New KY MMIS Code Value User Manual

Kentucky MMIS Project

Cabinet for Health and Family Services
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Cabinet for Health and Family Services Department for Medicaid Services	
Role:	Name:
Author	Amy Sanders
Reviewer	Patti George
HP Enterprise Services Management	HP Enterprise Services Management Team
Client	Commissioner Elizabeth A. Johnson Claims Division Director Rhonda Poston Executive Director/CIO Lorna S. Jones Chief Technical Officer Sandeep Kapoor
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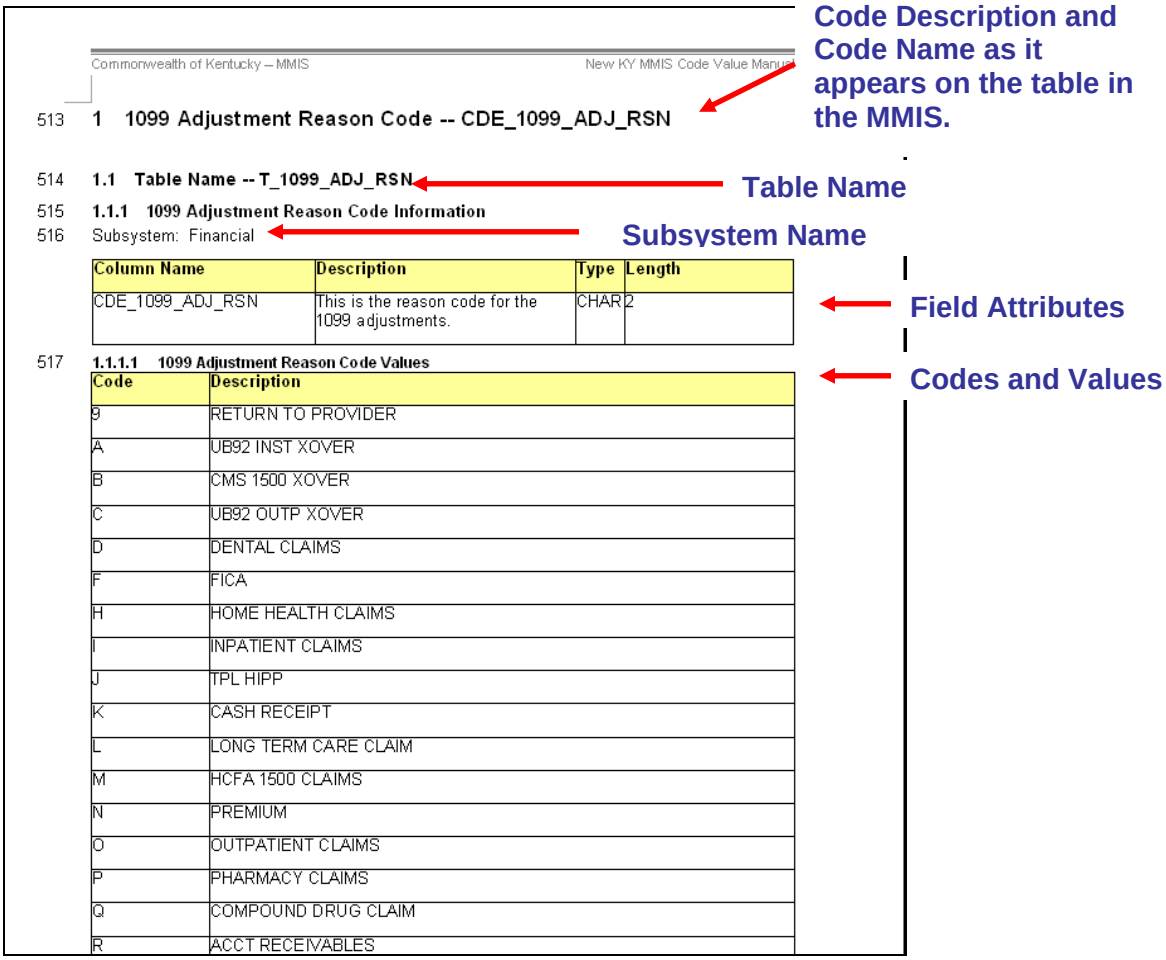
1 Introduction- Using the KY MMIS Code Value Manual

This manual contains lists of codes and definitions commonly used in interChange subsystems. Each set of codes is retained in a table, and each table resides in a particular subsystem. Many subsystems use code sets which reside in other subsystems (such as Claims, which has no code tables of its own), with the exception of the tables labeled “Subsystem: MAR", which are used ONLY in MAR.

The manual is organized as follows:

1.1 Sample Page



Commonwealth of Kentucky – MMIS New KY MMIS Code Value Manual

1 1099 Adjustment Reason Code -- CDE_1099_ADJ_RSN

1.1 Table Name -- T_1099_ADJ_RSN

1.1.1 1099 Adjustment Reason Code Information

Subsystem: Financial

Column Name	Description	Type	Length
CDE_1099_ADJ_RSN	This is the reason code for the 1099 adjustments.	CHAR	2

1.1.1.1 1099 Adjustment Reason Code Values

Code	Description
9	RETURN TO PROVIDER
A	UB92 INST XOVER
B	CMS 1500 XOVER
C	UB92 OUTP XOVER
D	DENTAL CLAIMS
F	FICA
H	HOME HEALTH CLAIMS
I	INPATIENT CLAIMS
J	TPL HIPP
K	CASH RECEIPT
L	LONG TERM CARE CLAIM
M	HCFA 1500 CLAIMS
N	PREMIUM
O	OUTPATIENT CLAIMS
P	PHARMACY CLAIMS
Q	COMPOUND DRUG CLAIM
R	ACCT RECEIVABLES

2 1099 Adjustment Reason Code -- CDE_1099_ADJ_RSN

2.1 Table Name -- T_1099_ADJ_RSN

2.1.1 1099 Adjustment Reason Code Information

Subsystem: Financial

Column Name	Description	Type	Length
CDE_1099_ADJ_RSN	This is the reason code for the 1099 adjustments.	CHAR	2

2.1.1.1 1099 Adjustment Reason Code Values

Code	Description
9	RETURN TO PROVIDER
A	UB92 INST XOVER
B	CMS 1500 XOVER
C	UB92 OUTP XOVER
D	DENTAL CLAIMS
F	FICA
H	HOME HEALTH CLAIMS
I	INPATIENT CLAIMS
J	TPL HIPP
K	CASH RECEIPT
L	LONG TERM CARE CLAIM
M	HCFA 1500 CLAIMS
N	PREMIUM
O	OUTPATIENT CLAIMS
P	PHARMACY CLAIMS
Q	COMPOUND DRUG CLAIM
R	ACCT RECEIVABLES
S	EXPENDITURES
T	TPL AR
V	CAPITATION

Code	Description
W	TPL CASE TRACKING
X	LIEN RECOVERY

3 Accident Type -- CDE_ACC_TYP

3.1 Table Name -- T_ACCIDENT_TYPE

3.1.1 Accident Type Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ACC_TYP	A code that indicates a type of accident that qualifies a Member for services.	CHAR	3	0	Yes

3.1.1.1 Accident Type Code Values

Code	Description
AA	Auto accident
AAT	Test
AP	Another party responsible
BK	Bike accident
EM	Employment
MC	Motorcycle accident
OA	Other accident

4 Accounts Receivable (A/R) Disposition Code -- CDE_REASON_FOUR

4.1 Table Name -- T_AR_DISP_REAS

4.1.1 Accounts Receivable (A/R) Disposition Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Unique code assigned to the reason.	CHAR	4	0	Yes

4.1.1.1 Accounts Receivable (A/R) Disposition Code Values

Code	Description
01	Provider Refund - Health Insurance Paid (TPL)
02	Provider Refund - Member/Relatives
03	Provider Refund - Casualty Insurance Paid (TPL)
04	Provider Refund - Paid Wrong Vendor
05	Provider Refund - Refund Applied to A/R
06	Provider Refund - Processing Error
07	Provider Refund - Billing Error
08	Provider Refund - Fraud
09	Provider Refund - Abuse
10	Provider Refund - Duplicate Payment
11	Provider Refund - Cost Settlement (Req FYE)
12	Provider Refund - Other/Unknown
13	Accounts Receivable - Fraud
14	Accounts Receivable - Abuse
15	Accounts Receivable - TPL
16	Accounts Receivable - Cost Settlement (Req FYE)
17	Accounts Receivable - Fiscal Agent Requested
18	Accounts Receivable - Duplicate Payment
19	Accounts Receivable - State Requested Other

Code	Description
20	Accounts Receivable - Other - SURS
21	Recoupment - Fraud
22	Recoupment - Abuses
23	Recoupment - Health Insurance (TPL)
24	Recoupment - Casualty Insurance (TPL)
25	Recoupment - Member/Relative Paid (TPL)
26	Recoupment - Processing Error
27	Recoupment - Billing Error
28	Recoupment - Cost Settlement (Requires a FYE date)
29	Recoupment - Duplicate Payment
30	Recoupment - Paid Wrong Vendor
31	Recoupment - SURS
33	Payout - Error On Refund
34	Payout - RTP
35	Payout - Cost Sett (Req FYE)
36	Payout - Other
37	Recoupment - Medicare Paid (TPL)
38	Recoupment - Medicare Paid (TPL)
39	Recoupment - Other TPL Reason (TPL)
40	Provider Refund - Other TPL RSN
41	Acct Recv - Patient Assessment
42	Acct Recv - Orthodontic Fee
43	Acct Receivable _ KenPAC
44	Acct Recv - Other State Branch
45	Acct Receivable - Other
46	Acct Receivable - TPL Contractor
47	Acct Recv Demand Payment Update 1099
48	Acct Recv Demand Payment No 1099

Code	Description
49	PCG Part A Recoveries
50	Recoupment - Cold Check
51	Recoupment - Patient Assessment
52	Recoupment - Orthodontic Fee
53	Recoupment - KenPAC
54	Recoupment - Other State Branch
55	Recoupment - Other
56	Recoupment - TPL Contractor
57	Acct Recv - Advance Payment
58	Recoupment - Advance Payment
62	Claim Cr - Paid Medicaid vs X - Over
70	Payout Physician Settlement
71	ENC Data Unacceptable
72	AR Overage LT99
77	Member Intentional PGM Violate
82	Converted Adjustments
8436	A/R decrease - cash receipt applied
8437	A/R decrease - provider over - refund applied
8438	A/R decrease liquidating A/R
8440	A/R write-off
8441	A/R decrease -claim offset applied
8999	A/R decrease - claim offset applied - Orig Recoup
91	Beginning Credit Balance
92	Ending Credit Balance
A	INC/DEC TO AMOUNT REQUESTED
AA	PCG 2 Medicare Part A Recoveries
B	INC/DEC AMT-RECVD-RECOUP AND CASH RECEIPT
CB	PCG 2 AR CDR Hosp

Code	Description
CC	Converted Claim Credit Balance
CO	Conversion
DR	Deceased Member Recoupments
ID	Interest decrease
II	Interest increase
IP	Impact Plus
IR	Interest Received
IS	Interest calculation setup
MS	Recoupment - Post Pmt Rev(Myers and Stauffer)
OR	On demand Recoup Refund
P	DISPO POSTING FROM CASH RECEIPT
R	RECOUPMENT
RP	Recoup Payout
RR	Recoup Refund
SS	State Share Only
UA	Fiscal Agent Medicare Part A Recoup
XO	reg.psych.crossover refund

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5 Accounts Receivable (A/R) Reason Code -- CDE_REASON_TWO

5.1 Table Name -- T_AR_REASONS

5.1.1 Accounts Receivable (A/R) Reason Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_TWO	The reason that the A/R disposition was added.	CHAR	2	0	Yes

5.1.1.1 Accounts Receivable (A/R) Reason Code Values

Code	Description
10	CLAIM PAID IN FULL
11	PAID TO POLICY LIMIT
12	OVERPAID
13	ADDITIONAL FUNDS RECEIVED
18	MONEY REFUNDED TO CARRIER
20	DEFAULT POSTING AT RID
21	DEFAULT POSTING AT RID W/FDOS
22	DEFAULT POSTING AT CARRIER
23	DEFAULT POSTING AT CARRIER W/FDOS
24	CLAIM HAD BEEN ADJUSTED - ADJUSTMENT BILL
25	CLAIM HAS BEEN EXCLUDED FROM REBILLING
26	CLAIM SYSTEMATICALLY CLOSED - NO ANSWER TO BILLING
30	RECOUP IN FULL
31	PROVIDER REFUNDED MONEY
32	SERVICES NOT COVERED/DENIED BY MEDICARE
40	INVALID CPT CODE(S)
41	NOT CONTRACTED WITH CARRIER
42	NO REFERRAL OBTAINED
50	NO REASON IDENTIFIED
51	POLICY TERMINATED

Code	Description
52	SERVICE BENEFITS EXHAUSTED
53	ANNUAL SERVICE BENEFITS EXHAUSTED
54	PRE-EXISTING CONDITION
55	INVALID/MISSING DATA - CARRIER
56	DEDUCTIBLE ETC. NOT MET
57	BENEFITS PAID BY OTHER POLICY
58	PAYMENT SENT TO PROVIDER
59	PAYMENT SENT TO MEMBER
60	DX OR PROCEDURE NOT COVERED
61	RX NOT COVERED UNDER THIS PLAN
62	RX CARD ONLY - NO REIMBURSEMENT
63	DUPLICATE CHARGES PREVIOUSLY CONSIDERED
64	MEMBER NOT COVERED UNDER THIS POLICY
65	CHARGES INCURRED PRIOR TO COVERAGE EFFECTIVE DATE
66	PAST FILING LIMIT
67	PROVIDER IS OUT OF PLAN
68	MEDICARE EOMB REQUESTED
69	PRIOR AUTORIZATION REQUIRED FOR SERVICE
70	NEIC REJECTION
71	PROVIDER (NAME, ADDRESS & CREDENTIALS)
72	MEDICAL RECORDS (TIME, DATES, ETC.)
73	ITEMIZED BILL
74	RESUBMIT TO ANOTHER CARRIER
75	NO PAYMENT DUE TO NO PATIENT LIABILITY
76	ACCIDENT REPORT NEEDED
77	TIMELY FILING LIMIT REACHED
78	PENDING
79	ABOVE WHOLESALE PRICE (AWP)

Code	Description
80	AUTO-DENY
81	UNABLE TO IDENTIFY PERSON
82	NO CLAIM FORM SUBMITTED BY INSURED
83	PROVIDER BILLED OTHER INSURANCE
84	CLOSED PER DMS
85	OB CARE ON DEPENDENTS ARE NON-COVERED
86	SUBMITTED ON WRONG CLAIM FORM
87	CLOSED PER TPL CONTRACTOR
98	BILLED IN ERROR
99	REVERSED DUPLICATES

6 Accounts Receivable (A/R) Status Code -- CDE_DISP_REASON

6.1 Table Name -- T_AR_STATUS

6.1.1 Accounts Receivable (A/R) Status Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DISP_REASON	Contains the reason code for the status of an A/R	CHAR	4	0	Yes

6.1.1.1 Accounts Receivable (A/R) Status Code Values

Code	Description
A	Active
A1	Active - First Late Notice Sent
A2	Active - Second Late Notice Sent
A3	Active - Third Late Notice Sent
B	DCR00680 Recoupment Payment Plan Under Consideration (DCR00680)
C	DCR00680 Recoup - Other (DCR00680)
D	Other - Inactive FFP Reclaimed
E	Other Inactive FFP Not Reclaimed
F	Paid in Full
H	Payout on DCR00680
I	Involves interest cannot be recouped
J	DCR00680 Recoup Refund
K	Inactive-Charge Off-FFP Not Reclaimed (DCR00692)
P	Payout Complete
Q	Payout set up in Error
S	Active - Provider End Dated
T	Active - Provider A/R Transfer (DCR00692)
U	Fiscal Agent DCR00680
V	IPV
W	Further Review (DCR00680)

Code	Description
X	Bankruptcy DCR00680
Y	Appeal (DCR00680)
Z	Resolution Hearing (DCR00680)

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7 Adjustment Reason Code -- CDE_ADJ_RSN

7.1 Table Name -- T_CDE_HIPAA_ADJRSN

7.1.1 Adjustment Reason Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADJ_RSN	HIPAA requires that every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim should be accounted for. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	CHAR	4	0	Yes

7.1.1.1 Adjustment Reason Code Values

CDE_ADJ_RSN	DSC_ADJ_RSN
1	Deductible Amount
10	The diagnosis is inconsistent with the patient's gender.
100	Payment made to patient/insured/responsible party.
101	Predetermination: anticipated payment upon completion of services or claim adjudication.
102	Major Medical Adjustment.
103	Provider promotional discount (e.g., Senior citizen discount).
104	Managed care withholding.
105	TAX WITHHOLDING.
106	PATIENT PAYMENT OPTION/ELECTION NOT IN EFFECT.
107	Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim.
108	Payment reduced because rent/purchase guidelines were not met.
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
11	The diagnosis is inconsistent with the procedure.
110	BILLING DATE PREDATES SERVICE DATE.
111	Not covered unless the provider accepts assignment.
112	Payment adjusted as not furnished directly to the patient and/or not documented.
113	Payment denied because service/procedure was provided outside the United States or as a result of war.
114	Procedure/product not approved by the Food and Drug Administration.
115	Payment adjusted as procedure postponed or canceled.
116	Payment denied. The advance indemnification notice signed by the patient did not comply with requirements.

CDE_ADJ_RSN	DSC_ADJ_RSN
117	Payment adjusted because transportation is only covered to the closest facility that can provide the necessary care.
118	CHARGES REDUCED FOR ESRD NETWORK SUPPORT.
119	Benefit maximum for this time period has been reached.
12	The diagnosis is inconsistent with the provider type.
120	Patient is covered by a managed care plan.
121	Indemnification adjustment.
122	PSYCHIATRIC REDUCTION.
123	Payer refund due to overpayment.
124	Payer refund amount - not our patient.
125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.
126	Deductible -- Major Medical
127	Coinsurance -- Major Medical
128	Newborn's services are covered in the mother's Allowance.
129	Payment denied - Prior processing information appears incorrect.
13	The date of death precedes the date of service.
130	Claim submission fee.
131	Claim specific negotiated discount.
132	Prearranged demonstration project adjustment.
133	The disposition of this claim/service is pending further review.
134	Technical fees removed from charges.
135	Claim denied. Interim bills cannot be processed.
136	Claim Adjusted. Plan procedures of a prior payer were not followed.
137	Payment/Reduction for Regulatory Surcharges, Assessments, Allowances or Health Related Taxes.
138	Claim/service denied. Appeal procedures not followed or time limits not met.
139	Contracted funding agreement - Subscriber is employed by the provider of services.
14	The date of birth follows the date of service.
140	Patient/Insured health identification number and name do not match.
141	Claim adjustment because the claim spans eligible and ineligible periods of coverage.
142	Claim adjusted by the monthly Medicaid patient liability amount.
143	Portion of payment deferred.
144	Incentive adjustment, e.g. preferred product/service.
145	Premium payment withholding
146	Payment denied because the diagnosis was invalid for the date(s) of service reported.
147	Provider contracted/negotiated rate expired or not on file.

CDE_ADJ_RSN	DSC_ADJ_RSN
148	Claim/service rejected at this time because information from another provider was not provided or was insufficient/incomplete.
149	Lifetime benefit maximum has been reached for this service/benefit category.
15	Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
150	Payment adjusted because the payer deems the information submitted does not support this level of service.
151	Payment adjusted because the payer deems the information submitted does not support this many services.
152	Payment adjusted because the payer deems the information submitted does not support this length of service.
153	Payment adjusted because the payer deems the information submitted does not support this dosage.
154	Payment adjusted because the payer deems the information submitted does not support this day's supply.
155	This claim is denied because the patient refused the service/procedure.
156	Flexible spending account payments
157	Payment denied/reduced because service/procedure was provided as a result of an act of war.
158	Payment denied/reduced because the service/procedure was provided outside of the United States.
159	Payment denied/reduced because the service/procedure was provided as a result of terrorism.
16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate
160	Payment denied/reduced because injury/illness was the result of an activity that is a benefit exclusion.
161	Provider performance bonus
162	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation.
163	Claim/Service adjusted because the attachment referenced on the claim was not received.
164	Claim/Service adjusted because the attachment referenced on the claim was not received in a timely fashion.
165	Payment denied /reduced for absence of, or exceeded referral
166	These services were submitted after this payers responsibility for processing claims under this plan ended.
167	This (these) diagnosis(es) is (are) not covered.
168	Payment denied as Service(s) have been considered under the patient's medical plan. Benefits are not available under this dental plan
169	Payment adjusted because an alternate benefit has been provided

CDE_ADJ_RSN	DSC_ADJ_RSN
17	Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate.
170	Payment is denied when performed/billed by this type of provider.
171	Payment is denied when performed/billed by this type of provider in this type of facility.
172	Payment is adjusted when performed/billed by a provider of this specialty
173	Payment adjusted because this service was not prescribed by a physician
174	Payment denied because this service was not prescribed prior to delivery
175	Payment denied because the prescription is incomplete
176	Payment denied because the prescription is not current
177	Payment denied because the patient has not met the required eligibility requirements
178	Payment adjusted because the patient has not met the required spend down requirements.
179	Payment adjusted because the patient has not met the required waiting requirements
18	Duplicate claim/service.
180	Payment adjusted because the patient has not met the required residency requirements
181	Payment adjusted because this procedure code was invalid on the date of service
182	Payment adjusted because the procedure modifier was invalid on the date of service
183	The referring provider is not eligible to refer the service billed.
184	The prescribing/ordering provider is not eligible to prescribe/order the service billed.
185	The rendering provider is not eligible to perform the service billed.
186	Payment adjusted since the level of care changed
187	Health Savings account payments
188	This product/procedure is only covered when used according to FDA recommendations.
189	"Not otherwise classified" or "unlisted" procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service
19	Claim denied because this is a work-related injury/illness and thus the liability of the Workers Compensation Carrier.
190	Payment is included in the allowance for a Skilled Nursing Facility (SNF) qualified stay.
191	Claim denied because this is not a work related injury/illness and thus not the liability of the workers? compensation carrier.
192	Non standard adjustment code from paper remittance advice.

CDE_ADJ_RSN	DSC_ADJ_RSN
193	Original payment decision is being maintained. This claim was processed properly the first time.
194	Payment adjusted when anesthesia is performed by the operating physician, the assistant surgeon or the attending physician
195	Payment denied/reduced due to a refund issued to an erroneous priority payer for this claim/service
196	Claim/service denied based on prior payer's coverage determination.
197	Payment denied/reduced for absence of precertification/authorization
198	Payment denied/reduced for exceeded, precertification/authorization
199	Revenue code and Procedure code do not match.
2	Coinsurance Amount
20	Claim denied because this injury/illness is covered by the liability carrier.
200	Expenses incurred during lapse in coverage
201	Workers Compensation case settled. Patient is responsible for amount of this claim/service through WC ?Medicare set aside arrangement? or other agreement. (Use group code PR).
208	NPI denial - not matched
21	Claim denied because this injury/illness is the liability of the no-fault carrier.
22	Payment adjusted because this care may be covered by another payer per coordination of benefits.
23	Payment adjusted because charges have been paid by another payer.
24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.
25	Payment denied. Your Stop loss deductible has not been met.
26	Expenses incurred prior to coverage.
27	Expenses incurred after coverage terminated.
28	Coverage not in effect at the time the service was provided.
29	The time limit for filing has expired.
3	Co-payment Amount
30	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
31	Claim denied as patient cannot be identified as our insured.
32	Our records indicate that this dependent is not an eligible dependent as defined.
33	Claim denied. Insured has no dependent coverage.
34	Claim denied. Insured has no coverage for newborns.
35	Benefit maximum has been reached.
36	Balance does not exceed co-payment amount.
37	BALANCE DOES NOT EXCEED DEDUCTIBLE.

CDE_ADJ_RSN	DSC_ADJ_RSN
38	Services not provided or authorized by designated (network) providers.
39	Services denied at the time authorization/pre-certification was requested.
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.
40	Charges do not meet qualifications for emergent/urgent care.
41	Discount agreed to in Preferred Provider contract.
42	Charges exceed our fee schedule or maximum allowable amount.
43	Gramm-Rudman reduction.
44	Prompt-pay discount.
45	Charges exceed your contracted/ legislated fee arrangement.
46	This (these) service(s) is (are) not covered.
47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
48	This (these) procedure(s) is (are) not covered.
49	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam.
5	The procedure code/bill type is inconsistent with the place of service.
50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.
51	These are non-covered services because this is a pre-existing condition
52	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
53	Services by an immediate relative or a member of the same household are not covered.
54	Multiple physicians/assistants are not covered in this case .
55	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer.
56	Claim/service denied because procedure/treatment has not been deemed 'proven to be effective' by the payer.
57	Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply.
58	Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.
59	Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.
6	The procedure code is inconsistent with the patient's age.
60	Charges for outpatient services with this proximity to inpatient services are not covered.

CDE_ADJ_RSN	DSC_ADJ_RSN
61	Charges adjusted as penalty for failure to obtain second surgical opinion.
62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
63	Correction to a prior claim.
64	Denial reversed per Medical Review.
65	Procedure code was incorrect. This payment reflects the correct code.
66	Blood Deductible.
67	Lifetime reserve days. (Handled in QTY, QTY01=LA)
68	DRG weight. (Handled in CLP12)
69	Day outlier amount.
7	The procedure code is inconsistent with the patient's gender.
70	Cost outlier - Adjustment to compensate for additonal costs.
71	Primary Payer amount.
72	Coinsurance day. (Handled in QTY, QTY01=CD)
73	Administrative days.
74	Indirect Medical Education Adjustment.
75	Direct Medical Education Adjustment.
76	Disproportionate Share Adjustment.
77	Covered days. (Handled in QTY, QTY01=CA)
78	Non-Covered days/Room charge adjustment.
79	Cost Report days. (Handled in MIA15)
8	The procedure code is inconsistent with the provider type.
80	Outlier days. (Handled in QTY, QTY01=OU)
81	Discharges.
82	PIP days.
83	Total visits.
84	Capital Adjustment. (Handled in MIA)
85	Interest amount.
86	Statutory Adjustment.
87	Transfer amount.
88	Adjustment amount represents collection against receivable created in prior overpayment.
89	Professional fees removed from charges.
9	The diagnosis is inconsistent with the patient's age.
90	Ingredient cost adjustment.
91	Dispensing fee adjustment.
92	Claim Paid in full.
93	No Claim level Adjustments.
94	Processed in Excess of charges.
95	Benefits adjusted. Plan procedures not followed.
96	Non-covered charge(s).
97	Payment is included in the allowance for another service/procedure.
98	The hospital must file the Medicare claim for this inpatient non-physician service.

