Not Applicable |
| Hiring Authority |
| Budget Authority |
| Hiring and Budget Authority |
| Female |
| Male |
| Unknown |
| Female |
| Male |
| Not sure |
| Prefer not to answer |
| Other |
| Lesbian or gay |
| Straight |
| Bisexual |
| Not sure |
| Prefer not to answer |
| Other |
| MMIS |
| Non-MMIS CHIP Payment System |
| Pharmacy Benefits Manager (PBM) Vendor |
| Dental Benefits Manager Vendor |

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| Transportation Provider System |
| Mental Health Claims Payment System |
| Financial Transaction/Accounting System |
| Other State Agency Claims Payment System |
| County/Local Government Claims Payment System |
| Other Vendor/Other Claims Payment System |
| Managed Care Organization (MCO) |
| Sub-contracted entity |
| Sub-capitated network provider |
| No |
| Yes |
| No |
| Yes |
| No |
| Yes |
| Not Applicable |
| Mandatory |
| Optional |
| Not Applicable |
| SSI |
| SSI Eligible Spouse |
| SSI Pending a Final Determination of Disposal of Resources Exceeding SSI Dollar Limits |
| State does not use SSN as MSIS-IDENTIFICATION-NUMBER |
| State uses SSN as MSIS-IDENTIFICATION-NUMBER |
| SSN not verified |
| SSN successfully verified by SSA |
| SSN is pending SSA verification |
| Alabama |
| Alaska |
| Arizona |
| Arkansas |
| California |
| Colorado |
| Connecticut |
| Delaware |
| District of Columbia |
| Florida |
| Georgia |
| Hawaii |
| Idaho |
| Illinois |
| Indiana |
| Iowa (Medicaid) |
| Kansas |
| Kentucky |
| Louisiana |
| Maine |
| Maryland |

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| Massachusetts |
| Michigan |
| Minnesota |
| Mississippi |
| Missouri |
| Montana |
| Nebraska |
| Nevada |
| New Hampshire |
| New Jersey |
| New Mexico |
| New York |
| North Carolina |
| North Dakota |
| Ohio |
| Oklahoma |
| Oregon |
| Pennsylvania |
| Rhode Island |
| South Carolina |
| South Dakota |
| Tennessee |
| Texas |
| Utah |
| Vermont |
| Virginia |
| Washington |
| West Virginia |
| Wisconsin |
| Wyoming |
| American Samoa |
| Federated States of Micronesia |
| Guam |
| Johnston Atoll |
| Marshall Islands |
| Commonwealth of the Northern Mariana Islands |
| Palau |
| Midway Islands |
| Puerto Rico |
| U.S. Minor Outlying Islands |
| Navassa Island |
| U.S. Virgin Islands |
| Wake Island |
| Baker Island |
| Howland Island |
| Jarvis Island |
| Kingman Reef |
| WYOMING CHIP |

