Centers for Medicaid and CHIP Services (CMCS)

T-MSIS Valid Value Lists (VVLs) - Version 4.1.1

Last Modified: 2026-05-29

PRA Disclosure Statement: The Transformed Medicaid Statistical Information System (T-MSIS) is used to assist the Centers for Medicare & Medicaid Services (CMS) with monitoring and oversight of Medicaid and CHIP programs, to enable evaluation of demonstrations under section 1115 of the Social Security Act and to calculate quality measures and other metrics, including those reported through the new Medicaid and CHIP Scoreboard. Section 4735 of the Balanced Budget Act of 1997 included a statutory requirement for states to submit claims data, enrollee encounter data, and supporting information. Section 6504 of the Affordable Care Act strengthened this provision by requiring states to include data elements the Secretary determines necessary for program integrity, program oversight, and administration. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0345 (Expires: 11/30/2027. The time required to complete this information collection is estimated to average 11.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

VVL Field	VVL Name	VVL Code	VVL Code Description	Effective Start Date	Effective End Date
1115A-DEMONSTRATION-IND	1115A Demonstration Indicator List	0	Not a 1115A	01/01/0001	12/31/9999
1115A-DEMONSTRATION-IND	1115A Demonstration Indicator List	1	1115A	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	2	Inpatient Hospital	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	3	Inpatient Mental Health	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	4	Nursing Care Services	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	5	Physician/Surgical	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	6	Outpatient Hospital	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	7	Outpatient Mental Health	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	8	Prescribed Drugs	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	9	Dental Services	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	10	Vision Services	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	11	Other Practitioners	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	12	Clinic Services	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	13	Therapy Services	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	14	Laboratory/Radiological	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	15	Medical Equipment	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	16	Family Planning	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	17	Abortions	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	18	Screening Services	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	19	Home Health	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	20	Health Services Initiatives	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	21	Home and Community	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	22	Hospice	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	23	Medical Transportation	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	24	Case Management	01/01/0001	12/31/9999

21.P-FORM	21.P Form List	25	Translation and Interpretation	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	26	ARP Section 9821 COVID Vaccine/Vaccine Administration	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	31	Other Services	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	32	Outreach	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	33	Administration	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	34	PERM Administration	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	35	Citizenship Verification Technology-CHIPRA	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	1A	Premiums: Up To 150% - Gross Premiums Paid	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	1B	Premiums: Up To 150% - Cost Sharing Offset	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	1C	Premiums: Over 150% - Gross Premiums Paid	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	1D	Premiums: Over 150% - Cost Sharing Offset	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	32A	Increased Outreach and Enrollment of Indians	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	32B	Increase Outreach and Enrollment of children through premium subsidies	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	35A	CVT Development	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	35B	CVT Operation	01/01/0001	12/31/9999
21.P-FORM	21.P Form List	8A	Drug Rebate	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	2	Inpatient Hospital	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	3	Inpatient Mental Health	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	4	Nursing Care	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	5	Physician/Surgical	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	6	Outpatient Hospital	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	7	Outpatient Mental Health	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	8	Prescribed Drugs	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	9	Dental Services	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	10	Vision Services	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	11	Other Practitioners	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	12	Clinic Services	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	13	Therapy	01/01/0001	12/31/9999

21BASE-FORM	21BASE Form List	14	Laboratory/Radiological	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	15	Medical Equipment	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	16	Family Planning	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	17	Abortions	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	18	Screening Services	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	19	Home Health	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	20	Health Services Initiatives	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	21	Home And Community-Based Services	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	22	Hospice	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	23	Medical Transportation	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	24	Case Management	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	25	Translation and Interpretation	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	26	ARP Section 9821 COVID Vaccine/Vaccine Administration	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	31	Other Services	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	32	Outreach	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	33	Administration	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	34	PERM Administration	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	35	Citizenship Verification Technology-CHIPRA	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	1A	Premiums - Up To 150%: Gross Premiums Paid	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	1B	Premiums - Up To 150%: Cost Sharing Offset	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	1C	Premiums - Over 150%: Gross Premiums Paid	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	1D	Premiums - Over 150%: Cost Sharing Offset	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	32A	Increased Outreach and Enrollment of Indians	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	32B	Increase Outreach and Enrollment of children through premium subsidies	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	35A	CVT Development	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	35B	CVT Operation	01/01/0001	12/31/9999
21BASE-FORM	21BASE Form List	8A	Drug Rebate	01/01/0001	12/31/9999
64.10BASE-FORM	64.10BASE Form List	29	Non-Emergency Medical Transportation	01/01/0001	12/31/9999

64.21U-FORM	64.21U Form List	2	Inpatient Hospital Services - Reg. Payments	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	3	Inpatient Mental Health - Reg. Payment	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	4	Nursing Care Services	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	5	Physician/Surgical	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	6	Outpatient Hospital Services	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	7	Outpatient Mental Health	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	8	Prescribed Drugs	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	9	Dental Services	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	10	Vision Services	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	11	Other Practitioners	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	12	Clinic Services	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	13	Therapy Services	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	14	Laboratory/Radiological	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	15	Medical Equipment	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	16	Family Planning	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	17	Abortions	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	18	Screening Services	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	19	Home Health	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	20	Medicare Payments	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	21	Home And Community	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	22	Hospice	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	23	Medical Transport	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	24	Case Management	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	26	ARP Section 9821 COVID Vaccine/Vaccine Administration	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	31	Other Services	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	1A	Premiums: Up To 150% - Gross Premiums Paid	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	1B	Premiums: Up To 150% - Cost Sharing Offset	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	1C	Premiums: Over 150% - Gross Premiums Paid	01/01/0001	12/31/9999

64.21U-FORM	64.21U Form List	1D	Premiums: Over 150% - Cost Sharing Offset	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	21A	Home and Community-Based Services - Regular Payment (WAIVER)	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	2A	Inpatient Hospital Services - DSH	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	3A	Inpatient Mental Health - DSH	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	3B	Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	8A1	Drug Rebate - National	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	8A2	Drug Rebate - State	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	8A3	MCO - National Agreement	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	8A4	MCO - State Sidebar Agreement	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	8A5	Increased ACA OFFSET - Fee for Service - 100%	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	8A6	Increased ACA OFFSET - MCO - 100%	01/01/0001	12/31/9999
64.21U-FORM	64.21U Form List	8A7	Drug Rebate Offset - Value Based Purchasing	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	2	Inpatient Hospital - Reg. Payments	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	3	Inpatient Mental Health - Reg. Payments	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	4	Nursing	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	5	Physician/Surgical	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	6	Outpatient Hospital	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	7	Outpatient Mental Health	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	8	Prescribed Drugs	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	9	Dental Services	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	10	Vision Services	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	11	Other Practitioners	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	12	Clinic services	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	13	Therapy Services	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	14	Laboratory/Radiological	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	15	Medical Equipment	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	16	Family Planning	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	17	Abortions	01/01/0001	12/31/9999

64.21UP-FORM	64.21UP Form List	18	Screening	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	19	Home Health	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	20	Medicare Payments	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	21	Home And Community	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	22	Hospice	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	23	Medical Transport	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	24	Case Management	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	26	ARP Section 9821 COVID Vaccine/Vaccine Administration	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	31	Other Services	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	1A	Premiums Up To 150% - Gross Premiums Paid	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	1B	Premiums Up To 150% - Cost Sharing Offset	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	1C	Premiums Over 150% - Gross Premiums Paid	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	1D	Premiums Over 150% - Cost Sharing Offset	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	21A	Home and Community-Based Services - Regular Payment (WAIVER)	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	2A	Inpatient Hospital - DSH	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	3A	Inpatient Mental Health - DSH	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	3B	Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	8A1	Drug Rebate - National	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	8A2	Drug Rebate - State	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	8A3	MCO - National Agreement	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	8A4	MCO - State Sidebar Agreement	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	8A5	Increased ACA OFFSET - Fee for Service - 100%	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	8A6	Increased ACA OFFSET - MCO - 100%	01/01/0001	12/31/9999
64.21UP-FORM	64.21UP Form List	8A7	Drug Rebate Offset - Value Based Purchasing	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	A1A	Medicare Collections	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	A1B1	Other Collection - Health Insurance	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	A1B2	Other Collections - Casualty Insurance	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	A1C	Total Collections - Cooperative Agreements & Assign of Rights	01/01/0001	12/31/9999

64.9A-FORM	64.9A Form List	A1C1	Less: Excess Paid to Individuals	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	A1C2	Net Collections To Reimburse State Title XIX Medical Payments	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	A1C3	Less 15% Incentive Actually Paid Under Section 1903(p)(1)	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	A1C4	Net Federal Share	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	A2	Total TPL Collections	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	B1	Medicare Title XVIII	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	B2	Health Insurance	01/01/0001	12/31/9999
64.9A-FORM	64.9A Form List	B3	Other Cost Avoidance	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	7	Prescribed Drugs	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	8	Dental Services	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	11	Laboratory/Radiological	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	12	Home Health Services	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	13	Sterilizations	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	14	Abortions	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	15	EPSDT Screening	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	16	Rural Health	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	22	All-Inclusive Care Elderly	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	25	Primary Care Case Management	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	26	Hospice Benefits	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	27	Emergency Services for Undocumented Aliens	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	28	Federally-Qualified Health Center	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	30	Physical Therapy	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	31	Occupational Therapy	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	32	Services for Speech, Hearing & Language	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	33	Prosthetic Devices, Dentures, Eyeglasses	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	34	Diagnostic Screening & Preventive Services	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	35	Nurse Mid-Wife	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	36	Emergency Hospital Services	01/01/0001	12/31/9999

64.9BASE-FORM	64.9BASE Form List	38	Nurse Practitioner Services	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	39	School Based Services	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	40	Rehabilitative Services (non-school-based)	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	41	Private Duty Nursing	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	42	Freestanding Birth Center	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	43	Health Home for Enrollees w Chronic Conditions	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	44	Tobacco Cessation for Pregnant Women	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	45	Health Home for Enrollees w Substance-Use-Disorder	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	46	OUD Medicaid Assisted Treatment – Drugs	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	47	ARP Section 9811 COVID Vaccine/Vaccine Administration	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	48	ARP Section 9813 Qualified Community Based Mobile Crisis Intervention – 85%	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	49	Health Homes for Children with Medically Complex Conditions	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	69	Other Care Services	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	10A	Clinic Services - Reg. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	10B	Clinic Services - Sup. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	17A	Medicare - Part A	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	17B	Medicare - Part B	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	17C1	120% - 134% Of Poverty	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	17D	Coinsurance	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18A	Medicaid - MCO	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18A1	Medicaid MCO - Evaluation and Management	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18A2	Medicaid MCO - Vaccine codes	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18A3	Medicaid MCO - Community First Choice	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18A6	Medicaid MCO - Services Subject to Electronic Visit Verification Requirements	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B1	Prepaid Ambulatory Health Plan	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B1a	MCO PAHP - Evaluation and Management	01/01/0001	12/31/9999

64.9BASE-FORM	64.9BASE Form List	18B1b	MCO PAHP - Vaccine codes	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B1c	MCO PAHP - Community First Choice	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B1d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B1e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B1f	MCO PAHP - Services Subject to Electronic Visit Verification Requirements	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B2	Prepaid Inpatient Health Plan	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B2a	MCO PIHP - Evaluation and Management	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B2b	MCO PIHP - Vaccine codes	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B2c	MCO PIHP - Community First Choice	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B2d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B2e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18B2f	MCO PIHP - Services Subject to Electronic Visit Verification Requirements	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18C	Medicaid - Group Health	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18D	Medicaid - Coinsurance	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	18E	Medicaid - Other	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	19A	Home & Community-Based Services - Regular Payment (1915(c) Waiver)	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	19B	Home & Community-Based Services - St. Plan 1915(i) Only Pay.	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	19C	Home & Community-Based Services - St. Plan 1915(j) Only Pay.	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	19D	Home & Community Based Services State Plan 1915(k) Community First Choice	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	1A	Inpatient Hospital - Reg. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	1B	Inpatient Hospital - DSH	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	1C	Inpatient Hospital - Sup. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	1D	Inpatient Hospital - GME Sup Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	23A	Personal Care Services - Reg. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	23B	Personal Care Services - SDS 1915(j)	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	24A	Targeted Case Management Services - Com. Case-Man.	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	24B	Case Management - Statewide	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	29A	Non-Emergency Medical Transportation - Reg. Payments	01/01/0001	12/31/9999

64.9BASE-FORM	64.9BASE Form List	29B	Non-Emergency Medical Transportation - Sup. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	2A	Mental Health Facility Services - Reg. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	2B	Mental Health Facility - DSH	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	2C	Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	37A	Critical Access Hospitals - Reg. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	37B	Critical Access Hospitals Inpatient - Sup. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	37C	Critical Access Hospitals Outpatient - Sup. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	3A	Nursing Facility Services - Reg. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	3B	Nursing Facility Services - Sup. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	46A1	OUD MAT DRUG REBATE/National Agreement	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	46A2	OUD MAT DRUG REBATE/State Sidebar	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	46A3	OUD MAT DRUG REBATE MCO /National Agreement	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	46A4	OUD MAT DRUG REBATE MCO /State Sidebar	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	46A5	OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	46A6	OUD MAT DRUG REBATE/Increased ACA Offset MCO – 100%	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	46B	OUD Medicaid Assisted Treatment Services	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	5A	Physician & Surgical Services - Reg. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	5B	Physician & Surgical Services - Sup. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	5C	Physician & Surgical Services - Evaluation and Management	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	5D	Physician & Surgical Services - Vaccine codes	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	6A	Outpatient Hospital Services - Reg. Payments	01/01/0001	12/31/9999

64.9BASE-FORM	64.9BASE Form List	6B	Outpatient Hospital Services - Sup. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	7A1	Drug Rebate Offset - National	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	7A2	Drug Rebate Offset - State Sidebar Agreement	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	7A3	MCO - National Agreement	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	7A4	MCO - State Sidebar Agreement	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	7A5	Increased ACA OFFSET - Fee for Service - 100%	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	7A6	Increased ACA OFFSET - MCO - 100%	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	7A7	Drug Rebate Offset - Value Based Purchasing	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	9A	Other Practitioners Services - Reg. Payments	01/01/0001	12/31/9999
64.9BASE-FORM	64.9BASE Form List	9B	Other Practitioners Services - Sup. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	7	Prescribed Drugs	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	8	Dental Services	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	11	Laboratory/Radiological	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	12	Home Health	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	13	Sterilizations	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	14	Abortions	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	15	EPSDT Screen	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	16	Rural Health Clinic	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	22	Programs/All-Inclusive	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	25	Primary Care Case Manage	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	26	Hospice	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	27	Emergency Services for Undocumented Aliens	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	28	Federally-Qualified Health Center	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	30	Physical Therapy	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	31	Occupational Therapy	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	32	Services for Speech, Hearing & Language	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	33	Prosthetic Devices, Dentures, Eyeglasses	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	34	Diagnostic Screening & Preventive Services	01/01/0001	12/31/9999

64.9P-FORM	64.9P Form List	35	Nurse Mid-Wife	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	36	Emergency Hospital Services	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	38	Nurse Practitioner Services	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	39	School Based Services	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	40	Rehabilitative Services (non-school-based)	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	41	Private Duty Nursing	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	42	Freestanding Birth Center	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	43	Health Home for Enrollees w Chronic Conditions	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	44	Tobacco Cessation for Pregnant Women	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	45	Health Home for Enrollees w Substance-Use-Disorder	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	46	OUD Medicaid Assisted Treatment – Drugs	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	47	ARP Section 9811 COVID Vaccine/Vaccine Administration	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	48	ARP Section 9813 Qualified Community Based Mobile Crisis Intervention – 85%	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	49	Health Homes for Children with Medically Complex Conditions	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	69	Other Care Services	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	10A	Clinic Services - Reg. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	10B	Clinic Services - Sup. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	17A	MHIP - Part A	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	17B	MHIP - Part B	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	17C1	MHIP - Qual. Ind. 120-134	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	17D	MHIP - Coinsurance	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18A	MHIP - MCO	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18A1	Medicaid MCO - Evaluation and Management	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18A2	Medicaid MCO - Vaccine codes	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18A3	Medicaid MCO - Community First Choice	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18A4	Medicaid MCO - Preventive Services Grade A OR B, ACIP Vaccines and their Admin	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18A5	Medicaid MCO - Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18A6	Medicaid MCO - Services Subject to Electronic Visit Verification Requirements	01/01/0001	12/31/9999

64.9P-FORM	64.9P Form List	18B1	Prepaid Ambulatory Health Plan	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B1a	MCO PAHP - Evaluation and Management	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B1b	MCO PAHP - Vaccine codes	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B1c	MCO PAHP - Community First Choice	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B1d	MCO PAHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B1e	Medicaid PAHP - Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B1f	MCO PAHP - Services Subject to Electronic Visit Verification Requirements	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B2	Prepaid Inpatient Health Plan	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B2a	MCO PIHP - Evaluation and Management	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B2b	MCO PIHP - Vaccine codes	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B2c	MCO PIHP - Community First Choice	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B2d	MCO PIHP - Preventive Services Grade A OR B, ACIP Vaccines and their Admin	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B2e	Medicaid PIHP - Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18B2f	MCO PIHP - Services Subject to Electronic Visit Verification Requirements	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18C	MHIP - Group Health Plan	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18D	MHIP - Coinsurance and Deductibles	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	18E	MHIP - Other	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	19A	Home & Community-Based Services - Regular Payment (1915(c) Waiver)	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	19B	Home & Community-Based Services - St. Plan 1915(i) Only Pay.	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	19C	Home & Community-Based Services - St. Plan 1915(j) Only Pay.	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	19D	Home & Community Based Services State Plan 1915(k) Community First Choice	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	1A	Inpat. Hos. Serv. - Reg. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	1B	Inpat. Hos. Serv. - DSH	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	1C	Inpatient Hospital - Sup. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	1D	Inpatient Hospital - GME Sup Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	23A	Personal Care Services - Reg. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	23B	Personal Care Services - SDS 1915(j)	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	24A	Targeted Case Management Services - Com. Case-Man.	01/01/0001	12/31/9999

64.9P-FORM	64.9P Form List	24B	Case Management - Statewide	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	29A	Non-Emergency Medical Transportation - Reg. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	29B	Non-Emergency Medical Transportation - Sup. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	2A	Men. Health Fac. Serv. - Reg. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	2B	Men. Health Fac. Serv. - DSH Adjustment Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	2C	Certified Community Behavior Health Clinic Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	34A	Preventive Services Grade A OR B, ACIP Vaccines and their Admin	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	37A	Critical Access Hospitals - Reg. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	37B	Critical Access Hospitals Inpatient - Sup. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	37C	Critical Access Hospitals Outpatient - Sup. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	3A	Nursing Facility Services - Reg. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	3B	Nursing Facility Services - Sup. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	46A1	OUD MAT DRUG REBATE/National Agreement	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	46A2	OUD MAT DRUG REBATE/State Sidebar	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	46A3	OUD MAT DRUG REBATE MCO /National Agreement	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	46A4	OUD MAT DRUG REBATE MCO /State Sidebar	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	46A5	OUD MAT DRUG REBATE/Increased ACA Offset Fee for Service - 100%	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	46A6	OUD MAT DRUG REBATE/Increased ACA Offset MCO – 100%	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	46B	OUD Medicaid Assisted Treatment Services	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	4A	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Public Providers	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	4B	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Private Providers	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	4C	Intermediate Care Facility Services - Ind. with Intellectual Disabilities: Supplemental Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	5A	Physician & Surgical Services - Reg. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	5B	Physician & Surgical Services - Sup. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	5C	Physician & Surgical Services - Evaluation and Management	01/01/0001	12/31/9999

64.9P-FORM	64.9P Form List	5D	Physician & Surgical Services - Vaccine codes	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	6A	Outpatient Hospital Services - Reg. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	6B	Outpatient Hospital Services - Sup. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	7A1	Drug Rebate - National	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	7A2	Drug Rebate - State	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	7A3	MCO - National Agreement	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	7A4	MCO - State Sidebar Agreement	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	7A5	Increased ACA OFFSET - Fee for Service - 100%	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	7A6	Increased ACA OFFSET - MCO - 100%	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	7A7	Drug Rebate Offset - Value Based Purchasing	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	9A	Other Practitioners Services - Reg. Payments	01/01/0001	12/31/9999
64.9P-FORM	64.9P Form List	9B	Other Practitioners Services - Sup. Payments	01/01/0001	12/31/9999
ACCEPTING-NEW-PATIENTS-IND	Accepting New Patients Indicator List	0	No	01/01/0001	12/31/9999
ACCEPTING-NEW-PATIENTS-IND	Accepting New Patients Indicator List	1	Yes	01/01/0001	12/31/9999
ACCEPTING-NEW-PATIENTS-IND	Accepting New Patients Indicator List	8	N/A - The individual only practices as a member of a group.	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	01	National committee for quality assurance - excellent	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	02	National committee for quality assurance - commendable	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	03	National committee for quality assurance - provisional	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	05	URAC - full	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	06	URAC - conditional	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	07	URAC - provisional	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	08	Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) - 3 years	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	11	Not accredited	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	12	Other	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	13	National committee for quality assurance-- accredited	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	14	National committee for quality assurance - interim	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	15	National committee for quality assurance - denied	01/01/0001	12/31/9999
ACCREDITATION-ORGANIZATION	Accreditation Organization List	16	JCAHO (Joint Commission on Accreditation of Healthcare Organizations)	01/01/0001	12/31/9999

ACCREDITATION-ORGANIZATION	Accreditation Organization List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.ncqa.org/programs/health-plans/health-plan-accreditation-hpa/ and https://www.aaahc.org/accreditation/accreditation-general-information/terms-of-accreditation/	N/A	N/A
ADDR-BORDER-STATE-IND	Address Border State Indicator List	0	No	01/01/0001	12/31/9999
ADDR-BORDER-STATE-IND	Address Border State Indicator List	1	Yes	01/01/0001	12/31/9999
ADDR-BORDER-STATE-IND	Address Border State Indicator List	8	N/A - State does not distinguish "border state providers".	01/01/0001	12/31/9999
ADJUSTMENT-IND	Adjustment Indicator List	0	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).	01/01/0001	12/31/9999
ADJUSTMENT-IND	Adjustment Indicator List	1	Void/Reversal/Cancel of a prior submission - Use this code to convey that the purpose of the transaction is to void/reverse/cancel a previously paid/approved claim/encounter/payment/financial transaction where the claim/encounter/payment/financial transaction is not being replaced by a new paid/approved version of the claim/encounter/payment/financial transaction. Typically, this 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.	01/01/0001	12/31/9999