CDE_ADJ_RSN	DSC_ADJ_RSN
99	Medicare Secondary Payer Adjustment Amount.
A0	Patient refund amount.
A1	Claim denied charges.
A2	Contractual adjustment.
A3	Medicare Secondary Payer liability met.
A4	Medicare Claim PPS Capital Day Outlier Amount.
A5	Medicare Claim PPS Capital Cost Outlier Amount.
A6	Prior hospitalization or 30 day transfer requirement not met.
A7	Presumptive Payment Adjustment
A8	Claim denied; ungroupable DRG
B1	NON-COVERED VISITS.
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.
B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
B12	Services not documented in patients' medical records.
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.
B14	Payment denied because only one visit or consultation per physician per day is covered.
B15	Payment adjusted because this procedure/service is not paid separately.
B16	Payment adjusted because `New Patient' qualifications were not met.
B17	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.
B18	Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.
B19	Claim/service adjusted because of the finding of a Review Organization.
B2	Covered visits.
B20	Payment adjusted because procedure/service was partially or fully furnished by another provider.
B21	The charges were reduced because the service/care was partially furnished by another physician.
B22	This payment is adjused based on the diagnosis.
B23	Payment denied because this provider has failed an aspect of a proficiency testing program.
B3	Covered charges.
B4	Late filing penalty.
B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.
B6	This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty.

CDE_ADJ_RSN	DSC_ADJ_RSN
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.
B8	Claim/service not covered/reduced because alternative services were available, and should have been utilized.
B9	Services not covered because the patient is enrolled in a Hospice.
D1	Claim/service denied. Level of subluxation is missing or inadequate.
D10	Claim/service denied. Completed physician financial relationship form not on file.
D11	Claim lacks completed pacemaker registration form.
D12	Claim/service denied. Claim does not identify who performed the purchased diagnostic test or the amount you were charged for the test.
D13	Claim/service denied. Performed by a facility/supplier in which the ordering/referring physician has a financial interest.
D14	Claim lacks indication that plan of treatment is on file.
D15	Claim lacks indication that service was supervised or evaluated by a physician.
D16	Claim lacks prior payer payment information.
D17	Claim/Service has invalid non-covered days.
D18	Claim/Service has missing diagnosis information.
D19	Claim/Service lacks Physician/Operative or other supporting documentation
D2	Claim lacks the name, strength, or dosage of the drug furnished.
D20	Claim/Service missing service/product information.
D21	This (these) diagnosis(es) is (are) missing or are invalid
D3	Claim/service denied because information to indicate if the patient owns the equipment that requires the part or supply was missing.
D4	Claim/service does not indicate the period of time for which this will be needed.
D5	Claim/service denied. Claim lacks individual lab codes included in the test.
D6	Claim/service denied. Claim did not include patient's medical record for the service.
D7	Claim/service denied. Claim lacks date of patient's most recent physician visit.
D8	Claim/service denied. Claim lacks indicator that 'x-ray is available for review.'
D9	Claim/service denied. Claim lacks invoice or statement certifying the actual cost of the lens, less discounts or the type of intraocular lens used.
W1	Workers Compensation State Fee Schedule Adjustment
Code	Description

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8 Addresses for DCBS Offices Code -- SAK_CNTY_OFF

8.1 Table Name -- T_COUNTY_OFFICE

8.1.1 Addresses for DCBS Offices Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	The county code used to identify a geographical/political area in the state.	VARCHAR2	10	0	No

8.1.1.1 Addresses for DCBS Offices Code Values

County	Street_line_1	Street_line_2	City	State	Zip_code
001	P.O. BOX 437		COLUMBIA	KY	42728
002	505 E. MAIN ST.		SCOTTSVILLE	KY	42164
003	329 COURT ST.		LAWRENCEBURG	KY	40342
004	P.O. BOX 389		LACENTER	KY	42056
005	P.O. BOX 218		GLASGOW	KY	43142
006	P.O. BOX 7		OWINGSVILLE	KY	40360
007	P.O. DRAWER 189		PINEVILLE	KY	40977
008	7711 TANNER'S LANE	STE. 105	FLORENCE	KY	41042
009	P.O. BOX 139		PARIS	KY	40361
010	P.O. BOX 750		ASHLAND	KY	41105
011	P.O. BOX 1318		DANVILLE	KY	40422
012	P.O. BOX 235		BROOKSVILLE	KY	41004
013	P.O. BOX 728		JACKSON	KY	41339
014	P.O. BOX 550		HARDINSBURG	KY	40143
015	SHEPHRDSVLE SQ OFFICEMALL	HWY 44	SHEPHERDSVILLE	KY	40165
016	P.O. BOX 279		MORGANTOWN	KY	42261
017	P.O. BOX 646		PRINCETON	KY	42445
018	P.O. BOX 865		MURRAY	KY	42071

County	Street_line_1	Street_line_2	City	State	Zip_code
019	WATERTRW SQ WASHINGTON ST	STE. 4	NEWPORT	KY	41071
020	P.O. BOX 368		BARDWELL	KY	42023
020	WOODBRIDGE TER		WOODBRIDGE	NJ	07095
021	P.O. BOX 368		CARROLLTON	KY	41008
022	P.O. BOX 910		GRAYSON	KY	41143
023	P.O. BOX 1437		LIBERTY	KY	42539
024	P.O. BOX 524		HOPKINSVILLE	KY	42241
025	P.O. BOX 75		WINCHESTER	KY	40392
025	WOODBRIDGE TER		WOODBRIDGE	NJ	07095
026	P.O. BOX 409		MANCHESTER	KY	40962
027	1548 HIGH STREET		AARON	KY	42601
027	107 WATER ST.		ALBANY	KY	42602
028	P.O. BOX 435		MARION	KY	42064
029	P.O. BOX 397		BURKESVILLE	KY	42717
030	311 W. 2ND ST.		OWENSBORO	KY	42301
031	P.O. BOX 430		BROWNSVILLE	KY	42210
032	P.O. BOX 328		SANDY HOOK	KY	41171
033	P.O. BOX 506		IRVINE	KY	40336
034	120 W. HIGH ST.		LEXINGTON	KY	40508
034	1179 WINBURN DR.		LEXINGTON	KY	40511
035	P.O. BOX 271		FLEMINGSBURG	KY	41041
036	601 NORTH LAKE DR.		PRESTONSBURG	KY	41653
037	102 MERO ST.		FRANKFORT	KY	40601
038	P.O. BOX 1198		FULTON	KY	42041
039	P.O. BOX 555		WARSAW	KY	41095
040	124 PLEASANT RETREAT		LANCASTER	KY	40444
041	200 N. MAIN ST.		WILLIAMSTOWN	KY	41097
042	P.O. BOX 1025		MAYFIELD	KY	42066

County	Street_line_1	Street_line_2	City	State	Zip_code
043	P.O. BOX 168		LITCHFIELD	KY	42754
044	116 N. MAIN ST.		GREEMSBURG	KY	42743
045	P.O. BOX 707		GREENUP	KY	41144
046	P.O. BOX 7		HAWESVILLE	KY	42348
047	916 N. MULBERRY ST		ELIZABETHTOWN	KY	42701
048	P.O. BOX 939		HARLAN	KY	40831
049	P.O. BOX 47		CYNTHIANA	KY	41031
050	P.O. BOX 489		MUNFORDSVILLE	KY	42765
051	228 N. GREEN ST.		HENDERSON	KY	42420
052	P.O. BOX 328		NEW CASTLE	KY	40050
053	P.O. BOX 180		CLINTON	KY	42031
054	P.O. BOX 472		MADISONVILLE	KY	42431
055	P.O. BOX 248		MCKEE	KY	40447
056	5800 FERN VALLEY RD.		LOUISVILLE	KY	40228
056	908 WEST BROADWAY		LOUISVILLE	KY	40203
057	109 S. 2ND. ST.		NICHOLASVILLE	KY	40356
058	P.O. BOX 1424		PAINTSVILLE	KY	41240
059	20 E. 7TH ST.		COVINGTON	KY	41011
060	P.O. BOX 668		HINDMAN	KY	41822
061	P.O. BOX 610		BARBOURVILLE	KY	40906
062	P.O. BOX 264		HODGENVILLE	KY	42748
063	P.O. BOX 888		LONDON	KY	40743
064	P.O. BOX 768		LOUISA	KY	41230
065	LEE CO COURTHOUSE DRAWER	MAIN ST	BEATTYVILLE	KY	41311
066	P.O. BOX 930		HYDEN	KY	41749
067	114 N. WEBB AVE.		WHITESBURG	KY	41858
068	P.O. BOX 39		VANCEBURG	KY	41179
069	P.O. BOX 385		STANFORD	KY	40484

County	Street_line_1	Street_line_2	City	State	Zip_code
070	P.O. BOX 227		SMITHLAND	KY	42081
071	345 W. 3RD. ST.		RUSSELLVILLE	KY	42276
072	P.O. BOX 527		EDDYVILLE	KY	42038
073	P.O. BOX 8349		PADUCAH	KY	42002
074	P.O. BOX 457		WHITLEY CITY	KY	42653
075	P.O. BOX 278		ISLAND	KY	42350
076	P.O. BOX 240		RICHMOND	KY	40475
077	P.O. BOX 89		SALYERSVILLE	KY	41465
078	P.O. BOX 605		LEBANON	KY	40033
079	P.O. BOX 491		BENTON	KY	42025
080	P.O. BOX 408		INEZ	KY	41224
081	P.O. BOX 196		MAYSVILLE	KY	41056
082	516 BY-PASS ROAD		BRANDENBURG	KY	40108
083	P.O. BOX 48		FRENCHBURG	KY	40322
084	P.O. BOX 486		HARRODSBURG	KY	40330
085	P.O. BOX 357		EDMONTON	KY	42129
086	P.O. BOX 578		TOMPKINSVILLE	KY	42167
087	P.O. BOX 219		MT. STERLING	KY	40353
088	P.O. BOX 519		WEST LIBERTY	KY	41472
089	P.O. BOX 88		GREENVILLE	KY	42345
090	P.O. BOX 306		BARDSTOWN	KY	40004
091	P.O. BOX 335		CARLISLE	KY	40311
092	130 E. WASHINGTON ST.	STE. 109	HARTFORD	KY	42347
093	300 N. FIRST ST.		LAGRANGE	KY	40031
094	P.O. BOX 445		OWENTON	KY	40359
095	P.O. BOX 308		BOONEVILLE	KY	41314
096	308 W. 4TH. ST.		FALMOUTH	KY	41040
097	742 HIGH ST.		HAZARD	KY	41701

County	Street_line_1	Street_line_2	City	State	Zip_code
098	P.O. BOX 3249		PIKEVILLE	KY	41502
099	P.O. BOX 550		STANTON	KY	40380
100	P.O. BOX 1323		SOMERSET	KY	42501
101	P.O. BOX 200		MT. OLIVET	KY	41064
102	P.O. BOX 1019		MT. VERNON	KY	40456
103	P.O. BOX 886		MOREHEAD	KY	40351
104	P.O. BOX 770		JAMESTOWN	KY	42629
105	WASHINGTON SQ SHOPPNG CTR	1002 S. BROADWAY	GEORGETOWN	KY	40342
106	17 VILLAGE PLAZA	U.S. 60 W.	SHELBYVILLE	KY	40065
107	210-E W. CEDAR ST.		FRANKLIN	KY	42134
108	P.O. BOX 338		TAYLORSVILLE	KY	40071
109	156 GAINES DR.	OFFICE A	CAMPBELLSVILLE	KY	42718
110	P.O. BOX 217		ELKTON	KY	42220
111	P.O. BOX 637		CADIZ	KY	42211
112	P.O. BOX 246		BEDFORD	KY	40006
113	112 N. COURT ST.		MORGANFIELD	KY	42437
114	P.O. BOX 1929		BOWLING GREEN	KY	42102
115	P.O. BOX 407		SPRINGFIELD	KY	40069
116	P.O. BOX 697		MONTICELLO	KY	42633
117	P.O. BOX 80		DIXON	KY	42409
118	408 E. CTR. ST.		CORBIN	KY	40701
119	P.O. BOX 9		CAMPTON	KY	41301
120	125 LEXINGTON ST.		VERSAILLES	KY	40383
121	275 E. MAIN ST		FRANKFORT	KY	40621

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9 Adjustment Indicator Code -- CDE_ADJUST_IND

9.1 Table Name -- T_CDE_MSIS_ADJUST_IND

9.1.1 Adjustment Indicator Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADJUST_IND	Code indicating type of adjustment record claim/encounter represents.	CHAR	1	0	Yes

9.1.1.1 Adjustment Indicator Code Values

CODE	DESCRIPTION
0	Original Claim/Encounter
1	Void of a prior submission
2	Re-submittal
3	Credit Adjustment (negative supplemental)
4	Debit Adjustment (positive supplemental)
5	Gross Adjustment. Adjustment represents adjustment at an aggregate level (e.g., provider level adjustment rather than an adjustment at the claim/encounter level).
9	Unknown

10 Admit Source Code -- CDE_ADMIT_SOURCE

10.1 Table Name -- T_ADMIT_SOURCE

10.1.1 Admit Source Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADMIT_SOURCE	Code identifying the source of admission in block 20 on the UB92 claim record for inpatient and LTC claims.	CHAR	1	0	Yes

10.1.1.1 Admit Source Code Values

Code	Description
1	Physician Referral
2	Clinic Referral
3	HMO Referral
4	Transfer from a hospital
5	Transfer from a skilled nursing facility
6	Transfer from another health care facility
7	Emergency room
8	Court/Law enforcement
9	Information not available
A	accident
B	Transfer from another home health agency
C	Readmission to same home health agency

11 Admit Type Code -- CDE_ADMIT_TYPE

11.1 Table Name -- T_ADMIT_TYPE

11.1.1 Admit Type Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADMIT_TYPE	Code which indicates the priority of the admission of a Member for inpatient services.	CHAR	1	0	Yes

11.1.1.1 Admit Type Code Values

Code	Description
1	EMERGENCY
2	URGENT
3	ELECTIVE
4	NEWBORN
6	RESERVED
7	RESERVED
8	RESERVED
X	TEST

12 Age Group Code -- CDE_AGE_GROUP_TYPE

12.1 Table Name -- T_MR_AGE_GROUP

12.1.1 Age Group Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_AGE_GROUP	A system assigned key (SAK) used to describe a Member age grouping.	NUMBER	9	0	Yes
CDE_AGE_GROUP_TYPE	A code used to classify the age groupings.	CHAR	2	0	Yes

12.1.1.1 Age Group Code Values

AGE_GROUP	CDE_AGE_GROUP_TYPE	DSC_AGE_GROUP	AGE_BEGIN_GROUP	AGE_END_GROUP
100	MR	Under 1	0	0
105	MR	01 - 05	1	5
110	MR	06 - 17	6	17
115	MR	18	18	18
120	MR	19	19	19
125	MR	20	20	20
130	MR	21	21	21
135	MR	22 - 40	22	40
140	MR	41 - 59	41	59
145	MR	60 - 64	60	64
150	MR	65 - 74	65	74
155	MR	75 - 84	75	84
160	MR	Over 85	85	199

13 Age Restrictions -- CDE_AGE_RESTR

13.1 Table Name -- T_AGE_RESTRICT

13.1.1 Age Restrictions Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGE_RESTR	Identifies the age restrictions that this PMP has selected for this service location. AA - No age restrictions BB - Age 0 - 12 years CC - Age 13 - 20 years DD - Age 21 and Over EE - Age 0 - 20 years FF - Age 13 and Over	CHAR	2	0	Yes

13.1.1.1 Age Restrictions Code Values

Code	Description
A1	0 to 1
A2	0 to 5
A3	0 to 6
A4	0 to 12
A5	0 to 14
A6	0 to 16
A7	0 to 17
A8	0 to 18
A9	0 to 19
AA	-1 to -1
AB	-1 to -1
AC	-1 to -1
AD	-1 to -1
AE	-1 to -1

Code	Description
AF	-1 to -1
AG	-1 to -1
AH	-1 to -1
AI	-1 to -1
AJ	-1 to -1
AK	-1 to -1
AL	-1 to -1
AM	-1 to -1
AN	-1 to -1
AO	-1 to -1
AP	-1 to -1
AQ	-1 to -1
AR	-1 to -1
AS	-1 to -1
AT	-1 to -1
AU	-1 to -1
AV	-1 to -1
AW	-1 to -1
AX	-1 to -1
AY	-1 to -1
AZ	-1 to -1
B1	0 to 20
B2	0 to 21
B3	0 to 35
B4	0 to 999
B5	1 to 999
B6	2 to 999
B7	3 to 999

Code	Description
B8	4 to 999
B9	5 to 999
BA	-1 to -1
BB	-1 to -1
BC	-1 to -1
BD	-1 to -1
BE	-1 to -1
BF	-1 to -1
BG	-1 to -1
BH	-1 to -1
BI	-1 to -1
BJ	-1 to -1
BK	-1 to -1
BL	-1 to -1
BM	-1 to -1
BN	-1 to -1
BO	-1 to -1
BP	-1 to -1
BQ	-1 to -1
BR	-1 to -1
BS	-1 to -1
BT	-1 to -1
BU	-1 to -1
BV	-1 to -1
BW	-1 to -1
BX	-1 to -1
BY	-1 to -1
BZ	-1 to -1

Code	Description
C1	6 to 999
C2	7 to 999
C3	8 to 999
C4	9 to 999
C5	10 to 999
C6	11 to 999
C7	12 to 999
C8	13 to 999
C9	14 to 999
D1	15 to 999
D2	16 to 999
D3	17 to 999
D4	18 to 999
D5	19 to 999
D6	20 to 999
D7	21 to 999
D8	55 to 999

14 Ambulatory Surgical Center Payment Groups Code -- CDE_RATE_TYPE

14.1 Table Name -- T_ASC_GROUP

14.1.1 Ambulatory Surgical Center Payment Groups Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ASC	Ambulatory Surgical Center (ASC) payment group codes classify procedures into different payment groups that are based on surgical procedure complexity. Rates by ASC payment group are established by CMS.	CHAR	1	0	Yes
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Yes

14.1.1.1 Ambulatory Surgical Center Payment Groups Code Values

Code	Description
1	ASC Group 1
2	ASC Group 2
3	ASC Group 3
4	ASC Group 4
5	ASC Group 5
6	ASC Group 6
7	ASC Group 7
8	ASC Group 8

15 Annual Deductible for Part A & C Claims Code -- CDE_CLM_TYPE

15.1 Table Name -- T_MCARE_DEDUCTIBLE

15.1.1 Annual Deductible for Part A & C Claims Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	Code that specifies the type of claim record which resides in the specified location.	CHAR	1	0	Yes

15.1.1.1 Annual Deductible for Part A & C Claims Code Values

CODE	DESCRIPTION
0	ALL CLAIM TYPES
A	INST XOVER CLAIMS
B	PROF XOVER CLAIMS
C	OUTP XOVER CLAIMS
D	DENTAL CLAIMS
H	HOME HEALTH CLAIMS
I	INPATIENT CLAIMS
L	LONG TERM CARE CLAIMS
M	PROFESSIONAL CLAIMS
O	OUTPATIENT CLAIMS
P	PHARMACY CLAIMS
Q	COMPOUND DRUG CLAIMS

16 Area Type Code -- CDE_AREA_TYPE

16.1 Table Name -- T_MC_AREA_TYPE

16.1.1 Area Type Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AREA_TYPE	This code represents the type of geographical area. Examples include zip code (Z), county code (C) and state code (S).	CHAR	1	0	Yes

16.1.1.1 Area Type Code Values

Code	Description
C	COUNTY
S	STATE
Z	ZIP CODE

17 Assignment Plan Type Code -- CDE_ASGN_TYPE

17.1 Table Name -- T_RE_CDE_ASGN_TYPE

17.1.1 Area Type Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ASGN_TYPE	This is the code that identifies the type of assignment plan code	CHAR	4	0	Yes

17.1.1.1 Area Type Code Values

CODE	DESCRIPTION
WAIV	B1 - Brain Injury
WAIV	H1 - Personal Care Home w/Waiver
WAIV	H4 - Family Care Home w/Waiver
INST	Mental Health/Psychiatric Hospital
INST	Nursing Facility or IMD
INST	Interim Care Facility/Mentally Retarded
WAIV	M6 - SCL Waiver
INST	Hospice in a Nursing Facility
WAIV	M8 - HCBS Waiver or Adult Day Care
INST	Hospice non institutional
WAIV	P1 - Personal Care home
WAIV	P2 - Personal Care home at IMD
WAIV	P4 - Family Care Home
INST	Psychiatric Residential Treatment Facility
WAIV	W1 - Model 1 Waiver
WAIV	W2 - Model 2 Waiver
WAIV	W3 - Home Care Waiver
WAIV	W4 - Personal Care Waiver
WAIV	A - SCL Waiver
WAIV	B - HCBS Waiver
WAIV	C - ADC Waiver

WAIV	D - Model Waiver 1
WAIV	E - Model Waiver 2
WAIV	F - Acquired Brain Injury
WAIV	G - Family Home Care Waiver
WAIV	H - Personal Home Care Waiver
WAIV	I – Michelle P Waiver
WAIV	J - ABI Long Term Care Waiver
WSPP	Y - Waiver Special Program
WSPP	N - Waiver Special Program
WPNP	Y - Waiver Pay
WPNP	N - Waiver No Pay
HLTC	No Nursing Facility
HLTC	Resident in Nursing Facility
HLTC	Resident In Intermediate Care Facility
HTPE	Medicare Only
HTPE	Medicare And Medicaid
HTPE	Medicare Exhausted
HTPE	Medicaid Only

18 Attachment Code -- CDE_ATTACHMENT

18.1 Table Name -- T_CDE_ATTACHMENT

18.1.1 Attachment Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ATTACHMENT	Code used to identify the type of claims attachment.	CHAR	1	0	Yes

18.1.1.1 Attachment Code Values

Code	Description
A	VERIFICATION FOR PAYABLE ABORTION
C	COMMENT
D	DRUG UTILIZATION REVIEW
H	HYSTERECTOMY INFORMATION FORM
M	MEDICARE ATTACHMENT
N	NO ATTACHMENT REQUIRED
O	REQUIRES HCFA-484 FORM ON INITIAL CLAIM
R	REPORT REQUIRED
S	CONSENT FOR STERILIZATION FORM

19 Audit Type Code -- CDE_ERROR_TYPE

19.1 Table Name -- T_CDE_ERR_TYPE

19.1.1 Audit Type Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERROR_TYPE	Code indicating the type of audit	CHAR	2	0	Yes

19.1.1.1 Audit Type Code Values

Code	Description
LP	LIMIT
CP	CONTRA
UM	UMBRELLA
CF	CONFLICT
BL	BENEFIT LIMITS
ST	STEP THERAPY
NC	NEGATIVE CONTRA
LP	LIMIT

20 Basis of Eligibility Code -- CDE_BOE

20.1 Table Name -- T_CDE_MSIS_BOE

20.1.1 Basis of Eligibility Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BOE	Code indicating the individual's Basis of Eligibility (BOE) as of the last day of the month referenced.	CHAR	1	0	Yes

20.1.1.1 Basis of Eligibility Code Values

Code	Description
0	Individual was not eligible for Medicaid at any time during the month
1	Aged Individual
2	Blind/Disabled Individual
3	Not used
4	Child (not Child of Unemployed Adult, not Foster Care Child)
5	Adult (not based on unemployed status)
6	Child of Unemployed Adult (optional)
7	Unemployed Adult (optional)
8	Foster Care Child
9	Eligibility status Unknown (counts against error tolerance)
A	Individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000

21 Batch Eligibility Error Actions Code -- CDE_ACTION

21.1 Table Name -- T_BATCH_ERR_ACT

21.1.1 Code Batch Eligibility Error Actions Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ACTION	Indicates the action to be taken when an error fails on the PS/2 transaction.	CHAR	2	0	No

21.1.1.1 Batch Eligibility Error Actions Code Values

Code	Description
1	Reject Record
2	Reject Record (dupe)
3	Reject Segment
4	Reject Fields
5	Database Error
113	Database Errors

22 Bed Type Code – CDE_BED_TYPE

22.1 Table Name -- T_PR_BED_TYPE

22.1.1 Bed Type Code Code Information

Subsystem : Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BED_TYPE	Code depicting the type of bed.	CHAR	2	0	Yes
DSC_BED_TYPE	Description of the bed type code.	VARCHAR2	50	0	No

22.1.2 Bed Type Code Code Values

CDE_BED_TYPE	DSC_BED_TYPE
H	Hospital
N	Nursing Facility
O	Other

23 Benefit Classification Hierarchy Code – CDE_CLASS_BNFT_HIER

23.1 Table Name -- T_CLASSIFICATION_BNFT

23.1.1 Benefit Classification Hierarchy Code Information

Subsystem : Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLASS_BNFT_HIER	System assigned internal key for a Member plan.	CHAR	4	0	Yes