| |
|---|
| MONTANA TPA |
| Palmyra Atoll |
| Iowa (CHIP) - I4 |
| Pennsylvania (CHIP) - P1 |
| Test State |
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| For background and context, see https://www.census.gov/library/reference/code-lists/ansi.html#par_textimage_3 |
| Medicaid |
| CHIP |
| Both Medicaid and CHIP |
| Not state plan affiliated |
| Not Applicable |
| Community First Choice |
| 1915(i) |
| 1915(j) |
| 1932(a) |
| 1915(a) |
| 1937 (Alternative Benefit Plans) |
| No, transaction is not a sub-capitation payment or recoupment |
| Yes, transaction is a sub-capitation or recoupment |
| Create File-a file that contains a complete set of transactions/changes processed since the last Create file submission. States may submit only one valid Create file per reporting period and data file type. |
| Replacement File-a Replacement submission is a replacement of the month's data. It will completely replace the immediate prior submission. If a later replacement entry is received, it will overwrite the previous replacement, as well as a prior Create or Update submission for the same data type and reporting period. |
| Update File-a file that contains T-MSIS record segments created in response to business rule rejects. Note: The records in an Update file are not generated as a result of a change processed in the state's Medicaid or Medicaid-related systems during the current reporting month. These Update file record segments may be unchanged from the ones submitted previously for various reasons (for example, the state may be unable to process a change record in their Medicaid / Medicaid-related systems to correct the issue because the state is simply passing through to T-MSIS data that originated outside of the state's systems).[1] Conversely, the records may be different from those previously submitted, but the change is the result of a fix whose root cause problem was an issue in the T-MSIS file-creation or replacement process at CMS. Regardless, the record was not generated from a change that occurred in the state's source data. |
| Individual was not eligible for Medicaid. |
| Individual did not receive TANF benefits |
| Individual did receive TANF benefits (States should only use this value if they can accurately separate eligible receiving TANF benefits from other 1931 eligible reported into MAS 1) |
| No |
| Yes |
| ANSI/ADA/ISO Specification No. 3950 |

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|---|
| Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise) |
| Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise) |
| Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise) |
| Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise) |
| Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise) |
| Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise) |
| This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CSMO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. |
| For background and context, see https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada_utds_value_set_v1_2022_aug.pdf |
| Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise) |
| Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise) |
| Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise) |
| Entire Oral Cavity |
| Maxillary Area |
| Mandibular Area |
| Upper Right Sextant |
| Upper Anterior Sextant |
| Upper Left Sextant |
| Lower Left Sextant |
| Lower Anterior Sextant |
| Lower Right Sextant |
| Other Area of Oral Cavity (An area specified in an annexed document or further explanation available.) |
| Upper Right Quadrant (Right Refers to the oral and skeletal structures on the right side.) |
| Upper Left Quadrant (Left Refers to the oral and skeletal structures on the left side.) |
| Lower Left Quadrant |
| Lower Right Quadrant |
| This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CSMO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. |
| For background and context, see https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/areaoftheoralcavityandtoothanatomybycdtcode_2022jan.pdf |
| Buccal - The surface of the tooth which is closest to the cheek. |
| Distal - The surface of the tooth facing away from an invisible line drawn vertically through the center of the face. |
| Facial - The surface of a tooth that is directed towards the face. |
| Incisal - The cutting edges of the anterior teeth. |
| Lingual - The surface of the tooth that is directed towards the tongue. |
| Mesial - The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face. |

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| Occlusal - The surfaces of the posterior (back) teeth which provides the chewing function. |
| This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CSMO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. |
| For background and context, see https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada_utds_value_set_v1_2022_aug.pdf |
| TPL-Entity Corporate Location |
| TPL-Entity Mailing |
| TPL-Entity Satellite Location |
| TPL-Entity Billing |
| TPL-Entity Correspondence |
| TPL-Other |
| Eligible individual has no TPL insurance coverage. |
| Eligible individual does have TPL insurance coverage. |
| Eligible individual has no other TPL funding available. |
| Eligible individual does have other TPL funding available. |
| Kick payment |
| Provider retainer payment |
| Direct reimbursement to Bene for retroactive period cost (e.g. 42 CFR 447.25) |
| Direct reimbursement to Bene for non-emergency transportation |
| Other |
| This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CSMO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. |
| For background and context, see https://www.nubc.org/license |
| Hospital |
| Skilled Nursing |
| Home Health |
| Religious Nonmedical (Hospital) |
| Reserved for national assignment (discontinued effective 10/1/05). |
| Intermediate Care |
| Clinic or Hospital Based Renal Dialysis Facility (requires special information in second digit below). |
| Special facility or hospital ASC surgery (requires special information in second digit below). |
| Reserved for National Assignment |
| Rural Health Clinic (RHC) |
| Hospital Based or Independent Renal Dialysis Facility |
| Free Standing Provider-Based Federally Qualified Health Center (FQHC) |
| Other Rehabilitation Facility (ORF) |