ADJUSTMENT-IND	Adjustment Indicator List	4	Replacement/Resubmission of a previously paid/approved claim/encounter/payment/financial transaction - Use when the purpose of the transaction is to replace a previously paid/approved claim/encounter/payment/financial transaction with a new paid/approved version of the claim/encounter/payment/financial transaction. These records must have the same ICN-ORIG 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.	01/01/0001	12/31/9999
ADJUSTMENT-IND	Adjustment Indicator List	5	Credit Gross Adjustment - Use this code to indicate an aggregate provider-level recoupment of payments (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as negative numbers. If a credit gross adjustment is reported with an ICN that is related to 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.	01/01/0001	12/31/9999
ADJUSTMENT-IND	Adjustment Indicator List	6	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.	01/01/0001	12/31/9999

ADJUSTMENT-REASON-CODE	Adjustment Reason Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://x12.org/codes/claim-adjustment-reason-codes	N/A	N/A
ADMISSION-TYPE	Admission Type List	1	EMERGENCY	01/01/0001	12/31/9999
ADMISSION-TYPE	Admission Type List	2	URGENT	01/01/0001	12/31/9999
ADMISSION-TYPE	Admission Type List	3	ELECTIVE	01/01/0001	12/31/9999
ADMISSION-TYPE	Admission Type List	4	NEWBORN	01/01/0001	12/31/9999
ADMISSION-TYPE	Admission Type List	5	TRAUMA	01/01/0001	12/31/9999
ADMISSION-TYPE	Admission Type List	9	UNKNOWN	01/01/0001	12/31/9999
ADMISSION-TYPE	Admission Type List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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	N/A	N/A
AFFILIATED-PROGRAM-TYPE	Affiliated Program Type List	2	Health Plan (state-assigned health plan ID) - The value in the AFFILIATED-PROGRAM-ID data element contains the state-assigned health plan Identifier of health plan in which the provider is enrolled to provide services including through the state plan and a waiver.	01/01/0001	12/31/9999
AFFILIATED-PROGRAM-TYPE	Affiliated Program Type List	3	Waiver - The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for the waiver in which a provider is allowed to deliver services to eligible beneficiaries.	01/01/0001	12/31/9999

AFFILIATED-PROGRAM-TYPE	Affiliated Program Type List	4	Health Home Entity - The value in the AFFILIATED-PROGRAM-ID data element contains the name of the health home in which a provider is participating. The health home entity is responsible for providing health home services to the patient in conformance with the Health Home SPA. This is the name that the state uses to uniquely identify the health home team. This entity can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals).	01/01/0001	12/31/9999
AFFILIATED-PROGRAM-TYPE	Affiliated Program Type List	5	Other - The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for something other than a health plan, waiver, or health home entity	01/01/0001	12/31/9999
AFFILIATED-PROGRAM-TYPE	Affiliated Program Type List	6	Sub-capitated Network provider – The value in the AFFILIATED-PROGRAM-ID data element contains the state-assigned health plan identifier with which the network provider has a sub-capitated contract to provide services for managed care plan enrollees.	01/01/0001	12/31/9999
AFFILIATED-PROGRAM-TYPE	Affiliated Program Type List	7	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 an 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.)	01/01/0001	12/31/9999
AMERICAN-INDIAN-ALASKA-NATIVE-INDICATOR	American Indian Alaska Native Indicator List	0	Individual does not meet the definition of an American Indian/Alaska Native	01/01/0001	12/31/9999
AMERICAN-INDIAN-ALASKA-NATIVE-INDICATOR	American Indian Alaska Native Indicator List	1	Individual meets the definition of an American Indian/Alaska Native	01/01/0001	12/31/9999
AMERICAN-INDIAN-ALASKA-NATIVE-INDICATOR	American Indian Alaska Native Indicator List	2	Yes, Individual does have CDIB	01/01/0001	02/14/2020
ATYPICAL-PROV-IND	Atypical Provider Indicator List	0	No, the State does not consider this to be an atypical provider	01/01/0001	12/31/9999
ATYPICAL-PROV-IND	Atypical Provider Indicator List	1	Yes, the State considers this to be an atypical provider	01/01/0001	12/31/9999

BED-TYPE-CODE	Bed Type Code List	1	Intermediate Care Facility for the Intellectually Disabled bed not in an Institution for Mental Disease	01/01/0001	12/31/9999
BED-TYPE-CODE	Bed Type Code List	2	Inpatient bed not in an Institution for Mental Disease	01/01/0001	12/31/9999
BED-TYPE-CODE	Bed Type Code List	3	Nursing Facility bed not in an Institution for Mental Disease	01/01/0001	12/31/9999
BED-TYPE-CODE	Bed Type Code List	4	Title 18 Skilled Nursing Facility (T18 SNF) bed not in an Institution for Mental Disease	01/01/0001	12/31/9999
BED-TYPE-CODE	Bed Type Code List	5	Intermediate Care Facility for the Intellectually Disabled bed in an Institution for Mental Disease	01/01/0001	12/31/9999
BED-TYPE-CODE	Bed Type Code List	6	Inpatient bed in an Institution for Mental Disease	01/01/0001	12/31/9999
BED-TYPE-CODE	Bed Type Code List	7	Nursing Facility bed in an Institution for Mental Disease	01/01/0001	12/31/9999
BILLING-UNIT	Billing Unit List	01	Per Day	01/01/0001	12/31/9999
BILLING-UNIT	Billing Unit List	02	Per Hour	01/01/0001	12/31/9999
BILLING-UNIT	Billing Unit List	03	Per Case	01/01/0001	12/31/9999
BILLING-UNIT	Billing Unit List	04	Per Encounter	01/01/0001	12/31/9999
BILLING-UNIT	Billing Unit List	05	Per Week	01/01/0001	12/31/9999
BILLING-UNIT	Billing Unit List	06	Per Month	01/01/0001	12/31/9999
BILLING-UNIT	Billing Unit List	07	Other Arrangements	01/01/0001	12/31/9999
BORDER-STATE-IND	Border State Indicator List	0	No	01/01/0001	12/31/9999
BORDER-STATE-IND	Border State Indicator List	1	Yes	01/01/0001	12/31/9999
BRAND-GENERIC-IND	Brand Generic Indicator List	0	Non-Drug	01/01/0001	12/31/9999
BRAND-GENERIC-IND	Brand Generic Indicator List	1	Generic	01/01/0001	12/31/9999
BRAND-GENERIC-IND	Brand Generic Indicator List	2	Brand	01/01/0001	12/31/9999
CATEGORY-FOR-FEDERAL-REIMBURSEMENT	Category for Federal Reimbursement List	01	Federal funding under Title XIX	01/01/0001	12/31/9999
CATEGORY-FOR-FEDERAL-REIMBURSEMENT	Category for Federal Reimbursement List	02	Federal funding under Title XXI	01/01/0001	12/31/9999
CATEGORY-FOR-FEDERAL-REIMBURSEMENT	Category for Federal Reimbursement List	03	Federal funding under ACA	01/01/0001	09/30/2020
CATEGORY-FOR-FEDERAL-REIMBURSEMENT	Category for Federal Reimbursement List	04	Federal funding under other legislation	01/01/0001	12/31/9999
CHIP-CODE	CHIP Code List	0	Individual was not Medicaid eligible and not eligible for separate CHIP for the month	01/01/0001	02/14/2020
CHIP-CODE	CHIP Code List	1	Individual was Medicaid eligible, but was not included in either Medicaid-Expansion CHIP or a separate title XXI CHIP) program for the month	01/01/0001	12/31/9999

CHIP-CODE	CHIP Code List	2	Individual was included in the Medicaid-Expansion CHIP program and subject to enhanced Federal matching for the month	01/01/0001	12/31/9999
CHIP-CODE	CHIP Code List	3	Individual was not Medicaid-Expansion CHIP eligible but was included in a separate title XXI CHIP program for the month.	01/01/0001	12/31/9999
CITIZENSHIP-IND	Citizenship Indicator List	0	Non-citizen	01/01/0001	12/31/9999
CITIZENSHIP-IND	Citizenship Indicator List	1	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.).)	01/01/0001	12/31/9999
CITIZENSHIP-IND	Citizenship Indicator List	2	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.).)	01/01/0001	12/31/9999
CITIZENSHIP-VERIFICATION-FLAG	Citizenship Verification Flag List	0	Citizenship Verified	01/01/0001	12/31/9999
CITIZENSHIP-VERIFICATION-FLAG	Citizenship Verification Flag List	1	Enrolled in Medicaid pending citizenship verification	01/01/0001	12/31/9999
CLAIM-DENIED-INDICATOR	Claim Denied Indicator List	0	Denied: The payment of claim in its entirety was denied by the state.	01/01/0001	12/31/9999
CLAIM-DENIED-INDICATOR	Claim Denied Indicator List	1	Not Denied: The state paid some or all of the claim.	01/01/0001	12/31/9999
CLAIM-PYMT-REM-CODE	Claim Payment Remittance Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://x12.org/codes/remittance-advice-remark-codes	N/A	N/A

CLAIM-STATUS	Claim Status Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://x12.org/codes/claim-status-codes and https://x12.org/codes/claim-status-codes	N/A	N/A
CLAIM-STATUS-CATEGORY	Claim Status Category List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/	N/A	N/A
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	01	Capsule	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	02	Ointment	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	03	Cream	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	04	Suppository	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	05	Powder	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	06	Emulsion	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	07	Liquid	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	10	Tablet	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	11	Solution	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	12	Suspension	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	13	Lotion	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	14	Shampoo	01/01/0001	12/31/9999

COMPOUND-DOSAGE-FORM	Compound Dosage Form List	15	Elixir	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	16	Syrup	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	17	Lozenge	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	18	Enema	01/01/0001	12/31/9999
COMPOUND-DOSAGE-FORM	Compound Dosage Form List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.ncpdp.org/	N/A	N/A
COMPOUND-DRUG-IND	Compound Drug Indicator List	0	Not Compound	01/01/0001	12/31/9999
COMPOUND-DRUG-IND	Compound Drug Indicator List	1	Compound	01/01/0001	12/31/9999
CONCEPTION-TO-BIRTH-IND	Conception to Birth Indicator List	0	No	01/01/0001	12/31/9999
CONCEPTION-TO-BIRTH-IND	Conception to Birth Indicator List	1	Yes	01/01/0001	12/31/9999
CONTINUOUS-ELIGIBILITY-CODE	Continuous Eligibility Code List	001	Continuous eligibility for children (optional per SSA 1902(e)(12) or 2105(a)(4)(A))	01/01/0001	12/31/99
CONTINUOUS-ELIGIBILITY-CODE	Continuous Eligibility Code List	002	1115 waiver for continuous eligibility	01/01/0001	12/31/99
CONTINUOUS-ELIGIBILITY-CODE	Continuous Eligibility Code List	995	Other	01/01/0001	12/31/99
COPAY-WAIVED-IND	Copay Waived Indicator List	0	Not Waived: The provider did not waive the beneficiary's copayment.	01/01/0001	12/31/9999
COPAY-WAIVED-IND	Copay Waived Indicator List	1	Waived: The provider waived the beneficiary's copayment.	01/01/0001	12/31/9999
CORE-BASED-STATISTICAL-AREA-CODE	Core Based Statistical Area Code List	1	The MCOs service area falls partially or entirely inside one or more metropolitan areas.	01/01/0001	12/31/9999
CORE-BASED-STATISTICAL-AREA-CODE	Core Based Statistical Area Code List	2	The MCOs service area falls partially or entirely inside one or more micropolitan areas, but not within any metropolitan areas.	01/01/0001	12/31/9999
CORE-BASED-STATISTICAL-AREA-CODE	Core Based Statistical Area Code List	3	The MCOs service area falls entirely outside of all metropolitan and micropolitan areas.	01/01/0001	12/31/9999

COUNTY	US County Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.census.gov/library/reference/code-lists/ansi.html#cou	N/A	N/A
COVERAGE-TYPE	Coverage Type List	01	Drug	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	02	Professional (Physician) Visit - Office	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	03	Dental Care	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	04	Inpatient Hospital	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	05	Outpatient Hospital	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	06	Nursing Home	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	07	Vision	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	08	Durable Med Equip (rent)	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	09	Durable Med Equip (purchase)	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	10	Home Health	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	11	Mental health-outpatient	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	12	Mental health -inpatient	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	13	Psychiatric care- outpatient	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	14	Psychiatric care- inpatient	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	15	Rehabilitation	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	16	Cancer	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	17	Emergency Services	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	18	Chiropractic	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	19	Surgical	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	20	Diagnostic Medical, including X-ray and Lab Services	01/01/0001	12/31/9999

COVERAGE-TYPE	Coverage Type List	21	PT/OT/ST	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	22	Hospice	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	23	Transportation	01/01/0001	12/31/9999
COVERAGE-TYPE	Coverage Type List	98	Other	01/01/0001	12/31/9999
CROSSOVER-INDICATOR	Crossover Indicator List	0	Not Crossover Claim	01/01/0001	12/31/9999
CROSSOVER-INDICATOR	Crossover Indicator List	1	Crossover Claim	01/01/0001	12/31/9999
DATA-DICTIONARY-VERSION	Data Dictionary Version List	DEC13V2.3		01/01/0001	12/31/9999
DATA-DICTIONARY-VERSION	Data Dictionary Version List	NOV07V2.1		01/01/0001	12/31/9999
DATA-DICTIONARY-VERSION	Data Dictionary Version List	NOV13V1.1		01/01/0001	12/31/9999
DATA-DICTIONARY-VERSION	Data Dictionary Version List	NOV15V2.0		01/01/0001	12/31/9999
DATA-DICTIONARY-VERSION	Data Dictionary Version List	NOV17V2.1		01/01/0001	12/31/9999
DATA-DICTIONARY-VERSION	Data Dictionary Version List	NOV23V2.2		01/01/0001	12/31/9999
DATA-DICTIONARY-VERSION	Data Dictionary Version List	v2.4.0		01/01/0001	12/31/9999
DATA-DICTIONARY-VERSION	Data Dictionary Version List	v3.0.0		06/27/2022	12/31/9999
DATA-DICTIONARY-VERSION	Data Dictionary Version List	v4.0.0		02/14/2025	12/31/9999
DIAGNOSIS-CODE	Diagnosis Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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	N/A	N/A
DIAGNOSIS-CODE-FLAG	Diagnosis Code Flag List	1	ICD-9	01/01/0001	12/31/9999
DIAGNOSIS-CODE-FLAG	Diagnosis Code Flag List	2	ICD-10	01/01/0001	12/31/9999
DIAGNOSIS-POA-FLAG	Diagnosis POA Flag List	1	Unreported/Not used. Exempt from POA reporting.	01/01/0001	12/31/9999
DIAGNOSIS-POA-FLAG	Diagnosis POA Flag List	N	Diagnosis was not present at time of inpatient admission	01/01/0001	12/31/9999

DIAGNOSIS-POA-FLAG	Diagnosis POA Flag List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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	N/A	N/A
DIAGNOSIS-POA-FLAG	Diagnosis POA Flag List	U	Documentation insufficient to determine if condition was present at the time of inpatient admission	01/01/0001	12/31/9999
DIAGNOSIS-POA-FLAG	Diagnosis POA Flag List	W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.	01/01/0001	12/31/9999
DIAGNOSIS-POA-FLAG	Diagnosis POA Flag List	Y	Diagnosis was present at time of inpatient admission	01/01/0001	12/31/9999
DIAGNOSIS-TYPE	Diagnosis Type List	A	Admitting (from 837I or UB-04 claim for IP and LT)	01/01/0001	12/31/99
DIAGNOSIS-TYPE	Diagnosis Type List	D	Diagnosis Code #1-5 (from NCPDP claim for RX) or #1-12 (from 837P, CMS-1500, 837D, or ADA claim for OT)	01/01/0001	12/31/99
DIAGNOSIS-TYPE	Diagnosis Type List	E	External Cause of Injury #1-12 (from 837I claim for IP, LT, and OT)	01/01/0001	12/31/99
DIAGNOSIS-TYPE	Diagnosis Type List	O	Other Diagnosis #1-24 (for IP, LT) or #1-12 (from 837I or UB-04 claim for OT)	01/01/0001	12/31/99
DIAGNOSIS-TYPE	Diagnosis Type List	P	Principal (from 837I or UB-04 claim for IP, LT, and OT)	01/01/0001	12/31/99
DIAGNOSIS-TYPE	Diagnosis Type List	R	Reason for Visit #1-3 (from 837I claim for OT)	01/01/0001	12/31/99
DISABILITY-TYPE-CODE	Disability Type Code List	01	Individual is deaf or has serious difficulty hearing.	01/01/0001	12/31/9999
DISABILITY-TYPE-CODE	Disability Type Code List	02	Individual is blind or has serious difficulty seeing, even when wearing glasses.	01/01/0001	12/31/9999
DISABILITY-TYPE-CODE	Disability Type Code List	03	Individual has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. (Applicable only to people who are 5 years old or older.)	01/01/0001	12/31/9999
DISABILITY-TYPE-CODE	Disability Type Code List	04	Individual has serious difficulty walking or climbing stairs. (Applicable only to people who are 5 years old or older.)	01/01/0001	12/31/9999
DISABILITY-TYPE-CODE	Disability Type Code List	05	Individual has difficulty dressing or bathing. (Applicable only to people who are 5 years old or older.)	01/01/0001	12/31/9999

DISABILITY-TYPE-CODE	Disability Type Code List	06	Individual has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. (Applicable only to people who are 15 years old or older.)	01/01/0001	12/31/9999
DISABILITY-TYPE-CODE	Disability Type Code List	07	Other	01/01/0001	12/31/9999
DISABILITY-TYPE-CODE	Disability Type Code List	08	None	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE	Drug Utilization Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.ncpdp.org/	N/A	N/A
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	AD	439-E4: Additional Drug Needed	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	AN	439-E4: Prescription Authentication	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	AR	439-E4: Adverse Drug Reaction	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	AT	439-E4: Additive Toxicity	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	CD	439-E4: Chronic Disease Management	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	CH	439-E4: Call Help Desk	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	CS	439-E4: Patient Complaint/Symptom	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	DA	439-E4: Drug-Allergy	01/01/0001	12/31/9999

DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	DC	439-E4: Drug-Disease (Inferred)	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	DD	439-E4: Drug-Drug Interaction	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	DF	439-E4: Drug-Food interaction	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	DI	439-E4: Drug Incompatibility	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	DL	439-E4: Drug-Lab Conflict	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	DM	439-E4: Apparent Drug Misuse	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	DS	439-E4: Tobacco Use	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	ED	439-E4: Patient Education/Instruction	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	ER	439-E4: Overuse	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	EX	439-E4: Excessive Quantity	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	HD	439-E4: High Dose	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	IC	439-E4: Iatrogenic Condition	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	ID	439-E4: Ingredient Duplication	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	LD	439-E4: Low Dose	01/01/0001	12/31/9999

DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	LK	439-E4: Lock In Recipient	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	LR	439-E4: Underuse	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	MC	439-E4: Drug-Disease (Reported)	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	MN	439-E4: Insufficient Duration	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	MS	439-E4: Missing Information/Clarification	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	MX	439-E4: Excessive Duration	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	NA	439-E4: Drug Not Available	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	NC	439-E4: Non-covered Drug Purchase	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	ND	439-E4: New Disease/Diagnosis	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	NF	439-E4: Non-Formulary Drug	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	NN	439-E4: Unnecessary Drug	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	NP	439-E4: New Patient Processing	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	NR	439-E4: Lactation/Nursing Interaction	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	NS	439-E4: Insufficient Quantity	01/01/0001	12/31/9999

DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	OH	439-E4: Alcohol Conflict	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	PA	439-E4: Drug-Age	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	PC	439-E4: Patient Question/Concern	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	PG	439-E4: Drug-Pregnancy	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	PH	439-E4: Preventive Health Care	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	PN	439-E4: Prescriber Consultation	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	PP	439-E4: Plan Protocol	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	PR	439-E4: Prior Adverse Reaction	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	PS	439-E4: Product Selection Opportunity	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	RE	439-E4: Suspected Environmental Risk	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	RF	439-E4: Health Provider Referral	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	SC	439-E4: Suboptimal Compliance	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	SD	439-E4: Suboptimal Drug/Indication	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	SE	439-E4: Side Effect	01/01/0001	12/31/9999

DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	SF	439-E4: Suboptimal Dosage Form	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	SR	439-E4: Suboptimal Regimen	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	SX	439-E4: Drug-Gender	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	TD	439-E4: Therapeutic	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	TN	439-E4: Laboratory Test Needed	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E4	Drug Utilization Reason for Service Code List	TP	439-E4: Payer/Processor Question	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	00	440-E5: No intervention	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	AS	440-E5: Patient assessment	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	CC	440-E5: Coordination of care	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	DE	440-E5: Dosing evaluation/determination	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	FE	440-E5: Formulary enforcement	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	GP	440-E5: Generic product selection	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	M0	440-E5: Prescriber consulted	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	MA	440-E5: Medication administration	01/01/0001	12/31/9999

DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	MR	440-E5: Medication review	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	P0	440-E5: Patient consulted	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	PE	440-E5: Patient education/instruction	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	PH	440-E5: Patient medication history	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	PM	440-E5: Patient monitoring	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	PT	440-E5: Perform laboratory test	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	R0	440-E5: Pharmacist consulted other source	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	RT	440-E5: Recommend laboratory test	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	SC	440-E5: Self-care consultation	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	SW	440-E5: Literature search/review	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	TC	440-E5: Payer/processor consulted	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E5	Drug Utilization Professional Service Code List	TH	440-E5: Therapeutic product interchange	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	00	441-E6: Not Specified	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	1A	441-E6: Filled As Is	01/01/0001	12/31/9999

DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	1B	441-E6: Filled Prescription As Is	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	1C	441-E6: Filled	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	1D	441-E6: Filled	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	1E	441-E6: Filled	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	1F	441-E6: Filled	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	1G	441-E6: Filled	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	1H	441-E6: Brand-to-Generic Change	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	1J	441-E6: Rx-to-OTC Change	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	1K	441-E6: Filled with Different Dosage Form	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	2A	441-E6: Prescription Not Filled	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	2B	441-E6: Not Filled	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3A	441-E6: Recommendation Accepted	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3B	441-E6: Recommendation Not Accepted	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3C	441-E6: Discontinued Drug	01/01/0001	12/31/9999

DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3D	441-E6: Regimen Changed	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3E	441-E6: Therapy Changed	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3F	441-E6: Therapy Changed-cost increased acknowledged	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3G	441-E6: Drug Therapy Unchanged	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3H	441-E6: Follow-Up/Report	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3J	441-E6: Patient Referral	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3K	441-E6: Instructions Understood	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3M	441-E6: Compliance Aid Provided	01/01/0001	12/31/9999
DRUG-UTILIZATION-CODE-E6	Drug Utilization Result of Service Code List	3N	441-E6: Medication Administered	01/01/0001	12/31/9999
DUAL-ELIGIBLE-CODE	Dual Eligible Code List	00	Eligible is not a Medicare beneficiary	01/01/0001	12/31/9999
DUAL-ELIGIBLE-CODE	Dual Eligible Code List	01	Eligible is entitled to Medicare- QMB only	01/01/0001	12/31/9999
DUAL-ELIGIBLE-CODE	Dual Eligible Code List	02	Eligible is entitled to Medicare- QMB AND Medicaid coverage	01/01/0001	12/31/9999
DUAL-ELIGIBLE-CODE	Dual Eligible Code List	03	Eligible is entitled to Medicare- SLMB only	01/01/0001	12/31/9999
DUAL-ELIGIBLE-CODE	Dual Eligible Code List	04	Eligible is entitled to Medicare- SLMB AND Medicaid coverage	01/01/0001	12/31/9999
DUAL-ELIGIBLE-CODE	Dual Eligible Code List	05	Eligible is entitled to Medicare- QDWI	01/01/0001	12/31/9999
DUAL-ELIGIBLE-CODE	Dual Eligible Code List	06	Eligible is entitled to Medicare- Qualifying individuals	01/01/0001	12/31/9999
DUAL-ELIGIBLE-CODE	Dual Eligible Code List	08	Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI)	01/01/0001	12/31/9999
DUAL-ELIGIBLE-CODE	Dual Eligible Code List	09	Eligible is entitled to Medicare - Other (This code is to be used only with specific CMS approval.)	01/01/0001	12/31/9999

DUAL-ELIGIBLE-CODE	Dual Eligible Code List	10	Separate CHIP Eligible is entitled to Medicare	01/01/0001	12/31/9999
ELG-IDENTIFIER-TYPE	Eligible Identifier Type List	1	Medicaid Card ID	01/01/0001	12/31/9999
ELG-IDENTIFIER-TYPE	Eligible Identifier Type List	2	Old MSIS Identification Number	01/01/0001	12/31/9999
ELIGIBILITY-EXTENSION-CODE	Eligibility Extension Code List	001	60-day extended postpartum coverage (mandatory per SSA 1902(e)(5) and 2112(d)(2)(A))	01/01/0001	12/31/9999
ELIGIBILITY-EXTENSION-CODE	Eligibility Extension Code List	002	12-month extended postpartum coverage (optional per SSA 1902(e)(16) or 2107(e)(1)(J))	01/01/0001	12/31/9999
ELIGIBILITY-EXTENSION-CODE	Eligibility Extension Code List	003	1115 waiver for extended postpartum coverage	01/01/0001	12/31/9999
ELIGIBILITY-EXTENSION-CODE	Eligibility Extension Code List	995	Other	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	01	Parents and Other Caretaker Relatives	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	02	Transitional Medical Assistance	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	03	Extended Medicaid due to Earnings	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	04	Extended Medicaid due to Spousal Support Collections	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	05	Pregnant Women	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	06	Deemed Newborns	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	07	Infants and Children under Age 19	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	08	Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	09	Former Foster Care Children	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	11	Individuals Receiving SSI	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	12	Aged, Blind and Disabled Individuals in 209(b) States	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	13	Individuals Receiving Mandatory State Supplements	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	14	Individuals Who Are Essential Spouses	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	15	Institutionalized Individuals Continuously Eligible Since 1973	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	16	Blind or Disabled Individuals Eligible in 1973	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	17	Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	18	Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977	01/01/0001	12/31/9999

ELIGIBILITY-GROUP	Eligibility Group List	19	Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	20	Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	21	Working Disabled under 1619(b)	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	22	Disabled Adult Children	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	23	Qualified Medicare Beneficiaries	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	24	Qualified Disabled and Working Individuals	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	25	Specified Low Income Medicare Beneficiaries	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	26	Qualifying Individuals	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	27	Optional Coverage of Parents and Other Caretaker Relatives	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	28	Reasonable Classifications of Individuals under Age 21	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	29	Children with Non-IV-E Adoption Assistance	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	30	Independent Foster Care Adolescents	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	31	Optional Targeted Low-Income Children	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	32	Individuals Electing COBRA Continuation Coverage	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	33	Individuals above 133% FPL under Age 65	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	34	Certain Individuals Needing Treatment for Breast or Cervical Cancer	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	35	Individuals Eligible for Family Planning Services	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	36	Individuals with Tuberculosis	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	37	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash Assistance	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	38	Individuals Eligible for Cash Assistance except for Institutionalization	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	39	Individuals Receiving Home and Community Based Services under Institutional Rules	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	40	Optional State Supplement Recipients - 1634 States, and SSI Criteria States with 1616 Agreements	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	41	Optional State Supplement Recipients - 209(b) States, and SSI Criteria States without 1616 Agreements	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	42	Institutionalized Individuals Eligible under a Special Income Level	01/01/0001	12/31/9999

ELIGIBILITY-GROUP	Eligibility Group List	43	Individuals participating in a PACE Program under Institutional Rules	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	44	Individuals Receiving Hospice Care	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	45	Qualified Disabled Children under Age 19	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	46	Poverty Level Aged or Disabled	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	47	Work Incentives Eligibility Group	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	48	Ticket to Work Basic Group	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	49	Ticket to Work Medical Improvements Group	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	50	Family Opportunity Act Children with Disabilities	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	51	Individuals Eligible for Home and Community-Based Services	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	52	Individuals Eligible for Home and Community-Based Services - Special Income Level	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	53	Medically Needy Pregnant Women	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	54	Medically Needy Children under Age 18	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	55	Medically Needy Children Age 18 through 20	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	56	Medically Needy Parents and Other Caretakers	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	59	Medically Needy Aged, Blind or Disabled	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	60	Medically Needy Blind or Disabled Individuals Eligible in 1973	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	61	Targeted Low-Income Children	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	62	Deemed Newborn	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	63	Children Ineligible for Medicaid Due to Loss of Income Disregards	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	64	Coverage from Conception to Birth	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	65	Children with Access to Public Employee Coverage	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	66	Children Eligible for Dental Only Supplemental Coverage	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	67	Targeted Low-Income Pregnant Women	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	68	Pregnant Women with Access to Public Employee Coverage	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	69	Individuals with Mental Health Conditions (expansion group)	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	70	Family Planning Participants (expansion group)	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	71	Other expansion group	01/01/0001	12/31/9999

ELIGIBILITY-GROUP	Eligibility Group List	72	Adult Group - Individuals at or below 133% FPL Age 19 through 64 - newly eligible for all states	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	73	Adult Group - Individuals at or below 133% FPL Age 19 through 64- not newly eligible for non 1905z(3) states	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	74	Adult Group - Individuals at or below 133% FPL Age 19 through 64 - not newly eligible parent/ caretaker-relative(s) in 1905z(3) states	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	75	Adult Group - Individuals at or below 133% FPL Age 19 through 64- not newly eligible non-parent/ caretaker-relative(s) in 1905z(3) states	01/01/0001	12/31/9999
ELIGIBILITY-GROUP	Eligibility Group List	76	Uninsured Individual eligible for COVID-19 testing	03/18/2020	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	01	Income Requirement not met - do not use for changes in household composition	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	02	Asset requirement not met - do not use for changes in household composition	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	03	Income reduced - (do not use - typically not a reason for termination)	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	04	Aged out of program	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	05	No longer in the foster care system - (do not use - typically not a reason for termination)	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	06	Death	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	07	No longer disabled	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	08	No longer institutionalized	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	09	No longer in need of long-term care services	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	10	Obtained employer sponsored insurance (ESI)	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	11	Gained access to public employees health plan	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	12	Obtained other coverage (not ESI or public employees health plan)	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	13	Failure to respond	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	14	Failure to pay premium or enrollment fees	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	15	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)	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	16	Voluntary request for termination	01/01/0001	12/31/9999

ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	17	Do not use after 06/30/2027 - 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)	01/01/0001	06/30/2027
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	18	Fraud	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	19	Suspension/termination due to incarceration - use when the state is able to distinguish a more granular reason than just residency requirement not met	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	20	Disqualification for residence in an Institution for Mental Disease (IMD) - use when the state is able to distinguish a more granular reason than just residency requirement not met	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	21	Suspension/Termination with reason unknown	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	22	Other	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	23	Terminated due to Incorrect Granting of Eligibility (e.g., someone is given eligibility in error and then eligibility has to be retracted/terminated)	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	24	Household or family composition criteria not met (e.g., someone was incorrectly included or excluded from the household or family composition) - do not use for changes in income	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	25	Non-financial program requirements not met (e.g. child support not paid, failure of drug tests, failure to apply for SSN, etc.)	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	26	No longer meets categorical eligibility requirements.	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	27	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	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	28	Time limited eligibility expired (e.g., Transitional Medical Assistance (TMA)	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	29	Closed as duplicate	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	30	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)	01/01/0001	12/31/9999

ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	31	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)	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	32	Beneficiary income could not be verified (if unable to verify due to non-response, report with "failure to respond" using valid value '13')	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	33	The individual's immigration status or citizenship status could not be verified - or - the individual's immigration status is verified and their status is not satisfactory for full benefits (i.e., IMMIGRATION-STATUS does not equal 2 [CHIPRA 214] or 4 [eligible noncitizen]) If unable to verify due to non-response, report with "failure to respond" using valid value '13'	01/01/0001	12/31/9999
ELIGIBILITY-TERMINATION-REASON	Eligibility Termination Reason List	36	Unable to verify other information from a beneficiary's case file (if unable to verify due to non-response, report with "failure to respond" using valid value '13')	01/01/0001	12/31/9999
ELIGIBLE-ADDR-TYPE	Eligible Address Type List	01	Primary home address and contact information, used for the eligibility determination process	01/01/0001	12/31/9999
ELIGIBLE-ADDR-TYPE	Eligible Address Type List	02	Primary work address and contact information	01/01/0001	12/31/9999
ELIGIBLE-ADDR-TYPE	Eligible Address Type List	03	Secondary residence and contact information	01/01/0001	12/31/9999
ELIGIBLE-ADDR-TYPE	Eligible Address Type List	04	Secondary work address and contact information	01/01/0001	12/31/9999
ELIGIBLE-ADDR-TYPE	Eligible Address Type List	05	Other category of address and contact information	01/01/0001	12/31/9999
ELIGIBLE-ADDR-TYPE	Eligible Address Type List	06	Eligible person's official mailing address	01/01/0001	12/31/9999
ENGL-PROF-CODE	Engl Prof List	0	Very Well	01/01/0001	12/31/9999
ENGL-PROF-CODE	Engl Prof List	1	Well	01/01/0001	12/31/9999
ENGL-PROF-CODE	Engl Prof List	2	Not well	01/01/0001	12/31/9999
ENGL-PROF-CODE	Engl Prof List	3	No spoken proficiency	01/01/0001	12/31/9999
ENROLLMENT-TYPE	Enrollment Type List	1	Medicaid	01/01/0001	12/31/9999

ENROLLMENT-TYPE	Enrollment Type List	2	CHIP	01/01/0001	12/31/9999
ETHNICITY-CODE	Ethnicity Code List	0	Not of Hispanic or, Latino/a, or Spanish origin	01/01/0001	12/31/9999
ETHNICITY-CODE	Ethnicity Code List	1	Mexican, Mexican American, Chicano/a	01/01/0001	12/31/9999
ETHNICITY-CODE	Ethnicity Code List	2	Puerto Rican	01/01/0001	12/31/9999
ETHNICITY-CODE	Ethnicity Code List	3	Cuban	01/01/0001	12/31/9999
ETHNICITY-CODE	Ethnicity Code List	4	Another Hispanic, Latino, or Spanish origin	01/01/0001	12/31/9999
ETHNICITY-CODE	Ethnicity Code List	5	Hispanic or Latino Unknown	01/01/0001	12/31/9999
ETHNICITY-CODE	Ethnicity Code List	6	Ethnicity Unspecified	01/01/0001	12/31/9999
EXPENDITURE-AUTHORITY-TYPE	Expenditure Authority Type List	01	1115	01/01/0001	12/31/9999
EXPENDITURE-AUTHORITY-TYPE	Expenditure Authority Type List	95	Other	01/01/0001	12/31/9999
FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code List	01	Facility - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a facility.	01/01/0001	12/31/9999
FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code List	02	Group - The entity identified by the associated SUBMITTING-STATE-PROV-ID is a group of individual practitioners.	01/01/0001	12/31/9999
FACILITY-GROUP-INDIVIDUAL-CODE	Facility Group Individual Code List	03	Individual - The entity identified by the associated SUBMITTING-STATE-PROV-ID is an individual practitioner.	01/01/0001	12/31/9999
FILE-ENCODING-SPECIFICATION	File Encoding Specification List	FLF	The file follows a fixed length format.	01/01/0001	12/31/9999
FILE-ENCODING-SPECIFICATION	File Encoding Specification List	PSV	The file follows a pipe-delimited format.	01/01/0001	12/31/9999
FILE-NAME	T-MSIS File Type List	CLAIM-IP	Inpatient Claim/Encounters File	01/01/0001	12/31/9999
FILE-NAME	T-MSIS File Type List	CLAIM-LT	Long Term Care Claims/Encounters File	01/01/0001	12/31/9999
FILE-NAME	T-MSIS File Type List	CLAIM-OT	Other Claims/Encounters File	01/01/0001	12/31/9999
FILE-NAME	T-MSIS File Type List	CLAIM-RX	Pharmacy Claims/Encounters File	01/01/0001	12/31/9999
FILE-NAME	T-MSIS File Type List	ELIGIBLE	Eligible File	01/01/0001	12/31/9999
FILE-NAME	T-MSIS File Type List	FINTRANS	Financial Transaction File	01/01/0001	12/31/9999
FILE-NAME	T-MSIS File Type List	MNGDCARE	Managed Care Plan Information File	01/01/0001	12/31/9999
FILE-NAME	T-MSIS File Type List	PROVIDER	Provider File	01/01/0001	12/31/9999
FILE-NAME	T-MSIS File Type List	TPL-FILE	Third Party Liability File	01/01/0001	12/31/9999
FILE-STATUS-INDICATOR	File Status Indicator List	P	Production File	01/01/0001	12/31/9999

FILE-STATUS-INDICATOR	File Status Indicator List	T	Test File	01/01/0001	12/31/9999
FILE-SUBMISSION-METHOD	File Submission Method List	01	True Full File Refresh (TFFR)	01/01/0001	12/31/99
FILE-SUBMISSION-METHOD	File Submission Method List	02	Rolling History File Refresh (RHFR)	01/01/0001	12/31/99
FILE-SUBMISSION-METHOD	File Submission Method List	03	Incremental Timespan (IT) - One month incremental Create files	01/01/0001	12/31/99
FILE-SUBMISSION-METHOD	File Submission Method List	04	Change-Segment Only (CSO)	01/01/0001	12/31/99
FILE-SUBMISSION-METHOD	File Submission Method List	05	Incremental Timespan (IT) - Multi-month incremental Create files	01/01/0001	12/31/99
FIXED-PAYMENT-IND	Fixed Payment Indicator List	0	Not Fixed Payment	01/01/0001	12/31/9999
FIXED-PAYMENT-IND	Fixed Payment Indicator List	1	FFS Fixed Payment	01/01/0001	12/31/9999
FORCED-CLAIM-IND	Forced Claim Indicator List	0	No	01/01/0001	12/31/9999
FORCED-CLAIM-IND	Forced Claim Indicator List	1	Yes	01/01/0001	12/31/9999
FUNDING-CODE	Funding Code List	A	Medicaid Agency	01/01/0001	12/31/9999
FUNDING-CODE	Funding Code List	B	CHIP Agency	01/01/0001	12/31/9999
FUNDING-CODE	Funding Code List	C	Mental Health Service Agency	01/01/0001	12/31/9999
FUNDING-CODE	Funding Code List	D	Education Agency	01/01/0001	12/31/9999
FUNDING-CODE	Funding Code List	E	Child and Family Services Agency	01/01/0001	12/31/9999
FUNDING-CODE	Funding Code List	F	County	01/01/0001	12/31/9999
FUNDING-CODE	Funding Code List	G	City	01/01/0001	12/31/9999
FUNDING-CODE	Funding Code List	H	Providers	01/01/0001	12/31/9999
FUNDING-CODE	Funding Code List	I	Other	01/01/0001	12/31/9999
FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	01	State appropriations to the Medicaid agency	01/01/0001	12/31/9999
FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	02	Intergovernmental transfers (IGT)	01/01/0001	12/31/9999
FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	03	Certified public expenditures (CPE)	01/01/0001	12/31/9999
FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	04	Provider taxes	01/01/0001	12/31/9999
FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	05	Donations	01/01/0001	12/31/9999
FUNDING-SOURCE-NONFEDERAL-SHARE	Funding Source Non-Federal Share List	06	State appropriations to the CHIP agency	01/01/0001	12/31/9999
GENDER-IDENTITY	Gender Identity List	1	Female	01/01/0001	12/31/9999
GENDER-IDENTITY	Gender Identity List	2	Male	01/01/0001	12/31/9999
GENDER-IDENTITY	Gender Identity List	3	Transgender female	01/01/0001	12/31/9999

GENDER-IDENTITY	Gender Identity List	4	Transgender male	01/01/0001	12/31/9999
GENDER-IDENTITY	Gender Identity List	5	Not sure	01/01/0001	12/31/9999
GENDER-IDENTITY	Gender Identity List	6	Prefer not to answer	01/01/0001	12/31/9999
GENDER-IDENTITY	Gender Identity List	7	Other	01/01/0001	12/31/9999
HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	001	Aged	01/01/0001	12/31/9999
HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	002	Physical Disabilities	01/01/0001	12/31/9999
HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	003	Intellectual Disabilities	01/01/0001	12/31/9999
HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	004	Autism Spectrum Disorder	01/01/0001	12/31/9999
HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	005	Developmental Disabilities	01/01/0001	12/31/9999
HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	006	Mental Illness and/or Serious Emotional Disturbance	01/01/0001	12/31/9999
HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	007	Brain Injury	01/01/0001	12/31/9999
HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	008	HIV/AIDs	01/01/0001	12/31/9999
HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	009	Technology Dependent or Medically Fragile	01/01/0001	12/31/9999
HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	HCBS Chronic Condition Non Health Home Code List	010	Disabled (other)	01/01/0001	12/31/9999
HCBS-SERVICE-CODE	HCBS Service Code List	1	The HCBS service was provided under 1915(i)	01/01/0001	12/31/9999
HCBS-SERVICE-CODE	HCBS Service Code List	2	The HCBS service was provided under 1915(j)	01/01/0001	12/31/9999
HCBS-SERVICE-CODE	HCBS Service Code List	3	The HCBS service was provided under 1915(k)	01/01/0001	12/31/9999
HCBS-SERVICE-CODE	HCBS Service Code List	4	The HCBS service was provided under a 1915(c) HCBS Waiver	01/01/0001	12/31/9999

HCBS-SERVICE-CODE	HCBS Service Code List	5	The HCBS service was provided under an 1115 waiver	01/01/0001	12/31/9999
HCBS-SERVICE-CODE	HCBS Service Code List	6	The HCBS service was not provided under the statutes identified above and was of an acute care nature	01/01/0001	12/31/9999
HCBS-SERVICE-CODE	HCBS Service Code List	7	The HCBS service was not provided under the statutes identified above and was of a long term care nature	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	01010	Case Management	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	02011	Group Living, Residential Habilitation	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	02012	Group Living, Mental Health Services	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	02013	Group Living, Other	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	02021	Shared Living, Residential Habilitation	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	02022	Shared Living, Mental Health Services	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	02023	Shared Living, Other	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	02031	In-e Residential Habilitation	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	02032	In-Home Round-The-Clock Mental Health Services	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	02033	In-Home Round-The-Clock Services, Other	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	03010	Job Development	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	03021	Ongoing Supported Employment, Individual	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	03022	Ongoing Supported Employment, Group	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	03030	Career Planning	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	04010	Prevocational Services	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	04020	Day Habilitation	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	04030	Education Services	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	04040	Day Treatment/Partial Hospitalization	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	04050	Adult Day Health	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	04060	Adult Day Services (Social Model)	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	04070	Community Integration	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	04080	Medical Day Care for Children	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	05010	Private Duty Nursing	01/01/0001	12/31/9999

HCBS-TAXONOMY	HCBS Taxonomy Code List	05020	Skilled Nursing	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	06010	Home Delivered Meals	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	07010	Rent and Food Expenses For Live-In Caregiver	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	08010	Home-Based Habilitation	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	08020	Home Health Aide	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	08030	Personal Care	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	08040	Companion	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	08050	Homemaker	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	08060	Chore	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	09011	Respite, Out-Of-Home	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	09012	Respite, In-Home	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	09020	Caregiver Counseling and/or Training	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	10010	Mental Health Assessment	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	10020	Assertive Community Treatment	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	10030	Crisis Intervention	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	10040	Behavior Support	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	10050	Peer Specialist	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	10060	Counseling	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	10070	Psychosocial Rehabilitation	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	10080	Clinic Services	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	10090	Other Mental Health and Behavioral Services	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11010	Health Monitoring	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11020	Health Assessment	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11030	Medication Assessment and/or Management	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11040	Nutrition Consultation	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11050	Physician Services	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11060	Prescription Drugs	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11070	Dental Services	01/01/0001	12/31/9999

HCBS-TAXONOMY	HCBS Taxonomy Code List	11080	Occupational Therapy	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11090	Physical Therapy	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11100	Speech, Hearing, And Language Therapy	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11110	Respiratory Therapy	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11120	Cognitive Rehabilitative Therapy	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	11130	Other Therapies	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	12010	Financial Management Services In Support Of Participant Direction	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	12020	Information and Assistance In Support Of Participant Direction	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	13010	Participant Training	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	14010	Personal Emergency Response System (Pers)	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	14020	Home and/or Vehicle Accessibility Adaptations	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	14031	Equipment and Technology	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	14032	Supplies	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	15010	Non-Medical Transportation	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	16010	Community Transition Services	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	17010	Goods and Services	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	17020	Interpreter	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	17030	Housing Consultation	01/01/0001	12/31/9999
HCBS-TAXONOMY	HCBS Taxonomy Code List	17990	Other	01/01/0001	12/31/9999
HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator List	0	No	01/01/0001	12/31/9999
HEALTH-CARE-ACQUIRED-CONDITION-IND	Healthcare Acquired Condition Indicator List	1	Yes	01/01/0001	12/31/9999
HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	A	Mental health	01/01/0001	12/31/9999
HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	B	Substance abuse	01/01/0001	12/31/9999
HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	C	Asthma	01/01/0001	12/31/9999
HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	D	Diabetes	01/01/0001	12/31/9999
HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	E	Heart disease	01/01/0001	12/31/9999

HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	F	Overweight (BMI of >25)	01/01/0001	12/31/9999
HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	G	HIV/AIDS	01/01/0001	12/31/9999
HEALTH-HOME-CHRONIC-CONDITION	Health Home Chronic Condition List	H	Other	01/01/0001	12/31/9999
HEALTH-HOME-PROV-IND	Health Home Provider Indicator List	0	No	01/01/0001	12/31/9999
HEALTH-HOME-PROV-IND	Health Home Provider Indicator List	1	Yes	01/01/0001	12/31/9999
HOUR	Hour List	00	0:00-0:59	01/01/0001	12/31/9999
HOUR	Hour List	01	1:00-1:59	01/01/0001	12/31/9999
HOUR	Hour List	02	2:00-2:59	01/01/0001	12/31/9999
HOUR	Hour List	03	3:00-3:59	01/01/0001	12/31/9999
HOUR	Hour List	04	4:00-4:59	01/01/0001	12/31/9999
HOUR	Hour List	05	5:00-5:59	01/01/0001	12/31/9999
HOUR	Hour List	06	6:00-6:59	01/01/0001	12/31/9999
HOUR	Hour List	07	7:00-7:59	01/01/0001	12/31/9999
HOUR	Hour List	08	8:00-8:59	01/01/0001	12/31/9999
HOUR	Hour List	09	9:00-9:59	01/01/0001	12/31/9999
HOUR	Hour List	10	10:00-10:59	01/01/0001	12/31/9999
HOUR	Hour List	11	11:00-11:59	01/01/0001	12/31/9999
HOUR	Hour List	12	12:00-12:59	01/01/0001	12/31/9999
HOUR	Hour List	13	13:00-13:59	01/01/0001	12/31/9999
HOUR	Hour List	14	14:00-14:59	01/01/0001	12/31/9999
HOUR	Hour List	15	15:00-15:59	01/01/0001	12/31/9999
HOUR	Hour List	16	16:00-16:59	01/01/0001	12/31/9999
HOUR	Hour List	17	17:00-17:59	01/01/0001	12/31/9999
HOUR	Hour List	18	18:00-18:59	01/01/0001	12/31/9999
HOUR	Hour List	19	19:00-19:59	01/01/0001	12/31/9999
HOUR	Hour List	20	20:00-20:59	01/01/0001	12/31/9999
HOUR	Hour List	21	21:00-21:59	01/01/0001	12/31/9999
HOUR	Hour List	22	22:00-22:59	01/01/0001	12/31/9999

HOUR	Hour List	23	23:00-23:59	01/01/0001	12/31/9999
HOUSEHOLD-SIZE	Household Size List	01	1 person	01/01/0001	12/31/9999
HOUSEHOLD-SIZE	Household Size List	02	2 people	01/01/0001	12/31/9999
HOUSEHOLD-SIZE	Household Size List	03	3 people	01/01/0001	12/31/9999
HOUSEHOLD-SIZE	Household Size List	04	4 people	01/01/0001	12/31/9999
HOUSEHOLD-SIZE	Household Size List	05	5 people	01/01/0001	12/31/9999
HOUSEHOLD-SIZE	Household Size List	06	6 people	01/01/0001	12/31/9999
HOUSEHOLD-SIZE	Household Size List	07	7 people	01/01/0001	12/31/9999
HOUSEHOLD-SIZE	Household Size List	08	8 or more people	01/01/0001	12/31/9999
IHS-SERVICE-IND	IHS Service Indicator Code List	0	No	01/01/0001	12/31/9999
IHS-SERVICE-IND	IHS Service Indicator Code List	1	Yes	01/01/0001	12/31/9999
IMMIGRATION-STATUS	Immigration Status List	1	Qualified-alien	01/01/0001	09/30/2026
IMMIGRATION-STATUS	Immigration Status List	2	Lawfully present under CHIPRA 214	01/01/0001	12/31/9999
IMMIGRATION-STATUS	Immigration Status List	3	Eligible for payment for emergency Medicaid services only	01/01/0001	12/31/9999
IMMIGRATION-STATUS	Immigration Status List	4	Eligible noncitizen	10/01/2026	12/31/9999
IMMIGRATION-STATUS	Immigration Status List	8	U.S. citizen or U.S. national	01/01/0001	12/31/9999
IMMIGRATION-VERIFICATION-FLAG	Immigration Verification Flag List	0	Immigration status verified	01/01/0001	12/31/9999
IMMIGRATION-VERIFICATION-FLAG	Immigration Verification Flag List	1	Enrolled in Medicaid pending immigration verification	01/01/0001	12/31/9999
INCOME-CODE	Income Code List	01	Individual's State-defined family income is from 0 to 100% of the FPL	01/01/0001	12/31/9999
INCOME-CODE	Income Code List	02	Individual's State-defined family income is from 101 to 133% of the FPL	01/01/0001	12/31/9999
INCOME-CODE	Income Code List	03	Individual's State-defined family income is from 134 to 150% of the FPL	01/01/0001	12/31/9999
INCOME-CODE	Income Code List	04	Individual's State-defined family income is from 151 to 200% of the FPL	01/01/0001	12/31/9999
INCOME-CODE	Income Code List	05	Individual's State-defined family income is from 201 to 255% of the FPL	01/01/0001	12/31/9999
INCOME-CODE	Income Code List	06	Individual's State-defined family income is from 256 to 300% of the FPL	01/01/0001	12/31/9999
INCOME-CODE	Income Code List	07	Individual's State-defined family income is from 301 to 400% of the FPL	01/01/0001	12/31/9999
INCOME-CODE	Income Code List	08	Individual's State-defined family income is over 400% of the FPL	01/01/0001	12/31/9999
INCOME-STANDARD-CODE	Income Standard Code List	01	MAGI	01/01/0001	12/31/99
INCOME-STANDARD-CODE	Income Standard Code List	02	Non-MAGI	01/01/0001	12/31/99

INCOME-STANDARD-CODE	Income Standard Code List	95	Other	01/01/0001	12/31/99
INSURANCE-PLAN-TYPE	Insurance Plan Type List	01	Medical or comprehensive health insurance plan (e.g. HMO)	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	02	Dental health insurance plan	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	03	Vision health insurance plan	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	04	Prenatal/delivery health insurance plan	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	05	Long term care health insurance plan (Long Term PIHP)	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	06	Transportation health insurance plan (Transportation PAHP)	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	07	A managed care plan	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	08	Disease management health insurance plan (Disease Management PAHP)	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	09	PAHP (Medical only)	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	10	Comprehensive health insurance and Long Term Care (hybrid)	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	11	Other health insurance plan	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	12	Veterans Administration health benefits	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	13	Indian Health Service Program health benefits	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	14	TRICARE health benefits	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	15	Eligible enrolled in private LTC insurance	01/01/0001	12/31/9999
INSURANCE-PLAN-TYPE	Insurance Plan Type List	16	Fee-for-Service insurance	01/01/0001	12/31/9999
LEVEL-OF-CARE-STATUS	Level of Care Status List	001	Hospital as defined in 42 CFR $440.10	01/01/0001	12/31/9999
LEVEL-OF-CARE-STATUS	Level of Care Status List	002	Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR $440.160	01/01/0001	12/31/9999
LEVEL-OF-CARE-STATUS	Level of Care Status List	003	Nursing Facility	01/01/0001	12/31/9999
LEVEL-OF-CARE-STATUS	Level of Care Status List	004	ICF/IDD	01/01/0001	12/31/9999
LEVEL-OF-CARE-STATUS	Level of Care Status List	005	Other Type of Facility	01/01/0001	12/31/9999
LEVEL-OF-CARE-STATUS	Level of Care Status List	888	Not Applicable (Not in LTSS program)	01/01/0001	12/31/9999
LICENSE-TYPE	License Type List	1	State, county, or municipality professional or business license	01/01/0001	12/31/9999
LICENSE-TYPE	License Type List	2	DEA license	01/01/0001	12/31/9999
LICENSE-TYPE	License Type List	3	Professional society accreditation	01/01/0001	12/31/9999
LICENSE-TYPE	License Type List	4	CLIA accreditation	01/01/0001	12/31/9999

LICENSE-TYPE	License Type List	5	Other	01/01/0001	12/31/9999
LINE-ADJUSTMENT-IND	Line Adjustment Indicator List	0	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).	01/01/0001	12/31/9999
LINE-ADJUSTMENT-IND	Line Adjustment Indicator List	1	Void/Reversal/Cancel of a prior submission Use this code to convey that the purpose of the transaction is to void/reverse/cancel a previously paid/approved claim/encounter/payment 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.	01/01/0001	12/31/9999
LINE-ADJUSTMENT-IND	Line Adjustment Indicator List	4	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.	01/01/0001	12/31/9999

LINE-ADJUSTMENT-IND	Line Adjustment Indicator List	5	Credit Gross Adjustment - Use this code to indicate an aggregate provider-level recoupment of payments (e.g., not attributable to a single beneficiary). Amounts on these claims should be expressed as negative numbers. If a credit gross adjustment is reported with an ICN that is related to 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.	01/01/0001	12/31/9999
LINE-ADJUSTMENT-IND	Line Adjustment Indicator List	6	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.	01/01/0001	12/31/9999
LINE-ADJUSTMENT-REASON-CODE	Line Adjustment Reason Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://x12.org/codes/claim-adjustment-reason-codes	N/A	N/A
LTSS-LEVEL-CARE	LTSS Level of Care List	1	Skilled Care	01/01/0001	12/31/9999
LTSS-LEVEL-CARE	LTSS Level of Care List	2	Intermediate Care	01/01/0001	12/31/9999
LTSS-LEVEL-CARE	LTSS Level of Care List	3	Custodial Care	01/01/0001	12/31/9999

MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	1	MCOs corporate address and contact information	01/01/0001	12/31/9999
MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	2	MCOs mailing address	01/01/0001	12/31/9999
MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	3	MCOs service location address	01/01/0001	12/31/9999
MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	4	MCOs Billing address and contact information	01/01/0001	12/31/9999
MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	5	CEO's address and contact information	01/01/0001	12/31/9999
MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	6	CFO's address and contact information	01/01/0001	12/31/9999
MANAGED-CARE-ADDR-TYPE	Managed Care Address Type List	7	Other	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-OTHER-ID-TYPE	Managed Care Plan Other ID Type List	01	Federal Tax ID	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-OTHER-ID-TYPE	Managed Care Plan Other ID Type List	02	State Tax ID	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	01	Comprehensive MCO	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	02	Traditional PCCM Provider	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	03	PCCM Entity	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	04	HIO	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	05	Medical-only PIHP (risk or non-risk/non-comprehensive/with inpatient hospital or institutional services)	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	06	Medical-only PAHP (risk or non-risk/non-comprehensive/no inpatient hospital or institutional services)	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	07	Long Term Care (LTC) PIHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	08	Mental Health (MH) PIHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	09	Mental Health (MH) PAHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	10	Substance Use Disorders (SUD) PIHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	11	Substance Use Disorders (SUD) PAHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	12	Mental Health (MH) and Substance Use Disorders (SUD) PIHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	13	Mental Health (MH) and Substance Use Disorders (SUD) PAHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	14	Dental PAHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	15	Transportation PAHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	16	Disease Management PAHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	17	PACE	01/01/0001	12/31/9999

MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	18	Pharmacy PAHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	19	Individual is enrolled in Long-Term Services & Supports (LTSS) and Mental Health (MH) PIHP	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	20	Other	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	60	Accountable Care Organization	01/01/0001	12/31/9999
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	70	Health/Medical Home	01/01/0001	09/30/2020
MANAGED-CARE-PLAN-TYPE	Managed Care Plan Type List	80	Integrated Care For Dual Eligibles	01/01/0001	12/31/9999
MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status List	01	501(C)(3) NON-PROFIT	01/01/0001	12/31/9999
MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status List	02	FOR-PROFIT, CLOSELY HELD	01/01/0001	12/31/9999
MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status List	03	FOR-PROFIT, PUBLICLY TRADED	01/01/0001	12/31/9999
MANAGED-CARE-PROFIT-STATUS	Managed Care Profit Status List	04	OTHER	01/01/0001	12/31/9999
MANAGED-CARE-PROGRAM	Managed Care Program List	1	Medicaid State Plan	01/01/0001	12/31/9999
MANAGED-CARE-PROGRAM	Managed Care Program List	2	CHIP State Plan	01/01/0001	12/31/9999
MANAGED-CARE-PROGRAM	Managed Care Program List	3	Both Medicaid and CHIP	01/01/0001	12/31/9999
MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	1	Statewide - The managed care entity provides services to beneficiaries throughout the entire state.	01/01/0001	12/31/9999
MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	2	County - The managed care entity provides services to beneficiaries in specified counties.	01/01/0001	12/31/9999
MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	3	City - The managed care entity provides services to beneficiaries in specified cities.	01/01/0001	12/31/9999
MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	4	Region - The managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state ("region" is state-defined).	01/01/0001	12/31/9999
MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	5	Zip Code - The managed care entity program provides services to beneficiaries in specified zip codes.	01/01/0001	12/31/9999
MANAGED-CARE-SERVICE-AREA	Managed Care Service Area List	6	Other - The managed care entity provides services to beneficiaries in "other" area(s), not Statewide, County, City, or Region.	01/01/0001	12/31/9999

MANAGED-CARE-SERVICE-AREA-NAME	Managed Care Service Area Name List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.census.gov/library/reference/code-lists/ansi.html	N/A	N/A
MARITAL-STATUS	Marital Status List	01	Legally Married (to opposite sex), spouse present	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	02	Legally Married (to opposite sex), spouse absent	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	03	Legally Married (to same sex), spouse present	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	04	Legally Married (to same sex), spouse absent	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	05	Partnered or in Civil Union (to opposite sex), spouse present	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	06	Partnered or in Civil Union (to opposite sex), spouse absent	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	07	Partnered or in Civil Union (to same sex), spouse present	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	08	Partnered or in Civil Union (to same sex), spouse absent	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	09	Legally separated (and not married or partnered)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	10	Divorced (and not currently married or partnered)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	11	Separated (and not currently married or partnered)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	12	Widower/Widow (and not currently married or partnered)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	13	Never married/partnered	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	14	Other	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	15	Legally Married (to opposite sex)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	16	Legally Married (to same sex)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	17	Legally Married, spouse present	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	18	Legally Married, spouse absent	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	19	Legally Married	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	20	Partnered or in Civil Union (to opposite sex)	01/01/0001	12/31/9999

MARITAL-STATUS	Marital Status List	21	Partnered (Registered Domestic Partner) or in Civil Union (to same sex)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	22	Partnered (Registered Domestic Partner) or in Civil Union, spouse present	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	23	Partnered (Registered Domestic Partner) or in Civil Union, spouse absent	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	24	Partnered (Registered Domestic Partner) or in Civil Union	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	25	Partnered (Registered Domestic Partner)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	26	Civil Union	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	27	Legally Married, Partnered, or in Civil Union	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	28	Legally separated (and still legally married)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	29	Legally separated	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	30	Annulled (and not currently married or partnered)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	31	Separated (and currently married or partnered)	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	32	Separated	01/01/0001	12/31/9999
MARITAL-STATUS	Marital Status List	33	Single, widowed, or divorced	01/01/0001	12/31/9999
MBESCBES-FORM-GROUP	MBESCBES Form Group List	1	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.	01/01/0001	12/31/9999
MBESCBES-FORM-GROUP	MBESCBES Form Group List	2	The MBES/CBES form that this expenditure was or will be reported to is a form for Medicaid-expansion CHIP expenditures or adjustments.	01/01/0001	12/31/9999
MBESCBES-FORM-GROUP	MBESCBES Form Group List	3	The MBES/CBES form that this expenditure was or will be reported to is a form for separate CHIP expenditures or adjustments.	01/01/0001	12/31/9999
MBESCBES-FORMGP-1	MBESCBES Form Group 1 List	64.10BASE	Quarterly Expenditures for State & Local Administration	01/01/0001	12/31/9999
MBESCBES-FORMGP-1	MBESCBES Form Group 1 List	64.9A	Third Party Liability Collections and Cost Avoidance	01/01/0001	12/31/9999
MBESCBES-FORMGP-1	MBESCBES Form Group 1 List	64.9BASE	Medical Assistance Expenditures by Type of Service	01/01/0001	12/31/9999
MBESCBES-FORMGP-1	MBESCBES Form Group 1 List	64.9P	Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program, Prior Period Adjustment	01/01/0001	12/31/9999
MBESCBES-FORMGP-2	MBESCBES Form Group 2 List	64.21U	Child Health Expenditures by Service	01/01/0001	12/31/9999
MBESCBES-FORMGP-2	MBESCBES Form Group 2 List	64.21UP	Quarterly Medical Assistance Expenditures by Children’s Health Insurance Program expenditure categories	01/01/0001	12/31/9999
MBESCBES-FORMGP-3	MBESCBES Form Group 3 List	21BASE	Children's Health Expenditures By Type of Service	01/01/0001	12/31/9999

MBESCBES-FORMGP-3	MBESCBES Form Group 3 List	21P	Quarterly Children's Health Insurance Program	01/01/0001	12/31/9999
MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator List	0	Amount not combined with coinsurance amount	01/01/0001	12/31/9999
MEDICARE-COMB-DED-IND	Medicare Combined Deductible Indicator List	1	Amount combined with coinsurance amount	01/01/0001	12/31/9999
MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	01	IPPS - Acute Inpatient PPS	01/01/0001	12/31/9999
MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	02	LTCHPPS - Long-term Care Hospital PPS	01/01/0001	12/31/9999
MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	03	SNFPPS - Skilled Nursing Facility PPS	01/01/0001	12/31/9999
MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	04	HHPPS - Home Health PPS	01/01/0001	12/31/9999
MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	05	IRFPPS - Inpatient Rehabilitation Facility PPS	01/01/0001	12/31/9999
MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	06	IPFPPS - Inpatient Psychiatric Facility PPS	01/01/0001	12/31/9999
MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	07	OPPS - Outpatient PPS	01/01/0001	12/31/9999
MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	08	Fee Schedules (for physicians, DME, ambulance, and clinical lab)	01/01/0001	12/31/9999
MEDICARE-REIM-TYPE	Medicare Reimbursement Type List	09	Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model	01/01/0001	12/31/9999
MFP-LIVES-WITH-FAMILY	MFP Lives with Family List	0	No	01/01/0001	12/31/9999
MFP-LIVES-WITH-FAMILY	MFP Lives with Family List	1	Yes	01/01/0001	12/31/9999
MFP-LIVES-WITH-FAMILY	MFP Lives with Family List	2	Non Participation	01/01/0001	12/31/9999
MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	00	Default- Non Participation	01/01/0001	12/31/9999
MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	01	Nursing Facility	01/01/0001	12/31/9999
MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	02	ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities)	01/01/0001	12/31/9999
MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	03	IMD (Institution for Mental Diseases)	01/01/0001	12/31/9999
MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	04	Hospital	01/01/0001	12/31/9999
MFP-QUALIFIED-INSTITUTION	MFP Qualified Institution List	05	Other	01/01/0001	12/31/9999
MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	00	Default - Non Participation	01/01/0001	12/31/9999
MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	01	Home owned by participant	01/01/0001	12/31/9999
MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	02	Home owned by family member	01/01/0001	12/31/9999
MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	03	Apartment leased by participant, not assisted living	01/01/0001	12/31/9999

MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	04	Apartment leased by participant, assisted living	01/01/0001	12/31/9999
MFP-QUALIFIED-RESIDENCE	MFP Qualified Residence List	05	Group home of no more than 4 people	01/01/0001	12/31/9999
MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	00	Default - No Participation	01/01/0001	12/31/9999
MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	01	Completed 365 days of participation	01/01/0001	12/31/9999
MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	02	Suspended eligibility	01/01/0001	12/31/9999
MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	03	Re-institutionalized	01/01/0001	12/31/9999
MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	04	Died	01/01/0001	12/31/9999
MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	05	Moved	01/01/0001	12/31/9999
MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	06	No longer needed services	01/01/0001	12/31/9999
MFP-REASON-PARTICIPATION-ENDED	MFP Reason Participation Ended List	07	Other	01/01/0001	12/31/9999
MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	00	Default- Non Participation	01/01/0001	12/31/9999
MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	01	Acute care hospitalization followed by long term rehabilitation	01/01/0001	12/31/9999
MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	02	Deterioration in cognitive functioning	01/01/0001	12/31/9999
MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	03	Deterioration in health	01/01/0001	12/31/9999
MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	04	Deterioration in mental health	01/01/0001	12/31/9999
MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	05	Loss of housing	01/01/0001	12/31/9999
MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	06	Loss of personal care giver	01/01/0001	12/31/9999
MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	07	By request of participant or guardian	01/01/0001	12/31/9999
MFP-REINSTITUTIONALIZED-REASON	MFP Reinstitutionalized Reason List	08	Lack of sufficient community services	01/01/0001	12/31/9999
NDC-UNIT-OF-MEASURE	NDC Unit of Measure List	F2	International Unit	01/01/0001	12/31/9999
NDC-UNIT-OF-MEASURE	NDC Unit of Measure List	GR	Gram	01/01/0001	12/31/9999
NDC-UNIT-OF-MEASURE	NDC Unit of Measure List	ME	Milligram	01/01/0001	12/31/9999
NDC-UNIT-OF-MEASURE	NDC Unit of Measure List	ML	Milliliter	01/01/0001	12/31/9999

NDC-UNIT-OF-MEASURE	NDC Unit of Measure List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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.x12.org/	N/A	N/A
NDC-UNIT-OF-MEASURE	NDC Unit of Measure List	UN	Unit	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	00	New Prescription	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	01	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	02	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	03	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	04	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	05	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	06	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	07	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	08	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	09	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	10	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	11	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	12	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	13	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	14	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	15	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	16	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	17	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	18	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	19	Number of Refill(s)	01/01/0001	12/31/9999