23.1.1.1 Benefit Classification Hierarchy Code Information

CODE	DESCRIPTION
PC	Personal Care Waiver
RC40	RC EPSDT
RC21	RC Schl Base Service
RC23	RC Title V/DSS
UNOP	University Hsp RC278
ABCD	ABI Waiver CDO
RCOP	RC Outpatient Hosp
RC17	RC ABI CDO
HC	Home Care Waiver
MWI	Model Waiver I
LTC	Long Term Care
RC29	RC Impact Plus
RC32	RC Family Planning
RC12	RC Nursing Facility
RC41	RC Model Waiver
SCCD	Supp Comm Living CDO
RC31	RC PriCare/RuralHlth
RCIP	RC Inpat Hosp2
HCB	HCB Waiver
SPD	SPD Classification
SCL	SCL Waiver
EDIT	Unstructured Edits
RC43	RC Adult Day Care
MWII	Model Waiver II
STD	Standard
RC15	RC HANDS
RC20	RC Prev Health
RC24	RC Fst Step/Erly Int
RC30	RC Comm Mental Healt
RC50	RC Hearing AidDealer
RC52	RC Optician
RC86	RC Oth lab and X-ray

RC77	RC Optometrist
RC04	RC Psych RTF
RC34	RC Home Health
OIPL	OI Plans
ABI	ABI Waiver
RC39	RC Renal Dialysis
RC47	RC Personal Care Wvr
RC33	RC SCL Waiver
RCD0	RC Inpatient DRG
ADCD	Adult Day Care CDO
RC64	RC Professional Svcs
RC70	RC Audiology
ADC	ADC Waiver
RC02	RC Psych Eating Dis
RC56	RC Non-Emerg Trans
RC11	RC ICF/MR
RC46	RC Home Care Waiver
RCRC	RC Inpatient Hospita
RCTR	RC Transplant
MHPH	MH Psych Hospital
PRTF	Psych Residential TF
RC42	RC HCB Waiver
RC44	RC Hospice
RC92	RC NOT USED
MCO	MCO Encounter Svcs
CPAY	Copay
CMMH	Comm Mental Health
RCPS	RC Psych Hospital
RBED	Rdg Behav Eating Dis
RC55	RC Emer Transp

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24 Benefit Plans Code -- CDE_PUB_HLTH

24.1 Table Name -- T_PUB_HLTH_PGM

24.1.1 Benefit Plans Code Information

Subsystem: Member, Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PGM_HEALTH	Identifies the medical assistance program that is supported in the system.	CHAR	5	0	No

24.1.1.1 Benefit Plans Code Values

Code	Description
01	MEDICARE PT A
02	MEDICARE PT B
03	DENTAL
04	VISION
05	PHARMACY
06	MEDICARE SUPPLEMENT
07	NURSING FACILITY
08	TRICARE
09	HEARING
10	NURSE PRACTITIONER
11	NURSE MIDWIFE
12	PODIATRY
13	EPSDT
14	BLACK LUNG
15	HOSP INPT
16	HOSP OUTP
17	INTV CARE
18	MNTL HLTH
19	SURG

Code	Description
20	ACC
21	CANC
22	WAIV
23	MED SUPP A
24	MED SUPP B
25	MEDI C
26	MEDI D
27	HOSP
28	MEDICAL
29	MCARE PT A,B
ABI	Acquired Brain Injury waiver
ACEX	AC - Accident Exceptions
ADC	Adult Day Care
BLEX	BL - Black Lung Exceptions
CAEX	CA - Cancer Exceptions
CCEBA	Compr Chces - Exp Pop Bas ABI
CCEBW	Compr Chces - Exp Pop Exp Bas with copay
CCENC	Compr Chces - Exp Pop Bas No copay
CCEVN	Compr Chces - Exp Pop Bas Vent no cpy
CCEVW	Compr Chces - Exp Pop Bas Vnt with copay
CCHHH	Compr Chces - High - Hospice
CCHNH	Compr Chces - High - NonHospice
CCMBA	Compr Chces - Man Pop Bas ABI
CCMNC	Compr Chces - Man Pop Bas Nocopay
CCMVN	Compr Chces - Man Pop Bas Vent Nocpy
CCMVW	Compr Chces - Man Pop Bas Vent with cpy
CCMWC	Compr Chces - Man Pop Bas with copay
CHEX	CH - TriCare Exception

Code	Description
DNEX	DN - Dental Exceptions
FCEK2	Fam Chc - Exp Pop - KCHIP II
FCEK3	Fam Chc - Exp Pop - KCHIP III
FCEMK	Fam Chc - Exp Pop - Med Kids
FCMMK	Fam Chc - Man Pop - Med Kids
GCEBC	Glbl Chces - Exp Pop BCCTP
GCECP	Glbl Chces - Exp Pop withCopay
GCENC	Glbl Chces - Exp Pop NoCopay
GCMNC	Glbl Chces - Mand Pop NoCopay
GCMWC	Glbl Chces - Mand Pop withCopay
HCBS	Home and Community Based Services
HEEX	HE - Hearing Exceptions
HOME	Home Care
HOSP	Hospice
HSEX	HE - Hearing Exceptions
ICEX	IC - Intensive Care Exceptions
KCHIP	KCHIP III
KENP	KENPAC
LOCKM	LOCK-IN (MEDICAL)
LOCKP	LOCK-IN (PHARMACY)
LOCMR	I.C.F./M.R. Level of Care
LTC	Long Term Care
MCASA	Medicare Savings
MDEX	MD - Medical Exceptions
MHEX	MH - Mental Health Exceptions
MHPH	Mental Health/Psychiatric Hosp (Prov ID#02000016)
MOD1	Model 1
MOD2	Model 2

Code	Description
MSEX	MS - Medicare Supplement ExceptionsX
NET	NON-EMERGENCY MEDICAL TRANSPORTATION
NMEX	NM - Nurse Midwife Exceptions
NONE	Benefit Plan independent
NPEX	NP - Nurse Practitioner Exceptions
OCEBN	Opt Chc - Exp pop - Bas - no Copay
OCEBW	Opt Chc - Exp pop - Bas - with Copay
OCETN	Opt Chc - Exp pop - Tgt - no Copay
OCETW	Opt Chc - Exp pop - Tgt - with Copay
OCHHH	Opt Chc - High
OCMBN	Opt Chc - Man pop - Bas - No Copay
OCMBW	Opt Chc - Man pop - Bas - with Copay
OCMTN	Opt Chc - Man pop - Tgt - no Copay
OCMTW	Opt Chc - Man pop - Tgt - with Copay
PART	PARTNERSHIP
PASNC	Passport MCO no Copay
PASWC	Passport MCO with Copay
PE	Presumptive Eligibility
PREX	PR- Preventive Exceptions
PRSNL	Personal Care
PRTF	Psychiatric Residential Treatment Facility
PartD	Medicare Part D
QDWI	Qualified Disabled and Working Individual
QI1	Qualifying Individual Group 1
QI2	Qualifying Individual Group 2
QMB	Qualified Medicare Beneficiary History Only
SCL	Support for Community Living
SLMB	S.L.M.B. Only

Code	Description
SUEX	SU - Surgery Exceptions
TXIX	Title 19
VIEX	VI - Vision Exceptions

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25 Benefit Role Code -- CDE_BENEFIT_ROLE

25.1 Table Name -- T_CLM_BNFT_ROLE

25.1.1 Benefit Role Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BENEFIT_ROLE	This identifies the role of the particular benefit (procedure, diagnosid,...) on the claim. Values include PRIM (primary diagnosis), ADMT (admitting diagnosis), PRIN (principal procedure), ADTL (all at detail), AHDR (all at header) and so on.	CHAR	4	0	Yes

25.1.1.1 Benefit Role Code Values

Code	Description
A	Admitting
E	Emergency
P	Primary
S	Secondary

26 Benefit Types Code -- CDE_BENEFIT_TYPE

26.1 Table Name -- T_BENEFIT_TYPE

26.1.1 Benefit Types Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BENEFIT_TYPE	The benefit type code is used to identify the coding scheme for a service. Valid schemes include procedure (HCPCS & CPT-4), ICD-9-CM procedures, ICD-9-CM diagnosis, Revenue Code and Drug codes (NDCs).	CHAR	3	0	Yes

26.1.1.1 Benefit Types Code Values

Code	Description
D	Diagnosis
G	DRG
I	ICD-9 Procedure
N	Drug
P	Procedure
R	Revenue Code

27 Billing Media Code -- CDE_BILL_MEDIA

27.1 Table Name -- T_BILLING_MEDIA

27.1.1 Billing Media Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BILL_MEDIA	This code is used to identify on which billing media an employer or carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	Yes

27.1.1.1 Billing Media Code Values

Code	Description
C	CARTRIDGE
P	PAPER
T	TAPE

28 Billing Status Code -- CDE_STATUS

28.1 Table Name -- T_TPL_CDE_BILLING_STATUS

28.1.1 Billing Status Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS	This is the billing status code.	CHAR	1	0	Yes

28.1.1.1 Billing Status Code Values

Code	Description
A	PCG REFERRED
B	HP Enterprise Services BILLING
C	PCG ATTORNEY
D	HMS IDENTIFIED
F	PCG2 REFERRED
G	PCG2 IDENTIFIED BILLED BY PCG
H	PCG2 IDENTIFIED
M	PCG IDENTIFIED
N	HMS IDENTIFIED BILLED BY HMS
P	PCG IDENTIFIED BILLED BY PCG
R	HP Enterprise Services REBILLING
Y	HMS REFERRED
A	PCG REFERRED
B	HP Enterprise Services BILLING
C	PCG ATTORNEY
D	HMS IDENTIFIED
F	PCG2 REFERRED
G	PCG2 IDENTIFIED BILLED BY PCG
H	PCG2 IDENTIFIED
M	PCG IDENTIFIED

Code	Description
N	HMS IDENTIFIED BILLED BY HMS
P	PCG IDENTIFIED BILLED BY PCG
R	HP Enterprise Services REBILLING
Y	HMS REFERRED

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29 Billing Transaction Code -- CDE_BUY_TXN - CDE_BUY_MODI - CDE_BUY_SUB

29.1 Table Name -- T_CDE_BUY_BILL

29.1.1 Billing Transaction Code Information

Subsystem: Buy In

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	Yes
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	Yes

29.1.1.1 Billing Transaction Code Values

Code	Modifier	Description
11	25	The code 1125 informs the State that the effective date in an accretion submitted by the State was adjusted by the TPS to a later date.
11	50	The code 11 informs the State that the individual was accreted to the States account.
11	51	The code 11 informs the State that the individual was accreted to the States account.
11	53	The code 11 informs the State that the individual was accreted to the States account.
11	61	The code 1161 or 1163 informs the State that an accretion submitted by the State has been added to the TPM.
11	63	The code 1161 or 1163 informs the State that an accretion submitted by the State has been added to the TPM.
11	65	The code 1165 informs the State that an accretion was processed to the TPM by CMS.
11	67	The code 1167 informs the State that a Public Welfare (PW) accretion was accreted to the TPM.
11	75	The code 11 informs the State that the individual was accreted to the States account.
11	80	The code 1180 informs the State which has a 1634 Agreement (auto-accrete State) that CMS has established a buy-in record for an SSI Member.

Code	Modifier	Description
11	80	The code 1180 informs the State which has a 1634 Agreement (auto-accrete State) that CMS has established a buy-in record for an SSI Member.
11	84	The code 1184 informs the State that an accretion which may be submitted by an alert State in response to a code 86 accretion alert record or may be submitted by an auto-accrete State based on an examination of the SDX file has been added to the TPM.
11	99	The code 11 informs the State that the individual was accreted to the States account.
14		This code informs the State that CMS has deleted the record because the beneficiary is entitled to free Buy-In. CMS may also delete a record as the result of an internal systems adjustment. These occurrences are rare.
15		This code informs the State that the individual was deleted from the States account because SSAs records indicate that the individual currently does not met all the requirements for Medicare (such as age citizenship or residency).
16		This code informs the State that according to SSA/CMS records the beneficiary is deceased. CMS has deleted the beneficiary from the account.
17	28	This code informs the State that a beneficiary was deleted from the States account because another State submitted an accretion that was accepted by the TPS.
17	50	This code informs the State that CMS has processed a code 50 to annul or establish a closed period of buy-in coverage for a code 1165 transaction that was accreted clerically.
17	51	This code informs the State that the beneficiary was deleted from the States account based on a deletion record submitted by the State. The code 1751 is limited to the current month or the following month.
17	53	This code informs the State that the beneficiary was deleted from the States account based on a death deletion record submitted by the State.
17	59	This code informs the State that the beneficiary was deleted from the States account by a clerical action in CMS.
17	61	The code 17 informs the State that the individual was deleted from the States account.
17	63	The code 17 informs the State that the individual was deleted from the States account.
17	75	The code 17 informs the State that the individual was deleted from the States account.
17	99	The code 17 informs the State that the individual was deleted from the States account.

Code	Modifier	Description
20	50	This code informs the State that a deletion action it submitted was rejected because there is no record of ongoing buy-in/group payer coverage for that State under the claim number submitted.
20	51	This code informs the State that a deletion action it submitted was rejected because there is no record of ongoing buy-in/group payer coverage for that State under the claim number submitted.
20	53	This code informs the State that a deletion action it submitted was rejected because there is no record of ongoing buy-in/group payer coverage for that State under the claim number submitted.
20	61	This code informs the State that a deletion action it submitted was rejected because there is no record of ongoing buy-in/group payer coverage for that State under the claim number submitted.
20	63	This code informs the State that a deletion action it submitted was rejected because there is no record of ongoing buy-in/group payer coverage for that State under the claim number submitted.
20	75	This code informs the State that a deletion action it submitted was rejected because there is no record of ongoing buy-in/group payer coverage for that State under the claim number submitted.
20	99	This code informs the State that a deletion action it submitted was rejected because there is no record of ongoing buy-in/group payer coverage for that State under the claim number submitted.
21	50	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode A - There is no record of the claim number on the EDB.
21	50	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode B - The claim number in the accretion matches the claim number but the personal characteristics differ.
21	50	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode C - The beneficiary is entitled to free Part A.
21	50	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode D - There is no record of Part B buy-in for the beneficiary.
21	50	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode E - The transaction matches the EDB on name and number; beneficiary does not have Medicare entitlement.

Code	Modifier	Description
21	51	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode A - There is no record of the claim number on the EDB.
21	51	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode B - The claim number in the accretion matches the claim number but the personal characteristics differ.
21	51	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode C - The beneficiary is entitled to free Part A.
21	51	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode D - There is no record of Part B buy-in for the beneficiary.
21	51	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode E - The transaction matches the EDB on name and number; beneficiary does not have Medicare entitlement.
21	53	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode A - There is no record of the claim number on the EDB.
21	53	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode B - The claim number in the accretion matches the claim number but the personal characteristics differ.
21	53	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode C - The beneficiary is entitled to free Part A.
21	53	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode D - There is no record of Part B buy-in for the beneficiary.
21	53	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode E - The transaction matches the EDB on name and number; beneficiary does not have Medicare entitlement.
21	61	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode A - There is no record of the claim number on the EDB.

Code	Modifier	Description
21	61	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode B - The claim number in the accretion matches the claim number but the personal characteristics differ.
21	61	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode C - The beneficiary is entitled to free Part A.
21	61	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode D - There is no record of Part B buy-in for the beneficiary.
21	61	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode E - The transaction matches the EDB on name and number; beneficiary does not have Medicare entitlement.
21	63	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode A - There is no record of the claim number on the EDB.
21	63	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode B - The claim number in the accretion matches the claim number but the personal characteristics differ.
21	63	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode C - The beneficiary is entitled to free Part A.
21	63	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode D - There is no record of Part B buy-in for the beneficiary.
21	63	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode E - The transaction matches the EDB on name and number; beneficiary does not have Medicare entitlement.
21	75	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode A - There is no record of the claim number on the EDB.
21	75	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode B - The claim number in the accretion matches the claim number but the personal characteristics differ.

Code	Modifier	Description
21	75	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode C - The beneficiary is entitled to free Part A.
21	75	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode D - There is no record of Part B buy-in for the beneficiary.
21	75	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode E - The transaction matches the EDB on name and number; beneficiary does not have Medicare entitlement.
21	84	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode A - There is no record of the claim number on the EDB.
21	84	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode B - The claim number in the accretion matches the claim number but the personal characteristics differ.
21	84	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode C - The beneficiary is entitled to free Part A.
21	84	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode D - There is no record of Part B buy-in for the beneficiary.
21	84	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode E - The transaction matches the EDB on name and number; beneficiary does not have Medicare entitlement.
21	99	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode A - There is no record of the claim number on the EDB.
21	99	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode B - The claim number in the accretion matches the claim number but the personal characteristics differ.
21	99	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode C - The beneficiary is entitled to free Part A.
21	99	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode D - There is no record of Part B buy-in for the beneficiary.

Code	Modifier	Description
21	99	This code informs the state that the accretion or simultaneous accretion/deletion record it submitted cannot be matched to a record on the EDB. Subcode E - The transaction matches the EDB on name and number; beneficiary does not have Medicare entitlement.
23		This code informs the State that a claim number change was processed to an ongoing buy-in record.
23	50	These codes inform the state that a claim number change was processed to a deletion record.
23	51	These codes inform the state that a claim number change was processed to a deletion record.
23	53	This code informs the State that the claim number and/or Beneficiary Identification Code (BIC) have been changed. A code 23 may be applied to an accretion deletion State change record or to an ongoing code 41.
23	61	These codes inform the State that a claim number change was processed to an accretion or to a simultaneous accretion/deletion record.
23	63	These codes inform the State that a claim number change was processed to an accretion or to a simultaneous accretion/deletion record.
23	75	These codes inform the State that a claim number change was processed to an accretion or to a simultaneous accretion/deletion record.
23	84	These codes inform the State that a claim number change was processed to an accretion record.
23	99	This code informs the State that a claim number change was processed to a State submitted change record.
24	50	These codes inform the State that the deletion record it submitted was rejected. Refer to code 24XX for a detailed explanation.
24	51	These codes inform the State that the deletion record it submitted was rejected. Refer to code 24XX for a detailed explanation.
24	53	These codes inform the State that the deletion record it submitted was rejected. Refer to code 24XX for a detailed explanation.
24	61	These codes inform the State that the accretion or simultaneous accretion/deletion record it submitted was rejected. Refer to code 24XX for a detailed explanation.
24	63	These codes inform the State that the accretion or simultaneous accretion/deletion record it submitted was rejected. Refer to code 24XX for a detailed explanation.

Code	Modifier	Description
24	75	These codes inform the State that the accretion or simultaneous accretion/deletion record it submitted was rejected. Refer to code 24XX for a detailed explanation.
24	84	These codes inform the State that the accretion record it submitted was rejected. Refer to code 24XX for a detailed explanation.
24	99	The code 24 informs the State that the accretion or deletion action it submitted was rejected because the effective date was blank incomplete or otherwise in error.
25	50	This code informs the State that the accretion or simultaneous accretion/deletion it submitted was rejected because it duplicates a transaction previously processed by the TPS.
25	51	This code informs the State that the accretion or simultaneous accretion/deletion it submitted was rejected because it duplicates a transaction previously processed by the TPS.
25	53	This code informs the State that the accretion or simultaneous accretion/deletion it submitted was rejected because it duplicates a transaction previously processed by the TPS.
25	61	These codes inform the State that the accretion or simultaneous accretion/deletion record it submitted duplicates an existing accretion.
25	63	These codes inform the State that the accretion or simultaneous accretion/deletion record it submitted duplicates an existing accretion.
25	75	These codes inform the State that the accretion or simultaneous accretion/deletion record it submitted duplicates an existing accretion.
25	84	These codes inform the State that the accretion or simultaneous accretion/deletion record it submitted duplicates an existing accretion
25	99	This code informs the State that the accretion or simultaneous accretion/deletion it submitted was rejected because it duplicates a transaction previously processed by the TPS.
27	50	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.
27	51	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.
27	53	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.
27	61	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.

Code	Modifier	Description
27	63	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.
27	75	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.
27	99	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.
29	50	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.
29	51	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.
29	53	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.
29	61	These codes inform the State that the accretion or simultaneous accretion/deletion action it submitted was rejected because there is a death deletion on the EDB which is at least one month earlier than the effective date of the accretion.
29	63	These codes inform the State that the accretion or simultaneous accretion/deletion action it submitted was rejected because there is a death deletion on the EDB which is at least one month earlier than the effective date of the accretion.
29	75	These codes inform the State that the accretion or simultaneous accretion/deletion action it submitted was rejected because there is a death deletion on the EDB which is at least one month earlier than the effective date of the accretion.
29	84	These codes inform the State that the accretion or simultaneous accretion/deletion action it submitted was rejected because there is a death deletion on the EDB which is at least one month earlier than the effective date of the accretion.
29	99	This code informs the State that its intended action was rejected because the transaction contained an impossible transaction code.
30	50	These codes inform the State that the effective date in the States accretion record required adjustment to a later effective date to conform to the Medicare entitlement date.
30	51	These codes inform the State that the effective date in the States accretion record required adjustment to a later effective date to conform to the Medicare entitlement date.
30	53	These codes inform the State that the effective date in the States accretion record required adjustment to a later effective date to conform to the Medicare entitlement date.

Code	Modifier	Description
30	61	These codes inform the State that the effective date in the States accretion record required adjustment to a later effective date to conform to the Medicare entitlement date.
30	63	These codes inform the State that the effective date in the States accretion record required adjustment to a later effective date to conform to the Medicare entitlement date.
30	75	These codes inform the State that the effective date in the States accretion record required adjustment to a later effective date to conform to the Medicare entitlement date.
30	84	These codes inform the State that the effective date in the States accretion record required adjustment to a later effective date to conform to the Medicare entitlement date.
30	99	These codes inform the State that the effective date in the States accretion record required adjustment to a later effective date to conform to the Medicare entitlement date.
32	50	This code informs the State that the effective date in the accretion transaction it submitted is equal to the billing month. An accretion that is equal to the billing month is orbited for one month before it is processed to completion.
32	51	This code informs the State that the effective date in the accretion transaction it submitted is equal to the billing month. An accretion that is equal to the billing month is orbited for one month before it is processed to completion.
32	53	This code informs the State that the effective date in the accretion transaction it submitted is equal to the billing month. An accretion that is equal to the billing month is orbited for one month before it is processed to completion.
32	61	This code informs the State that the effective date in the accretion transaction it submitted is equal to the billing month. An accretion that is equal to the billing month is orbited for one month before it is processed to completion.
32	63	This code informs the State that the effective date in the accretion transaction it submitted is equal to the billing month. An accretion that is equal to the billing month is orbited for one month before it is processed to completion.
32	75	This code informs the State that the effective date in the accretion transaction it submitted is equal to the billing month. An accretion that is equal to the billing month is orbited for one month before it is processed to completion.
32	99	This code informs the State that the effective date in the accretion transaction it submitted is equal to the billing month. An accretion that is equal to the billing month is orbited for one month before it is processed to completion.
41		This code informs the State that the beneficiary is on the States account as an ongoing billing item. The State is responsible for paying the beneficiary's premium and has deletion responsibility if the beneficiary is no longer eligible.

Code	Modifier	Description
42		This code informs the State of a credit adjustment due to the presence of duplicate billing records on the TPM.
42	11	This code informs the State that the accretion date on an ongoing record was adjusted to a later date. The adjustment was necessary because the TPS was notified of a change to the beneficiary's Medicare entitlement date.
42	14	This code informs the State that the deletion date in an established record was adjusted to an earlier date.
42	15	This code informs the State that the deletion date in an established record was adjusted to an earlier date because the person did not meet all the requirements for Medicare and should have been terminated prior to the deletion date previously recorded.
42	16	This code informs the State that the date of death in an established record was incorrect and has been adjusted to an earlier date.
42	50	All code 42XX records represent a credit adjustment to the States premium liability. Credit actions result from an adjustment to either the buy-in accretion date or the deletion date on the TPM.
42	51	All code 42XX records represent a credit adjustment to the States premium liability. Credit actions result from an adjustment to either the buy-in accretion date or the deletion date on the TPM.
42	53	All code 42XX records represent a credit adjustment to the States premium liability. Credit actions result from an adjustment to either the buy-in accretion date or the deletion date on the TPM.
42	61	All code 42XX records represent a credit adjustment to the States premium liability. Credit actions result from an adjustment to either the buy-in accretion date or the deletion date on the TPM.
42	63	All code 42XX records represent a credit adjustment to the States premium liability. Credit actions result from an adjustment to either the buy-in accretion date or the deletion date on the TPM.
42	68	This code informs the State that the accretion date on a TP master record was adjusted to a later date resulting in a credit to the State. The adjustment is the result of a CMS clerical action.
42	69	This code informs the State that the deletion date on a TP master record was adjusted to an earlier date resulting in a credit to the State. The adjustment is the result of a CMS clerical action.
42	75	All code 42XX records represent a credit adjustment to the States premium liability. Credit actions result from an adjustment to either the buy-in accretion date or the deletion date on the TPM.

Code	Modifier	Description
42	99	All code 42XX records represent a credit adjustment to the States premium liability. Credit actions result from an adjustment to either the buy-in accretion date or the deletion date on the TPM.
43	50	All code 43XX records represent a debit to the State.
43	51	All code 43XX records represent a debit to the State.
43	53	All code 43XX records represent a debit to the State.
43	61	This code informs the State that an earlier period of buy-in coverage resulting from a retroactive State accretion has been established for the State.
43	63	This code informs the State that an earlier period of buy-in coverage resulting from a retroactive State accretion has been established for the State.
43	68	This code informs the State that the accretion date on a TP master record was adjusted to an earlier date resulting in a debit to the State. The adjustment is the result of a CMS clerical action.
43	69	This code informs the State that the deletion date on a TP master record was adjusted to a later date resulting in a debit to the State. The adjustment is the result of a CMS clerical action.
43	75	This code informs the State that a simultaneous accretion/deletion (closed period) has been added to the TPM. The closed period may be the result of a single State input record or may be the result of one or more adjustments to a State input record.
43	80	This code informs the State that an earlier period of buy-in coverage brought about by a retroactive SSI accretion has been established.
43	84	This code informs the State that an earlier period of buy-in coverage brought about by a retroactive SSI accretion has been established.
43	99	All code 43XX records represent a debit to the State.
44		This code informs the State that the premium rate was decreased resulting in a credit to the State.
45		This code informs the State that the premium rate was increased resulting in a debit to the State.
49	99	This code informs the State that a request to correct the welfare identification number on a master record was rejected because the claim number or State agency code in the code 99 did not match a master record on the TPM.
86		This code informs the SSI alert State that a beneficiary in its jurisdiction is entitled to SSI benefits and may be eligible for buy-in.
87		This code informs both the SSI alert State and the SSI auto-accrete State that SSI entitlement has terminated for the beneficiary.