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| Comprehensive Outpatient Rehabilitation Facility (CORF) |
| Community Mental Health Center (CMHC) |
| Federally Qualified Health Center (FQHC) (Effective 4/1/10) |
| Licensed Freestanding Emergency Medical Facility (Effective 4/1/12) |
| OTHER |
| Hospice (Nonhospital Based) |
| Hospice (Hospital Based) |
| Ambulatory Surgical Center Services to Hospital Outpatients |
| Free Standing Birthing Center |
| Critical Access Hospital |
| Residential Facility |
| Freestanding Non-residential Opioid Treatment Program (Effective 1/1/21) |
| Reserved for National Assignment |
| OTHER |
| Inpatient |
| Inpatient |
| Outpatient |
| Other |
| Intermediate Care - Level I |
| Intermediate Care - Level II |
| Reserved for national assignment (discontinued effective 10/1/05). |
| Swing Bed (may be used to indicate billing for SNF level of care in a hospital with an approved swing bed agreement). |
| Reserved for National Assignment |
| Nonpayment/Zero Claims |
| Admit Through Discharge Claim |
| Interim-First Claim |
| Interim-Continuing Claims (Not valid for PPS Bills) |
| Admission/Election Notice |

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

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

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| Home health services - Medical supplies, equipment, and appliances suitable for use in the home |
| Home health services - Physical therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services |
| Home health services - Occupational therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services |
| Home health services - Speech pathology and audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services |
| Private duty nursing services |
| Advanced practice nurse services |
| Pediatric nurse |
| Nurse-midwife service |
| Nurse practitioner services |
| Respiratory care for ventilator-dependent individuals |
| Clinic services |
| Dental services |
| Physical therapy services (when not provided under home health services) |
| Occupational therapy services (when not provided under home health services) |
| Speech, hearing, and language disorders services (when not provided under home health services) |
| Dentures |
| Medical equipment/prosthetic devices |
| Eyeglasses |
| Hearing Aids |
| Diagnostic services |
| Screening services |
| Preventive services |
| Well-baby and well-child care services as defined by the State. |
| Rehabilitative services |
| Outpatient mental health services, other than Outpatient substance abuse treatment services. This TOS includes services furnished in a State-operated mental hospital and including community-based services. |
| Inpatient substance abuse treatment services and residential substance abuse treatment services. |
| Personal care services |
| Primary care case management services |
| Targeted case management services |
| Case Management services other than those that meet the definition of primary care case management services or targeted case management services |
| Care coordination services |
| Transportation services |
| Enabling services |
| Services furnished in a religious nonmedical health care institution |
| Emergency hospital services |
| Critical access hospital services - OT |
| HCBS - Case management services |
| HCBS - Homemaker services |
| HCBS - Home health aide services |
| HCBS - Personal care services |

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| HCBS - Adult day health services |
| HCBS - Habilitation services |
| HCBS - Respite care services |
| HCBS - Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness |
| HCBS - Day Care |
| HCBS - Training for family members |
| HCBS - Minor modification to the home |
| HCBS - Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization |
| HCBS - Expanded habilitation services - Prevocational services |
| HCBS - Expanded habilitation services - Educational services |
| HCBS - Expanded habilitation services - Supported employment services, which facilitate paid employment |
| HCBS-65-plus - Case management services |
| HCBS-65-plus - Homemaker services |
| HCBS-65-plus - Home health aide services |
| HCBS-65-plus - Personal care services |
| HCBS-65-plus - Adult day health services |
| HCBS-65-plus - Respite care services |
| HCBS-65-plus - Other medical and social services |
| Sterilizations |
| Prenatal care and pre-pregnancy family planning services and supplies. |
| Other Pregnancy-related Procedures |
| Hospice services |
| Any other health care services or items specified by the Secretary and not excluded under regulations. |
| Disposable medical supplies. |
| Residential care |
| Indian Health Service (IHS) - Family Plan |
| In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products |
| COVID-19 testing-related services |
| Family planning services and supplies for individuals of child-bearing age |
| Home health services - Medical supplies, equipment, and appliances suitable for use in the home |
| Prescribed drugs |
| Over-the-counter medications. |
| Medical equipment/prosthetic devices |
| Prenatal care and pre-pregnancy family planning services and supplies. |
| Disposable medical supplies. |
| Indian Health Service (IHS) - Family Plan |