NEW-REFILL-IND	New Refill Indicator List	20	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	21	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	22	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	23	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	24	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	25	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	26	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	27	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	28	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	29	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	30	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	31	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	32	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	33	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	34	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	35	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	36	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	37	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	38	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	39	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	40	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	41	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	42	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	43	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	44	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	45	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	46	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	47	Number of Refill(s)	01/01/0001	12/31/9999

NEW-REFILL-IND	New Refill Indicator List	48	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	49	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	50	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	51	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	52	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	53	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	54	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	55	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	56	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	57	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	58	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	59	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	60	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	61	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	62	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	63	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	64	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	65	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	66	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	67	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	68	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	69	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	70	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	71	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	72	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	73	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	74	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	75	Number of Refill(s)	01/01/0001	12/31/9999

NEW-REFILL-IND	New Refill Indicator List	76	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	77	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	78	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	79	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	80	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	81	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	82	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	83	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	84	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	85	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	86	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	87	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	88	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	89	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	90	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	91	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	92	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	93	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	94	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	95	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	96	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	97	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	98	Number of Refill(s)	01/01/0001	12/31/9999
NEW-REFILL-IND	New Refill Indicator List	99	Number of Refill(s)	01/01/0001	12/31/9999

OCCURRENCE-CODE	Occurrence Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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 or https://med.noridianmedicare.com/web/jea/topics/claim-submission/occurrence-codes	N/A	N/A
OFFSET-TRANS-TYPE	Offset Transaction Type List	1	Capitation	01/01/0001	12/31/9999
OFFSET-TRANS-TYPE	Offset Transaction Type List	2	Individual Premium	01/01/0001	12/31/9999
OFFSET-TRANS-TYPE	Offset Transaction Type List	3	Group Premium	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	01	1115 demonstration waiver program - demonstration projects under which most provisions of Section 1902 of the Social Security Act are waived and/or expenditures that would not otherwise be eligible for FFP are authorized. States use these to expand eligibility, restructure Medicaid coverage and secure programmatic flexibility.	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	02	1915(b) waiver program - waivers of most provisions of Section 1902 of the Social Security Act in order to limit beneficiaries' freedom of choice of provider; selectively contract with providers; or provide additional services to beneficiaries (State may include BBA special populations)	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	03	1932(a) state plan option to use managed care for MCO and PCCM programs - mandatory managed care programs implemented through the state plan (State must exclude or permit voluntary enrollment of specific populations)	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	04	1915(a) voluntary managed care program - an MCO managed care program in which enrollment is voluntary and therefore does not require a waiver.	01/01/0001	12/31/9999

OPERATING-AUTHORITY	Operating Authority List	05	Concurrent 1915(b)/1915(c) waivers- programs, or portions thereof, operating under both 1915(b) managed care and 1915(c) home and community-based services waivers.	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	06	Concurrent 1915(a)/1915(c) waivers- programs, or portions thereof, operating under both 1915(a) voluntary managed care and 1915(c) home and community-based services waiver	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	07	Concurrent 1932(a)/1915(c) waivers - programs, or portions thereof, operating under both 1932(a) managed care and 1915(c) home and community-based services waiver.	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	08	PACE - program that provides pre-paid, capitated comprehensive, health care services to the frail elderly.	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	09	1905(t) voluntary PCCM program - A PCCM managed care program in which enrollment is voluntary and therefore does not require a waiver.	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	10	1937benchmark benefit program-programs to provide benefits that differ from Medicaid state plan benefits using managed care and implemented through the state plan.	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	11	1902(a)(70) non-emergency medical transportation program -non-emergency medical transportation brokerage programs implemented through the state plan which can vary scope of services, operate on a less-than-statewide basis, and limit freedom of choice	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	12	Concurrent 1915(b)/1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1915(b) managed care waiver program.	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	13	Concurrent 1915(a)/ 1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1915(a) voluntary managed care program.	01/01/0001	12/31/9999

OPERATING-AUTHORITY	Operating Authority List	14	Concurrent 1932(a)/ 1915(i) HCBS state plan services - the optional 1915(i) state plan Home and Community-Based Services (HCBS) benefit operated in conjunction with a 1932(a) managed care state plan option.	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	15	1945 Health Homes.	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	16	Concurrent 1915(a)/1915(j) - programs, or portions thereof, operating under both 1915(a) and 1915(j) authorities	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	17	Concurrent 1932(a)/1915(j) - programs, or portions thereof, operating under both 1932(a) and 1915(j) authorities	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	18	Concurrent 1915(b)/1915(j) - programs, or portions thereof, operating under both 1915(b) and 1915(j) authorities	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	19	Concurrent 1115/1915(j) - programs, or portions thereof, operating under both 1115 and 1915(j) authorities	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	20	Concurrent 1915(a)/1915(k) - programs, or portions thereof, operating under both 1915(a) and 1915(k) authorities	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	21	Concurrent 1932(a)/1915(k) - programs, or portions thereof, operating under both 1932(a) and 1915(k) authorities	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	22	Concurrent 1915(b)/1915(k) - programs, or portions thereof, operating under both 1915(b) and 1915(k) authorities	01/01/0001	12/31/9999
OPERATING-AUTHORITY	Operating Authority List	23	Concurrent 1115/1915(k) - programs, or portions thereof, operating under both 1115 and 1915(k) authorities	01/01/0001	12/31/9999
OTHER-INSURANCE-IND	Other Insurance Indicator List	0	No	01/01/0001	12/31/9999
OTHER-INSURANCE-IND	Other Insurance Indicator List	1	Yes	01/01/0001	12/31/9999
OTHER-TPL-COLLECTION	Other TPL Collection List	000	Not Applicable	01/01/0001	12/31/9999
OTHER-TPL-COLLECTION	Other TPL Collection List	001	Third Party Resource is Casualty/Tort	01/01/0001	12/31/9999
OTHER-TPL-COLLECTION	Other TPL Collection List	002	Third Party Resource is Estate	01/01/0001	12/31/9999
OTHER-TPL-COLLECTION	Other TPL Collection List	003	Third Party Resource is Lien (TEFRA)	01/01/0001	12/31/9999
OTHER-TPL-COLLECTION	Other TPL Collection List	004	Third Party Resource is Lien (Other)	01/01/0001	12/31/9999
OTHER-TPL-COLLECTION	Other TPL Collection List	005	Third Party Resource is Worker's Compensation	01/01/0001	12/31/9999

OTHER-TPL-COLLECTION	Other TPL Collection List	006	Third Party Resource is Medical Malpractice	01/01/0001	12/31/9999
OTHER-TPL-COLLECTION	Other TPL Collection List	007	Third Party Resource is Other	01/01/0001	12/31/9999
OUTLIER-CODE	Outlier Code List	00	No Outlier	01/01/0001	12/31/9999
OUTLIER-CODE	Outlier Code List	01	Day Outlier	01/01/0001	12/31/9999
OUTLIER-CODE	Outlier Code List	02	Cost Outlier	01/01/0001	12/31/9999
OUTLIER-CODE	Outlier Code List	06	Valid DRG Received from the intermediary	01/01/0001	12/31/9999
OUTLIER-CODE	Outlier Code List	07	CMS Developed DRG	01/01/0001	12/31/9999
OUTLIER-CODE	Outlier Code List	08	CMS Developed DRG Using Patient Status Code	01/01/0001	12/31/9999
OUTLIER-CODE	Outlier Code List	09	Not Group able	01/01/0001	12/31/9999
OUTLIER-CODE	Outlier Code List	10	Composite of cost outliers	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	01	Voluntary - Non-Profit - Religious Organizations	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	02	Voluntary - Non-Profit - Other	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	03	Voluntary - multiple owners	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	04	Proprietary - Individual	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	05	Proprietary - Corporation	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	06	Proprietary - Partnership	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	07	Proprietary - Other	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	08	Proprietary - multiple owners	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	09	Government - Federal	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	10	Government - State	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	11	Government - City	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	12	Government - County	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	13	Government - City-County	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	14	Government - Hospital District	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	15	Government - State and City/County	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	16	Government - other multiple owners	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	17	Voluntary /Proprietary	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	18	Proprietary/Government	01/01/0001	12/31/9999

OWNERSHIP-CODE	Ownership Code List	19	Voluntary/Government	01/01/0001	12/31/9999
OWNERSHIP-CODE	Ownership Code List	88	N/A - The individual only practices as part of a group, e.g., as an employee	01/01/0001	12/31/9999
PATIENT-STATUS	Patient Status List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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	N/A	N/A
PAYEE-ID-TYPE	Payee ID Type List	01	State	01/01/0001	12/31/9999
PAYEE-ID-TYPE	Payee ID Type List	02	Capitated plan ID	01/01/0001	12/31/9999
PAYEE-ID-TYPE	Payee ID Type List	03	Sub-capitated plan ID	01/01/0001	12/31/9999
PAYEE-ID-TYPE	Payee ID Type List	04	Sub-capitated network provider ID	01/01/0001	12/31/9999
PAYEE-ID-TYPE	Payee ID Type List	05	State contracted FFS provider ID assigned by state	01/01/0001	12/31/9999
PAYEE-ID-TYPE	Payee ID Type List	06	State contracted FFS provider NPI	01/01/0001	12/31/9999
PAYEE-ID-TYPE	Payee ID Type List	07	Insurance carrier	01/01/0001	12/31/9999
PAYEE-ID-TYPE	Payee ID Type List	08	Beneficiary	01/01/0001	12/31/9999
PAYEE-ID-TYPE	Payee ID Type List	09	Non-Medicaid eligible guardian	01/01/0001	12/31/9999
PAYEE-ID-TYPE	Payee ID Type List	95	Other	01/01/0001	12/31/9999
PAYEE-TAX-ID-TYPE	Payee Tax ID Type List	01	SSN	01/01/0001	12/31/9999
PAYEE-TAX-ID-TYPE	Payee Tax ID Type List	02	EIN	01/01/0001	12/31/9999
PAYEE-TAX-ID-TYPE	Payee Tax ID Type List	03	ITIN	01/01/0001	12/31/9999
PAYEE-TAX-ID-TYPE	Payee Tax ID Type List	04	State Tax ID	01/01/0001	12/31/9999
PAYEE-TAX-ID-TYPE	Payee Tax ID Type List	95	Other	01/01/0001	12/31/9999
PAYER-ID-TYPE	Payer ID Type List	01	State	01/01/0001	12/31/9999
PAYER-ID-TYPE	Payer ID Type List	02	Capitated plan ID	01/01/0001	12/31/9999
PAYER-ID-TYPE	Payer ID Type List	03	Sub-capitated entity ID	01/01/0001	12/31/9999
PAYER-ID-TYPE	Payer ID Type List	04	Sub-capitated network provider ID	01/01/0001	12/31/9999

PAYER-ID-TYPE	Payer ID Type List	95	Other	01/01/0001	12/31/9999
PAYMENT-LEVEL-IND	Payment Level Indicator List	1	Payment/allowed amount is not determined at the individual line level (e.g., DRG or outpatient PPS)	01/01/0001	12/31/9999
PAYMENT-LEVEL-IND	Payment Level Indicator List	2	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)	01/01/0001	12/31/9999
PAYMENT-LEVEL-IND	Payment Level Indicator List	3	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	01/01/0001	12/31/9999
PAYMENT-PERIOD-TYPE	Payment Period Type List	01	Bene coverage period	01/01/0001	12/31/9999
PAYMENT-PERIOD-TYPE	Payment Period Type List	02	Service coverage period	01/01/0001	12/31/9999
PAYMENT-PERIOD-TYPE	Payment Period Type List	03	Provider coverage period	01/01/0001	12/31/9999
PAYMENT-PERIOD-TYPE	Payment Period Type List	04	Fiscal period	01/01/0001	12/31/9999
PAYMENT-PERIOD-TYPE	Payment Period Type List	05	Episode of care	01/01/0001	12/31/9999
PAYMENT-PERIOD-TYPE	Payment Period Type List	95	Other	01/01/0001	12/31/9999
PLACE-OF-SERVICE	Place of Service Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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/place-of-service-codes/Place_of_Service_Code_Set	N/A	N/A
POLICY-OWNER-CODE	Policy Owner Code List	01	Self	01/01/0001	12/31/9999
POLICY-OWNER-CODE	Policy Owner Code List	02	Spouse	01/01/0001	12/31/9999
POLICY-OWNER-CODE	Policy Owner Code List	03	Custodial Parent	01/01/0001	12/31/9999
POLICY-OWNER-CODE	Policy Owner Code List	04	Noncustodial Parent (Child Support Enforcement in effect)	01/01/0001	12/31/9999
POLICY-OWNER-CODE	Policy Owner Code List	05	Noncustodial Parent without child support enforcement in effect	01/01/0001	12/31/9999

POLICY-OWNER-CODE	Policy Owner Code List	06	Grandparent	01/01/0001	12/31/9999
POLICY-OWNER-CODE	Policy Owner Code List	07	Guardian	01/01/0001	12/31/9999
POLICY-OWNER-CODE	Policy Owner Code List	08	Domestic Partner	01/01/0001	12/31/9999
POLICY-OWNER-CODE	Policy Owner Code List	09	Other	01/01/0001	12/31/9999
PREFERRED-LANGUAGE-CODE	Preferred Language Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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://en.wikipedia.org/wiki/List_of_ISO_639-2_codes	N/A	N/A
PREGNANCY-IND	Pregnancy Indicator List	0	No	01/01/0001	12/31/9999
PREGNANCY-IND	Pregnancy Indicator List	1	Yes	01/01/0001	12/31/9999
PRESCRIPTION-ORIGIN-CODE	Prescription Origin Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.ncpdp.org/ or https://www.ncpdp.org/NCPDP/media/pdf/VersionD-Questions.pdf	N/A	N/A
PRIMARY-ELIGIBILITY-GROUP-IND	Primary Eligibility Group Indicator List	0	NO	01/01/0001	12/31/9999
PRIMARY-ELIGIBILITY-GROUP-IND	Primary Eligibility Group Indicator List	1	YES	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	01	CPT 4	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	02	ICD-9 CM	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	06	HCPCS Level II and CDT	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	07	ICD-10 - PCS (Will be implemented on 10/1/2014)	01/01/0001	12/31/9999

PROCEDURE-CODE-FLAG	Procedure Code Flag List	10	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	11	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	12	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	13	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	14	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	15	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	16	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	17	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	18	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	19	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	20	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	21	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	22	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	23	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	24	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	25	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	26	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	27	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	28	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	29	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	30	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	31	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	32	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	33	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	34	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	35	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	36	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	37	Other Systems	01/01/0001	12/31/9999

PROCEDURE-CODE-FLAG	Procedure Code Flag List	38	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	39	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	40	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	41	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	42	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	43	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	44	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	45	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	46	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	47	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	48	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	49	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	50	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	51	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	52	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	53	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	54	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	55	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	56	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	57	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	58	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	59	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	60	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	61	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	62	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	63	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	64	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	65	Other Systems	01/01/0001	12/31/9999

PROCEDURE-CODE-FLAG	Procedure Code Flag List	66	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	67	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	68	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	69	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	70	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	71	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	72	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	73	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	74	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	75	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	76	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	77	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	78	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	79	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	80	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	81	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	82	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	83	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	84	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	85	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	86	Other Systems	01/01/0001	12/31/9999
PROCEDURE-CODE-FLAG	Procedure Code Flag List	87	Other Systems	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	00	No Special Program	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	01	EPSDT	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	02	Family Planning	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	03	Rural Health Clinic	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	04	Federally Qualified Health Centers (FQHC)	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	05	Indian Health Services	01/01/0001	12/31/9999

PROGRAM-TYPE	Program Type List	07	Home and Community Based Care Waiver Services	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	08	Money Follows the Person (MFP)	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	10	BIP - Balancing Incentive Payment	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	11	Community First Choice (1915(k))	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	12	Medicaid Emergency Psychiatric Demonstration	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	13	Home and Community Based Services (HCBS) State Plan Option (1915(i))	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	14	State Plan CHIP	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	15	Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF)	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	16	1915(j) (Self- directed personal assistance services/personal care under State Plan or 1915(c) waiver)	01/01/0001	12/31/9999
PROGRAM-TYPE	Program Type List	17	COVID-19 Testing Services (1905(a)(3) and 2103(c))	03/18/2020	12/31/9999
PROV-ADDR-TYPE	Provider Address Type List	1	Provider Billing	01/01/0001	12/31/9999
PROV-ADDR-TYPE	Provider Address Type List	2	Provider Mailing	01/01/0001	12/31/9999
PROV-ADDR-TYPE	Provider Address Type List	3	Provider Practice	01/01/0001	12/31/9999
PROV-ADDR-TYPE	Provider Address Type List	4	Provider Service Location	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	001	Inpatient hospital services, other than services in an institution for mental diseases	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	002	Outpatient hospital services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	003	Rural health clinic services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	004	Other ambulatory services furnished by a rural health clinic	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	005	Professional laboratory services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	006	Technical laboratory services	01/01/0001	12/31/9999

PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	007	Professional radiological services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	008	Technical radiological services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	009	Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease)	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	010	Early and periodic screening and diagnosis and treatment (EPSDT) services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	011	Family planning services and supplies for individuals of child-bearing age	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	012	Physicians' services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	013	Medical and surgical services of a dentist	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	014	Outpatient substance abuse treatment services.	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	015	Medical or other remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	016	Home health services - Nursing services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	017	Home health services - Home health aide services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	018	Home health services - Medical supplies, equipment, and appliances suitable for use in the home	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	019	Home health services - Physical therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	020	Home health services - Occupational therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services	01/01/0001	12/31/9999

PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	021	Home health services - Speech pathology and audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	022	Private duty nursing services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	023	Advanced practice nurse services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	024	Pediatric nurse	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	025	Nurse-midwife service	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	026	Nurse practitioner services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	027	Respiratory care for ventilator-dependent individuals	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	028	Clinic services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	029	Dental services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	030	Physical therapy services (when not provided under home health services)	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	031	Occupational therapy services (when not provided under home health services)	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	032	Speech, hearing, and language disorders services (when not provided under home health services)	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	033	Prescribed drugs	01/01/0001	12/31/9999

PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	034	Over-the-counter medications.	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	035	Dentures	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	036	Prosthetic devices	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	037	Eyeglasses	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	038	Hearing Aids	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	039	Diagnostic services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	040	Screening services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	041	Preventive services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	042	Well-baby and well-child care services as defined by the State.	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	043	Rehabilitative services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	044	Inpatient hospital services for individuals age 65 or older in institutions for mental diseases	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	045	Nursing facility services for individuals age 65 or older in institutions for mental diseases	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	046	Intermediate care facility (ICF/IID) services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	047	Nursing facility services, other than in institutions for mental diseases	01/01/0001	12/31/9999

PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	048	Inpatient psychiatric services for individuals under age 21	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	049	Outpatient mental health services, other than Outpatient substance abuse treatment services. This TOS includes services furnished in a State-operated mental hospital and including community-based services.	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	050	Inpatient substance abuse treatment services and residential substance abuse treatment services.	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	051	Personal care services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	052	Primary care case management services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	053	Targeted case management services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	054	Case Management services other than those that meet the definition of primary care case management services or targeted case management services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	055	Care coordination services.	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	056	Transportation services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	057	Enabling services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	058	Services furnished in a religious nonmedical health care institution	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	059	Skilled nursing facility services for individuals under age 21	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	060	Emergency hospital services	01/01/0001	12/31/9999

PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	061	Critical access hospital services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	062	HCBS - Case management services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	063	HCBS - Homemaker services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	064	HCBS - Home health aide services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	065	HCBS - Personal care services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	066	HCBS - Adult day health services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	067	HCBS - Habilitation services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	068	HCBS - Respite care services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	069	HCBS - Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	070	HCBS - Day Care	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	071	HCBS - Training for family members	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	072	HCBS - Minor modification to the home	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	073	HCBS - Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization	01/01/0001	12/31/9999

PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	074	HCBS - Expanded habilitation services - Prevocational services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	075	HCBS - Expanded habilitation services - Educational services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	076	HCBS - Expanded habilitation services - Supported employment services, which facilitate paid employment	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	077	HCBS-65-plus - Case management services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	078	HCBS-65-plus - Homemaker services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	079	HCBS-65-plus - Home health aide services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	080	HCBS-65-plus - Personal care services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	081	HCBS-65-plus - Adult day health services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	082	HCBS-65-plus - Respite care services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	083	HCBS-65-plus - Other medical and social services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	084	Sterilizations	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	085	Prenatal care and pre-pregnancy family planning services and supplies.	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	086	Other Pregnancy-related Procedures	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	087	Hospice services	01/01/0001	12/31/9999

PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	088	Any other health care services or items specified by the Secretary and not excluded under regulations.	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	089	Disposable medical supplies.	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	090	Critical access hospital services - IP	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	091	Skilled care - hospital residing	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	092	Exceptional care - hospital residing	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	093	Non-acute care - hospital residing	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	115	Residential care	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	120	Capitated payments for primary care case management (PCCM)	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	123	Disproportionate share hospital (DSH) payments	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	127	Indian Health Service (IHS) - Family Plan	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	132	Supplemental payment - inpatient	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	133	Supplemental payment - nursing	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	134	Supplemental payment - outpatient	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	135	EHR payments to provider	01/01/0001	12/31/9999

PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	136	In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, and the administration of such in vitro diagnostic products	03/18/2020	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	137	COVID–19 testing-related services	03/18/2020	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	138	Per member per month (PMPM) payments for health home services	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	143	Per member per month (PMPM) payments for other payments	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	144	Payments to individuals for personal assistance services under 1915(j)	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	145	Medication Assisted Treatment (MAT) services and drugs for evidenced-based treatment of Opioid Use Disorder (OUD) in accordance with section 1905(a)(29) of the Social Security Act	10/01/2020	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	146	Inpatient Psychiatric Services for beneficiaries between the ages of 22 and 64 who receive services in an institution for mental disease (IMD)	01/01/0001	12/31/9999
PROV-CLASSIFICATION-CODE-TYPE-4	Provider Authorized Category of Service Code List	147	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.	01/01/0001	12/31/9999
PROV-CLASSIFICATION-TYPE	Provider Classification Type List	1	Taxonomy code	01/01/0001	12/31/9999
PROV-CLASSIFICATION-TYPE	Provider Classification Type List	2	Provider specialty code	01/01/0001	12/31/9999
PROV-CLASSIFICATION-TYPE	Provider Classification Type List	3	Provider type code	01/01/0001	12/31/9999
PROV-CLASSIFICATION-TYPE	Provider Classification Type List	4	Authorized category of service code	01/01/0001	12/31/9999