30 Billing Type Code -- CDE_BILL_TYPE

30.1 Table Name -- T_TPL_CDE_BILL_TYPE

30.1.1 Billing Type Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BILL_TYPE	Description of why this billing was generated	CHAR	1	0	Yes

30.1.1.1 Billing Type Code Values

Code	Description
1	SYSTEM RETROACTIVE
2	SYSTEM EXCLUSION
3	SYSTEM PAY AND CHASE COURT ORDERED
4	SYSTEM PAY AND CHASE OTHER
5	TPL CONTRACTOR MEDICARE
6	TPL CONTRACTOR - IDENTIFIED
7	WORKERS COMPENSATION
A	TPL CONTRACTOR DATAMATCH
D	TPL CONTRACTOR TRICARE
M	MANUAL
X	PCG SOURCE CODE X
Y	PCG SOURCE CODE Y
Z	PCG SOURCE CODE Z

31 Board of Directors Positions Code -- CDE_POSITION

31.1 Table Name -- T_BOARD_POSITION

31.1.1 Board of Directors Positions Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POSITION	This is the board position code.	CHAR	2	0	Yes

31.1.1.1 Board of Directors Positions Code Values

Code	Description
CH	Chairman
DI	Director
MB	Member
OF	Officer
PR	President
SE	Secretary
TR	Treasurer
VC	Vice Chairman
VP	Vice President

32 Budget Codes—CDE_BUDGET

32.1 Table Name -- T_FIN_BUDGET

32.1.1 Budget Code Information\

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUDGET	The budget code.	CHAR	4	0	Yes

32.1.1.1 Budget Code Values

CODE	DESCRIPTION
200	Inpatient Hosp Acute Care
300	Mental Hospital
400	Renal Dialysis Clinic
500	Model Waiver 1
700	Model Waiver 2
800	Psychiatric Residential Treatm
1200	Outpatient Hospital
1300	Ambulatory Surgery
1500	HANDS
1600	Impact Plus
1700	Spec. Childrens Services Clini
2000	Adult Targeted Case Management
2100	Children Targeted Case Managem
2200	Title V DSS
2300	School Based Hlth Svcs
2400	Comm For Chldrn w/Spec Hlth Ca
2500	Institutional - ICF
2600	Institutional - ICF/MR
2610	Institutional - ICF/MR - Publi
2620	Institutional - ICF/MR - Priva
2700	Case Mix-Nursing Facility
2800	Targeted Case Mgmt
2900	Preventative Care
3000	First Steps/Early Int
3200	EPSDT-Related Services
3300	Institutional - SNF
3400	Clinical Social Worker
3500	Chiropractor
3600	Other Lab and X-Ray
3700	Physical Therapist Xover
3800	Occupational Therapist
3900	Psychologist Xover
4000	DME Supplier
4100	Primary Care
4200	Community Mental Health

4300	Rural Health Clinic
4400	Nurse Midwife
4500	Family Planning
4600	Home Health
4700	Independent Lab
4800	EPSDT
4900	BIRTHING CENTERS
5000	SCL-Supports For Community Liv
5100	ALCOHOL TREATMENT FACILITY
5200	Home and Community Based Waive
5300	Home and Community Adult Day C
5400	Nurse Anesthetist
5500	Hospice
5700	Home Care Waiver
5800	Department Of Transportation (
5900	Personal Care Waiver
6000	Brain Injury
6200	Transportation
6300	Non-Emergency Transportation
6400	Pharmacy
6700	Vision
6710	Vision - Optician
6720	Vision - Optometrist
7200	Dental
7400	Physician
7500	Certified Nurse Practitioner
8100	Audiology
8800	Podiatry
9000	CORF
9200	Psychiatric DPU
9300	Rehab DPU
9400	Physician Assistant
9600	Physicial Health Mgcare Capita
9700	Behave Partner Capitation Paym
9900	Unknown Services by Claim Type
9910	A - Inpatient Crossover
9915	I - Inpatient
9920	B - CMS-1500 Crossover
9925	M - CMS-1500
9930	C - Outpatient Crossover
9935	O - Outpatient
9940	D - Dental
9945	H - Home Health
9950	L - Long Term Care
9955	P - Pharmacy
9960	Q - Compound Drug
9965	1 - Capitation
9970	2 - Account Receivable

9975	3 - Expenditure
9990	Other Transactions

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33 Buy In Eligibility Codes -- CDE_BUY_ELIG

33.1 Table Name -- T_CDE_BUY_ELIG

33.1.1 Buy In Eligibility Code Information\

Subsystem: Buy In

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_ELIG	The Buy In Eligibility Code	CHAR	2	0	Yes

33.1.2 Buy In Eligibility Code Values

Code	Description
	Blank for Part A Transactions
L	Specified Low Income Medicare Beneficiary (SLMB)
P	Qualified Medicare Beneficiary (QMB)
U	Qualified Individuals 1(QI1)
A	Aged
B	Blind
C	Waiting on def
D	Waiting on def
Z	Waiting on def

34 CMS FDA Therapeutic Equivalency Code -- CDE_THERA_CLS_FDA

34.1 Table Name -- T_THERA_FDA

34.1.1 CMS FDA Therapeutic Equivalency Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_FDA	The HCFA FDA Therapeutic Equivalency Code (HCFA_FDA) indicates that although the drugs may have a different therapeutic classification, the FDA considers them therapeutically equivalent. The HCFA_FDA is provided on the Health Care Financing Administration's quarterly tape.	CHAR	2	0	Yes

34.1.1.1 CMS FDA Therapeutic Equivalency Code Values

Code	Description
AA	Products in conventional dosage forms not presenting bioequivalence problems
AB	Products meeting necessary bioequivalence requirements
AN	Solutions and powders for aerosolization that are marketed for use in any of several delivery system
AO	Injectable oils with identical active ingredients
AP	Injectable aqueous solutions that produce the same concentration and are labeled similarly.
AT	Topical products
B	Products with A or B codes previously assigned; which require further FDA investigation and review.
BC	Extended-release dosage forms (capsules
BD	Active ingredients and dosage forms with documented bioequivalence problems
BE	Enteric coated dosage forms unless proven otherwise to be equivalent.
BN	Products in aerosol-nebulizer drug delivery system
BP	Active ingredients and dosage forms with potential bioequivalence problems
BR	Suppositories or enemas that deliver drugs for systemic absorption

Code	Description
BS	Products having drug standard deficiencies.
BT	Topical products with bioequivalence issues
BX	Drug products for which the data are insufficient to determine therapeutic equivalence
NR	Not Rated by the Orange Book

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35 Call Category Code -- CDE_CALL_CATEG

35.1 Table Name -- T_CDE_CALL_CATEG

35.1.1 Call Category Code Information

Subsystem: CTMS

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CALL_CATEG	The unique code of the call category.	CHAR	3	0	Yes

35.1.1.1 Call Category Code Values

Code	Description
001	Claim Status
002	Billing Help
003	Service Limitations
004	KenPAC
005	Eligibility
006	Check Amount
007	Lock-In
008	Member ID Check Digit
009	Spenddown
010	Co-Pay
011	Change PCP
012	Authorization Override
013	Confirmation Number
014	Insurance Carrier Call
015	Member TPL Questionnaire Response
016	Member TPL Other
017	PA
018	Card Issuance
019	Provider TPL
020	Managed Care

Code	Description
21	Electronic Fax
22	EVS Undefined
088	Contacting SHPS

36 Call Completion Code -- CDE_CALL_CMPLTN

36.1 Table Name -- T_CDE_CALL_CMPLTN

36.1.1 Call Completion Code Information

Subsystem: CTMS

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CALL_CMPLTN	The unique code for the call completion.	CHAR	3	0	Yes

36.1.1.1 Call Completion Code Values

CODE	DESCRIPTION
001	Information Given
002	Transferred to Supervisor
003	Transferred to KMAA
004	Claim Resubmission
005	Adjustment Submitted
006	Special Authorization Given
007	Confirmation Given
008	PCP Changed
009	Update TPL
010	Referred to Provider Services
011	Questionnaire Sent
088	SHPS Contact Complete
999	Transferred to another specialist

37 Call Method Code -- CDE_CALL_METHOD

37.1 Table Name -- T_CDE_CALL_METHOD

37.1.1 Call Method Code Information

Subsystem: CTMS

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CALL_METHOD	The unique code for the method of the call.	CHAR	3	0	Yes

37.1.1.1 Call Method Code Values

Code	Description
E	E-Mail
EF	Electronic Fax
F	Fax
L	Letter
O	Other
P	Personal Visit
T	Telephone
W	Written Correspondence

38 Call Priority Code -- CDE_CALL_PRIORITY

38.1 Table Name -- T_CDE_CALL_PRIORITY

38.1.1 Call Priority Code Information

Subsystem: CTMS

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CALL_PRIORITY	The unique code for the priority of the call.	CHAR	3	0	Yes

38.1.2 Call Priority Code Values

Code	Description
001	High
002	Medium
003	Low

39 Call Status Code -- CDE_CALL_STATUS

39.1 Table Name -- T_CDE_CALL_STATUS

39.1.1 Call Status Code Information

Subsystem: CTMS

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CALL_STATUS	The unique code for the status of the call.	CHAR	1	0	Yes

39.1.1.1 Call Status Code Values

Code	Description
C	Closed
O	Open
P	Pending
R	Return Call / Callback
T	Transferred

40 Call Type Code -- CDE_CALL_TYPE

40.1 Table Name -- T_CDE_CALL_TYPE

40.1.1 Call Type Code Information

Subsystem: CTMS

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CALL_TYPE	The unique code for the call type.	CHAR	3	0	Yes

40.1.1.1 Call Type Code Values

Code	Description
011	Provider Call Center - Provider Call
012	Provider Call Center - Non Provider Call
021	TPL
031	KenPAC
032	Lock-In
033	Presumptive Eligibility
034	BCCTP
41	EDI
51	PA – Member Management
088	SHPS Received

41 Call Unit Code -- CDE_CALL_UNIT

41.1 Table Name -- T_CDE_CALL_UNIT

41.1.1 Call Unit Code Information

Subsystem: CTMS

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CALL_UNIT	The unique code for the unit.	CHAR	3	0	Yes

41.1.1.1 Call Unit Code Values

Code	Description
EDI	Electronic Data Interface
PA	Prior Authorization
PS	Provider Services
SHP	SHPS
SPA	TPL Spanlink
TPL	Third Party Liability
UM	Utilization Management
VRS	AEVS System

42 Caller Type Code -- CDE_CALLER_TYPE

42.1 Table Name -- T_CDE_CALLER_TYPE

42.1.1 Caller Type Code Information

Subsystem: CTMS

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CALLER_TYPE	The unique code of the caller type.	CHAR	3	0	Yes

42.1.1.1 Caller Type Code Values

Code	Description
011	Provider Employee/Billing Agent
012	Provider Self
021	Member Self
022	Member Parent
023	Member Guardian
024	Member Spouse
025	Member Legal Representative
A	Attorney
C	Commonwealth Staff
I	Insurance Company
O	Other
SHP	SHPS Contact

43 Canned Response Code -- CDE_CANNED_RESP

43.1 Table Name -- T_CDE_CAN_RESP

43.1.1 Canned Response Code Information

Subsystem: CTMS

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CANNED_RESP	The unique code for a canned response.	CHAR	3	0	Yes

43.1.1.1 Canned Response Code Values

Code	Description
R	Response

44 Capitation Adjustment Reason Code -- CDE_CAP_REASON

44.1 Table Name -- T_CAP_REASON

44.1.1 Capitation Adjustment Reason Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CAP_REASON	This is the code of the reason the adjustment to the capitation is being done.	CHAR	2	0	Yes

44.1.1.1 Capitation Adjustment Reason Code Values

Code	Description
00	NORMAL PAYMENT
01	RECON RECOUPMENT
02	RECON PAYOUT
03	RECON RECOUPMENT ONLY
07	PROV REFUND-BILLING ERROR
60	PROVIDER INITIATED ADJUSTMENT-PAYOUT
61	PROVIDER INITIATED ADJUSTMENT RECOUP
73	NO MEDICAID/PARTNERSHIP ENROLL
77	RECIP INTENTIONAL PGM VIOLATE
78	CAP ADJUSTMENT OTHER-PAYOUT
79	CAP ADJUSTMENT OTHER-RECOUP
81	ADJ DUE SYSTEM CORRECTIONS-PAYOUT
82	ADJ DUE TO SYSTEM CORRECTIONS-RECOUP
84	DMS MASS ADJ REQUEST-PAYOUT
85	DMS MASS ADJ REQUEST-RECOUP
90	RETRO RATE MASS ADJ-PAYOUT
91	RETRO RATE MASS ADJ-RECOUP

45 Capitation Rate Cell Code -- CDE_RATE_CELL

45.1 Table Name -- T_MC_RATE_CELL

45.1.1 Capitation Rate Cell Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	CHAR	5	0	Yes

45.1.1.1 Capitation Categories/Demographics Code Values

Code	Description	EFFECTIVE_DATE	END_DATE
ZK001	KENPAC ADMINISTRATIVE FEE	19640101	22991231
ZL001	MEDICAL LOCK-IN ADMINISTRATIVE FEE	19640101	22991231
ZM001	TANF	19640101	20030831
ZM002	SOBRA	19640101	20030831
ZM003	FOSTER CARE	19640101	22991231
ZM004	SSI WITH MEDICARE	19640101	22991231
ZM005	SSI WITHOUT MEDICARE	19640101	22991231
ZM006	KCHIP-PHASE 2	19640101	22991231
ZM007	KCHIP-PHASE 3	19640101	22991231
ZM008	KCHIP-PHASE 1	19640101	22991231
ZM009	TANF, ADULTS	20030901	22991231
ZM010	TANF, CHILDREN	20030901	22991231
ZM011	SOBRA, ADULTS	20030901	22991231
ZM012	SOBRA, CHILDREN	20030901	22991231
ZM013	PRESUMPTIVE ELIGIBILITY	20030901	22991231
ZZ001	NON-EMERGENCY TRANSPORTATION	19640101	22991231

46 Carrier Status Code -- CDE_CARRIER_STAT

46.1 Table Name -- T_TPL_CDE_CARRIER_STAT

46.1.1 Carrier Status Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CARRIER_STAT	This is the code for the carrier status.	CHAR	2	0	Yes

46.1.1.1 Carrier Status Code Values

Code	Description
A	Active
I	Inactive
T	Terminated

47 Carrier Type Code -- CDE_CARRIER_TYPE

47.1 Table Name -- T_TPL_CDE_CARRIER_TYPE

47.1.1 Carrier Type Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CARRIER_TYPE	This is the code for the carrier type.	CHAR	2	0	Yes

47.1.1.1 Carrier Type Code Values

Code	Description
A	HEALTH
E	CASUALTY
F	DRUG CARRIERS
L	WORKER'S COMPENSTATION
M	HMS DATA MATCH
P	PCG DATA MATCH
R	PCG DATA MATCH - TRICARE
S	TRICARE
T	MEDICARE
U	PCG DATA MATCH - MEDICARE

48 Cash Disposition Reason Code -- CDE_REASON_FOUR

48.1 Table Name -- T_CASH_DISP_REASON

48.1.1 Cash Disposition Reason Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Code used to track the reason a transaction is done.	CHAR	4	0	Yes

48.1.1.1 Cash Disposition Reason Code Values

Code	Description
1	Refunded More than Medicaid Paid
2	KMAP Not Paid
3	Twenty five Percent Attorney Fee
4	Account Closed
5	Not Medicaid Member
6	County Attorney Incentive Fee
7	Carrier Requested Refund
8	Other Reason for Check Refund
9	Issued to Wrong Carrier
10	Overage Less Than $5.00
11	Attorney Fee Issued From Previous Refund
12	Attorney Case Claim Adjustment Overage
13	Overage Issued In Error
14	Positive Child Support Overage Amount
15	Negative Child Support Overage Amount
16	Managed Care Child Support Amount
17	Managed Care Child Support Correction
18	Forward to Child Support
19	Forward to Drug Rebate
20	Forward to Disability

Code	Description
22	Forward to Health Services
23	Forward to Revenue
24	Forward to Refugee
25	Forward to Crippled Children
26	Forward to Rape Victims
27	Forward to Other
28	Forward to Financial
29	Forward to TPL
30	RTP
31	Stale Dated Check
32	Adjustment Due to Cold Check
33	CCN Assigned in Error
34	CCN Not Found From Conversion
35	Out-Of-Pocket Cost
8051	Cash Applied to AR
8307	Claim Adj Posted
8331	Manual Cash Disposition
8332	System
8333	System
8399	System

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49 Cash Receipt Status Code -- CDE_CASH_STATUS

49.1 Table Name -- T_CDE_CASH_STATUS

49.1.1 Cash Receipt Status Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CASH_STATUS	This is the unique code value of the cash status.	CHAR	1	0	Yes

49.1.1.1 Cash Receipt Status Code Values

Code	Description
0	Forward to Refugee
1	Overage Under $5.00
2	Still In Process
3	Not Medicaid Member
4	Forward To Child Support
5	Forward To Drug Rebate
6	Adjustment Due To Cold Check
7	Forward to Disability
8	Forward to Health Services
9	Forward to Revenue
A	Forward to Crippled Children's
B	Forward to Rape Victims
C	RTP
D	Forward to 'Other'
E	Stale Dated Check
F	CCN Not Found From Conversion
G	CCN Assigned in Error
H	Forward to TPL
I	Forward to Financial
J	Attorney Fee Issued Fin CCN

Code	Description
K	Non-Medi Child Voucher Adj
L	Non-Medi Child Voucher Adj
M	Attorney Fee Gen Fin Recoup
N	Out-of-Pocket Cost
O	Managed Care Child Support Amt

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50 Casualty Case Status Code -- CDE_STATUS_CASE

50.1 Table Name -- T_CAS_CASE_STATUS

50.1.1 Casualty Case Status Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS_CASE	This represents the current status of the casualty case.	CHAR	1	0	Yes

50.1.1.1 Casualty Case Status Code Values

Code	Description
A	RECOVERED MAX
B	REF TPL INVESTIGATOR
C	PENDING/PARTIAL PAYMENT RECEIVED
F	CLOSED FULL AMOUNT
G	ESTATE TRUST REC CLOSED PER DMS REQUEST
I	INTAKE
J	INACTIVE/ATTORNEY CASE CLAIM ADJUSTMENT
K	CLOSED PAYMENT LESS ATTORNEY FEE
L	LEAD REVIEW
M	CLOSED PARTIAL RECOVERY
N	NO FURTHER PURSUIT
O	OPEN CASE
P	REIMB APPLIED TO ATTY FEE IN SETTLEMENT
Q	CLOSED PROVIDER REFUND
R	CLOSED RECOUPED IN FULL
S	PENDING IN PROCESS CLAIM STATUS
T	CLOSED ATTY FEE ISSUED ON FIN REIMBURSE
X	CLOSED NO RECOVERY

51 Casualty Case Type Code CDE_CASE_TYPE

51.1 Table Name -- T_CAS_CASE_TYPE

51.1.1 Casualty Case Type Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CASE_TYPE	This indicates the type of casualty case.	CHAR	1	0	Yes

51.1.1.1 Casualty Case Type Code Values

Code	Description
A	ACCIDENT TRAUMA
B	ATTORNEY
E	ESTATE RECOVERY
K	KENTUCKY ASSIGNED
O	OTHER
P	PATERNITY
T	TRUST RECOVERY
W	WORKERS COMPENSATION

52 Category of Service Code -- CDE_COS_TYPE

52.1 Table Name -- T_CDE_COS_VALUES

52.1.1 Category of Service Code Information

Subsystem: MAR

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_TYPE	Code identifying the type of COS value in the CDE_COS_VALUE column. Values include the following but States may add new ones: SCOS - State Category of Service MSIS - MSIS Type of Service C649 - CMS 64.9 Line Number C6421 - CMS 64.21 Line Number C21 - CMS 21 Line Number	CHAR	5	0	Yes
CDE_COS_VALUE	Code for the Category of Service value.	CHAR	4	0	Yes

52.1.1.1 Category of Service Code Values

COS_TYPE	Code	Description
MSIS	01	Inpatient Hospital
MSIS	99	Invalid or unknown codes-included in error tolera
MSIS	04	Inpatient Psychiatric Facility Services under 21
MSIS	05	ICF Services for the Mentally Retarded
MSIS	07	NFS - All Other
MSIS	08	Physicians
MSIS	09	Dental
MSIS	10	Other Practitioners
MSIS	11	Outpatient Hospital
MSIS	12	Clinic
MSIS	13	Home Health
MSIS	15	Lab and X-Ray
MSIS	16	Prescribed Drugs
MSIS	19	Other Services
MSIS	20	Capitated Payments to HMO or HIO Plan

COS_TYPE	Code	Description
MSIS	21	Capitated Payments to Prepaid Health Plans (PHPs)
MSIS	22	Capitated Payments for Primary Care Case Managmnt
MSIS	24	Sterilizations
MSIS	25	Abortions
MSIS	26	Transportation Services
MSIS	30	Personal Care Services
MSIS	31	Targeted Case Management
MSIS	33	Rehabilitation Services
MSIS	34	PT, OT, Speech, Hearing Language
MSIS	35	Hospice Benefits
MSIS	36	Nurse Midwife Services
MSIS	37	Nurse Practitioner Services
MSIS	38	Private Duty Nursing
MSIS	39	Religious Non-Medical Health Care Institutions
MSIS	02	Mental Hospital Services for the Aged
SCOS	0200	Inpatient Hosp Acute Care
SCOS	0300	Mental Hospital
SCOS	0400	Renal Dialysis Clinic
SCOS	0500	Model Waiver 1
SCOS	0700	Model Waiver 2
SCOS	0800	Psychiatric Residential Treatment Facility
SCOS	1200	Outpatient Hospital
SCOS	1300	Ambulatory Surgery
SCOS	1500	HANDS
SCOS	1600	Impact Plus
SCOS	1700	Spec. Childrens Services Clinic
SCOS	2000	Adult Targeted Case Management
SCOS	2100	Children Targeted Case Management

COS_TYPE	Code	Description
SCOS	2200	Title V DSS
SCOS	2300	School Based Hlth Svcs
SCOS	2400	Comm For Chldrn w/Spec Hlth Care Needs (CSHC)
SCOS	2500	Institutional - ICF
SCOS	2600	Institutional - ICF/MR
SCOS	2610	Institutional - ICF/MR - Public
SCOS	2620	Institutional - ICF/MR - Private
SCOS	2700	Case Mix-Nursing Facility
SCOS	2800	Targeted Case Mgmt
SCOS	2900	Preventative Care
SCOS	3000	First Steps/Early Int
SCOS	3200	EPSDT-Related Services
SCOS	3300	Institutional - SNF
SCOS	3400	Clinical Social Worker
SCOS	3500	Chiropractor
SCOS	3600	Other Lab and X-Ray
SCOS	3700	Physical Therapist Xover
SCOS	3800	Occupational Therapist
SCOS	3900	Psychologist Xover
SCOS	4000	DME Supplier
SCOS	4100	Primary Care
SCOS	4200	Community Mental Health
SCOS	4300	Rural Health Clinic
SCOS	4400	Nurse Midwife
SCOS	4500	Family Planning
SCOS	4600	Home Health
SCOS	4700	Independent Lab
SCOS	4800	EPSDT

COS_TYPE	Code	Description
SCOS	4900	BIRTHING CENTERS
SCOS	5000	SCL-Supports For Community Living Waiver
SCOS	5100	ALCOHOL TREATMENT FACILITY
SCOS	5200	Home and Community Based Waiver
SCOS	5300	Home and Community Adult Day Care
SCOS	5400	Nurse Anesthetist
SCOS	5500	Hospice
SCOS	5700	Home Care Waiver
SCOS	5800	Department Of Transportation (Dot) Partnership
SCOS	5900	Personal Care Waiver
SCOS	6000	Brain Injury
SCOS	6200	Transportation
SCOS	6300	Non-Emergency Transportation
SCOS	6400	Pharmacy
SCOS	6700	Vision
SCOS	6710	Vision - Optician
SCOS	6720	Vision - Optometrist
SCOS	7200	Dental
SCOS	7400	Physician
SCOS	7500	Certified Nurse Practitioner
SCOS	8100	Audiology
SCOS	8800	Podiatry
SCOS	9000	CORF
SCOS	9200	Psychiatric DPU
SCOS	9300	Rehab DPU
SCOS	9400	Physician Assistant
SCOS	9600	Physicial Health Mgcare Capitation
SCOS	9700	Behave Partner Capitation Payment

COS_TYPE	Code	Description
SCOS	9900	Unknown Services by Claim Type
SCOS	9910	A - Inpatient Crossover
SCOS	9915	I - Inpatient
SCOS	9920	B - CMS-1500 Crossover
SCOS	9925	M - CMS-1500
SCOS	9930	C - Outpatient Crossover
SCOS	9935	O - Outpatient
SCOS	9940	D - Dental
SCOS	9945	H - Home Health
SCOS	9950	L - Long Term Care
SCOS	9955	P - Pharmacy
SCOS	9960	Q - Compound Drug
SCOS	9965	1 - Capitation
SCOS	9970	2 - Account Receivable
SCOS	9975	3 - Expenditure
SCOS	9990	Other Transactions
SCOS	9500	Family Planning Non-Clinic

53 Certification Code -- CDE_CERT_TYPE

53.1 Table Name -- T_PR_CERT_CODE

53.1.1 Certification Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CERT_TYPE	This is the code value for the specific provider certifications.	CHAR	2	0	Yes