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| In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19, and the administration of such in vitro diagnostic products |
| COVID-19 testing-related services |
| Medication Assisted Treatment (MAT) services and drugs for evidenced-based treatment of Opioid Use Disorder (OUD) in accordance with section 1905(a)(29) of the Social Security Act |
| Each |
| International Unit |
| Grams |
| Gram |
| Milligram |
| Milliliter |
| This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CSMO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. |
| For background and context, see https://www.ncpdp.org/ |
| Unit |
| FFS/Q&V Foundational payments for infrastructure and operations |
| FFS/Q&V Pay for reporting |
| FFS/Q&V Pay for performance |
| APM/FFS APMs with Shared savings |
| APM/FFS APMs with shared savings and downside risk |
| APM/FFS Risk based payments NOT linked to quality |
| POP/PAY Condition-specific population-based payment |
| POP/PAY Comprehensive population-based payment |
| POP/PAY Integrated finance and delivery system |
| POP/PAY Capitated payments NOT linked to quality |
| No |
| Yes |
| 1115 Other demonstration |
| 1915(b)(1) - These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care. |
| 1915(b)(2) - These waivers allow states to use enrollment brokers. |
| 1915(b)(3) - These waivers allow states to use savings to provide additional services that are not in the State Plan. |
| 1915(b)(4) - These waivers allow fee for service selective contracting. |
| 1915(c)-Aged and Disabled |
| 1915(c)-Aged |
| 1915(c)-Physical Disabilities |
| 1915(c)-Intellectual Disabilities |
| 1915(c)-Intellectual and Developmental Disabilities |
| 1915(c)-Brain Injury |
| 1915(c)-HIV/AIDS |
| 1915(c)-Technology Dependent or Medically Fragile |
| 1915(c)-Disabled (other) |

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| 1915(c)-Enrolled in 1915(c) waiver for unspecified or unknown populations |
| 1915(c)-Autism/Autism spectrum disorder |
| 1915(c)-Developmental Disabilities |
| 1915(c)-Mental Illness-Age 18 or Older |
| 1915(c)-Mental Illness-Under Age 18 |
| 1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority |
| 1115 HIFA Waiver - The associated Waiver-ID is for a HIFA (Health Insurance and Flexibility and Accountability) waiver. May also be called demonstration waiver or refer to the eligibility expansion. |
| 1115 Pharmacy demonstration |
| 1115 Disaster-related demonstration |
| 1115 Family planning demonstration |
| 1115 Substance use demonstration |
| 1115 Premium Assistance demonstration |
| 1115 Beneficiary engagement demonstration |
| 1115 Former foster care youth from another state |
| 1115 Managed long term services and support |
| 1115 Delivery system reform |
| 1332 Demonstration |
| 1915(b) waiver |
| 1915(c) waiver |
| 1115 Community Engagement Demonstration - an 1115 demonstration that provides Minimum Essential Coverage (MEC) to individuals generally described at § 435.119 |
| Not applicable - Beneficiary meets an exclusion requirement, is an excepted individual or activity is not applicable to demonstrate Community Engagement |
| Beneficiary performed work to demonstrate community engagement - Applicable individual performed work in whole or in conjunction with another activity to demonstrate Community Engagement |
| 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, https://tools.usps.com/zip-code-lookup.htm?bycitystate |

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