PROV-ENROLLMENT-METHOD	Provider Enrollment Method	1	Enrolled through use of Medicare enrollment system (State did not require that provider submit application. Rather Provider is active Medicare provider and state Medicaid program accepted these credentials as sufficient to participate as state Medicaid provider.)	01/01/0001	12/31/9999
PROV-ENROLLMENT-METHOD	Provider Enrollment Method	2	Enrolled through use of state-based provider application	01/01/0001	12/31/9999
PROV-ENROLLMENT-METHOD	Provider Enrollment Method	3	Other?	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	100000000	Individuals or Groups (of Individuals)	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	170000000	Non-Individual - Other Service Providers	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	250000000	Non-Individual - Agencies	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	260000000	Non-Individual - Ambulatory Health Care Facilities	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	270000000	Non-Individual - Hospital Units	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	280000000	Non-Individual - Hospitals	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	290000000	Non-Individual - Laboratories	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	300000000	Non-Individual - Managed Care Organizations	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	310000000	Non-Individual - Nursing & Custodial Care Facilities	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	320000000	Non-Individual - Residential Treatment Facilities	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	330000000	Non-Individual - Suppliers	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	340000000	Non-Individual - Transportation Services	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	380000000	Non-Individual - Respite Care Facility	01/01/0001	12/31/9999
PROV-FACILITY-TYPE	Provider Facility Type	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://x12.org/codes/provider-taxonomy-codes	N/A	N/A
PROV-IDENTIFIER-TYPE	Provider Identifier Type List	1	State-specific Medicaid Provider ID	01/01/0001	12/31/9999
PROV-IDENTIFIER-TYPE	Provider Identifier Type List	2	NPI	01/01/0001	12/31/9999

PROV-IDENTIFIER-TYPE	Provider Identifier Type List	3	Medicare ID	01/01/0001	12/31/9999
PROV-IDENTIFIER-TYPE	Provider Identifier Type List	4	NCPDP ID	01/01/0001	12/31/9999
PROV-IDENTIFIER-TYPE	Provider Identifier Type List	5	Federal Tax ID	01/01/0001	12/31/9999
PROV-IDENTIFIER-TYPE	Provider Identifier Type List	6	State Tax ID	01/01/0001	12/31/9999
PROV-IDENTIFIER-TYPE	Provider Identifier Type List	7	SSN	01/01/0001	12/31/9999
PROV-IDENTIFIER-TYPE	Provider Identifier Type List	8	Other	01/01/0001	12/31/9999
PROV-IDENTIFIER-TYPE	Provider Identifier Type List	9	Old State Provider ID	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	01	Active - Active Do Not Pay	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	02	Active - Active Reinstated	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	03	Active - Active	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	04	Active - Eligibility Verification	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	05	Active - Encounter Only	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	06	Active - Financial Trans Only	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	20	Denied - Denied Two Provider Numbers	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	21	Denied - For Other Reasons	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	22	Denied - Invalid License	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	23	Denied - Not Eligible	01/01/0001	12/31/9999

PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	24	Denied - Same Number Assigned	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	40	Pending - Enrollment	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	41	Pending - License/Cert Verification	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	42	Pending - Missing Documentation	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	43	Pending - No License/Temp License	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	44	Pending - NPI Invalid	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	45	Pending - Rate Determination	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	46	Pending - Signed Agreement	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	47	Pending - Status Approval	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	48	Pending - W9 Missing or Incomplete	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	60	Term - Abuse of billing privileges	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	61	Term - Action Taken by Medicaid/CHIP	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	62	Term - Action Taken by Medicare	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	63	Term - Change of Ownership	01/01/0001	12/31/9999

PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	64	Term - Failure to report a change of address/ownership	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	65	Term - False or misleading information	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	66	Term - Federal exclusion/ debarment, etc.	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	67	Term - Felony conviction	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	68	Term - Involuntary Termination	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	69	Term - License Expired	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	70	Term - License Revoked	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	71	Term - Loss of license or other State action	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	72	Term - Medicare/Medicaid Exclusion	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	73	Term - Medicaid Authority	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	74	Term - Medicare Termination	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	75	Term - Misuse of billing number	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	76	Term - No Claims Activity	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	77	Term - Non-Compliance	01/01/0001	12/31/9999

PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	78	Term - Onsite review/ Provider is no longer operational	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	79	Term - Other	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	80	Term - Provider Deceased	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	81	Term - State exclusion/ debarment, etc.	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	82	Term - Unknown	01/01/0001	12/31/9999
PROV-MEDICAID-ENROLLMENT-STATUS-CODE	Provider Medicaid Enrollment Status Code List	83	Term - Voluntary Termination	01/01/0001	12/31/9999
PROV-PROFIT-STATUS	Provider Profit Status List	01	501(C)(3) NON-PROFIT	01/01/0001	12/31/9999
PROV-PROFIT-STATUS	Provider Profit Status List	02	FOR-PROFIT, CLOSELY HELD	01/01/0001	12/31/9999
PROV-PROFIT-STATUS	Provider Profit Status List	03	FOR-PROFIT, PUBLICLY TRADED	01/01/0001	12/31/9999
PROV-PROFIT-STATUS	Provider Profit Status List	04	OTHER	01/01/0001	12/31/9999
PROV-PROFIT-STATUS	Provider Profit Status List	88	N/A - The individual only practices as part of a group	01/01/0001	12/31/9999
PROV-PROFIT-STATUS	Provider Profit Status List	99	Unknown	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	01	General Practice	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	02	General Surgery	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	03	Allergy/Immunology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	04	Otolaryngology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	05	Anesthesiology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	06	Cardiology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	07	Dermatology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	08	Family Practice	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	09	Interventional Pain Management	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	10	Gastroenterology	01/01/0001	12/31/9999

PROV-SPECIALTY	Provider Specialty List	11	Internal Medicine	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	12	Osteopathic Manipulative Therapy	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	13	Neurology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	14	Neurosurgery	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	15	Speech Language Pathologist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	16	Obstetrics/Gynecology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	17	Hospice and Palliative Care	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	18	Ophthalmology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	19	Oral Surgery (dentists only)	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	20	Orthopedic Surgery	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	21	Cardiac Electrophysiology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	22	Pathology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	23	Sports Medicine	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	24	Plastic and Reconstructive Surgery	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	25	Physical Medicine and Rehabilitation	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	26	Psychiatry	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	27	Geriatric Psychiatry	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	28	Colorectal Surgery (formerly proctology)	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	29	Pulmonary Disease	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	30	Diagnostic Radiology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	31	Cardiac Rehabilitation & Intensive Cardiac Rehabilitation	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	32	Anesthesiologist Assistant	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	33	Thoracic Surgery	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	34	Urology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	35	Chiropractic	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	36	Nuclear Medicine	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	37	Pediatric Medicine	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	38	Geriatric Medicine	01/01/0001	12/31/9999

PROV-SPECIALTY	Provider Specialty List	39	Nephrology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	40	Hand Surgery	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	41	Optometry	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	42	Certified Nurse Midwife	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	43	Certified Registered Nurse Anesthetist (CRNA)	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	44	Infectious Disease	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	45	Mammography Center	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	46	Endocrinology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	47	Independent Diagnostic Testing Facility (IDTF)	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	48	Podiatry	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	49	Ambulatory Surgical Center	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	50	Nurse Practitioner	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	51	Medical Supply Company with Orthotist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	52	Medical Supply Company with Prosthetist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	53	Medical Supply Company with Orthotist-Prosthetist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	54	Other Medical Supply Company	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	55	Individual Certified Orthotist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	56	Individual Certified Prosthetist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	57	Individual Certified Orthotist-Prosthetist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	58	Medical Supply Company with Pharmacist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	59	Ambulance Service Provider	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	60	Public Health or Welfare Agency	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	61	Voluntary Health or Charitable Agency	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	62	Psychologist (Billing Independently)	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	63	Portable X-Ray Supplier	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	64	Audiologist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	65	Physical Therapist in Private Practice	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	66	Rheumatology	01/01/0001	12/31/9999

PROV-SPECIALTY	Provider Specialty List	67	Occupational Therapist in Private Practice	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	68	Clinical Psychologist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	69	Clinical Laboratory	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	70	Single or Multispecialty Clinic or Group Practice	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	71	Registered Dietitian or Nutrition Professional	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	72	Pain Management	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	73	Mass Immunization Roster Biller	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	74	Radiation Therapy Center	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	75	Slide Preparation Facility	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	76	Peripheral Vascular Disease	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	77	Vascular Surgery	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	78	Cardiac Surgery	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	79	Addiction Medicine	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	80	Licensed Clinical Social Worker	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	81	Critical Care (Intensivists)	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	82	Hematology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	83	Hematology/Oncology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	84	Preventive Medicine	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	85	Maxillofacial Surgery	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	86	Neuropsychiatry	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	87	All Other Suppliers	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	88	Unknown Supplier/Provider Specialty	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	89	Certified Clinical Nurse Specialist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	90	Medical Oncology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	91	Surgical Oncology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	92	Radiation Oncology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	93	Emergency Medicine	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	94	Interventional Radiology	01/01/0001	12/31/9999

PROV-SPECIALTY	Provider Specialty List	95	Advance Diagnostic Imaging	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	96	Optician	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	97	Physician Assistant	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	98	Gynecological/Oncology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	99	Undefined physician type (provider is an MD)	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	A0	Hospital-General	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	A1	Skilled Nursing Facility	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	A2	Intermediate Care Nursing Facility	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	A3	Other Nursing Facility	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	A4	Home Health Agency	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	A5	Pharmacy	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	A6	Medical Supply Company with Respiratory Therapist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	A7	Department Store	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	A8	Grocery Store	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	A9	Indian Health Service facility	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	B1	Oxygen supplier	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	B2	Pedorthic personnel	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	B3	Medical supply company with pedorthic personnel	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	B4	Rehabilitation Agency	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	B5	Ocularist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	C0	Sleep Medicine	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	C1	Centralized Flu	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	C2	Indirect Payment Procedure	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	C3	Interventional Cardiology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	C4	Restricted Use	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	C5	Dentist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	C6	Hospitalist	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	C7	Advanced Heart Failure and Transplant Cardiology	01/01/0001	12/31/9999

PROV-SPECIALTY	Provider Specialty List	C8	Medical Toxicology	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	C9	Hematopoietic Cell Transplantation and Cellular Therapy	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	D1	Medicare Diabetes Preventive Program	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	D2	Restricted Use	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	D3	Medical Genetics and Genomics	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	D4	Undersea and Hyperbaric Medicine	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	D5	Opioid Treatment Program	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	D6	Home Infusion Therapy Services	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	D7	Micrographic Dermatologic Surgery	01/01/0001	12/31/9999
PROV-SPECIALTY	Provider Specialty List	D8	Adult Congenital Heart Disease	01/01/0001	12/31/9999
PROV-TAXONOMY	Provider Taxonomy List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://x12.org/codes/provider-taxonomy-codes	N/A	N/A
PROV-TYPE	Provider Type Code List	01	Physician	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	02	Speech Language Pathologist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	03	Oral Surgery (Dentist only)	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	04	Cardiac Rehabilitation and Intensive Cardiac Rehabilitation	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	05	Anesthesiology Assistant	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	06	Chiropractic	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	07	Optometry	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	08	Certified Nurse Midwife	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	09	Certified Registered Nurse Anesthetist (CRNA)	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	10	Mammography Center	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	11	Independent Diagnostic Testing Facility (IDTF)	01/01/0001	12/31/9999

PROV-TYPE	Provider Type Code List	12	Podiatry	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	13	Ambulatory Surgical Center	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	14	Nurse Practitioner	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	15	Medical Supply Company with Orthotist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	16	Medical Supply Company with Prosthetist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	17	Medical Supply Company with Orthotist-Prosthetist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	18	Other Medical Supply Company	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	19	Individual Certified Orthotist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	20	Individual Certified Prosthetist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	21	Individual Certified Prosthetist-Orthotist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	22	Medical Supply Company with Pharmacist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	23	Ambulance Service Provider	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	24	Public Health or Welfare Agency	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	25	Voluntary Health or Charitable Agency	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	26	Psychologist, Clinical	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	27	Portable X-Ray Supplier	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	28	Audiologist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	29	Physical Therapist in Private Practice	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	30	Occupational Therapist in Private Practice	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	31	Clinical Laboratory	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	32	Clinic or Group Practice	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	33	Registered Dietitian or Nutrition Professional	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	34	Mass Immunizer Roster Biller	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	35	Radiation Therapy Center	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	36	Slide Preparation Facility	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	37	Licensed Clinical Social Worker	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	38	Certified Clinical Nurse Specialist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	39	Advance Diagnostic Imaging	01/01/0001	12/31/9999

PROV-TYPE	Provider Type Code List	40	Optician	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	41	Physician Assistant	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	42	Hospital-General	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	43	Skilled Nursing Facility	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	44	Intermediate Care Nursing Facility	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	45	Other Nursing Facility	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	46	Home Health Agency	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	47	Pharmacy	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	48	Medical Supply Company with Respiratory Therapist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	49	Department Store	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	50	Grocery Store	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	51	Indian Health Service facility	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	52	Oxygen supplier	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	53	Pedorthic personnel	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	54	Medical supply company with pedorthic personnel	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	55	Rehabilitation Agency	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	56	Ocularist	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	57	All Other	01/01/0001	12/31/9999
PROV-TYPE	Provider Type Code List	58	Institutions for Mental Disease	01/01/0001	12/31/9999
PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	01	Institutional claim - any (837I format or UB-04 form)	01/01/0001	12/31/9999
PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	02	Institutional claim - electronic (837I format)	01/01/0001	12/31/9999
PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	03	Institutional claim (UB-04 form)	01/01/0001	12/31/9999
PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	11	Professional claim - any (837P format or CMS-1500 form)	01/01/0001	12/31/9999
PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	12	Professional claim - electronic (837P format)	01/01/0001	12/31/9999
PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	13	Professional claim - paper (CMS-1500 form)	01/01/0001	12/31/9999
PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	21	Dental claim - any (837D format or ADA Dental Claim Form)	01/01/0001	12/31/9999
PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	22	Dental claim - electronic (837D format)	01/01/0001	12/31/9999
PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	23	Dental claim - paper (ADA Dental Claim Form)	01/01/0001	12/31/9999

PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	31	Pharmacy claim (NCPDP format)	01/01/0001	12/31/9999
PROVIDER-CLAIM-FORM-CODE	Provider Claim Form Code List	95	Other claim form or format not listed above	01/01/0001	12/31/9999
RACE	Race List	001	White	01/01/0001	12/31/9999
RACE	Race List	002	Black or African American	01/01/0001	12/31/9999
RACE	Race List	003	American Indian or Alaska Native	01/01/0001	12/31/9999
RACE	Race List	004	Asian Indian	01/01/0001	12/31/9999
RACE	Race List	005	Chinese	01/01/0001	12/31/9999
RACE	Race List	006	Filipino	01/01/0001	12/31/9999
RACE	Race List	007	Japanese	01/01/0001	12/31/9999
RACE	Race List	008	Korean	01/01/0001	12/31/9999
RACE	Race List	009	Vietnamese	01/01/0001	12/31/9999
RACE	Race List	010	Other Asian	01/01/0001	12/31/9999
RACE	Race List	011	Asian Unknown	01/01/0001	12/31/9999
RACE	Race List	012	Native Hawaiian	01/01/0001	12/31/9999
RACE	Race List	013	Guamanian or Chamorro	01/01/0001	12/31/9999
RACE	Race List	014	Samoan	01/01/0001	12/31/9999
RACE	Race List	015	Other Pacific Islander	01/01/0001	12/31/9999
RACE	Race List	016	Native Hawaiian or Other Pacific Islander Unknown	01/01/0001	12/31/9999
RACE	Race List	017	Unspecified	01/01/0001	12/31/9999
RACE	Race List	018	Other	01/01/0001	12/31/9999
REASON-FOR-CHANGE	Reason for Change List	LSE	Large System Enhancement	01/01/0001	12/31/9999
REASON-FOR-CHANGE	Reason for Change List	MERGE	Merge Beneficiaries	01/01/0001	12/31/9999
REASON-FOR-CHANGE	Reason for Change List	TCAM	Transition between CHIP and Medicaid	01/01/0001	12/31/9999
REASON-FOR-CHANGE	Reason for Change List	UNMERGE	Unmerge Beneficiaries	01/01/0001	12/31/9999
REBATE-ELIGIBLE-INDICATOR	Rebate Eligible Indicator List	0	NDC is not eligible for drug rebate program. (Manufacturer does not have a rebate agreement.)	01/01/0001	12/31/9999
REBATE-ELIGIBLE-INDICATOR	Rebate Eligible Indicator List	1	NDC is eligible for drug rebate program	01/01/0001	12/31/9999
REBATE-ELIGIBLE-INDICATOR	Rebate Eligible Indicator List	2	NDC is exempt from the drug rebate program (biological and medical devices)	01/01/0001	12/31/9999

RECORD-ID	Record ID List	CIP00001	FILE-HEADER-RECORD-IP	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CIP00002	CLAIM-HEADER-RECORD-IP	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CIP00003	CLAIM-LINE-RECORD-IP	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CIP00004	CLAIM-DX-IP	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CLT00001	FILE-HEADER-RECORD-LT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CLT00002	CLAIM-HEADER-RECORD-LT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CLT00003	CLAIM-LINE-RECORD-LT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CLT00004	CLAIM-DX-LT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	COT00001	FILE-HEADER-RECORD-OT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	COT00002	CLAIM-HEADER-RECORD-OT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	COT00003	CLAIM-LINE-RECORD-OT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	COT00004	CLAIM-DX-OT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CRX00001	FILE-HEADER-RECORD-RX	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CRX00002	CLAIM-HEADER-RECORD-RX	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CRX00003	CLAIM-LINE-RECORD-RX	01/01/0001	12/31/9999
RECORD-ID	Record ID List	CRX00004	CLAIM-DX-RX	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00001	FILE-HEADER-RECORD-ELIGIBILITY	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00002	PRIMARY-DEMOGRAPHICS-ELIGIBILITY	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00003	VARIABLE-DEMOGRAPHICS-ELIGIBILITY	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00004	ELIGIBLE-CONTACT-INFORMATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00005	ELIGIBILITY-DETERMINANTS	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00006	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00007	HEALTH-HOME-SPA-PROVIDERS	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00008	HEALTH-HOME-CHRONIC-CONDITIONS	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00009	LOCK-IN-INFORMATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00010	MFP-INFORMATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00011	STATE-PLAN-OPTION-PARTICIPATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00012	WAIVER-PARTICIPATION	01/01/0001	12/31/9999

RECORD-ID	Record ID List	ELG00013	LTSS-PARTICIPATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00014	LTSS-PARTICIPATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00015	ETHNICITY-INFORMATION	01/01/0001	12/31/9999
RECORD-ID	**Record ID List**	ELG00016	RACE-INFORMATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00017	DISABILITY-INFORMATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00018	1115A-DEMONSTRATION-INFORMATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00020	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00021	ENROLLMENT-TIME-SPAN	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00022	ELG-IDENTIFIERS	01/01/0001	12/31/9999
RECORD-ID	Record ID List	ELG00023	SOGI	01/01/0001	12/31/9999
RECORD-ID	Record ID List	FTX00001	FILE-HEADER-RECORD-FTX	01/01/0001	12/31/9999
RECORD-ID	Record ID List	FTX00002	INDIVIDUAL-CAPITATION-PMPM	01/01/0001	12/31/9999
RECORD-ID	Record ID List	FTX00003	INDIVIDUAL-HEALTH-INSURANCE-PREMIUM-PAYMENT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	FTX00004	GROUP-INSURANCE-PREMIUM-PAYMENT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	FTX00005	COST-SHARING-OFFSET	01/01/0001	12/31/9999
RECORD-ID	Record ID List	FTX00006	VALUE-BASED-PAYMENT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	FTX00007	STATE-DIRECTED-PAYMENT-SEPARATE-PAYMENT-TERM	01/01/0001	12/31/9999
RECORD-ID	Record ID List	FTX00008	COST-SETTLEMENT-PAYMENT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	FTX00009	FQHC-WRAP-PAYMENT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	FTX00095	MISCELLANEOUS-PAYMENT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	MCR00001	FILE-HEADER-RECORD-MANAGED-CARE	01/01/0001	12/31/9999
RECORD-ID	Record ID List	MCR00002	MANAGED-CARE-MAIN	01/01/0001	12/31/9999
RECORD-ID	Record ID List	MCR00003	MANAGED-CARE-LOCATION-AND-CONTACT-INFO	01/01/0001	12/31/9999
RECORD-ID	Record ID List	MCR00004	MANAGED-CARE-SERVICE-AREA	01/01/0001	12/31/9999
RECORD-ID	Record ID List	MCR00005	MANAGED-CARE-OPERATING-AUTHORITY	01/01/0001	12/31/9999
RECORD-ID	Record ID List	MCR00006	MANAGED-CARE-PLAN-POPULATION-ENROLLED	01/01/0001	12/31/9999
RECORD-ID	Record ID List	MCR00007	MANAGED-CARE-ACCREDITATION-ORGANIZATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	MCR00008	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO	01/01/0001	12/31/9999

RECORD-ID	Record ID List	MCR00009	CHPID-SHPID-RELATIONSHIP	01/01/0001	12/31/9999
RECORD-ID	Record ID List	MCR00010	MANAGED-CARE-ID	01/01/0001	12/31/9999
RECORD-ID	Record ID List	PRV00001	FILE-HEADER-RECORD-PROVIDER	01/01/0001	12/31/9999
RECORD-ID	Record ID List	PRV00002	PROV-ATTRIBUTES-MAIN	01/01/0001	12/31/9999
RECORD-ID	Record ID List	PRV00003	PROV-LOCATION-AND-CONTACT-INFO	01/01/0001	12/31/9999
RECORD-ID	Record ID List	PRV00004	PROV-LICENSING-INFO	01/01/0001	12/31/9999
RECORD-ID	Record ID List	PRV00005	PROV-IDENTIFIERS	01/01/0001	12/31/9999
RECORD-ID	Record ID List	PRV00006	PROV-TAXONOMY-CLASSIFICATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	PRV00007	PROV-MEDICAID-ENROLLMENT	01/01/0001	12/31/9999
RECORD-ID	Record ID List	PRV00008	PROV-AFFILIATED-GROUPS	01/01/0001	12/31/9999
RECORD-ID	Record ID List	PRV00009	PROV-AFFILIATED-PROGRAMS	01/01/0001	12/31/9999
RECORD-ID	Record ID List	PRV00010	PROV-BED-TYPE-INFO	01/01/0001	12/31/9999
RECORD-ID	Record ID List	TPL00001	FILE-HEADER-RECORD-TPL	01/01/0001	12/31/9999
RECORD-ID	Record ID List	TPL00002	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN	01/01/0001	12/31/9999
RECORD-ID	Record ID List	TPL00003	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO	01/01/0001	12/31/9999
RECORD-ID	Record ID List	TPL00004	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES	01/01/0001	12/31/9999
RECORD-ID	Record ID List	TPL00005	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION	01/01/0001	12/31/9999
RECORD-ID	Record ID List	TPL00006	TPL-ENTITY-CONTACT-INFORMATION	01/01/0001	12/31/9999
REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	01	Risk-based Capitation, no incentives or risk-sharing	01/01/0001	12/31/9999
REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	02	Risk-based Capitation with Incentive Arrangements	01/01/0001	12/31/9999
REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	03	Risk-based Capitation with other risk-sharing Arrangements	01/01/0001	12/31/9999
REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	04	Non-Risk Capitation	01/01/0001	12/31/9999
REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	05	Fee-For-Service	01/01/0001	12/31/9999
REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	06	Primary Care Case Management Payment	01/01/0001	12/31/9999
REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	07	Other	01/01/0001	12/31/9999
REIMBURSEMENT-ARRANGEMENT	Reimbursement Arrangement List	08	Primary Care Case Management Payment plus Fee-For-Service	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	0	Individual is not eligible for Medicaid or CHIP during the month.	01/01/0001	12/31/9999

RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	1	Individual is eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits.	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	2	Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but only entitled to restricted benefits based on alien status.	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	3	Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status (e.g., QMB, SLMB, QDWI, QI).	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	4	Individual is eligible for Medicaid or CHIP but is only entitled to restricted benefits for pregnancy-related services, including services that do and those that do not meet the Minimum Essential Coverage standard.	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	5	Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based upon substance abuse, medically needy, or other criteria) that meet the standard for Minimum Essential Coverage.	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	6	Individual is eligible for Medicaid or Medicaid-Expansion CHIP but only entitled to restricted benefits for family planning services.	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	7	Individual is eligible for Medicaid and entitled to Medicaid benefits under an alternative package of benchmark-equivalent coverage, as enacted by the Deficit Reduction Act of 2005.	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	A	Individual is eligible for Medicaid and entitled to benefits under the Psychiatric Residential Treatment Facilities Demonstration Grant Program (PRTF), as enacted by the Deficit Reduction Act of 2005.	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	B	Individual is eligible for Medicaid and entitled to Medicaid benefits using a Health Opportunity Account (HOA).	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	C	Individual is eligible for S-separate CHIP dental coverage (supplemental dental wraparound benefit to employer-sponsored insurance).	01/01/0001	12/31/9999

RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	D	Individual is eligible for Medicaid and entitled to benefits under a ""Money Follows the Person"" (MFP) rebalancing demonstration, as enacted by the Deficit Reduction Act of 2005, to allow States to develop community based long term care opportunities.	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	E	Individual is eligible for Medicaid or Medicaid-Expansion CHIP, but for reasons other than alien, dual-eligibility, or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based on substance abuse, medically needy, or other criteria) that do not meet the standard for Minimum Essential Coverage.	01/01/0001	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	F	Individual is eligible for Medicaid but is only entitled to restricted benefits for medical assistance for COVID-19 diagnostic products and any visit described as a COVID–19 testing-related service for which payment may be made under the State plan during any portion of the public health emergency period, beginning March 18, 2020 as described in Sections 1902(a)(10)(A)(ii)(XXIII), 1902(ss) and clause XVIII in the matter following 1902(a)(10)(G) of the Social Security Act.	03/18/2020	12/31/9999
RESTRICTED-BENEFITS-CODE	Restricted Benefits Code List	G	Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status Medicare Part B-ID ESRD Benefit.	01/01/2023	12/31/9999
REVENUE-CODE	Revenue Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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/	N/A	N/A
SDP-IND	State Directed Payment Indicator List	0	No, not an SDP	01/01/0001	12/31/9999
SDP-IND	State Directed Payment Indicator List	1	Yes, SDP	01/01/0001	12/31/9999
SELF-DIRECTION-TYPE	Self Direction Type List	000	Not Applicable	01/01/0001	12/31/9999
SELF-DIRECTION-TYPE	Self Direction Type List	001	Hiring Authority	01/01/0001	12/31/9999
SELF-DIRECTION-TYPE	Self Direction Type List	002	Budget Authority	01/01/0001	12/31/9999

SELF-DIRECTION-TYPE	Self Direction Type List	003	Hiring and Budget Authority	01/01/0001	12/31/9999
SEX	Sex List	F	Female	01/01/0001	12/31/9999
SEX	Sex List	M	Male	01/01/0001	12/31/9999
SEX	Sex List	U	Unknown	01/01/0001	12/31/9999
SEX-ASSIGNED-AT-BIRTH	Sex Assigned at Birth List	1	Female	01/01/0001	12/31/9999
SEX-ASSIGNED-AT-BIRTH	Sex Assigned at Birth List	2	Male	01/01/0001	12/31/9999
SEX-ASSIGNED-AT-BIRTH	Sex Assigned at Birth List	3	Not sure	01/01/0001	12/31/9999
SEX-ASSIGNED-AT-BIRTH	Sex Assigned at Birth List	4	Prefer not to answer	01/01/0001	12/31/9999
SEX-ASSIGNED-AT-BIRTH	Sex Assigned at Birth List	5	Other	01/01/0001	12/31/9999
SEXUAL-ORIENTATION	Sexual Orientation List	1	Lesbian or gay	01/01/0001	12/31/9999
SEXUAL-ORIENTATION	Sexual Orientation List	2	Straight	01/01/0001	12/31/9999
SEXUAL-ORIENTATION	Sexual Orientation List	3	Bisexual	01/01/0001	12/31/9999
SEXUAL-ORIENTATION	Sexual Orientation List	4	Not sure	01/01/0001	12/31/9999
SEXUAL-ORIENTATION	Sexual Orientation List	5	Prefer not to answer	01/01/0001	12/31/9999
SEXUAL-ORIENTATION	Sexual Orientation List	6	Other	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	01	MMIS	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	02	Non-MMIS CHIP Payment System	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	03	Pharmacy Benefits Manager (PBM) Vendor	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	04	Dental Benefits Manager Vendor	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	05	Transportation Provider System	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	06	Mental Health Claims Payment System	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	07	Financial Transaction/Accounting System	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	08	Other State Agency Claims Payment System	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	09	County/Local Government Claims Payment System	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	10	Other Vendor/Other Claims Payment System	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	20	Managed Care Organization (MCO)	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	22	Sub-contracted entity	01/01/0001	12/31/9999
SOURCE-LOCATION	Source Location List	23	Sub-capitated network provider	01/01/0001	12/31/9999

SPLIT-CLAIM-IND	Split Claim Indicator List	0	No	01/01/0001	12/31/9999
SPLIT-CLAIM-IND	Split Claim Indicator List	1	Yes	01/01/0001	12/31/9999
SSDI-IND	SSDI Indicator List	0	No	01/01/0001	12/31/9999
SSDI-IND	SSDI Indicator List	1	Yes	01/01/0001	12/31/9999
SSI-IND	SSI Indicator List	0	No	01/01/0001	12/31/9999
SSI-IND	SSI Indicator List	1	Yes	01/01/0001	12/31/9999
SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Code List	000	Not Applicable	01/01/0001	12/31/9999
SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Code List	001	Mandatory	01/01/0001	12/31/9999
SSI-STATE-SUPPLEMENT-STATUS-CODE	SSI State Supplement Code List	002	Optional	01/01/0001	12/31/9999
SSI-STATUS	SSI Status List	000	Not Applicable	01/01/0001	12/31/9999
SSI-STATUS	SSI Status List	001	SSI	01/01/0001	12/31/9999
SSI-STATUS	SSI Status List	002	SSI Eligible Spouse	01/01/0001	12/31/9999
SSI-STATUS	SSI Status List	003	SSI Pending a Final Determination of Disposal of Resources Exceeding SSI Dollar Limits	01/01/0001	12/31/9999
SSN-INDICATOR	SSN Indicator List	0	State does not use SSN as MSIS-IDENTIFICATION-NUMBER	01/01/0001	12/31/9999
SSN-INDICATOR	SSN Indicator List	1	State uses SSN as MSIS-IDENTIFICATION-NUMBER	01/01/0001	12/31/9999
SSN-VERIFICATION-FLAG	SSN Verification Flag List	0	SSN not verified	01/01/0001	12/31/9999
SSN-VERIFICATION-FLAG	SSN Verification Flag List	1	SSN successfully verified by SSA	01/01/0001	12/31/9999
SSN-VERIFICATION-FLAG	SSN Verification Flag List	2	SSN is pending SSA verification	01/01/0001	12/31/9999
STATE	State Code List	01	Alabama	01/01/0001	12/31/9999
STATE	State Code List	02	Alaska	01/01/0001	12/31/9999
STATE	State Code List	04	Arizona	01/01/0001	12/31/9999
STATE	State Code List	05	Arkansas	01/01/0001	12/31/9999
STATE	State Code List	06	California	01/01/0001	12/31/9999
STATE	State Code List	08	Colorado	01/01/0001	12/31/9999
STATE	State Code List	09	Connecticut	01/01/0001	12/31/9999
STATE	State Code List	10	Delaware	01/01/0001	12/31/9999
STATE	State Code List	11	District of Columbia	01/01/0001	12/31/9999

STATE	State Code List	12	Florida	01/01/0001	12/31/9999
STATE	State Code List	13	Georgia	01/01/0001	12/31/9999
STATE	State Code List	15	Hawaii	01/01/0001	12/31/9999
STATE	State Code List	16	Idaho	01/01/0001	12/31/9999
STATE	State Code List	17	Illinois	01/01/0001	12/31/9999
STATE	State Code List	18	Indiana	01/01/0001	12/31/9999
STATE	State Code List	19	Iowa (Medicaid)	01/01/0001	12/31/9999
STATE	State Code List	20	Kansas	01/01/0001	12/31/9999
STATE	State Code List	21	Kentucky	01/01/0001	12/31/9999
STATE	State Code List	22	Louisiana	01/01/0001	12/31/9999
STATE	State Code List	23	Maine	01/01/0001	12/31/9999
STATE	State Code List	24	Maryland	01/01/0001	12/31/9999
STATE	State Code List	25	Massachusetts	01/01/0001	12/31/9999
STATE	State Code List	26	Michigan	01/01/0001	12/31/9999
STATE	State Code List	27	Minnesota	01/01/0001	12/31/9999
STATE	State Code List	28	Mississippi	01/01/0001	12/31/9999
STATE	State Code List	29	Missouri	01/01/0001	12/31/9999
STATE	State Code List	30	Montana	01/01/0001	12/31/9999
STATE	State Code List	31	Nebraska	01/01/0001	12/31/9999
STATE	State Code List	32	Nevada	01/01/0001	12/31/9999
STATE	State Code List	33	New Hampshire	01/01/0001	12/31/9999
STATE	State Code List	34	New Jersey	01/01/0001	12/31/9999
STATE	State Code List	35	New Mexico	01/01/0001	12/31/9999
STATE	State Code List	36	New York	01/01/0001	12/31/9999
STATE	State Code List	37	North Carolina	01/01/0001	12/31/9999
STATE	State Code List	38	North Dakota	01/01/0001	12/31/9999
STATE	State Code List	39	Ohio	01/01/0001	12/31/9999
STATE	State Code List	40	Oklahoma	01/01/0001	12/31/9999

STATE	State Code List	41	Oregon	01/01/0001	12/31/9999
STATE	State Code List	42	Pennsylvania	01/01/0001	12/31/9999
STATE	State Code List	44	Rhode Island	01/01/0001	12/31/9999
STATE	State Code List	45	South Carolina	01/01/0001	12/31/9999
STATE	State Code List	46	South Dakota	01/01/0001	12/31/9999
STATE	State Code List	47	Tennessee	01/01/0001	12/31/9999
STATE	State Code List	48	Texas	01/01/0001	12/31/9999
STATE	State Code List	49	Utah	01/01/0001	12/31/9999
STATE	State Code List	50	Vermont	01/01/0001	12/31/9999
STATE	State Code List	51	Virginia	01/01/0001	12/31/9999
STATE	State Code List	53	Washington	01/01/0001	12/31/9999
STATE	State Code List	54	West Virginia	01/01/0001	12/31/9999
STATE	State Code List	55	Wisconsin	01/01/0001	12/31/9999
STATE	State Code List	56	Wyoming	01/01/0001	12/31/9999
STATE	State Code List	60	American Samoa	01/01/0001	12/31/9999
STATE	State Code List	64	Federated States of Micronesia	01/01/0001	12/31/9999
STATE	State Code List	66	Guam	01/01/0001	12/31/9999
STATE	State Code List	67	Johnston Atoll	01/01/0001	12/31/9999
STATE	State Code List	68	Marshall Islands	01/01/0001	12/31/9999
STATE	State Code List	69	Commonwealth of the Northern Mariana Islands	01/01/0001	12/31/9999
STATE	State Code List	70	Palau	01/01/0001	12/31/9999
STATE	State Code List	71	Midway Islands	01/01/0001	12/31/9999
STATE	State Code List	72	Puerto Rico	01/01/0001	12/31/9999
STATE	State Code List	74	U.S. Minor Outlying Islands	01/01/0001	12/31/9999
STATE	State Code List	76	Navassa Island	01/01/0001	12/31/9999
STATE	State Code List	78	U.S. Virgin Islands	01/01/0001	12/31/9999
STATE	State Code List	79	Wake Island	01/01/0001	12/31/9999
STATE	State Code List	81	Baker Island	01/01/0001	12/31/9999

STATE	State Code List	84	Howland Island	01/01/0001	12/31/9999
STATE	State Code List	86	Jarvis Island	01/01/0001	12/31/9999
STATE	State Code List	89	Kingman Reef	01/01/0001	12/31/9999
STATE	State Code List	93	WYOMING CHIP	01/01/0001	12/31/9999
STATE	State Code List	94	MONTANA TPA	01/01/0001	12/31/9999
STATE	State Code List	95	Palmyra Atoll	01/01/0001	12/31/9999
STATE	State Code List	96	Iowa (CHIP) - I4	01/01/0001	12/31/9999
STATE	State Code List	97	Pennsylvania (CHIP) - P1	01/01/0001	12/31/9999
STATE	State Code List	99	Test State	01/01/0001	12/31/9999
STATE	State Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.census.gov/library/reference/code-lists/ansi.html#par_textimage_3	N/A	N/A
STATE-PLAN-ENROLLMENT	State Plan Enrollment List	1	Medicaid	01/01/0001	12/31/9999
STATE-PLAN-ENROLLMENT	State Plan Enrollment List	2	CHIP	01/01/0001	12/31/9999
STATE-PLAN-ENROLLMENT	State Plan Enrollment List	3	Both Medicaid and CHIP	01/01/0001	12/31/9999
STATE-PLAN-ENROLLMENT	State Plan Enrollment List	4	Not state plan affiliated	01/01/0001	12/31/9999
STATE-PLAN-OPTION-TYPE	State Plan Option Type List	00	Not Applicable	01/01/0001	12/31/9999
STATE-PLAN-OPTION-TYPE	State Plan Option Type List	01	Community First Choice	01/01/0001	12/31/9999
STATE-PLAN-OPTION-TYPE	State Plan Option Type List	02	1915(i)	01/01/0001	12/31/9999
STATE-PLAN-OPTION-TYPE	State Plan Option Type List	03	1915(j)	01/01/0001	12/31/9999
STATE-PLAN-OPTION-TYPE	State Plan Option Type List	04	1932(a)	01/01/0001	12/31/9999
STATE-PLAN-OPTION-TYPE	State Plan Option Type List	05	1915(a)	01/01/0001	12/31/9999
STATE-PLAN-OPTION-TYPE	State Plan Option Type List	06	1937 (Alternative Benefit Plans)	01/01/0001	12/31/9999

SUBCAPITATION-IND	Subcapitation Indicator List	1	No, transaction is not a sub-capitation payment or recoupment	01/01/0001	12/31/9999
SUBCAPITATION-IND	Subcapitation Indicator List	2	Yes, transaction is a sub-capitation or recoupment	01/01/0001	12/31/9999
SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type List	C	Create File-a file that contains a complete set of transactions/changes processed since the last Create file submission. States may submit only one valid Create file per reporting period and data file type.	01/01/0001	12/31/9999
SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type List	R	Replacement File-a Replacement submission is a replacement of the month's data. It will completely replace the immediate prior submission. If a later replacement entry is received, it will overwrite the previous replacement, as well as a prior Create or Update submission for the same data type and reporting period.	01/01/0001	12/31/9999
SUBMISSION-TRANSACTION-TYPE	Submission Transaction Type List	U	Update File-a file that contains T-MSIS record segments created in response to business rule rejects. Note: The records in an Update file are not generated as a result of a change processed in the state's Medicaid or Medicaid-related systems during the current reporting month. These Update file record segments may be unchanged from the ones submitted previously for various reasons (for example, the state may be unable to process a change record in their Medicaid / Medicaid-related systems to correct the issue because the state is simply passing through to T-MSIS data that originated outside of the state's systems).[1] Conversely, the records may be different from those previously submitted, but the change is the result of a fix whose root cause problem was an issue in the T-MSIS file-creation or replacement process at CMS. Regardless, the record was not generated from a change that occurred in the state's source data.	01/01/0001	12/31/9999
TANF-CASH-CODE	TANF Cash Code List	0	Individual was not eligible for Medicaid.	01/01/0001	12/31/9999
TANF-CASH-CODE	TANF Cash Code List	1	Individual did not receive TANF benefits	01/01/0001	12/31/9999
TANF-CASH-CODE	TANF Cash Code List	2	Individual did receive TANF benefits (States should only use this value if they can accurately separate eligible receiving TANF benefits from other 1931 eligible reported into MAS 1)	01/01/0001	12/31/9999
TEACHING-IND	Teaching Indicator List	0	No	01/01/0001	12/31/9999
TEACHING-IND	Teaching Indicator List	1	Yes	01/01/0001	12/31/9999

TOOTH-DESIGNATION-SYSTEM	Tooth Designation System List	JO	ANSI/ADA/ISO Specification No. 3950	01/01/0001	12/31/9999
TOOTH-DESIGNATION-SYSTEM	Tooth Designation System List	JP	ADA's Universal/National Tooth Designation system	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	1	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	2	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	3	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	4	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	5	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	6	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	7	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	8	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	9	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	10	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	11	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	12	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	13	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999

TOOTH-NUM	Tooth Number List	14	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	15	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	16	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	17	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	18	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	19	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	20	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	21	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	22	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	23	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	24	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	25	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	26	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	27	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999

TOOTH-NUM	Tooth Number List	28	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	29	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	30	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	31	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	32	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	51	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	52	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	53	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	54	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	55	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	56	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	57	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	58	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	59	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999

TOOTH-NUM	Tooth Number List	60	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	61	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	62	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	63	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	64	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	65	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	66	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	67	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	68	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	69	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	70	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	71	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	72	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	73	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999

TOOTH-NUM	Tooth Number List	74	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	75	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	76	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	77	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	78	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	79	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	80	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	81	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	82	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	A	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	AS	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	B	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	BS	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	C	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999

TOOTH-NUM	Tooth Number List	CS	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	D	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	DS	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	E	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	ES	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	F	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	FS	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	G	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	GS	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	H	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	HS	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	I	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	IS	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	J	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999

TOOTH-NUM	Tooth Number List	JS	Upper Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	K	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	KS	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	L	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	LS	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	M	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	MS	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	N	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	NS	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	O	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	OS	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	P	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	PS	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	Q	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999

TOOTH-NUM	Tooth Number List	QS	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	R	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	RS	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	S	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada_utds_value_set_v1_2022_aug.pdf	N/A	N/A
TOOTH-NUM	Tooth Number List	SS	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	T	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-NUM	Tooth Number List	TS	Lower Arch (commencing in the Upper right quadrant and rotating counterclockwise)	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	00	Entire Oral Cavity	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	01	Maxillary Area	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	02	Mandibular Area	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	03	Upper Right Sextant	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	04	Upper Anterior Sextant	01/01/0001	12/31/9999

TOOTH-QUAD-CODE	Tooth Quad Code List	05	Upper Left Sextant	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	06	Lower Left Sextant	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	07	Lower Anterior Sextant	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	08	Lower Right Sextant	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	09	Other Area of Oral Cavity (An area specified in an annexed document or further explanation available.)	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	10	Upper Right Quadrant (Right Refers to the oral and skeletal structures on the right side.)	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	20	Upper Left Quadrant (Left Refers to the oral and skeletal structures on the left side.)	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	30	Lower Left Quadrant	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	40	Lower Right Quadrant	01/01/0001	12/31/9999
TOOTH-QUAD-CODE	Tooth Quad Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/areaoftheoralcavityandtoothanatomybycdtcode_2022jan.pdf	N/A	N/A
TOOTH-SURFACE-CODE	Tooth Surface Code List	B	Buccal - The surface of the tooth which is closest to the cheek.	01/01/0001	12/31/9999
TOOTH-SURFACE-CODE	Tooth Surface Code List	D	Distal - The surface of the tooth facing away from an invisible line drawn vertically through the center of the face.	01/01/0001	12/31/9999
TOOTH-SURFACE-CODE	Tooth Surface Code List	F	Facial - The surface of a tooth that is directed towards the face.	01/01/0001	12/31/9999
TOOTH-SURFACE-CODE	Tooth Surface Code List	I	Incisal - The cutting edges of the anterior teeth.	01/01/0001	12/31/9999
TOOTH-SURFACE-CODE	Tooth Surface Code List	L	Lingual - The surface of the tooth that is directed towards the tongue.	01/01/0001	12/31/9999