53.1.1.1 Certification Code Values

Code	Description
01	Basic Life Support
02	Adv Life Support in OB
03	CPR
04	Adv Trauma Life Support
05	Adv Cardiac Life Support
06	Pediatric Adv Life Support
07	Neonatal Adv Life Support

54 Check Reissue Reason Code -- CDE_REASON_REISSUE

54.1 Table Name -- T_CHK_REISSUE_RSN

54.1.1 Check Reissue Reason Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_REISSUE	The reason code that associates the reason table entry with the check reissue check xref entry.	CHAR	1	0	Yes

54.1.1.1 Check Reissue Reason Code Values

Code	Description
A	Check outstanding
B	Check voided
C	Stop/check present
D	Stop/check not present
F	Mutilated check
G	Payment pull
H	Void
I	Reissue
X	Test

55 Chrono Note Code -- CDE_CHRONO

55.1 Table Name -- T_CDE_CHRONO

55.1.1 Chrono Note Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CHRONO	This code identifies the type of chrono note.	CHAR	1	0	Yes

55.1.1.1 Chrono Note Code Values

Code	Description
C	Case
A	Billing
R	Resource
I	Carrier
H	Hipp

56 Citizen Status Code -- CDE_CITIZEN_DSC

56.1 Table Name -- T_RE_CITIZEN_DSC

56.1.1 Citizen Status Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CITIZEN_DSC	Code to uniquely identify a citizen status code and associated description.	CHAR	1	0	Yes

56.1.1.1 Citizen Description Code Values

Code	Description
A	Qualified Aliens - Asylee
C	US Citizen
D	Qualified Aliens - Deportation Withheld
E	Eligible Alien
F	Qualified Aliens - Refugee
M	Qualified Alien - Veterans/Active Duty Military
N	Ineligible Alien
O	Illegal Alien
P	Alien Legalized Under Section 245A
Q	Qualified Aliens - Permanent Divided By 40 Quarters Earning
R	Alien Legalized Under Section 210
S	Alien Legalized Under Section 210A
T	Alien Legalized Under Section 902
U	Unknown

57 Claim Form Type Code -- CDE_CLAIM_FORM

57.1 Table Name -- T_CLAIM_FRM_TYP

57.1.1 Claim Form Type Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLAIM_FORM	This code identifies the claim form type on which a carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	Yes

57.1.1.1 Claim Form Type Code Values

Code	Description
O	OTHER
U	UNIVERSAL

58 Claim Status Code -- CDE_CLM_STATUS

58.1 Table Name -- T_CLM_STATUS

58.1.1 Claim Status Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_STATUS	MMIS Claim Status Code.	CHAR	1	0	Yes

58.1.1.1 Claim Status Code Values

Code	Description
B	BATCH ERROR
D	DENIED
I	INACTIVE
L	PAY & LIST
P	PAID
Q	QUALITY CONTROL
R	RESUBMIT
S	SUSPENDED
X	SUPER-SUSPEND

59 Claim Status Code and HIPAA Claim Category Xref -- CDE_CLM_STATUS - CDE_CLM_CAT_STATUS

59.1 Table Name -- T_CLM_STATUS_XREF

59.1.1 Claim Status Code and HIPAA Claim Category Xref Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_STATUS	MMIS Claim Status Code.	CHAR	1	0	Yes
CDE_CLM_CAT_STATUS	HIPAA Claim Category Status Code.	CHAR	2	0	Yes

59.1.1.1 Claim Status Code and HIPAA Claim Category Xref Values

Code	Description
B	X1
D	F2
I	F0
L	F1
P	F1
R	F5
S	P1
X	P1

60 Claim Type Code -- CDE_CLM_TYPE

60.1 Table Name -- T_CLAIM_TYPE

60.1.1 Claim Type Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	Value for the type of claim that can be processed in the MMIS system.	CHAR	1	0	Yes

60.1.1.1 Claim Type Code Values

Code	Description
0	ALL CLAIM TYPES
A	INST XOVER CLAIMS
B	PROF XOVER CLAIMS
C	OUTP XOVER CLAIMS
D	DENTAL CLAIMS
H	HOME HEALTH CLAIMS
I	INPATIENT CLAIMS
L	LONG TERM CARE CLAIMS
M	PROFESSIONAL CLAIMS
O	OUTPATIENT CLAIMS
P	PHARMACY CLAIMS
Q	COMPOUND DRUG CLAIMS

61 Claim Variances Code -- CDE_CLM_TYPE

61.1 Table Name -- T_CLM_AMT_VARIANCE

61.1.1 Claim Variances Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	Value for the type of claim that can be processed in the MMIS system.	CHAR	1	0	Yes

61.1.1.1 Claim Variances Code Values

Code	Description
0	ALL CLAIM TYPES
A	INST XOVER CLAIMS
B	PROF XOVER CLAIMS
C	OUTP XOVER CLAIMS
D	DENTAL CLAIMS
H	HOME HEALTH CLAIMS
I	INPATIENT CLAIMS
L	LONG TERM CARE CLAIMS
M	PROFESSIONAL CLAIMS
O	OUTPATIENT CLAIMS
P	PHARMACY CLAIMS
Q	COMPOUND DRUG CLAIMS

62 CMS Type of Service Codes -- CDE_COS_TOS

62.1 Table Name -- T_CDE_COS_TOS

62.1.1 CMS Type of Service Code Information

Subsystem: System Wide

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_TOS	This code identifies the CMS Type of Service.	CHAR	1	0	Yes

62.1.1.1 CMS Type of Service Code Values

Code	Description
1	MEDICAL CARE
2	SURGERY
3	CONSULTATION
4	DIAGNOSTIC RADIOLOGY
5	DIAGNOSTIC LABORATORY
6	THERAPEUTIC RADIOLOGY
7	ANESTHESIA
8	ASSISTANT AT SURGERY
9	OTHER MEDICAL ITEMS OR SERVICES
A	USED DURABLE MEDICAL EQUIPMENT (DME)
B	HIGH RISK SCREENING MAMMOGRAPHY
C	LOW RISK SCREENING MAMMOGRAPHY
D	AMBULANCE
E	ENTERAL/PARENTERAL NUTRIENTS/SUPPLIES
F	AMBULATORY SURGICAL CENTER (FACILITY USAGE FOR SURGICAL SERVICES)
G	IMMUNOSUPPRESSIVE DRUGS
H	HOSPICE SERVICES
J	DIABETIC SHOES
K	HEARING ITEMS AND SERVICES
L	ESRD SUPPLIES
M	MONTHLY CAPITATION PAYMENT FOR DIALYSIS
N	KIDNEY DONOR
P	LUMP SUM PURCHASE OF DME
Q	VISION ITEMS OR SERVICES
R	RENTAL OF DME
S	SURGICAL DRESSINGS OR OTHER MEDICAL SUPPLIES
T	PSYCHOLOGICAL THERAPY
U	OCCUPATIONAL THERAPY
V	PNEUMOCOCCAL/FLU VACCINE
W	PHYSICAL THERAPY
Y	SECOND OPINION ON ELECTIVE SURGERY
Z	THIRD OPINION ON ELECTIVE SURGERY

63 Coinsurance Deductible Premium Schedule Code -- SCHED_CODE

63.1 Table Name -- T_COIN_DE_SCH

63.1.1 Coinsurance Deductible Premium Schedule Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
SCHED_CODE	This code identifies the schedule for deductible, coinsurance, or premium payments for a specific coverage type of a policy.	CHAR	1	0	Yes

63.1.1.1 Coinsurance Deductible Premium Schedule Code Values

Code	Description
A	ANNUAL
B	BIWEEKLY
D	PER DAY
M	PER MONTH
O	OTHER
Q	PER QUARTER
R	PER PRESCRIPTION
S	SEMI-MONTHLY
U	UNKNOWN
V	PER VISIT
W	PER WEEK

64 Copay Deduct/Accumulate Indicators-- CDE_COPAY_DEDUCT_ACCUM

64.1 Table Name – T_CDE_COPAY_DEDUCT_ACCUM

64.1.1 Copay Deduct Accumulate Code Information

Subsystem: System Wide

olumn Name	Description	Type	Length	Precision	Primary Key
CDE_COPAY_DEDUCT_ACCUM	Indicates the type of copay.	CHAR	2	0	Yes

64.1.2 Copay Deduct Accumulate Code Values

Code	Description
DA	Deduct and accumulate copay
OA	Only accumulate copay

65 Copay Method Codes-- CDE_COPAY_METHOD

65.1 Table Name – T_CDE_COPAY_METHOD

65.1.1 Copay Method Code Information

Subsystem: System Wide

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COPAY_METHOD	Code used to identify the copay method.	CHAR	5	0	Yes

65.1.2 Copay Method Code Values

Code	Description
BYPAS	BYPASS COPAY PROCESSING
PADMT	ONCE PER ADMISSION
PDOPC	ONCE PER CLAIM
PDOPD	ONCE PER DATE OF SERVICE
PDOPM	ONCE PER MONTH
BYPAS	BYPASS COPAY PROCESSING

66 Copay Time Period Codes-- CDE_COPAY_TIME_PERIOD

66.1 Table Name – N/A

66.1.1 Copay Time Period Code Information

Subsystem: System Wide

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COPAY_TIME_PERIOD	Code used to identify the copay time period.	CHAR	2	0	Yes

66.1.2 Copay Time Period Code Values

Code	Description
CM	CALENDAR MONTHS
CY	Calendar Year

67 Condition Code -- CDE_COND

67.1 Table Name -- T_CONDITION

67.1.1 Condition Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COND	Code used to identify conditions relating to a UB92 claim that may affect payer processing.	CHAR	2	0	Yes

67.1.1.1 Condition Code Values

Code	Description
01	MILITARY SERVICE RELATED
02	CONDITION IS EMPLOYMENT RELATED
03	PATIENT COVERED BY INSURANCE NOT REFLECT
04	HMO ENROLLEE
05	LIEN HAS BEEN FILED
06	ESRD PATIENT IN FIRST 18 MONTHS OF ENTIT
07	TREATMENT OF NON-TERMINAL CONDITION FOR
08	BENEFICIARY WOULD NOT PROVIDE INFORMATIO
09	NEITHER PATIENT NOR SPOUSE IS EMPLOYED
10	PATIENT AND /OR SPOUSE IS EMPLOYED BUT N
11	DISABLED BENEFICIARY BUT NO LGHP
12	PAYER CODES
13	PAYER CODES
14	PAYER CODES
15	PAYER CODES
16	PAYER CODES
17	PATIENT IS HOMELESS
18	MAIDEN NAME RETAINED

Code	Description
19	CHILD RETAINS MOTHER'S NAME
20	BENEFICIARY REQUESTED BILLING
21	BILLING FOR DENIAL NOTICE
22	PATIENT ON MULTIPLE DRUG REGIMENT
23	HOME CARE GIVER AVAILABLE
24	HOME IV PATIENT ALSO RECEIVING - HHA SER
25	PATIENT IS NON-U.S. RESIDENT
26	VA ELIGIBLE PATIENT CHOOSES TO RECEIVE S
27	PATIENT REFERRED TO A SOLE COMMUNITY HOS
28	PATIENT AND /OR SPOUSE EGHP IS SECONDARY
29	DISABLED BENEFICIARY AND/OR FAMILY MEMBE
30	NON-RESEARCH SERVICES PROVIDED TO PATIEN
31	PATIENT IS STUDENT (FULL TIME DAY)
32	PATIENT IS STUDENT (COOPERATIVE/WORK STU
33	PATIENT IS STUDENT (FULL TIME NIGHT)
34	PATIENT IS STUDENT (PART TIME)
35	RESERVED FOR NATIONAL ASSIGNMENT
36	GENERAL CARE PATIENT IN A SPECIAL UNIT
37	WARD ACCOMMODATION AT PATIENT REQUEST
38	SEMI-PRIVATE ROOM NOT AVAILABLE
39	PRIVATE ROOM MEDICALLY NECESSARY
40	SAME DAY TRANSFER
41	PARTIAL HOSPITALIZATION
42	CONTINUING CARE NOT RELATED TO INPATIENT
43	CONTINUING CARE NOT PROVIDED WITHIN PRES
46	NON-AVAILABILITY STATEMENT ON FILE
47	RESERVED FOR CHAMPUS ASSIGNMENT
48	PSYCHIATRIC RESIDENTIAL TREATMENT CENTER

Code	Description
55	SNF BED NOT AVAILABLE
56	MEDICAL APPROPRIATENESS
57	SNF READMISSION
58	TERMINATED MEDICARE + CHOICE ORGANIZATIO
59	RESERVED FOR NATIONAL ASSIGNMENT
60	DAY OUTLIER
61	COST OUTLIER
62	PAYER CODES
66	PROVIDER DOES NOT WISH COST OUTLIER PAYM
67	BENEFICIARY ELECTS NOT TO USE LIFE TIME
68	BENEFICIARY ELECTS TO USE LIFE TIME RES
69	IME PAYMENT ONLY BILL
70	SELF-ADMINISTERED EPO
71	FULL CARE IN UNIT
72	SELF CARE IN UNIT
73	SELF CARE TRAINING
74	HOME
75	HOME - 100 PERCENT REIMBURSEMENT
76	BACK-UP IN FACILITY DIALYSIS
77	PROVIDER ACCEPTS OR IS OBLIGATED/REQUIRE
78	NEW COVERAGE NOT IMPLEMENTED BY HMO
79	CORF SERVICES PROVIDED OFFSITE
80	OP SURGERY
81	INDIAN HEALTH CLINIC
A0	CHAMPUS EXTERNAL PARTNERSHIP PROGRAM
A1	EPSDT/CHAP
A2	PHYSICALLY HANDICAPPED CHILDREN'S PROGRA
A3	SPECIAL FEDERAL FUNDING

Code	Description
A4	FAMILY PLANNING
A5	DISABILITY
A6	VACCINES/MEDICARE 100% PAYMENT
A7	INDUCED ABORTION - DANGER TO LIFE
A8	INDUCED ABORTION VICTIM RAPE/INCEST
A9	SECOND OPINION SURGERY
B0	MEDICARE COORDINATED CARE DEMONSTRATION
B1	BENEFICIARY IS INELIGIBLE FOR DEMONSTRAT
C1	APPROVED AS BILLED
C2	AUTOMATIC APPROVAL AS BILLED BASED ON FO
C3	PARTIAL APPROVAL
C4	ADMISSION/SERVICES DENIED
C5	POSTPAYMENT REVIEW APPLICABLE
C6	ADMISSION PREAUTHORIZATION
C7	EXTENDED AUTHORIZATION
C8	RESERVED FOR NATIONAL ASSIGNMENT
C9	RESERVED FOR NATIONAL ASSIGNMENT
D0	CHANGES TO SERVICE DATES
D1	CHANGES TO CHARGES
D2	CHANGES IN REVENUE CODES/HCPCS
D3	SECOND OR SUBSEQUENT INTERIM PPS BILL
D4	CHANGE IN GROUPER INPUT
D5	CANCEL TO CORRECT HICN OR PROVIDER ID
D6	CANCEL ONLY TO REPAY A DUPLICATE OR OIG
D7	CHANGE TO MAKE MEDICARE THE SECONDARY PA
D8	CHANGE TO MAKE MEDICARE THE PRIMARY PAYE
D9	ANY OTHER CHANGES
DR	DISASTER RELATED

Code	Description
E0	CHANGE IN PATIENT STATUS
E1	RESERVED FOR NATIONAL ASSIGNMENT
G0	DISTINCT MEDICAL VISIT
H0	DELAYED FILING STATEMENT OF INTENT SUBM
Y1	STATE DEFINED - DIALYSIS

68 Contract Types Code -- CDE_APPL_TYPE

68.1 Table Name -- T_PR_APPLN_TYPE

68.1.1 Contract Types Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_APPL_TYPE	A system generated number that uniquely identifies an application type	NUMBER	3	0	Yes

68.1.1.1 Contract Types Code Values

Code	Description
1	New Provider
2	Re-applicant
3	Change of Ownership
4	Reinstatement

69 Country Code -- CDE_COUNTRY

69.1 Table Name -- T_COUNTRY

69.1.1 Country Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	Yes

69.1.1.1 Country Code Values

CDE_COUNTRY	DSC_COUNTRY
AD	ANDORRA
AE	UNITED ARAB EMIRATES
AG	ANTIGUA AND BARBUDA
AI	ANGUILLA
AL	ALBANIA
AM	ARMENIA
AN	NETHERLANDS ANTILLES
AO	ANGOLA
AQ	ANTARCTICA
AR	ARGENTINA
AS	AMERICAN SAMOA
AT	AUSTRIA
AU	AUSTRALIA
AW	ARUBA
AX	ALAND ISLANDS
AZ	AZERBAIJAN
BA	BOSNIA AND HERZEGOVINA
BB	BARBADOS
BD	BANGLADESH
BE	BELGIUM
BF	BURKINA FASO

CDE_COUNTRY	DSC_COUNTRY
BG	BULGARIA
BH	BAHRAIN
BI	BURUNDI
BJ	BENIN
BM	BERMUDA
BN	BRUNEI DARUSSALAM
BO	BOLIVIA
BR	BRAZIL
BS	BAHAMAS
BT	BHUTAN
BV	BOUVET ISLAND
BW	BOTSWANA
BY	BELARUS
BZ	BELIZE
CA	CANADA
CC	COCOS (KEELING) ISLANDS
CD	CONGO, THE DEMOCRATIC REPUBLIC OF THE
CF	CENTRAL AFRICAN REPUBLIC
CG	CONGO
CH	SWITZERLAND
CI	COTE D'IVOIRE (IVORY COAST)
CK	COOK ISLANDS
CL	CHILE
CM	CAMEROON
CN	CHINA
CO	COLOMBIA
CR	COSTA RICA
CS	SERBIA AND MONTENEGRO

CDE_COUNTRY	DSC_COUNTRY
CU	CUBA
CV	CAPE VERDE
CX	CHRISTMAS ISLAND
CY	CYPRUS
CZ	CZECH REPUBLIC
DE	GERMANY
DJ	DJIBOUTI
DK	DENMARK
DM	DOMINICA
DO	DOMINICAN REPUBLIC
DZ	ALGERIA
EC	ECUADOR
EE	ESTONIA
EG	EGYPT
EH	WESTERN SAHARA
ER	ERITREA
ES	SPAIN
ET	ETHIOPIA
FI	FINLAND
FJ	FIJI
FK	FALKLAND ISLANDS (MALVINAS)
FM	MICRONESIA, FEDERATED STATES OF
FO	FAROE ISLANDS
FR	FRANCE
GA	GABON
GB	UNITED KINGDOM
GD	GRENADA
GE	GEORGIA

CDE_COUNTRY	DSC_COUNTRY
GF	FRENCH GUIANA
GH	GHANA
GI	GIBRALTAR
GL	GREENLAND
GM	GAMBIA
GN	GUINEA
GP	GUADELOUPE
GQ	EQUATORIAL GUINEA
GR	GREECE
GS	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
GT	GUATEMALA
GU	GUAM
GW	GUINEA-BISSAU
GY	GUYANA
HK	HONG KONG
HM	HEARD ISLAND AND MCDONALD ISLANDS
HN	HONDURAS
HR	CROATIA
HT	HAITI
HU	HUNGARY
ID	INDONESIA
IE	IRELAND
IL	ISRAEL
IN	INDIA
IO	BRITISH INDIAN OCEAN TERRITORY
IQ	IRAQ
IR	IRAN, ISLAMIC REPUBLIC OF
IS	ICELAND

CDE_COUNTRY	DSC_COUNTRY
IT	ITALY
JM	JAMAICA
JO	JORDAN
JP	JAPAN
KE	KENYA
KG	KYRGYZSTAN
KH	CAMBODIA
KI	KIRIBATI
KM	COMOROS
KN	SAINT KITTS AND NEVIS
KP	KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF (NORTH)
KR	KOREA, REPUBLIC OF (SOUTH)
KW	KUWAIT
KY	CAYMAN ISLANDS
KZ	KAZAKHSTAN
LA	LAO PEOPLE'S DEMOCRATIC REPUBLIC
LB	LEBANON
LC	SAINT LUCIA
LI	LIECHTENSTEIN
LK	SRI LANKA
LR	LIBERIA
LS	LESOTHO
LT	LITHUANIA
LU	LUXEMBOURG
LV	LATVIA
LY	LIBYAN ARAB JAMAHIRIYA
MA	MOROCCO
MC	MONACO

CDE_COUNTRY	DSC_COUNTRY
MD	MOLDOVA, REPUBLIC OF
MG	MADAGASCAR
MH	MARSHALL ISLANDS
MK	MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF
ML	MALI
MM	MYANMAR
MN	MONGOLIA
MO	MACAO
MP	NORTHERN MARIANA ISLANDS
MQ	MARTINIQUE
MR	MAURITANIA
MS	MONTSERRAT
MT	MALTA
MU	MAURITIUS
MV	MALDIVES
MW	MALAWI
MX	MEXICO
MY	MALAYSIA
MZ	MOZAMBIQUE
NA	NAMIBIA
NC	NEW CALEDONIA
NE	NIGER
NF	NORFOLK ISLAND
NG	NIGERIA
NI	NICARAGUA
NL	NETHERLANDS
NO	NORWAY
NP	NEPAL

CDE_COUNTRY	DSC_COUNTRY
NR	NAURU
NU	NIUE
NZ	NEW ZEALAND
OM	OMAN
PA	PANAMA
PE	PERU
PF	FRENCH POLYNESIA
PG	PAPUA NEW GUINEA
PH	PHILIPPINES
PK	PAKISTAN
PL	POLAND
PM	SAINT PIERRE AND MIQUELON
PN	PITCAIRN
PR	PUERTO RICO
PS	PALESTINIAN TERRITORY, OCCUPIED
PT	PORTUGAL
PW	PALAU
PY	PARAGUAY
QA	QATAR
RE	REUNION
RO	ROMANIA
RU	RUSSIAN FEDERATION
RW	RWANDA
SA	SAUDI ARABIA
SB	SOLOMON ISLANDS
SC	SEYCHELLES
SD	SUDAN
SE	SWEDEN

CDE_COUNTRY	DSC_COUNTRY
SG	SINGAPORE
SH	SAINT HELENA
SI	SLOVENIA
SJ	SVALBARD AND JAN MAYEN
SK	SLOVAKIA
SL	SIERRA LEONE
SM	SAN MARINO
SN	SENEGAL
SO	SOMALIA
SR	SURINAME
ST	SAO TOME AND PRINCIPE
SV	EL SALVADOR
SY	SYRIAN ARAB REPUBLIC
SZ	SWAZILAND
TC	TURKS AND CAICOS ISLANDS
TD	CHAD
TF	FRENCH SOUTHERN TERRITORIES
TG	TOGO
TH	THAILAND
TJ	TAJIKISTAN
TK	TOKELAU
TL	TIMOR-LESTE
TM	TURKMENISTAN
TN	TUNISIA
TO	TONGA
TR	TURKEY
TT	TRINIDAD AND TOBAGO
TV	TUVALU

CDE_COUNTRY	DSC_COUNTRY
TW	TAIWAN, PROVINCE OF CHINA
TZ	TANZANIA, UNITED REPUBLIC OF
UA	UKRAINE
UG	UGANDA
UM	UNITED STATES MINOR OUTLYING ISLANDS
US	UNITED STATES
UY	URUGUAY
UZ	UZBEKISTAN
VA	HOLY SEE (VATICAN CITY STATE)
VC	SAINT VINCENT AND THE GRENADINES
VE	VENEZUELA
VG	VIRGIN ISLANDS, BRITISH
VI	VIRGIN ISLANDS, U.S.
VN	VIET NAM
VU	VANUATU
WF	WALLIS AND FUTUNA
WS	SAMOA
YE	YEMEN
YT	MAYOTTE
ZA	SOUTH AFRICA
ZM	ZAMBIA
ZW	ZIMBABWE

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70 County Code -- CDE_COUNTY

70.1 Table Name -- T_COUNTY

70.1.1 County Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	A character code used to indicate a county in the state.	VARCHAR2	10	0	Yes

70.1.1.1 County Code Values

Code	Description
001	Adair
002	Allen
003	Anderson
004	Ballard
005	Barren
006	Bath
007	Bell
008	Boone
009	Bourbon
010	Boyd
011	Boyle
012	Bracken
013	Breathitt
014	Breckinridge
015	Bullitt
016	Butler
017	Caldwell
018	Calloway
019	Campbell
020	Carlisle

Code	Description
021	Carroll
022	Carter
023	Casey
024	Christian
025	Clark
026	Clay
027	Clinton
028	Crittenden
029	Cumberland
030	Daviess
031	Edmonson
032	Elliott
033	Estill
034	Fayette
035	Fleming
036	Floyd
037	Franklin
038	Fulton
039	Gallatin
040	Garrard
041	Grant
042	Graves
043	Grayson
044	Green
045	Greenup
046	Hancock
047	Hardin
048	Harlan

Code	Description
049	Harrison
050	Hart
051	Henderson
052	Henry
053	Hickman
054	Hopkins
055	Jackson
056	Jefferson
057	Jessamine
058	Johnson
059	Kenton
060	Knott
061	Knox
062	Larue
063	Laurel
064	Lawrence
065	Lee
066	Leslie
067	Letcher
068	Lewis
069	Lincoln
070	Livingston
071	Logan
072	Lyon
073	McCracken
074	McCreary
075	McLean
076	Madison

Code	Description
077	Magoffin
078	Marion
079	Marshall
080	Martin
081	Mason
082	Meade
083	Menifee
084	Mercer
085	Metcalfe
086	Monroe
087	Montgomery
088	Morgan
089	Muhlenberg
090	Nelson
091	Nicholas
092	Ohio
093	Oldham
094	Owen
095	Owsley
096	Pendleton
097	Perry
098	Pike
099	Powell
100	Pulaski
101	Robertson
102	Rockcastle
103	Rowan
104	Russell

Code	Description
105	Scott
106	Shelby
107	Simpson
108	Spencer
109	Taylor
110	Todd
111	Trigg
112	Trimble
113	Union
114	Warren
115	Washington
116	Wayne
117	Webster
118	Whitley
119	Wolfe
120	Woodford
121	Guardianship
200	Out of State
220	Alabama
221	Alaska
222	Arizona
223	Arkansas
224	California
225	Colorado
226	Connecticut
227	Delaware
228	District Col
229	Florida

Code	Description
230	Georgia
231	Hawaii
232	Idaho
233	Illinois
234	Indiana
235	Iowa
236	Kansas
237	Louisiana
238	Maine
239	Maryland
240	Massachusetts
241	Michigan
242	Minnesota
243	Mississippi
244	Missouri
245	Montana
246	Nebraska
247	Nevada
248	New Hampshire
249	New Jersey
250	New Mexico
251	New York
252	North Carolina
253	North Dakota
254	Ohio
255	Oklahoma
256	Oregon
257	Pennsylvania

Code	Description
258	Puerto Rico
259	Rhode Island
260	South Carolina
261	South Dakota
262	Tennessee
263	Texas
264	Utah
265	Vermont
266	Virginia
267	Virgin Island
268	Washington
269	West Virginia
270	Wisconsin
271	Wyoming
296	Canada
999	DEF PRICING

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71 Court Order Code -- CDE_COURT_ORDER

71.1 Table Name -- T_COURT_ORD_CDE

71.1.1 Court Order Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COURT_ORDER	This code identifies the court ordered coverage that must be provided by an absent parent.	CHAR	1	0	Yes

71.1.1.1 Court Order Code Values

Code	Description
N	No
Y	Yes

72 Coverage Type Code -- CDE_COVERAGE

72.1 Table Name -- T_COVERAGE_TYPE

72.1.1 Coverage Type Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COVERAGE	This code identifies the type of coverage that a TPL policy provides.	CHAR	2	0	Yes

72.1.1.1 Coverage Type Code Values

Code	Description
03	DENTAL
04	VISION
05	PHARMACY
06	MEDICARE SUPPLEMENT
07	NURSING FACILITIES
08	CHAMPUS
09	HEARING
10	NURSE PRACTITIONER
11	NURSE MIDWIFE
12	PODIATRIST
13	EPSDT
14	BLACK LUNG
15	HOSPITAL INPATIENT
16	HOSPITAL OUTPATIENT
17	INTENSIVE CARE
18	MENTAL HEALTH
19	SURGERY
20	ACCIDENT
21	CANCER
22	WAIVER

Code	Description
23	MEDICARE SUPPLEMENT PART A
24	MEDICARE SUPPLEMENT PART B
25	MEDICARE PART C
26	MEDICARE PART D
27	MEDICARE PART A AND B
28	HOSPITAL
29	MEDICAL

73 Crossover Specific Pricing Methods Code -- CDE_PRICING_XOVER

73.1 Table Name -- T_PRICING_XOVER

73.1.1 Crossover Specific Pricing Methods Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PRICING_XOVER	This is the special pricing method to be used to price crossover claims.	CHAR	6	0	Yes

73.1.1.1 Crossover Specific Pricing Methods Code Values

Code	Description
LT1918	Lesser of Mcaid or Mcare allowable
LTCPTA	LTC Part A claims
LTNQMB	Lesser of Mcaid or Mcare allow plus TPL
LTPD18	Lesser of Mcaid Per Diem and Mcare paid

74 Custody Status Code -- CDE_OFF_STAT

74.1 Table Name -- T_RE_OFF_STAT

74.1.1 Custody Status Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OFF_STAT	Code to uniquely identify an official status code and the associated description.	CHAR	2	0	Yes

74.1.1.1 Custody Status Code Values

Code	Description
99	Unknown

75 Day Code- CDE_DTE_DAY

75.1 Table Name -- T_CDE_DTE_DAY

75.1.1 Day Code Information

Subsystem: System Wide

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DTE_DAY	The day code.	NUMBER	4	0	Yes

75.1.1.1 Day Code Values

Code	Description
1	Sunday
2	Monday
3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

76 DESI Code -- CDE_DESI

76.1 Table Name -- T_DESI_CODE

76.1.1 DESI Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DESI	Values 0 - 1 are used with the DESI and DESI2 indicators and indicate this drugs is DESI (1) or DESI at one point in time, but no longer (0). Values 0, 2-6 are used with the HCFA DESI and indicate this drug's status as less than effective.	CHAR	1	0	Yes

76.1.1.1 DESI Code Values

Code	Description
	PRODUCT NEVER DECLARED DESI
0	DESI AT ONE POINT IN TIME
1	DESI
2	SAFE AND EFFECTIVE OR NON-DESI
3	DESI/IRS DRUGS UNDER REVIEW (NO NOOH ISSUED)
4	LESS THAN EFFECTIVE DESI/IRS DRUGS FOR SOME INDICATIONS
5	LESS THAN EFFECTIVE DESI/IRS DRUGS FOR ALL INDICATIONS
6	LESS THAN EFFECTIVE DESI/IRS DRUGS REMOVED FROM THE MARKET
7	test

77 Diagnosis Type Code -- SAK_DIAG_TYPE

77.1 Table Name -- T_DIAG_TYPE

77.1.1 Diagnosis Type Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG_TYPE	System assigned key for a unique diagnosis type, that represents a collection of diagnosis codes.	NUMBER	9	0	Yes

77.1.1.1 Diagnosis Type Code Values

Code	Description
1	High Risk Pregnancy Combo
2	High Risk Pregnancy
3	New Born
4	Unspecified Administrative
5	Prenatal Care
6	Pregnancy
7	Preventative Pediatric
8	Cancer
9	Mental Health
10	Abortion
11	Sterilization
12	EPSDT1
13	EPSDT2
14	EPSDT3
15	EPSDT4
16	EPSDT5
17	High Risk Pregnancy 2
18	Vascular Diagnostic Study

Code	Description
19	HBO Therapy
20	EPSDT - Well Child Diagnosis Codes
21	Emergency
22	Family Plan 1 (Edit 1011)
23	Family Plan 2 (Edit 1011)
24	Excluded (Edit 1011)
25	PAS Exception
26	RBMC Exclude Diag (2017)
27	BLTE Diagnosis CMS-416
28	EPSDT8 HCFA-416
29	EPSDT9 HCFA-416
30	EPSDT10 HCFA-416
31	SOBRA Pregnant women
32	Accident/Trauma
33	Out of State – Ante partum/Delivery
35	trauma codes
36	TPL Birth Expenditures
37	Sterilization MAR/MSIS
38	Abortions MAR/MSIS
39	Family Planning MAR/MSIS
40	Deliveries MAR/MSIS
41	Hysterectomy MAR/MSIS
101	test case scenario
1001	Detoxification
1002	Psychiatric Diagnosis
1003	Rehabilitation
1004	Maternity Care
1005	Cancer

Code	Description
1006	Chemo
1007	TPL PSYCHIATRIC DIAGNOSES
1009	This is to see if we can Modify
1011	Hemophilia Dx for Stop Loss
1012	EPSDT Abnormality Codes
1017	SIT TEST
1018	cvx
1019	test
1021	Confidential Diagnosis Codes
1022	Confidential Diagnosis Group
1025	Test of the Diagnosis Group Panel
1026	Test 2 of the Diagnosis Group Panel

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78 Disposition Status Code -- CDE_DISP_STATUS

78.1 Table Name -- T_CDE_DISP_STATUS

78.1.1 Patient Disposition Status Code Information

Subsystem : Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DISP_STATUS	Code that represents the action (pay, deny, suspend, super suspend, Pay and List) that should be taken on a claim at dispositioning time.	CHAR	1	0	Yes

78.1.1.1 Patient Disposition Status Code Values

Code	Description
D	DENIED
I	INACTIVE
P	PAY & LIST
S	SUSPENDED
T	T THRESHOLD (Encounters)
X	SUPERSUSPENDED

79 Dosage Form Code CDE_DOSAGE_FORM

79.1 Table Name -- T_CDE_DOSAGE_FORM

79.1.1 Dosage Form Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DOSAGE_FORM	An abbreviated two-byte code (GCDF on NDDF update) is available for applications. Users may request the code in addition to or instead of the description.	CHAR	2	0	Yes

79.1.1.1 Dosage Form Code Values

Code	Description
0A	UNIDENTIFIED
1B	BLADDER IRRIGATION
1C	CACHET
1D	CAPSULE, HARD
1E	CAPSULE, SOFT
1F	COATED TABLET
1G	COLLODION
1H	COMPRESSED LOZENGE
1I	CONCENTRATE FOR HAEMODIALYSIS
1J	CONCENTRATE FOR RECTAL SOLUTIO
1K	CONCENTRATE FOR SOLUTION FOR I
1L	CONCENTRATE FOR SOLUTION FOR I
1M	CUTANEOUS EMULSION
1N	CUTANEOUS FOAM
1O	CUTANEOUS PASTE
1P	CUTANEOUS POWDER

Code	Description
1Q	CUTANEOUS SOLUTION
1R	CUTANEOUS SPRAY, POWDER
1S	CUTANEOUS SPRAY, SOLUTION
1T	CUTANEOUS SPRAY, SUSPENSION
1U	CUTANEOUS STICK
1V	CUTANEOUS SUSPENSION
1W	DENTAL EMULSION
1X	DENTAL GEL
1Y	DENTAL POWDER
1Z	DENTAL SOLUTION
2A	DENTAL STICK
2B	DENTAL SUSPENSION
2C	EAR CREAM
2D	EAR DROPS, EMULSION
2E	EAR DROPS, SOLUTION
2F	EAR DROPS, SUSPENSION
2G	EAR GEL
2H	EAR OINTMENT
2I	EAR POWDER
2J	EAR SPRAY, EMULSION
2K	EAR SPRAY, SOLUTION
2L	EAR SPRAY, SUSPENSION
2M	EAR STICK
2N	EAR TAMPON
2O	EAR WASH, EMULSION
2P	EAR WASH, SOLUTION
2Q	EFFERVESCENT VAGINAL TABLET
2R	EMULSION FOR INFUSION

Code	Description
2S	EMULSION FOR INJECTION
2T	ENDOCERVICAL GEL
2U	ENDOTRACHEOPULMONARY INSTIL.PW
2V	ENDOTRACHEOPULMONARY INSTIL.PW
2W	ENDOTRACHEOPULMONARY INSTIL.,
2X	ENDOTRACHEOPULMONARY INSTIL.,
2Y	EYE CREAM
2Z	EYE DROPS,POWDER & SOLVENT FOR
3A	EYE DROPS,POWDER & SOLVENT FOR
3B	EYE DROPS, PROLONGED RELEASE
3C	EYE DROPS, SOLUTION
3D	EYE DROPS, SOLVENT FOR RECONST
3E	EYE DROPS, SUSPENSION
3F	EYE GEL
3G	EYE LOTION
3H	EYE LOTION, SOLVENT FOR RECONS
3I	EYE OINTMENT
3J	FILM COATED TABLET
3K	GARGLE
3L	GARGLE, POWDER FOR SOLUTION
3M	GARGLE, TABLET FOR SOLUTION
3N	GASTRO-RESISTANT CAPSULE, HARD
3O	GASTRO-RESISTANT CAPSULE, SOFT
3P	GASTRO-RESISTANT GRANULES
3Q	GASTRO-RESISTANT TABLET
3R	GASTROENTERAL EMULSION
3S	GASTROENTERAL SOLUTION
3T	GASTROENTERAL SUSPENSION

Code	Description
3U	GINGIVAL GEL
3V	GINGIVAL PASTE
3W	GINGIVAL SOLUTION
3X	GRANULES FOR ORAL SOLUTION
3Y	GRANULES FOR ORAL SUSPENSION
3Z	GRANULES FOR SYRUP
4B	IMPLANTATION CHAIN
4C	IMPLANTATION TABLET
4D	IMPREGNATED DRESSING
4E	INHALATION EMULSION
4F	INHALATION GAS
4G	INHALATION POWDER
4H	INHALATION POWDER, HARD CAPSUL
4I	INHALATION POWDER, PRE-DISPENS
4J	INHALATION SOLUTION
4K	INHALATION SUSPENSION
4L	INHALATION VAPOUR, LIQUID
4M	INHALATION VAPOUR, OINTMENT
4N	INHALATION VAPOUR, SOLUTION
4O	INHALATION VAPOUR, TABLET
4Q	MODIFIED RELEASE CAPSULE
4R	MODIFIED RELEASE GRANULES
4S	MODIFIED RELEASE TABLET
4T	MOUTH WASH, TABLET FOR SOLUTIO
4U	MUCO-ADHESIVE BUCCAL TABLET
4V	NASAL CREAM
4W	NASAL DROPS, EMULSION
4X	NASAL DROPS, SOLUTION

Code	Description
4Y	NASAL DROPS, SUSPENSION
4Z	NASAL GEL
5A	NASAL OINTMENT
5B	NASAL POWDER
5C	NASAL SPRAY, EMULSION
5D	NASAL SPRAY, SOLUTION
5E	NASAL SPRAY, SUSPENSION
5F	NASAL STICK
5G	NASAL WASH
5H	OPHTHALMIC INSERT
5I	ORAL DROPS, EMULSION
5J	ORAL DROPS, SOLUTION
5K	ORAL DROPS, SUSPENSION
5L	ORAL EMULSION
5M	ORAL GEL
5N	ORAL LYOPHILISATE
5O	ORAL POWDER
5P	OROMUCOSAL CAPSULE, SOFT
5Q	OROMUCOSAL DROPS
5R	OROMUCOSAL GEL
5S	OROMUCOSAL PASTE
5T	OROMUCOSAL SOLUTION
5U	OROMUCOSAL SPRAY, SOLUTION
5V	OROMUCOSAL SUSPENSION
5W	POWDER AND SOLVENT FOR ENDOCER
5X	POWDER AND SOLVENT FOR ORAL SO
5Y	POWDER AND SOLVENT FOR ORAL SU
5Z	POWDER & SOLVENT FOR SOL. FOR

Code	Description
6A	POWDER & SOLVENT FOR SOL. FOR
6B	POWDER & SOLVENT FOR SUSP. FOR
6C	POWDER FOR BLADDER IRRIGATION
6D	POWDER FOR ORAL SOLUTION
6E	POWDER FOR ORAL SUSPENSION
6F	POWDER FOR RECTAL SOLUTION
6G	POWDER FOR RECTAL SUSPENSION
6H	POWDER FOR SOLUTION FOR INFUSI
6I	POWDER FOR SOLUTION FOR INJECT
6J	POWDER FOR SUSPENSION FOR INJE
6K	POWDER FOR SYRUP
6L	PRESSURISED INHALATION, EMULSI
6M	PRESSURISED INHALATION, SOLUTI
6N	PRESSURISED INHALATION, SUSPEN
6O	PROLONGED RELEASE CAPSULE, HAR
6P	PROLONGED RELEASE CAPSULE, SOF
6Q	PROLONGED RELEASE GRANULES
6S	RADIONUCLIDE GENERATOR
6T	RADIOPHARMACEUTICAL PRECURSOR
6U	RECTAL CAPSULE, SOFT
6V	RECTAL CREAM
6W	RECTAL EMULSION
6X	RECTAL FOAM
6Y	RECTAL GEL
6Z	RECTAL OINTMENT
7A	RECTAL SOLUTION
7B	RECTAL SUSPENSION
7C	RECTAL TAMPON

Code	Description
7D	SEALANT
7E	SOLUTION FOR HAEMODIALYSIS
7F	SOLUTION FOR HAEMOFILTRATION
7G	SOLUTION FOR INFUSION
7H	SOLUTION FOR INJECTION
7I	SOLUTION FOR IONTOPHORESIS
7J	SOLUTION FOR ORGAN PRESERVATIO
7L	SOLVENT FOR PARENTERAL USE
7M	STOMACH IRRIGATION
7N	SUSPENSION FOR INJECTION
7O	TABLET FOR RECTAL SOLUTION
7P	TABLET FOR RECTAL SUSPENSION
7Q	TABLET FOR VAGINAL SOLUTION
7R	TRANSDERMAL PATCH
7S	URETHRAL GEL
7T	URETHRAL STICK
7U	VAGINAL CAPSULE, HARD
7V	VAGINAL CAPSULE, SOFT
7W	VAGINAL CREAM
7X	VAGINAL DEVICE
7Y	VAGINAL EMULSION
7Z	VAGINAL FOAM
8A	VAGINAL GEL
8B	VAGINAL OINTMENT
8C	VAGINAL SOLUTION
8D	VAGINAL SUSPENSION
8E	VAGINAL TABLET
8F	VAGINAL TAMPON

Code	Description
8G	WOUND STICK
8H	PACKET (EA)
8I	PACKET (ML)
8J	PACKET (GM)
AA	AEROSOL (ML)
AB	AEROSOL (GM)
AC	AEROSOL (EA)
AD	AEROSOL REFILL (ML)
AE	AEROSOL REFILL (EA)
AF	FOAM (GM)
AG	AEROSOL REFILL (GM)
AH	AEROSOL W/ADAPTER (ML)
AI	AEROSOL W/ADAPTER (EA)
AJ	AEROSOL W/ADAPTER (GM)
AK	AEROSOL, POWDER (EA)
AL	AMPUL FOR NEBULIZATION (ML)
AM	AEROSOL, MIST
AN	VIAL, NEBULIZER (ML)
AO	AEROSOL, BREATH ACTIVATED
AP	AEROSOL, POWDER (GM)
AQ	AEROSOL, SPRAY, (GM)
AR	SPRAY, NON-AEROSOL REFILL (ML)
AS	AEROSOL, SPRAY (ML)
AT	AEROSOL, SPRAY W/PUMP (ML)
AU	SPRAY, NON-AEROSOL (ML)
AV	FOAM (ML)
AW	AEROSOL, FOAM WITH APPLICATOR
AX	SPRAY, NON-AEROSOL (EA)

Code	Description
AY	AEROSOL POWDER, BREATH ACTIVAT
AZ	AEROSOL, POWDER (ML)
BA	BATH (EA)
BB	BATH (ML)
BC	BATH (GM)
BD	SPRAY, NON-AEROSOL (GM)
BE	VIAL, NEBULIZER (EA)
BF	AMPUL FOR NEBULIZATION (EA)
BG	AMPUL WITH PUMP SPRAY DEVICE
BH	AEROSOL POWDER, BREATH ACTIVAT
CA	CAPSULE (HARD, SOFT, ETC.)
CB	CAPSULE, SUSTAINED RELEASE 12
CC	CAPSULE, SUSTAINED RELEASE 24
CD	CAPSULE, WITH INHALATION DEVIC
CE	CAPSULE,DELAYED RELEASE (ENTER
CF	CAPSULE, DELAYED RELEASE (OBS
CG	CAPSULE, MULTIPHASIC RELEASE 3
CH	CAPSULE, MULTIPHASIC RELEASE 5
CI	CAPSULE, MULTIPHASIC RELEASE 1
CJ	CAPSULE, MULTIPHASIC RELEASE 2
CK	CAPSULE, SPRINKLE
CL	CAPSULE, SPRINKLE SUSTAINED AC
CM	CAPSULE, MULTIPHASIC RELEASE
CN	CAPSULE, SUSTAINED RELEASE PEL
CO	CAPSULE, 12HR SUSTAINED RELEAS
CP	CAPSULE, 24HR SUSTAINED RELEAS
CQ	CAPSULE, SEQUENTIAL
CR	CAPSULE, SUSTAINED ACTION 24 H

Code	Description
CS	CAPSULE, SUSTAINED ACTION
CT	CAPSULE, DEGRADABLE CONTROLLED
DA	DROPPERETTE, SUSPENSION
DP	DROPPERETTE, SINGLE-USE DROP D
DS	SUSPENSION,DELAYED RELEASE,REC
EA	EACH
EB	BAR
EC	CAKE
ED	SOAP, MEDICATED (EA)
EE	SOAP, LIQUID
EF	DENTAL CONE
EG	STICK (GM)
EH	STICK (EA)
EI	CEMENT (GM)
EJ	PLASTER
EK	POULTICE
EL	SWAB, MEDICATED
EM	CONE, MEDICATED
EN	TAPE, MEDICATED
EP	SOAP, MEDICATED (ML)
ER	SOAP, MEDICATED (GM)
ET	PADS, MEDICATED (EA)
FA	FLASK FOR LIQUIDS
FB	FLASK FOR SOLIDS
FH	NAIL FILM SUSPENSION (ML)
FI	FILM, MEDICATED (EA)
FS	SHEET (EA)
GA	GAS

Code	Description
GH	INHALER (ML)
GI	INHALER (EA)
GJ	INHALER (GM)
GK	DISK, WITH INHALATION DEVICE
GY	SYRINGE KIT (EA)
GZ	INHALER KIT (EA)
HA	INFUSION BOTTLE (EA)
HB	INFUSION BOTTLE (ML)
HC	PIPETTE (EA)
HD	PIPETTE (ML)
HE	ALLERGEN
HF	TINE, SUSPENSION (EA)
HG	AMPUL WITH DEVICE (ML)
HH	AMPUL (ML)
HI	CARTRIDGE (EA)
HJ	CARTRIDGE (ML)
HK	IV SOLUTION, PIGGYBACK PREMIX
HL	BULK BAG, INJECTION (GM)
HM	INTRAVENOUS SOLUTION
HN	INTRAVENOUS SOLUTION, PIGGYBAC
HO	PATIENT CONTROLLED ANALGESIC S
HP	INTRAVENOUS SOLUTION, PIGGYBAC
HQ	DISPOSABLE SYRINGE (ML)
HR	AMPUL (EA)
HS	VIAL (SDV,MDV OR ADDITIVE) (E
HT	SKIN TEST
HU	PLASTIC BAG, INJECTION (EA)
HV	VIAL (SDV,MDV OR ADDITIVE) (M

Code	Description
HW	ADDITIVE SYRINGE (ML)
HX	DISPOSABLE SYRINGE (EA)
HY	INTRAPERITONEAL SOLUTION(ML)
HZ	PLASTIC BAG, INJECTION (ML)
IA	IMPLANT (EA)
IB	IV SOLUTION, PIGGYBACK, BOTTLE
IC	PIGGYBACK WITH VIAL PORT (NON-
IE	PIGGYBACK WITH THREADED PORT (
IF	VIAL WITH THREADED PORT (EA)
IG	VIAL WITH THREADED PORT (ML)
IJ	PEN INJECTOR (ML)
IK	PEN INJECTOR KIT (EA)
IN	PEN INJECTOR (EA)
IO	INSULIN PEN (ML)
IP	INSULIN PEN (EA)
IR	PREFILLED PUMP RESERVOIR
JA	JELLY (GM)
JB	JEL (ML)
JC	GEL (ML)
JD	JEL (GM)
JE	BEADS (GM)
JF	GEL (EA)
JG	GEL (GM)
JH	PUDDING (EA)
JI	GLOBULE
JJ	PUDDING (GM)
JK	GRANULES IN STRAW
JL	POWDER IN PACKET

Code	Description
JM	PACKET, SUSTAINED RELEASE GRAN
JN	EMULSION IN PACKET
JO	GEL IN PACKET (ML)
JP	GEL IN PACKET (GM)
JQ	GRANULES IN PACKET (EA)
JR	GEL IN METERED-DOSE PUMP
JS	GEL-FORMING SOLUTION
JT	JELLY WITH PREFILLED APPLICATO
JU	GEL WITH PREFILLED APPLICATOR
JV	GEL WITH APPLICATOR (GM)
JW	JELLY WITH APPLICATOR (GM)
JX	GEL WITH APPLICATOR (ML)
JY	SOLUTION WITH APPLICATOR (EA)
JZ	LOTION WITH APPLICATOR
KA	CREAM (GRAMS)
KB	CREAM, SUSTAINED RELEASE (GM)
KC	SUSPENSION, TOPICAL (GM)
KD	GEL, SUSTAINED RELEASE (ML)
KE	LOTION, SUSTAINED RELEASE
KF	SOLUTION WITH PREFILLED APPLIC
KG	OINTMENT IN PACKET
KH	CREAM IN PACKET
KI	SOLUTION IN PACKET
KJ	DUODENAL PUMP GEL
KL	LUBRICANT
KM	CREAM (MILLILITERS)
KN	GEL IN PACKET (EA)
KO	FILM-FORMING SOLUTION

Code	Description
KP	PASTE (GM)
KQ	PASTE (ML)
KT	TOOTHPASTE
KV	CREAM WITH PREFILLED APPLICATO
KW	CREAM WITH APPLICATOR
LP	LOZENGE ON A HANDLE
MA	MUCOADHESIVE SYSTEM, 12HR SUST
OA	OINTMENT(GM)
OB	OINTMENT(ML)
OC	OINTMENT(EA)
OV	OINTMENT WITH PREFILLED APPLIC
OW	OINTMENT WITH APPLICATOR
PA	POWDER (GM)
PB	LEAVES (GM)
PC	CRYSTALS
PD	SUSPENSION, RECONSTITUTED, ORA
PE	POWDER EFFERVESCENT (GM)
PF	FLAKES (GM)
PG	GRANULES;POWDER-LIKE,NON-EFERV
PH	DROPS, RECONSTITUTED, ORAL
PI	SOLUTION, RECONSTITUTED, ORAL
PJ	SUSPENSION, 12 HR SUSTAINED RE
PK	PATCH, TRANSDERMAL WEEKLY
PL	CLEANSER (GM)
PM	LUMP (GM)
PN	CLEANSER (ML)
PO	EFFERVESCENT POWDER IN PACKET
PP	PACKET