TOOTH-SURFACE-CODE	Tooth Surface Code List	M	Mesial - The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face.	01/01/0001	12/31/9999
TOOTH-SURFACE-CODE	Tooth Surface Code List	O	Occlusal - The surfaces of the posterior (back) teeth which provides the chewing function.	01/01/0001	12/31/9999
TOOTH-SURFACE-CODE	Tooth Surface Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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.ada.org/-/media/project/ada-organization/ada/ada-org/files/publications/cdt/ada_utds_value_set_v1_2022_aug.pdf	N/A	N/A
TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	06	TPL-Entity Corporate Location	01/01/0001	12/31/9999
TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	07	TPL-Entity Mailing	01/01/0001	12/31/9999
TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	08	TPL-Entity Satellite Location	01/01/0001	12/31/9999
TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	09	TPL-Entity Billing	01/01/0001	12/31/9999
TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	10	TPL-Entity Correspondence	01/01/0001	12/31/9999
TPL-ENTITY-ADDR-TYPE	TPL Entity Address Type List	11	TPL-Other	01/01/0001	12/31/9999
TPL-HEALTH-INSURANCE-COVERAGE-IND	TPL Health Insurance Coverage Indicator List	0	Eligible individual has no TPL insurance coverage.	01/01/0001	12/31/9999
TPL-HEALTH-INSURANCE-COVERAGE-IND	TPL Health Insurance Coverage Indicator List	1	Eligible individual does have TPL insurance coverage.	01/01/0001	12/31/9999
TPL-OTHER-COVERAGE-IND	TPL Other Coverage Indicator List	0	Eligible individual has no other TPL funding available.	01/01/0001	12/31/9999
TPL-OTHER-COVERAGE-IND	TPL Other Coverage Indicator List	1	Eligible individual does have other TPL funding available.	01/01/0001	12/31/9999
TRANSACTION-TYPE	Transaction Type List	01	Kick payment	01/01/0001	12/31/9999
TRANSACTION-TYPE	Transaction Type List	02	Provider retainer payment	01/01/0001	12/31/9999
TRANSACTION-TYPE	Transaction Type List	03	Direct reimbursement to beneficiaries for retroactive period cost (e.g. 42 CFR 447.25)	01/01/0001	12/31/9999

TRANSACTION-TYPE	Transaction Type List	04	Direct reimbursement to beneficiaries for non-emergency transportation	01/01/0001	12/31/9999
TRANSACTION-TYPE	Transaction Type List	05	PMPM Health Home Service Payment	01/01/0001	12/31/9999
TRANSACTION-TYPE	Transaction Type List	95	Other	01/01/0001	12/31/9999
TYPE-OF-BILL	Type of Bill List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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	N/A	N/A
TYPE-OF-BILL-2-FACILITY-TYPE	Type of Bill List (2nd position; Facility Type)	1	Hospital	01/01/0001	12/31/9999
TYPE-OF-BILL-2-FACILITY-TYPE	Type of Bill List (2nd position; Facility Type)	2	Skilled Nursing	01/01/0001	12/31/9999
TYPE-OF-BILL-2-FACILITY-TYPE	Type of Bill List (2nd position; Facility Type)	3	Home Health	01/01/0001	12/31/9999
TYPE-OF-BILL-2-FACILITY-TYPE	Type of Bill List (2nd position; Facility Type)	4	Religious Nonmedical (Hospital)	01/01/0001	12/31/9999
TYPE-OF-BILL-2-FACILITY-TYPE	Type of Bill List (2nd position; Facility Type)	5	Reserved for national assignment (discontinued effective 10/1/05).	01/01/0001	10/01/2005
TYPE-OF-BILL-2-FACILITY-TYPE	Type of Bill List (2nd position; Facility Type)	6	Intermediate Care	01/01/0001	12/31/9999
TYPE-OF-BILL-2-FACILITY-TYPE	Type of Bill List (2nd position; Facility Type)	7	Clinic or Hospital Based Renal Dialysis Facility (requires special information in second digit below).	01/01/0001	12/31/9999
TYPE-OF-BILL-2-FACILITY-TYPE	Type of Bill List (2nd position; Facility Type)	8	Special facility or hospital ASC surgery (requires special information in second digit below).	01/01/0001	12/31/9999
TYPE-OF-BILL-2-FACILITY-TYPE	Type of Bill List (2nd position; Facility Type)	9	Reserved for National Assignment	01/01/0001	12/31/9999

TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS	Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	1	Rural Health Clinic (RHC)	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS	Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	2	Hospital Based or Independent Renal Dialysis Facility	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS	Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	3	Free Standing Provider-Based Federally Qualified Health Center (FQHC)	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS	Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	4	Other Rehabilitation Facility (ORF)	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS	Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	5	Comprehensive Outpatient Rehabilitation Facility (CORF)	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS	Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	6	Community Mental Health Center (CMHC)	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS	Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	7	Federally Qualified Health Center (FQHC) (Effective 4/1/10)	04/01/2010	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS	Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	8	Licensed Freestanding Emergency Medical Facility (Effective 4/1/12)	04/01/2012	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-CLINICS	Type of Bill List (3rd position; Facility Type: Clinics; Type of Care)	9	OTHER	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY	Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	1	Hospice (Nonhospital Based)	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY	Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	2	Hospice (Hospital Based)	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY	Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	3	Ambulatory Surgical Center Services to Hospital Outpatients	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY	Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	4	Free Standing Birthing Center	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY	Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	5	Critical Access Hospital	01/01/0001	12/31/9999

TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY	Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	6	Residential Facility	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY	Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	7	Freestanding Non-residential Opioid Treatment Program (Effective 1/1/21)	01/01/2021	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY	Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	8	Reserved for National Assignment	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-FACILITY	Type of Bill List (3rd position; Facility Type: Facilities; Type of Care)	9	OTHER	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER	Type of Bill List (3rd position; Facility Type: Other; Type of Care)	1	Inpatient	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER	Type of Bill List (3rd position; Facility Type: Other; Type of Care)	2	Inpatient	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER	Type of Bill List (3rd position; Facility Type: Other; Type of Care)	3	Outpatient	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER	Type of Bill List (3rd position; Facility Type: Other; Type of Care)	4	Other	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER	Type of Bill List (3rd position; Facility Type: Other; Type of Care)	5	Intermediate Care - Level I	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER	Type of Bill List (3rd position; Facility Type: Other; Type of Care)	6	Intermediate Care - Level II	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER	Type of Bill List (3rd position; Facility Type: Other; Type of Care)	7	Reserved for national assignment (discontinued effective 10/1/05).	01/01/0001	10/01/2005
TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER	Type of Bill List (3rd position; Facility Type: Other; Type of Care)	8	Swing Bed (may be used to indicate billing for SNF level of care in a hospital with an approved swing bed agreement).	01/01/0001	12/31/9999
TYPE-OF-BILL-3-BILL-CLASSIFICATION-OTHER	Type of Bill List (3rd position; Facility Type: Other; Type of Care)	9	Reserved for National Assignment	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	0	Nonpayment/Zero Claims	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	1	Admit Through Discharge Claim	01/01/0001	12/31/9999

TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	2	Interim-First Claim	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	3	Interim-Continuing Claims (Not valid for PPS Bills)	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	A	Admission/Election Notice	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	B	Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Termination/Revocation Notice	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	C	Hospice Change of Provider Notice	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	D	Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Void/Cancel	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	E	Hospice Change of Ownership	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	F	Beneficiary Initiated Adjustment Claim	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	G	CWF Initiated Adjustment Claim	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	H	CMS Initiated Adjustment Claim	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	I	FI Adjustment Claim (Other than QIO or Provider	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	J	Initiated Adjustment Claim-Other	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	K	OIG Initiated Adjustment Claim	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	M	MSP Initiated Adjustment Claim	01/01/0001	12/31/9999
TYPE-OF-BILL-4-FREQUENCY	Type of Bill list (4th position; Frequency)	P	QIO Adjustment Claim	01/01/0001	12/31/9999
TYPE-OF-CLAIM	Type of Claim List	1	A Fee-For-Service Medicaid or Medicaid-expansion Claim	01/01/0001	12/31/9999
TYPE-OF-CLAIM	Type of Claim List	3	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.	01/01/0001	12/31/9999
TYPE-OF-CLAIM	Type of Claim List	A	Separate CHIP (Title XXI) claim: A Fee-for-Service Claim	01/01/0001	12/31/9999

TYPE-OF-CLAIM	Type of Claim List	C	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	01/01/0001	12/31/9999
TYPE-OF-CLAIM	Type of Claim List	U	Other FFS claim	01/01/0001	12/31/9999
TYPE-OF-CLAIM	Type of Claim List	W	Other Managed Care Encounter	01/01/0001	12/31/9999
TYPE-OF-CLAIM	Type of Claim List	Z	Denied claims	01/01/0001	06/30/2020
TYPE-OF-HOSPITAL	Type of Hospital List	00	Not a hospital	01/01/0001	12/31/9999
TYPE-OF-HOSPITAL	Type of Hospital List	01	Inpatient Hospital	01/01/0001	12/31/9999
TYPE-OF-HOSPITAL	Type of Hospital List	02	Outpatient Hospital	01/01/0001	12/31/9999
TYPE-OF-HOSPITAL	Type of Hospital List	03	Critical Access Hospital	01/01/0001	12/31/9999
TYPE-OF-HOSPITAL	Type of Hospital List	04	Swing Bed Hospital	01/01/0001	12/31/9999
TYPE-OF-HOSPITAL	Type of Hospital List	05	Inpatient Psychiatric Hospital	01/01/0001	12/31/9999
TYPE-OF-HOSPITAL	Type of Hospital List	06	IHS Hospital	01/01/0001	12/31/9999
TYPE-OF-HOSPITAL	Type of Hospital List	07	Children's Hospital	01/01/0001	12/31/9999
TYPE-OF-HOSPITAL	Type of Hospital List	08	Other	01/01/0001	12/31/9999
TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	1	Tort/Casualty Claim	01/01/0001	12/31/9999
TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	2	Medical Malpractice	01/01/0001	12/31/9999
TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	3	Estate (an estate, annuity or designated trust)	01/01/0001	12/31/9999
TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	4	Liens	01/01/0001	12/31/9999
TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	5	Worker's Compensation	01/01/0001	12/31/9999
TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	6	Payments from an individual or group who has either voluntarily or been assigned legal responsibility for the health care of one or more Medicaid recipients; fraternal groups; unions	01/01/0001	12/31/9999
TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Type of Other Third-Party Liability List	7	Other - unidentified	01/01/0001	12/31/9999
TYPE-OF-SERVICE-IP	Type of Service IP List	001	Inpatient hospital services, other than services in an institution for mental diseases	01/01/0001	12/31/9999
TYPE-OF-SERVICE-IP	Type of Service IP List	058	Services furnished in a religious nonmedical health care institution	01/01/0001	12/31/9999

TYPE-OF-SERVICE-IP	Type of Service IP List	060	Emergency hospital services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-IP	Type of Service IP List	084	Sterilizations	01/01/0001	12/31/9999
TYPE-OF-SERVICE-IP	Type of Service IP List	086	Other Pregnancy-related Procedures	01/01/0001	12/31/9999
TYPE-OF-SERVICE-IP	Type of Service IP List	090	Critical access hospital services - IP	01/01/0001	12/31/9999
TYPE-OF-SERVICE-IP	Type of Service IP List	091	Skilled care - hospital residing	01/01/0001	12/31/9999
TYPE-OF-SERVICE-IP	Type of Service IP List	092	Exceptional care - hospital residing	01/01/0001	12/31/9999
TYPE-OF-SERVICE-IP	Type of Service IP List	093	Non-acute care - hospital residing	01/01/0001	12/31/9999
TYPE-OF-SERVICE-IP	Type of Service IP List	136	In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the 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	03/18/2020	12/31/9999
TYPE-OF-SERVICE-IP	Type of Service IP List	137	COVID–19 testing-related services	03/18/2020	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	009	Nursing facility services for individuals age 21 or older (other than services in an institution for mental disease)	01/01/0001	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	044	Inpatient hospital services for individuals age 65 or older in institutions for mental diseases	01/01/0001	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	045	Nursing facility services for individuals age 65 or older in institutions for mental diseases	01/01/0001	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	046	ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities)	01/01/0001	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	047	Nursing facility services, other than in institutions for mental diseases	01/01/0001	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	048	Inpatient psychiatric services for individuals under age 21	01/01/0001	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	050	Inpatient substance abuse treatment services and residential substance abuse treatment services.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	059	Skilled nursing facility services for individuals under age 21	01/01/0001	12/31/9999

TYPE-OF-SERVICE-LT	Type of Service LT List	136	In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, and the administration of such in vitro diagnostic products	03/18/2020	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	137	COVID–19 testing-related services	03/18/2020	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	146	Inpatient Psychiatric Services for beneficiaries between the ages of 22 and 64 who receive services in an institution for mental disease (IMD)	01/01/0001	12/31/9999
TYPE-OF-SERVICE-LT	Type of Service LT List	147	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.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	002	Outpatient hospital services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	003	Rural health clinic services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	004	Other ambulatory services furnished by a rural health clinic	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	005	Professional laboratory services, Technical laboratory services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	006	Technical laboratory services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	007	Professional radiological services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	008	Technical radiological services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	010	Early and periodic screening and diagnosis and treatment (EPSDT) services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	011	Family planning services and supplies for individuals of child-bearing age	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	012	Physicians' services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	013	Medical and surgical services of a dentist	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	014	Outpatient substance abuse treatment services.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	015	Medical or other remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	016	Home health services - Nursing services	01/01/0001	12/31/9999

TYPE-OF-SERVICE-OT	Type of Service OT List	017	Home health services - Home health aide services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	018	Home health services - Medical supplies, equipment, and appliances suitable for use in the home	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	019	Home health services - Physical therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	020	Home health services - Occupational therapy provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	021	Home health services - Speech pathology and audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	022	Private duty nursing services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	023	Advanced practice nurse services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	024	Pediatric nurse	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	025	Nurse-midwife service	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	026	Nurse practitioner services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	027	Respiratory care for ventilator-dependent individuals	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	028	Clinic services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	029	Dental services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	030	Physical therapy services (when not provided under home health services)	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	031	Occupational therapy services (when not provided under home health services)	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	032	Speech, hearing, and language disorders services (when not provided under home health services)	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	035	Dentures	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	036	Medical equipment/prosthetic devices	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	037	Eyeglasses	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	038	Hearing Aids	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	039	Diagnostic services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	040	Screening services	01/01/0001	12/31/9999

TYPE-OF-SERVICE-OT	Type of Service OT List	041	Preventive services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	042	Well-baby and well-child care services as defined by the State.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	043	Rehabilitative services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	049	Outpatient mental health services, other than Outpatient substance abuse treatment services. This TOS includes services furnished in a State-operated mental hospital and including community-based services.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	050	Inpatient substance abuse treatment services and residential substance abuse treatment services.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	051	Personal care services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	052	Primary care case management services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	053	Targeted case management services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	054	Case Management services other than those that meet the definition of primary care case management services or targeted case management services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	055	Care coordination services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	056	Transportation services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	057	Enabling services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	058	Services furnished in a religious nonmedical health care institution	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	060	Emergency hospital services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	061	Critical access hospital services - OT	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	062	HCBS - Case management services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	063	HCBS - Homemaker services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	064	HCBS - Home health aide services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	065	HCBS - Personal care services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	066	HCBS - Adult day health services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	067	HCBS - Habilitation services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	068	HCBS - Respite care services	01/01/0001	12/31/9999

TYPE-OF-SERVICE-OT	Type of Service OT List	069	HCBS - Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	070	HCBS - Day Care	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	071	HCBS - Training for family members	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	072	HCBS - Minor modification to the home	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	073	HCBS - Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	074	HCBS - Expanded habilitation services - Prevocational services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	075	HCBS - Expanded habilitation services - Educational services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	076	HCBS - Expanded habilitation services - Supported employment services, which facilitate paid employment	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	077	HCBS-65-plus - Case management services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	078	HCBS-65-plus - Homemaker services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	079	HCBS-65-plus - Home health aide services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	080	HCBS-65-plus - Personal care services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	081	HCBS-65-plus - Adult day health services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	082	HCBS-65-plus - Respite care services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	083	HCBS-65-plus - Other medical and social services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	084	Sterilizations	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	085	Prenatal care and pre-pregnancy family planning services and supplies.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	086	Other Pregnancy-related Procedures	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	087	Hospice services	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	088	Any other health care services or items specified by the Secretary and not excluded under regulations.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	089	Disposable medical supplies.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	115	Residential care	01/01/0001	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	127	Indian Health Service (IHS) - Family Plan	01/01/0001	12/31/9999

TYPE-OF-SERVICE-OT	Type of Service OT List	136	In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, and the administration of such in vitro diagnostic products	03/18/2020	12/31/9999
TYPE-OF-SERVICE-OT	Type of Service OT List	137	COVID–19 testing-related services	03/18/2020	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	011	Family planning services and supplies for individuals of child-bearing age	01/01/0001	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	018	Home health services - Medical supplies, equipment, and appliances suitable for use in the home	01/01/0001	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	033	Prescribed drugs	01/01/0001	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	034	Over-the-counter medications.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	036	Medical equipment/prosthetic devices	01/01/0001	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	085	Prenatal care and pre-pregnancy family planning services and supplies.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	089	Disposable medical supplies.	01/01/0001	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	127	Indian Health Service (IHS) - Family Plan	01/01/0001	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	136	In vitro diagnostic products (as defined in section 809.3(a) of title 21, Code of Federal Regulations) administered during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) beginning on or after the date of the enactment of this subparagraph for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19, and the administration of such in vitro diagnostic products	03/18/2020	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	137	COVID–19 testing-related services	03/18/2020	12/31/9999
TYPE-OF-SERVICE-RX	Type of Service RX List	145	Medication Assisted Treatment (MAT) services and drugs for evidenced-based treatment of Opioid Use Disorder (OUD) in accordance with section 1905(a)(29) of the Social Security Act	10/01/2020	12/31/9999
UNIT-OF-MEASURE	Unit of Measure List	EA	Each	01/01/0001	12/31/9999
UNIT-OF-MEASURE	Unit of Measure List	F2	International Unit	01/01/0001	12/31/9999

UNIT-OF-MEASURE	Unit of Measure List	GM	Grams	01/01/0001	12/31/9999
UNIT-OF-MEASURE	Unit of Measure List	GR	Gram	01/01/0001	12/31/9999
UNIT-OF-MEASURE	Unit of Measure List	ME	Milligram	01/01/0001	12/31/9999
UNIT-OF-MEASURE	Unit of Measure List	ML	Milliliter	01/01/0001	12/31/9999
UNIT-OF-MEASURE	Unit of Measure List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with CMSO's updates, minor delays may occur but that shouldn't block T-MSIS data submissions using the CSMO's latest version. For background and context, see https://www.ncpdp.org/	N/A	N/A
UNIT-OF-MEASURE	NDC Unit of Measure List	UN	Unit	01/01/0001	12/31/9999
VALUE-BASED-PAYMENT-MODEL-TYPE	Value Based Payment Model Type List	2A	FFS/Q&V Foundational payments for infrastructure and operations	01/01/0001	12/31/9999
VALUE-BASED-PAYMENT-MODEL-TYPE	Value Based Payment Model Type List	2B	FFS/Q&V Pay for reporting	01/01/0001	12/31/9999
VALUE-BASED-PAYMENT-MODEL-TYPE	Value Based Payment Model Type List	2C	FFS/Q&V Pay for performance	01/01/0001	12/31/9999
VALUE-BASED-PAYMENT-MODEL-TYPE	Value Based Payment Model Type List	3A	APM/FFS APMs with Shared savings	01/01/0001	12/31/9999
VALUE-BASED-PAYMENT-MODEL-TYPE	Value Based Payment Model Type List	3B	APM/FFS APMs with shared savings and downside risk	01/01/0001	12/31/9999
VALUE-BASED-PAYMENT-MODEL-TYPE	Value Based Payment Model Type List	3N	APM/FFS Risk based payments NOT linked to quality	01/01/0001	12/31/9999
VALUE-BASED-PAYMENT-MODEL-TYPE	Value Based Payment Model Type List	4A	POP/PAY Condition-specific population-based payment	01/01/0001	12/31/9999
VALUE-BASED-PAYMENT-MODEL-TYPE	Value Based Payment Model Type List	4B	POP/PAY Comprehensive population-based payment	01/01/0001	12/31/9999
VALUE-BASED-PAYMENT-MODEL-TYPE	Value Based Payment Model Type List	4C	POP/PAY Integrated finance and delivery system	01/01/0001	12/31/9999
VALUE-BASED-PAYMENT-MODEL-TYPE	Value Based Payment Model Type List	4N	POP/PAY Capitated payments NOT linked to quality	01/01/0001	12/31/9999
VETERAN-IND	Veteran Indicator List	0	No	01/01/0001	12/31/9999
VETERAN-IND	Veteran Indicator List	1	Yes	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	01	1115 Other demonstration	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	02	1915(b)(1) - These waivers permit freedom-of-choice or mandatory managed care with some voluntary managed care.	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	03	1915(b)(2) - These waivers allow states to use enrollment brokers.	01/01/0001	12/31/9999

WAIVER-TYPE	Waiver Type List	04	1915(b)(3) - These waivers allow states to use savings to provide additional services that are not in the State Plan.	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	05	1915(b)(4) - These waivers allow fee for service selective contracting.	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	06	1915(c)-Aged and Disabled	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	07	1915(c)-Aged	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	08	1915(c)-Physical Disabilities	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	09	1915(c)-Intellectual Disabilities	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	10	1915(c)-Intellectual and Developmental Disabilities	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	11	1915(c)-Brain Injury	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	12	1915(c)-HIV/AIDS	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	13	1915(c)-Technology Dependent or Medically Fragile	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	14	1915(c)-Disabled (other)	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	15	1915(c)-Enrolled in 1915(c) waiver for unspecified or unknown populations	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	16	1915(c)-Autism/Autism spectrum disorder	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	17	1915(c)-Developmental Disabilities	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	18	1915(c)-Mental Illness-Age 18 or Older	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	19	1915(c)-Mental Illness-Under Age 18	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	20	1915(c) waiver concurrent with an 1115 or 1915(b) managed care authority	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	21	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.	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	22	1115 Pharmacy demonstration	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	23	1115 Disaster-related demonstration	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	24	1115 Family planning demonstration	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	25	1115 Substance use demonstration	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	26	1115 Premium Assistance demonstration	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	27	1115 Beneficiary engagement demonstration	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	28	1115 Former foster care youth from another state	01/01/0001	12/31/9999

WAIVER-TYPE	Waiver Type List	29	1115 Managed long term services and support	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	30	1115 Delivery system reform	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	31	1332 Demonstration	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	32	1915(b) waiver	01/01/0001	12/31/9999
WAIVER-TYPE	Waiver Type List	33	1915(c) waiver	01/01/0001	12/31/9999
ZIP-CODE	Zip Code List	See "VVL_Code_Description" field	This data element's valid value code set is maintained by a Code Set Maintenance Organization (CSMO), the official licensing organization for specific valid value code sets. The CSMO is the system of record for those specific valid value code sets. While T-MSIS endeavors to be in-sync with 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, https://tools.usps.com/zip-code-lookup.htm?bycitystate	N/A	N/A