Code	Description
PQ	PATCH, TRANSDERMAL SEMIWEEKLY
PR	PATCH, TRANSDERMAL 72 HOURS
PS	ADHESIVE PATCH, MEDICATED
PT	TOOTH POWDER (GM)
PU	POWDER (EACH)
PV	PATCH, TRANSDERMAL 24 HOURS
PW	TEA (EA)
PX	TEA (GM)
PY	SUSPENSION, 24 HR SUSTAINED RE
PZ	SUSPENSION IN PACKET (EA)
QA	SUPPOSITORY, RECTAL
QB	INSERT
QC	SUPPOSITORY, VAGINAL
QD	SUPPOSITORY, URETHRAL
QE	SUSPENSION, SUSTAINED RELEASE
QF	SUSPENSION, RECONSTITUTED, ORA
QG	PATCH, TRANSDERMAL WEEKLY, SEQ
QH	PATCH, TRANSDERMAL DAILY, SEQU
QI	SUSPENSION, SUSTAINED RELEASE,
QJ	ADHESIVE PATCH, MEDICATED SELF
QK	ADHESIVE PATCH, SELF-HEAT
QL	INSERT, SUSTAINED RELEASE
QM	PATCH, IONTOPHORETIC
QN	PATCH, IONTOPHORETIC PCA
QV	RING, VAGINAL
RA	SOLUTION (GM)
RB	EMULSION (GM)
RC	SHAMPOO (GM)

Code	Description
RD	SHAMPOO LOTION (GM)
RE	SHAMPOO CREAM (GM)
RF	SYRUP (GM)
RG	SUSPENSION, MICROCAPSULE RECON
RH	DROPS, VISCOUS
RI	DROPS, ONCE DAILY
RJ	SOLUTION, SEQUENTIAL
RL	LIQUID (GM)
RM	PELLET (GM)
SA	SOLUTION, NON-ORAL
SB	FLUID EXTRACT
SC	SUSPENSION, ORAL (FINAL DOSE F
SD	DOUCHE
SE	ELIXIR
SF	ENEMA (ML)
SG	ENEMA (EA)
SH	EXPECTORANT
SI	LINIMENT
SJ	SOLUTION, ORAL
SK	LOTION (ML)
SL	LIQUID (ML)
SM	MOUTHWASH
SN	SUSPENSION, DROPS(FINAL DOSAGE
SO	DROPS
SP	SPIRIT
SQ	OIL
SR	SUSPENSION, TOPICAL (ML)
SS	SHAMPOO

Code	Description
ST	SYRUP
SU	EMULSION
SV	GRANULES, EFFERVESCENT
SW	SOLUTION, IRRIGATION
SX	TINCTURE
SY	CONCENTRATE, ORAL
SZ	LOTION (GM)
TA	TABLET
TB	TABLET, SOLUBLE
TC	TABLET, CHEWABLE
TD	DISK
TE	TABLET, DELAYED RELEASE (ENTER
TF	TABLET, EFFERVESCENT
TG	GUM
TH	TABLET, HYPODERMIC
TI	TABLET, SUSTAINED RELEASE 24HR
TJ	TABLET, DISPERSIBLE
TK	GUM(GM)
TL	LOZENGE
TM	TABLET, SUSTAINED RELEASE 12HR
TN	TABLET, GRANULE-LIKE OR PACKET
TO	TABLET,SUSTAINED RELEASE 12HR
TP	PELLET (EA)
TQ	TABLET, SUST.RELEASE,PARTICLES
TR	TABLET, PARTICLES/CRYSTALS IN
TS	TABLET, SUSTAINED ACTION
TT	TROCHE
TU	TABLET, SUBLINGUAL

Code	Description
TV	TABLET, BUCCAL
TW	WAFER
TX	PILL
TY	TABLET, BUCCAL SUSTAINED ACTIO
TZ	TABLET, SUST. RELEASE OSMOTIC
UA	TABLET, SEQUENTIAL
UB	TABLET, MULTIPHASIC RELEASE
UC	TABLET, DELAYED RELEASE (OBS 0
UD	TABLET, DOSE PACK
UE	TABLET, SUSTAINED ACTION SEQUE
UF	TABLET, SUSTAINED RELEASE 8HR
UG	CAPSULE, DOSE PACK
UH	TABLET, DOSE PACK, 3 MONTHS
UI	TABLET, SR OSMOTIC PUSH 24HR
UJ	TABLET, RAPID DISSOLVE, DELAYE
UK	TABLET, SR OSMOTIC PUSH 12HR
UL	TABLET, RAPID DISSOLVE
UM	TABLET, DISPERSABLE, DELAYED R
UN	UNIT
UO	TABLET, MULTIPHASIC RELEASE 12
UP	TABLET, MULTIPHASIC RELEASE 24
UQ	TABLET AND CAPSULE, DOSE PACK
UR	TABLET AND CAPSULE, SEQUENTIAL
WA	WAX (GM)
WB	TAR (GM)
WH	WHIP (GM)
WI	WIRE
YA	NEEDLE, REUSABLE

Code	Description
YB	BULK
YC	SYRINGE, REUSABLE
YD	DIAPHRAGM
YE	BANDAGE
YF	LENS
YG	GAUZE, NON-MEDICATED
YH	NEEDLE, DISPOSABLE
YI	INTRAUTERINE DEVICE
YJ	SYRINGE, CORNWALL
YK	KIT
YL	SYRINGE, EMPTY DISPOSABLE
YM	PAD
YN	TAMPON
YO	TOWELETTE (EA)
YP	INTRAPERITONEAL ADMIN.SETS-PAR
YQ	INFUSION SETS-PARAPHERNALIA
YR	STRIP
YS	SUTURE
YT	TAPE, NON-MEDICATED
YU	IRRIGATION SET
YV	SPONGE
YW	SWAB, NON-MEDICATED
YX	INTRAVENOUS ADMIXTURE ACCESSOR
YY	KIT,REFILL
YZ	BLOOD ADMINISTRATION SET
ZA	MISCELLANEOUS
ZB	BOX
ZC	BOTTLE

Code	Description
ZD	COMBINATION PACKAGE
ZE	CARTON
ZP	PACKAGE
ZT	TRAY

80 Drug Category Code -- CDE_DRUG_CATGRY

80.1 Table Name -- T_DRUG_CAT_CODE

80.1.1 Drug Category Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_CATGRY	The Drug Category Code indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.	CHAR	1	0	Yes

80.1.1.1 Drug Category Code Values

Code	Description
0	UNSPECIFIED
1	DRUGS TO TREAT IMPOTENCY
2	GROWTH HORMONE, GHRH, AND RELATED AGENTS
A	ANTI-ANXIETY AGENTS
B	FERTILITY AGENTS
C	CONTRACEPTIVES, ORAL
D	DIAGNOSTICS
E	FLUORIDE PREPARATIONS (EXCL.VIT.COMB.)
F	ANTIOBESITY DRUGS
G	ANTACIDS
H	HEMATINICS
I	INSULINS
J	SMOKING DETERRENTS
K	AIDS RELATED
L	LAXATIVES
M	REUSABLE NEEDLES (ALL)
N	DISPOSABLE NEEDLES (ALL)
O	REUS.SYRINGES W/WO NEEDLES (NON-INSULIN)

Code	Description
P	DISP.SYRINGES W/WO NEEDLES (NON-INSULIN)
Q	REUSABLE SYRINGES W/WO NEEDLES (INSULIN)
R	DISP.SYRINGES W/WO NEEDLES (INSULIN)
S	DIABETIC SUPPLIES, MISC.
T	CONTRACEPTIVES, TOPICAL
U	NON-REIMBURSABLE COSMETIC INDICATIONS
V	VITAMINS, COMMONLY EXCLUDED
W	CONTRACEPTIVES, SYSTEMIC, NON-ORAL
Y	OSTOMY SUPPLIES
Z	ATTENTION DEFICIT DISORDER/NARCOLEPSY

81 Drug Enforcement Administration (DEA) Code -- CDE_DEA

81.1 Table Name -- T_DEA_CODE

81.1.1 Drug Enforcement Administration (DEA) Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DEA	The Drug Enforcement Administration (DEA) code denotes the degree of potential abuse and Federal control of a drug. This code is subject to change by Federal regulation.	CHAR	1	0	Yes

81.1.1.1 Drug Enforcement Administration (DEA) Code Values

Code	Description
0	No control
2	Morphine, Meperidine, Amphetamines, etc., most potential for abuse
3	Aspirin/Codeine, etc., less abused
4	Diazepam, etc., potential abuse
5	CONTROLLED SALE BY PHARMACY ONLY
6	TESTING

82 Drug Route Administration Code -- CDE_ROUTE_ADMIN

82.1 Table Name -- T_CDE_DRUG_ROUTE

82.1.1 Drug Route Administration Code Information

Subsystem : Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ROUTE_ADMIN	The Route indicates the normal site or method by which a drug is administered. On the NDDF alternate forms of the route description are available in two codes: A one-byte route code (GCRT) is available for applications where the description is transparent to the user. A two-byte route code (GCRT2) is available as an abbreviation. This is the one-byte code (GCRT).	CHAR	1	0	Yes

82.1.1.1 Drug Route Administration Code Values

Code	Description
0	HEMODIALYSIS
1	ORAL
2	INJECTION(UNSPECIFIED PARENTERAL ROUTES)
3	RECTAL
4	MUCOUS MEMBRANE (TOPICAL MOUTH & THROAT)
5	TOPICAL (HAIR, NAILS AND SKIN)
6	OPHTHALMIC (INCLUDES EYE-EAR PREPS)
7	NASAL
8	OTIC
9	INTRADERMAL
@	TESTING
A	INTRAVENOUS (ONLY)

Code	Description
B	BUCCAL
C	INTRAMUSCULAR (ONLY; REPOSITORY; ETC.)
D	DENTAL
E	EPIDURAL (ONLY)
F	PERFUSION
G	SUBCUTANEOUS
H	INHALATION
I	INTRACAVERNOSAL
J	INTRAARTERIAL
K	INTRAARTICULAR
L	TRANSLINGUAL
M	MISCELL. (NON-DRUG OR COMBO ROUTE DRUG)
N	IMPLANTATION
O	INTRATHECAL
P	INTRAPERITONEAL
Q	INTRAVESICAL
R	IRRIGATION (BLADDER, WOUNDS, ETC.)
S	SUBLINGUAL
T	TRANSDERMAL
U	URETHRAL
V	VAGINAL
W	INTRAOCULAR
X	INTRAPLEURAL
Y	IN VITROS
Z	INTRAUTERINE

83 Dual Eligibility Code -- CDE_DUAL_ELIG

83.1 Table Name -- T_CDE_MSIS_DUAL_ELIG

83.1.1 Dual Eligibility Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DUAL_ELIG	Code indicating coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.	CHAR	2	0	Yes

83.1.1.1 Dual Eligibility Code Values

Code	Description
01	Eligible is entitled to Medicare- QMB only
02	Eligible is entitled to Medicare- QMB AND Medicaid coverage including RX (Medicaid drug coverage criterion only applies through December 2005)
03	Eligible is entitled to Medicare- SLMB only
04	Eligible is entitled to Medicare- SLMB AND Medicaid coverage including RX (Medicaid drug coverage criterion only applies through December 2005)
05	Eligible is entitled to Medicare- QDWI
06	Eligible is entitled to Medicare- Qualifying individuals
08	Eligible is entitled to Medicare - Other Dual Eligibles (Non QMB, SLMB,QWDI or QI) with Medicaid coverage including RX (Medicaid drug coverage criterion only applies through December 2005)
09	Eligible is entitled to Medicare - Other Dual Eligibles
99	Eligibles Medicare status is unknown.

84 EFT Status Codes – CDE_STATUS_EFT

84.1 Table Name -- T_FIN_CDE_EFT_STATUS

84.1.1 EFT Status Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS_EFT	Identfies the status of the EFT	CHAR	1	0	Yes

84.1.1.1 EFT Status Code Values

Code	Description
1	Prenotification
2	Active
3	Cancelled
4	Interrupt
0	Pending
5	Failed
6	Expired

85 Eligibility Codes (Part B) -- CDE_BUY_ELIG

85.1 Table Name -- T_CDE_BUY_ELIG

85.1.1 Eligibility Codes (Part B) Information

Subsystem: Buy In

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	Yes

85.1.1.1 Eligibility (Part B) Code Values

Code	Description
	Blank for Part A transactions
L	Specified Low Income Medicare Beneficiary (SLMB)
P	Qualified Medicare Beneficiary (QMB)
U	Qualified Individuals 1(QI1)

86 Eligibility Stop Reason Code – CDE_STOP

86.1 Table Name -- T_RE_ELIG_STOP

86.1.1 Eligibility Stop Reason Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STOP	Alphabetic code for the termination of an eligibility period for a Medicaid recipient.	CHAR	3	0	No

86.1.1.1 Eligibility Stop Reason Code Values

CODE	DESCRIPTION
	Default Value
001	Death
011	Moving into State
023	Privileges Abused
033	Under Investigation
042	Moved Out of State
043	Unable to locate
044	Failed to Cooperate
045	Failed Verification
048	Institutionalized
060	Temporarily Inelig

87 End Date Reason Code -- CDE_PR_ID_END_RSN

87.1 Table Name -- T_PR_ID_END_RSN

87.1.1 End Date Reason Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PR_ID_END_RSN	Reason code for end dating the T_PR_IDENTIFIER segment	CHAR	3	0	Yes

87.1.1.1 End Date Reason Code Values

Code	Description
FR	Fraud and abuse
OT	Other

88 Enrollment Programs Code -- SAK_PROV_PGM

88.1 Table Name -- T_PR_ENROLL_PGM

88.1.1 Enrollment Programs Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_PGM	This is the system assigned key to the provider contract under which providers may be enrolled.	NUMBER	9	0	Yes

88.1.1.1 Enrollment Programs Code Values

Code	Description
3	PARTNERSHIP
8	NON-EMERGENCY TRANS
9	KENPAC
10	KCHIP III
11	LOCK-IN MEDICAL
112	Comp Outpt Rehab Fac
113	Psych Resdntl Tx Fac
114	Ambulatory Surgery
115	Primary Care Center
116	Adult Trgt Case Mgmt
117	Audiologist
118	Comm Chld w/Sp Needs
119	Comm Mental Health
120	Nurse Anesthetist
121	Child Trgt Case Mgmt
122	Dentist
123	EPSDT
124	EPSDT Spec Service
125	Family Planning

Code	Description
126	Frst Step Early Init
127	Hlth Nrtr Devlp Svcs
128	Hearing Aid Dealer
129	Home Health
130	Hospital (Inpatient)
131	Impact Plus
132	Hospital Mental
133	Cert Nurse Prctitner
134	Hospital Outpatient
135	Optician
136	Optometrist
138	Physician
139	Podiatry
140	Preventive Health
142	Rural Health Clinic
143	Schl Based Hlth Svcs
144	Spec Children Svcs
145	Transportation
146	Title V DDS
147	Intermed Care Fac/MR
148	Nursing Facility
149	ABI Waiver
150	Supp for Comm Living
151	Independent Lab
152	Dialysis Clinic
153	Model Waiver II
154	Home & Comm Based WV
155	Adult Day Care

Code	Description
156	Hospice
157	Home Care
158	Personal Care
159	Pharmacy
160	Chiropractor
161	X-Ray/Misc Supplier
162	Durable Med Equip
163	Psych Dist Part Unit
164	Rehab Dist Part Unit
165	Non Emerg Transport
166	Nrsng Fac Cost Based
167	Rural Health Clinic
168	Lab & Xray Tech
169	Nurse Midwife
170	Prsumpt Enroll Prov
171	QMB(Medicare)PTs
172	Trgted Case Mgmt
173	Non Emerg Trans Cap
174	Rdg Behav Eating Dis
175	Non Acute Care Inpt
176	Non Acute Care Outpt
177	Univ OP Hosp RC278
178	Partnership Only
179	Adult Day Care CDO
180	Supp Comm Living CDO
181	ABI Waiver CDO
9999	Global Rules

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89 Entities for Letters Code -- CDE_ENTITY

89.1 Table Name -- T_TPL_LETTER_ENTITY

89.1.1 Entities for Letters Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENTITY	This is the entity for the TPL Letter being produced.	CHAR	1	0	Yes

89.1.1.1 Entities for Letters Code Values

Code	Letter
P	TPL-9020-R
E	TPL-9022-R
E	TPL-9024-R
E	TPL-9026-R
C	TPL-9028-R
E	TPL-9030-R
C	TPL-9032-R
E	TPL-9034-R
P	TPL-9036-R
P	TPL-9050-R
W	TPL-9080-R
C	TPL-9130-R
E	TPL-9130-R
P	TPL-9140-R
W	TPL-9140-R
P	TPL-9145-R
W	TPL-9145-R
C	TPL-9155-R
E	TPL-9155-R
P	TPL-9160-R

Code	Letter
W	TPL-9160-R
P	TPL-9200-R
W	TPL-9200-R
P	TPL-9202-R
W	TPL-9202-R
E	TPL-9210-R
E	TPL-9212-R
C	TPL-9220-R
C	TPL-9222-R

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90 Entity Code -- CDE_MC_ENTITY

90.1 Table Name -- T_MC_ENTITY

90.1.1 Entity Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_ENTITY	Code identifier for the entity	CHAR	3	0	No

90.1.1.1 Entity Code Values

Code	Description
AAA	ROSTER
AAD	AUTOASSIGN DEFAULT
AAK	KENPAC ENROLLMENT
AAP	PARTNERSHIP ENROLLMENT
AAT	NEMT ENROLLMENT
HCA	ONLINE ENROLLENT

91 Entity Codes by Letter Code -- CDE_ENTITY

91.1 Table Name -- T_TPL_CDE_ENTITY_LTR

91.1.1 Billing Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENTITY	This is the entity for the TPL Letter being produced.	CHAR	1	0	Yes

91.1.1.1 Billing Code Values

Code	Description
A	AREA OFFICE
B	MEMBER
C	CARRIER
E	EMPLOYER
H	CLEARING HOUSE
P	POLICYHOLDER

92 EPSDT Notice Codes – SAK_NOTICE

92.1 Table Name -- T_RE_EPSDT_NOTICE

92.1.1 EPSDT Notice Code Information

Subsystem: EPSDT

Column Name	Description	Type	Length	Precision	Primary Key
SAK_NOTICE	This is the code for the EPSDT notice being produced.	NUMBER	4	0	Yes

92.1.1.1 EPSDT Notice Code Values

Code	Description
1	EPSDT Reminder Letter 365 Days
2	EPSDT Reminder Letter 180 Days
3	EPSDT Reminder Letter 90 Days
4	EPSDT Reminder Letter 30 Days
5	IPLUS Reminder Letter 365 Days
6	IPLUS Reminder Letter 180 Days
7	IPLUS Reminder Letter 90 Days
8	IPLUS Reminder Letter 30 Days
9	EPSDT Outreach Letter
10	EPSDT Comprehensive Inform Ltr
11	Medical Periodicity Ltr
12	Dental Periodicity Ltr
13	Medical Treat Notice - 2 Month
14	Medical Treat Notice - 4 Month
15	KCHIP Comprehensive Inform Ltr
16	KCHIP Medical Periodicity Ltr
17	KCHIP Dental Periodicity Ltr
18	KCHIP Medical Treat Nte 2Month
19	KCHIP Medical Treat Nte 4Month

93 Error Code -- CDE_ERROR

93.1 Table Name -- T_FIN_ERROR_CODE

93.1.1 Error Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERROR	This is the error code that is used to describe a specific financial transaction for reporting.	NUMBER	9	0	Yes

93.1.1.1 Error Code Values

Code	Description
1000	Provider Loc Name Address Not Found
1001	Claim is on T_TEST_CASE_REJECT TABLE
1002	Invalid ICN
1005	Paid Claim Recip < 0
1010	Provider Name Not Found
1020	Provider Address Not Found
1030	Provider Type Not Found
1040	Provider SVC Loc Not Found
1050	Provider ID not on file!!!
1051	Provider ID Does Not Match sak_prov!!!
2000	No Header Keys
2001	No Pharm Header Keys
2002	No Dental Header Keys
2003	No UB92 Header Keys
2020	Pharm paid Provider Billing < 1
2030	Pharm proc dtls <> Header Dtls
2040	Physician Paid Provider Billing < 1
2050	No Physician details in Paid Status
2060	Phys Processed Dtls <> Header Dtls

Code	Description
2070	UB92 Paid Provider Billing < 1
2075	No UB92 Details in Paid Status
2080	Processed Dtls <> Header Dtls
2085	Dental Paid Provider Billing < 1
2089	No Pharmacy Details in Paid Status
2090	No Dental Details in Paid Status
2095	Dental Processed Dtls <> Header Dtls
3000	Recip not found
3001	Pharm Recip Base Not Found
3002	Dental Recip Base Not Found
3003	No Recip Base Not Found
4005	Paid Pharmacy Program Not Found
4010	Physician Adjustment Xref Not Found
4015	Pharmacy Adjustment Xref Not Found
4020	Dental Adjustment Xref Not Found
4024	To many rows returned on adj xref table
4025	UB92 Adjustment Xref Not Found
4030	Paid code claim status not P or D
4035	Invalid Health Program
4040	Paid Physician Program -1
4045	Paid Dental Program Not Found
4050	Paid UB92 Detail Program Not Found
4055	Paid UB92 Program -1
5000	Pharm Cde NDC Not Found
5010	No TPL Carrier Address
5020	No Policy Holder Name
5030	Proc Fund Codes <> Hdr Paid Amts
5040	Invalid Fund Code

Code	Description
5041	CLAIM PAID AT HDR - TO MANY DTLS
5050	No Pharmacy Detail Keys
5060	No Dental Procedure Code
5070	No UB92 Procedure Code
5080	Adj. Claim Amt > Original Claim Amt.
5081	Cash + Adj <> Orig. Claim
6000	Cash Receipt Not Found
6050	Phys Paid Sak Not Found
6051	Phys Suspended Sak Not Found
6052	Phys Denied Sak Not Found
7020	No Phys Xover Record
7030	No Suspended Phys Xover Record
7050	Pharm Paid Sak Not Found
7051	Pharm Suspended Sak Not Found
7052	Pharm Denied Sak Not Found
7060	No Cde Diag Seq
7080	No UB92 Xover Record
7085	No Record on T_PHYS_DEXT_KEY
7090	No Suspended UB92 Xover Record
8050	Dental Paid Sak Not Found
8051	Dental Suspended Sak Not Found
8052	Dental Denied Sak Not Found
9000	Invalid Claim Status Code
9050	UB92 Paid Sak Not Found
9051	UB92 Suspended Sak Not Found
9052	UB92 Denied Sak Not Found
9991	Adj Mother Info Not Found
9992	Orig. Xover Amts Not Found For Adj. Claim

Code	Description
9993	Pharm Adj Mother Info Not Found
9994	Dental Adj Mother Info Not Found
9995	UB92 Adj Mother Info Not Found
9996	UB92 Adj Mother Xovr Info Not Found
9997	Daughter claim provider <> Mom claim provider
9999	Denied claim has paid amounts

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94 Ethnicity Code -- CDE_ETHNICITY

94.1 Table Name -- T_CDE_MSIS_ETHNICITY

94.1.1 Ethnicity Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ETHNICITY	A code indicating if the eligible has indicated an ethnicity of Hispanic or Latino.	CHAR	1	0	Yes

94.1.1.1 Ethnicity Code Values

Code	Description
0	Not Hispanic or Latino
1	Hispanic or Latino
9	Ethnicity Unknown

95 Expenditure Reasons Code -- CDE_REASON_FOUR

95.1 Table Name -- T_EXPENDITURE_RSN

95.1.1 Expenditure Reasons Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Indicates the reason for which an expenditure is added to the system.	CHAR	4	0	Yes

95.1.1.1 Expenditure Reasons Code Values

Code	Description
03	Ref Casualty Ins
05	Refund -Rcp/Rel
07	Prov Ref Err
12	Prov Ref Other
16	AR Cost Sett
17	AR Fiscal Agent
24	Rec Cas Ins TPL
26	Recoup Error
27	Recoup Bill Err
32	Adv To Recoup
33	Error On Ref
34	RTP
35	Cost Settlement
36	Payout Other
47	AR Pmt 1099
55	Rec - Other
56	Rec - TPL
57	AR Advance
59	Non Claim Over

Code	Description
67	TPL No Hist
68	Fin - No Hist
69	Withhold Pmt
70	Phys Settlement
72	AR Overage LT99
86	TPL Payout
87	Claim Adj TPL
CD	HMS Payout
KP	KenPAC
MS	Myers and Stauf
OR	Demand Recoup
RP	Recoup Payout
RR	Recoup Refund
T1	Atty. Fee
T2	Clsd Estate
T3	Clsd Trust
T4	Clsd C.S.
T5	No Medicaid Mem
T6	Ins Req Rfnd
T7	HIPP
T8	Fee/Prv Rfnd
T9	No More Claims

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96 Explanation of Benefit (EOB) Types Code -- CDE

96.1 Table Name -- T_EOB_TYPES

96.1.1 Explanation of Benefit (EOB) Types Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE	One character code used to identify the type of processing that should occur when an EOB is assigned. For example, A-full refund, U-underpayment, E-enter mass adjustment	CHAR	1	0	Yes

96.1.1.1 Explanation of Benefit (EOB) Types Code Values

Code	Description
	NOT APPLICABLE
A	FULL REFUND
B	PARTIAL REFUND
C	FULL RECOUPMENT
D	PARTIAL RECOUPMENT
E	ENTERED MASS ADJUST RQST
P	XOVR PAID PRIOR 10/1/94
R	RETRO RATE MASS
U	UNDERPAYMENT
V	VOID CHECK MASS

97 Financial Category of Service Code -- CDE_FIN_COS

97.1 Table Name -- T_FIN_COS

97.1.1 Financial Category of Service Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FIN_COS	This the code for the Financial Category of Service.	CHAR	3	0	No

97.1.1.1 Financial Category of Service Code Values

Code	Description
02	INPATIENT HOSP ACUTE CARE
03	MENTAL HOSPITAL
03	MENTAL HOSPITAL XOVER
04	RENAL DIALYSIS CLINIC
05	MODEL WAIVER 1
07	MODEL WAIVER 2
08	PSYCHIATRIC RESIDENTIAL TREATMENT FAC
09	REGISTERED NURSE, CLINICAL
10	TREATMENT FOSTER PARENT
11	CERTIFIED PROFESSIONAL ART THERAPIST
12	HOSPITAL-OUTPATIENT
13	AMBULATORY SURGERY
14	REHAB/SUPPORT PROFESSIONAL
15	HANDS
16	IMPACT PLUS
17	SPEC. CHILDREN'S SERVICES CLINIC
18	CERTIFIED PROFESSIONAL COUNSELOR
19	CERTIFIED ALCOHOL AND DRUG COUNSELOR
20	ADULT TARGETED CASE

Code	Description
21	CHILDREN TARGETED
22	TITLE V DSS
23	SCHOOL BASED HLTH SVCS
24	COMMISSION CHILD W/SPECIAL NEEDS(CSHC)
25	INSTITUTIONAL - ICF
26	INSTITUTIONAL - ICF/MR
27	CASE MIX-NURSING FACILITY
28	TARGETED CASE MGMT
29	PREVENTIVE HEALTH
30	FIRST STEPS/EARLY INT
31	CERTIFIED MARRIAGE AND FAMILY THERAPIST
32	EPSDT-RELATED SERVICES
33	INSTITUTIONAL - SNF
34	CLINICAL SOCIAL WORKER
35	CHIROPRACTOR
36	OTHER LAB & X-RAY
37	PHYSICAL THERAPIST XOVER
38	OCCUPATIONAL THERAPIST
39	PSYCHOLOGIST XOVER
40	DME SUPPLIER
41	PRIMARY CARE CENTER
42	CMHC XOVER
42	COMMUNITY MENTAL HEALTH
43	RURAL HEALTH CLINIC
44	NURSE MIDWIFE
45	FAMILY PLANNING
46	HOME HEALTH
47	INDEPENDENT LAB

Code	Description
48	EPSDT
49	BIRTHING CENTERS
50	SCL-SUPPORTS COMM LIVING WAIVER
51	ALCOHOL TREATMENT FACILITY
52	HOME & COMMUNITY BASED WAIVER
53	HOME & COMMUNITY ADULT DAY CARE
54	NURSE ANESTHETIST
55	HOSPICE
57	HOME CARE WAIVER
58	DEPARTMENT OF TRANS(DOT) PARTNERSHIP
59	PERSONAL CARE WAIVER
60	BRAIN INJURY
62	TRANSPORTATION
63	NON-EMERGENCY TRANSPORTATION
64	PHARMACY
67	OPTICIAN
67	OPTOMETRIST
72	DENTAL
74	PHYSICIAN
75	CERTIFIED NURSE PRACTITIONER
81	HEARING AID DEALER
81	AUDIOLOGIST
83	CERTIFIED PSYCHOLOGIST AUTONOMOUS
88	PODIATRY
90	CORF XOVER
92	PSYCHIATRIC DPU (Distinct Part Unit)
93	REHAB DPU
94	PHYSICIAN ASSISTANT

Code	Description
96	PHYSICIAL HEALTH MGCARE CAPITATION
97	BEHAVE PARTNER CAPITATION PAYMENT
99	DEFAULT PROVIDER

98 Financial Category of Service Code -- CDE_FIN_COS

98.1 Table Name -- T_FIN_COS

98.1.1 Financial Category of Service Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FIN_COS	This the code for the Financial Category of Service.	CHAR	3	0	No

98.1.1.1 Financial Category of Service Code Values

Code	Description
02	INPATIENT HOSP ACUTE CARE
03	MENTAL HOSPITAL
03	MENTAL HOSPITAL XOVER
04	RENAL DIALYSIS CLINIC

99 Financial Cycle Code -- CDE_FIN_CYCLE

99.1 Table Name -- T_FIN_CYCLE

99.1.1 Financial Cycle Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_UNIT_DEPT	Financial cycle	CHAR	4	0	Yes

99.1.1.1 Financial Department Code Values

Code	Description
0001	PRIMARY FIN CYCLE

100 Financial Fund Code -- CDE_FUND_CODE

100.1 Table Name -- T_FIN_FUND_CODE

100.1.1 Financial Fund Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FUND_CODE	This is the fund code that is used in financial reporting to correctly categorize funds (money).	CHAR	3	0	No

100.1.1.1 Financial Fund Code Values

Code	Description
A	Medicaid Match Rate without CPE
B	MCHIP Match Rate without CPE
C	SCHIP Match Rate without CPE
D	Family Planning Match Rate without CPE
E	BCCTP Match Rate without CPE
F	Medicaid Match Rate with CPE
G	MCHIP Match Rate with CPE
H	SCHIP Match Rate with CPE
I	Family Planning Match Rate with CPE
J	BCCTP Match Rate with CPE

101 Financial Transaction Type – CDE_TXN

101.1 Table Name -- T_FIN_TXN_TYPE

101.1.1 Financial Transaction Type Code Information

Subsystem : Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TXN	This identifies the type of transaction.	CHAR	1	0	Yes

101.1.1.1 Financial Transaction Type Code Values

Code	Description
J	TPL HIPP
K	CASH RECEIPT
N	PREMIUM
T	TPL AR
W	TPL CASE TRACKING
A	UB92 INST XOVER
B	CMS 1500 XOVER
C	UB92 OUTP XOVER
D	DENTAL CLAIMS
I	INPATIENT CLAIMS
L	LONG TERM CARE CLA
M	HCFA 1500 CLAIMS
O	OUTPATIENT CLAIMS
P	PHARMACY CLAIMS
Q	COMPOUND DRUG CLAI
H	HOME HEALTH CLAIMS
X	LIEN RECOVERY
S	EXPENDITURES
F	FICA
R	ACCT RECEIVABLES

Code	Description
V	CAPITATION
9	RETURN TO PROVIDER

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102 Fund Source Code – CDE_FUND_SRC

102.1 Table Name -- T_CDE_FUND_SRC

102.1.1 Fund Source Code Information

Subsystem : Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FUND_SRC	This identifies the Fund Source	CHAR	1	0	Yes

102.1.1.1 Financial Transaction Type Code Values

Code	Description
E	EPSDT
F	Family Planning
B	BCCTS
M	Medicaid
I	Indian Health Svcs
S	Sterilization
A	Abortion

103 Geographic Area Codes - CDE_AREA_TYPE

103.1 Table Name -- T_MC_AREA_TYPE

103.1.1 Geographic Area Codes Code Information

Subsystem : Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AREA_TYPE	This code represents the type of gepgraphical area. Examples include zip code (Z), county code (C) and state code (S).	CHAR	1	0	Yes
DSC_AREA_TYPE	This describes the type of gepgraphical area. Examples include Zip Code, County Code and State Code.	CHAR	15	0	No

103.1.2 Geographic Area Codes Code Values

CDE_AREA_TYPE	DSC_AREA_TYPE
C	COUNTY
S	STATE
Z	ZIP CODE

104 Gender Code -- CDE_SEX

104.1 Table Name -- T_CDE_SEX

104.1.1 Gender Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	Code describing the gender of an individual.	CHAR	1	0	Yes

104.1.1.1 Gender Code Values

Code	Description
F	Female
M	Male
T	test
U	Unknown

105 Generic Therapeutic Class Code -- CDE_THERA_CLS_GEN

105.1 Table Name -- T_CDE_THERA_GEN

105.1.1 Generic Therapeutic Class Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_GEN	The Generic Therapeutic Class code classifies drugs according to the most general therapeutic groupings.	CHAR	3	0	Yes

105.1.1.1 Generic Therapeutic Class Code Values

Code	Description
2	ANALGESICS
3	ANALGESIC AND ANTIHISTAMINE COMBINATION
5	ANESTHETICS
8	ANTI-OBESTITY DRUGS
9	ANTIDOTES
11	ANTIARTHRITICS
14	ANTIASTHMATICS
17	ANTIHISTAMINES
18	ANTIHISTAMINE AND DECONGESTANT COMBINATION
20	ANTIINFECTIVES
23	ANTIINFECTIVES/MISCELLANEOUS
26	ANTINEOPLASTICS
29	ANTIPARKINSON DRUGS
32	AUTONOMIC DRUGS
35	BLOOD
38	CARDIAC DRUGS
41	CARDIOVASCULAR
44	CNS DRUGS

Code	Description
47	CONTRACEPTIVES
50	COUGH/COLD PREPARATIONS
53	DIAGNOSTIC
56	DIURETICS
59	ELECT/CALORIC/H2O
62	EENT PREPS
65	GASTROINTESTINAL
68	HORMONES
71	HYPOGLYCEMICS
72	IMMUNOSUPPRESANT
74	MISCELLANEOUS MEDICAL SUPPLIES, DEVICES, NON-DRUG
77	MUSCLE RELAXANTS
80	PSYCHOTHERAPEUTIC DRUGS
83	SEDATIVE/HYPNOTICS
86	SKIN PREPS
89	THYROID PREPS
92	BIOLOGICALS
94	PRE-NATAL VITAMINS
95	VITAMINS
97	SMOKING DETERRENTS
98	HERBALS
99	UNCLASSIFIED DRUG PRODUCTS

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106 Health Care Claim Status Category Code -- CDE_CLM_CAT_STATUS

106.1 Table Name -- T_HC_CLM_STAT_CAT

106.1.1 Health Care Claim Status Category Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_CAT_STATUS	HIPAA Claim Category Status Code.	CHAR	2	0	Yes

106.1.1.1 Health Care Claim Status Category Code Values

Code	Description
A0	Acknowledgement/Forwarded-The claim/encounter has been forwarded to another entity.
A1	Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.
A2	Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A3	Acknowledgement/Returned as unprocessable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A4	Acknowledgement/Not Found-The claim/encounter can not be found in the adjudication system.
A5	Acknowledgement/Split Claim-The claim/encounter has been split upon acceptance into the adjudication system.
A8	Acknowledgement / Rejected for relational field in error
AA	test data
D0	Entity not found - change search criteria
E0	Response not possible - error on submitted request data
E1	Response not possible - System Status
F0	Finalized-The claim/encounter has completed the adjudication cycle and no more action will be taken.
F1	Finalized/Payment-The claim/line has been paid.
F2	Finalized/Denial-The claim/line has been denied.
F3	Finalized/Revised - Adjudication information has been changed

Code	Description
F4	Finalized/Adjudication Complete - No payment forthcoming-The claim/encounter has been adjudicated and no further payment is forthcoming.
F5	Finalized/Cannot Process
P0	Pending: Adjudication/Details-This is a generic message about a pended claim. A pended claim is one for which no remittance advice has been issued, or only part of the claim has been paid.
P1	Pending/In Process-The claim or encounter is in the adjudication system.
P2	Pending/In Review-The claim/encounter is suspended pending review.
P3	Pending/Requested Information-The claim or encounter is waiting for information that has already been requested.
P4	Pending/Patient Requested Information
R0	Requests for additional Information/General Requests-Requests that don't fall into other R-type categories.
R1	Requests for additional Information/Entity Requests-Requests for information about specific entities (subscribers, patients, various providers).
R3	Requests for additional Information/Claim/Line-Requests for information that could normally be submitted on a claim.
R4	Requests for additional Information/Documentation-Requests for additional supporting documentation. Examples: certification, x-ray, notes.
R5	Request for additional information/more specific detail-Additional information as a follow up to a previous request is needed. The original information was received but is inadequate. More specific/de
RQ	General Questions (Yes/No Responses)-Questions that may be answered by a simple 'yes' or 'no'.
X0	Supplemental Messages

107 Health Care Claim Status Code -- CDE_HC_CLM_STATUS

107.1 Table Name -- T_HC_CLM_STATUS

107.1.1 Health Care Claim Status Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HC_CLM_STATUS	The HIPAA Health Care Claim Status Codes. Claim status codes communicate information about the status of a claim, i.e., whether it's been received, pended, or paid.	CHAR	3	0	Yes

107.1.1.1 Health Care Claim Status Code Values

Code	Description
0	Cannot provide further status electronically.
1	For more detailed information, see remittance advice.
2	More detailed information in letter.
3	Claim has been adjudicated and is awaiting payment cycle.
4	This is a subsequent request for information from the original request.
5	This is a final request for information.
6	Balance due from the subscriber.
7	Claim may be reconsidered at a future date.
8	No payment due to contract/plan provisions.
9	No payment will be made for this claim.
10	All originally submitted procedure codes have been combined.
11	Some originally submitted procedure codes have been combined.
12	One or more originally submitted procedure codes have been combined.
13	All originally submitted procedure codes have been modified.
14	Some all originally submitted procedure codes have been modified.
15	One or more originally submitted procedure code have been modified.
16	Claim/encounter has been forwarded to entity.

Code	Description
17	Claim/encounter has been forwarded by third party entity to entity.
18	Entity received claim/encounter, but returned invalid status.
19	Entity acknowledges receipt of claim/encounter.
20	Accepted for processing.
21	Missing or invalid information.
22	... before entering the adjudication system.
23	Returned to Entity.
24	Entity not approved as an electronic submitter.
25	Entity not approved.
26	Entity not found.
27	Policy canceled.
28	Claim submitted to wrong payer.
29	Subscriber and policy number/contract number mismatched.
30	Subscriber and subscriber id mismatched.
31	Subscriber and policyholder name mismatched.
32	Subscriber and policy number/contract number not found.
33	Subscriber and subscriber id not found.
34	Subscriber and policyholder name not found.
35	Claim/encounter not found.
37	Predetermination is on file, awaiting completion of services.
38	Awaiting next periodic adjudication cycle.
39	Charges for pregnancy deferred until delivery.
40	Waiting for final approval.
41	Special handling required at payer site.
42	Awaiting related charges.
44	Charges pending provider audit.
45	Awaiting benefit determination.
46	Internal review/audit.

Code	Description
47	Internal review/audit - partial payment made.
48	Referral/authorization.
49	Pending provider accreditation review.
50	Claim waiting for internal provider verification.
51	Investigating occupational illness/accident.
52	Investigating existence of other insurance coverage.
53	Claim being researched for Insured ID/Group Policy Number error.
54	Duplicate of a previously processed claim/line.
55	Claim assigned to an approver/analyst.
56	Awaiting eligibility determination.
57	Pending COBRA information requested.
59	Non-electronic request for information.
60	Electronic request for information.
61	Eligibility for extended benefits.
64	Re-pricing information.
65	Claim/line has been paid.
66	Payment reflects usual and customary charges.
67	Payment made in full.
68	Partial payment made for this claim.
69	Payment reflects plan provisions.
70	Payment reflects contract provisions.
71	Periodic installment released.
72	Claim contains split payment.
73	Payment made to entity, assignment of benefits not on file.
78	Duplicate of an existing claim/line, awaiting processing.
81	Contract/plan does not cover pre-existing conditions.
83	No coverage for newborns.
84	Service not authorized.

Code	Description
85	Entity not primary.
86	Diagnosis and patient gender mismatch.
87	Denied: Entity not found.
88	Entity not eligible for benefits for submitted dates of service.
89	Entity not eligible for dental benefits for submitted dates of service.
90	Entity not eligible for medical benefits for submitted dates of service.
91	Entity not eligible/not approved for dates of service.
92	Entity does not meet dependent or student qualification.
93	Entity is not selected primary care provider.
94	Entity not referred by selected primary care provider.
95	Requested additional information not received.
96	No agreement with entity.
97	Patient eligibility not found with entity.
98	Charges applied to deductible.
99	Pre-treatment review.
100	Pre-certification penalty taken.
101	Claim was processed as adjustment to previous claim.
102	Newborn's charges processed on mother's claim.
103	Claim combined with other claim(s).
104	Processed according to plan provisions.
105	Claim/line is capitated.
106	This amount is not entity's responsibility.
107	Processed according to contract/plan provisions.
108	Coverage has been canceled for this entity.
109	Entity not eligible.
110	Claim requires pricing information.
111	At the policyholder's request these claims cannot be submitted electronically.
112	Policyholder processes their own claims.

Code	Description
113	Cannot process individual insurance policy claims.
114	Should be handled by entity.
115	Cannot process HMO claims
116	Claim submitted to incorrect payer.
117	Claim requires signature-on-file indicator.
118	TPO rejected claim/line because payer name is missing.
119	TPO rejected claim/line because certification information is missing
120	TPO rejected claim/line because claim does not contain enough information
121	Service line number greater than maximum allowable for payer.
122	Missing/invalid data prevents payer from processing claim.
123	Additional information requested from entity.
124	Entity's name, address, phone and id number.
125	Entity's name.
126	Entity's address.
127	Entity's phone number.
128	Entity's tax id.
129	Entity's Blue Cross provider id
130	Entity's Blue Shield provider id
131	Entity's Medicare provider id.
132	Entity's Medicaid provider id.
133	Entity's UPIN
134	Entity's CHAMPUS provider id.
135	Entity's commercial provider id.
136	Entity's health industry id number.
137	Entity's plan network id.
138	Entity's site id .
139	Entity's health maintenance provider id (HMO).
140	Entity's preferred provider organization id (PPO).

Code	Description
141	Entity's administrative services organization id (ASO).
142	Entity's license/certification number.
143	Entity's state license number.
144	Entity's specialty license number.
145	Entity's specialty code.
146	Entity's anesthesia license number.
147	Entity's qualification degree/designation (e.g. RN,PhD,MD)
148	Entity's social security number.
149	Entity's employer id.
150	Entity's drug enforcement agency (DEA) number.
152	Pharmacy processor number.
153	Entity's id number.
154	Relationship of surgeon & assistant surgeon.
155	Entity's relationship to patient
156	Patient relationship to subscriber
157	Entity's Gender
158	Entity's date of birth
159	Entity's date of death
160	Entity's marital status
161	Entity's employment status
162	Entity's health insurance claim number (HICN).
163	Entity's policy number.
164	Entity's contract/member number.
165	Entity's employer name, address and phone.
166	Entity's employer name.
167	Entity's employer address.
168	Entity's employer phone number.
169	Entity's employer id.

Code	Description
170	Entity's employee id.
171	Other insurance coverage information (health, liability, auto, etc.).
172	Other employer name, address and telephone number.
173	Entity's name, address, phone, gender, DOB, marital status, employment status and relation to subscriber.
174	Entity's student status.
175	Entity's school name.
176	Entity's school address.
177	Transplant Member's name, date of birth, gender, relationship to insured.
178	Submitted charges.
179	Outside lab charges.
180	Hospital s semi-private room rate.
181	Hospital s room rate.
182	Allowable/paid from primary coverage.
183	Amount entity has paid.
184	Purchase price for the rented durable medical equipment.
185	Rental price for durable medical equipment.
186	Purchase and rental price of durable medical equipment.
187	Date(s) of service.
188	Statement from-through dates.
189	Hospital admission date.
190	Hospital discharge date.
191	Date of Last Menstrual Period (LMP)
192	Date of first service for current series/symptom/illness.
193	First consultation/evaluation date.
194	Confinement dates.
195	Unable to work dates.
196	Return to work dates.
197	Effective coverage date(s).

Code	Description
198	Medicare effective date.
199	Date of conception and expected date of delivery.
200	Date of equipment return.
201	Date of dental appliance prior placement.
202	Date of dental prior replacement/reason for replacement.
203	Date of dental appliance placed.
204	Date dental canal(s) opened and date service completed.
205	Date(s) dental root canal therapy previously performed.
206	Most recent date of curettage, root planing, or periodontal surgery.
207	Dental impression and seating date.
208	Most recent date pacemaker was implanted.
209	Most recent pacemaker battery change date.
210	Date of the last x-ray.
211	Date(s) of dialysis training provided to patient.
212	Date of last routine dialysis.
213	Date of first routine dialysis.
214	Original date of prescription/orders/referral.
215	Date of tooth extraction/evolution.
216	Drug information.
217	Drug name, strength and dosage form.
218	NDC number.
219	Prescription number.
220	Drug product id number.
221	Drug days supply and dosage.
222	Drug dispensing units and average wholesale price (AWP).
223	Route of drug/myelogram administration.
224	Anatomical location for joint injection.
225	Anatomical location.

Code	Description
226	Joint injection site.
227	Hospital information.
228	Type of bill for UB-92 claim.
229	Hospital admission source.
230	Hospital admission hour.
231	Hospital admission type.
232	Admitting diagnosis.
233	Hospital discharge hour.
234	Patient discharge status.
235	Units of blood furnished.
236	Units of blood replaced.
237	Units of deductible blood.
238	Separate claim for mother/baby charges.
239	Dental information.
240	Tooth surface(s) involved.
241	List of all missing teeth (upper and lower).
242	Tooth numbers, surfaces, and/or quadrants involved.
243	Months of dental treatment remaining.
244	Tooth number or letter.
245	Dental quadrant/arch.
246	Total orthodontic service fee, initial appliance fee, monthly fee, length of service.
247	Line information.
248	Accident date, state, description and cause.
249	Place of service.
250	Type of service.
251	Total anesthesia minutes.
252	Authorization/certification number.
253	Procedure/revenue code for service(s) rendered. Please use codes 454 or 455.

Code	Description
254	Primary diagnosis code.
255	Diagnosis code.
256	DRG code(s).
257	ADSM-III-R code for services rendered.
258	Days/units for procedure/revenue code.
259	Frequency of service.
260	Length of medical necessity, including begin date.
261	Obesity measurements.
262	Type of surgery/service for which anesthesia was administered.
263	Length of time for services rendered.
264	Number of liters/minute & total hours/day for respiratory support.
265	Number of lesions excised.
266	Facility point of origin and destination - ambulance.
267	Number of miles patient was transported.
268	Location of durable medical equipment use.
269	Length/size of laceration/tumor.
270	Subluxation location.
271	Number of spine segments.
272	Oxygen contents for oxygen system rental.
273	Weight.
274	Height.
275	Claim.
276	UB-92/HCFA-1450/HCFA-1500 claim form.
277	Paper claim.
278	Signed claim form.
279	Itemized claim.
280	Itemized claim by provider.
281	Related confinement claim.

Code	Description
282	Copy of prescription.
283	Medicare worksheet.
284	Copy of Medicare ID card.
285	Vouchers/explanation of benefits (EOB).
286	Other payer's Explanation of Benefits/payment information.
287	Medical necessity for service.
288	Reason for late hospital charges.
289	Reason for late discharge.
290	Pre-existing information.
291	Reason for termination of pregnancy.
292	Purpose of family conference/therapy.
293	Reason for physical therapy.
294	Supporting documentation.
295	Attending physician report.
296	Nurse's notes.
297	Medical notes/report.
298	Operative report.
299	Emergency room notes/report.
300	Lab/test report/notes/results.
301	MRI report.
302	Refer to codes 300 for lab notes and 311 for pathology notes
303	Physical therapy notes. Please use code 297:6O (6 'OH' - not zero)
304	Reports for service.
305	X-ray reports/interpretation.
306	Detailed description of service.
307	Narrative with pocket depth chart.
308	Discharge summary.
309	Code was duplicate of code 299

Code	Description
310	Progress notes for the six months prior to statement date.
311	Pathology notes/report.
312	Dental charting.
313	Bridgework information.
314	Dental records for this service.
315	Past perio treatment history.
316	Complete medical history.
317	Patient's medical records.
318	X-rays.
319	Pre/post-operative x-rays/photographs.
320	Study models.
321	Radiographs or models.
322	Recent fm x-rays.
323	Study models, x-rays, and/or narrative.
324	Recent x-ray of treatment area and/or narrative.
325	Recent fm x-rays and/or narrative.
326	Copy of transplant acquisition invoice.
327	Periodontal case type diagnosis and recent pocket depth chart with narrative.
328	Speech therapy notes. Please use code 297:6R
329	Exercise notes.
330	Occupational notes.
331	History and physical.
332	Authorization/certification (include period covered).
333	Patient release of information authorization.
334	Oxygen certification.
335	Durable medical equipment certification.
336	Chiropractic certification.
337	Ambulance certification/documentation.

Code	Description
338	Home health certification. Please use code 332:4Y
339	Enteral/parenteral certification.
340	Pacemaker certification.
341	Private duty nursing certification.
342	Podiatric certification.
343	Documentation that facility is state licensed and Medicare approved as a surgical facility.
344	Documentation that provider of physical therapy is Medicare Part B approved.
345	Treatment plan for service/diagnosis
346	Proposed treatment plan for next 6 months.
347	Refer to code 345 for treatment plan and code 282 for prescription
348	Chiropractic treatment plan.
349	Psychiatric treatment plan. Please use codes 345:5I, 5J, 5K, 5L, 5M, 5N, 5O (5 'OH' - not zero), 5P
350	Speech pathology treatment plan. Please use code 345:6R
351	Physical/occupational therapy treatment plan. Please use codes 345:6O (6 'OH' - not zero), 6N
352	Duration of treatment plan.
353	Orthodontics treatment plan.
354	Treatment plan for replacement of remaining missing teeth.
355	Has claim been paid?
356	Was blood furnished?
357	Has or will blood be replaced?
358	Does provider accept assignment of benefits?
359	Is there a release of information signature on file?
360	Is there an assignment of benefits signature on file?
361	Is there other insurance?
362	Is the dental patient covered by medical insurance?
363	Will worker's compensation cover submitted charges?
364	Is accident/illness/condition employment related?

Code	Description
365	Is service the result of an accident?
366	Is injury due to auto accident?
367	Is service performed for a recurring condition or new condition?
368	Is medical doctor (MD) or doctor of osteopath (DO) on staff of this facility?
369	Does patient condition preclude use of ordinary bed?
370	Can patient operate controls of bed?
371	Is patient confined to room?
372	Is patient confined to bed?
373	Is patient an insulin diabetic?
374	Is prescribed lenses a result of cataract surgery?
375	Was refraction performed?
376	Was charge for ambulance for a round-trip?
377	Was durable medical equipment purchased new or used?
378	Is pacemaker temporary or permanent?
379	Were services performed supervised by a physician?
380	Were services performed by a CRNA under appropriate medical direction?
381	Is drug generic?
382	Did provider authorize generic or brand name dispensing?
383	Was nerve block used for surgical procedure or pain management?
384	Is prosthesis/crown/inlay placement an initial placement or a replacement?
385	Is appliance upper or lower arch & is appliance fixed or removable?
386	Is service for orthodontic purposes?
387	Date patient last examined by entity
388	Date post-operative care assumed
389	Date post-operative care relinquished
390	Date of most recent medical event necessitating service(s)
391	Date(s) dialysis conducted
392	Date(s) of blood transfusion(s)

Code	Description
393	Date of previous pacemaker check
394	Date(s) of most recent hospitalization related to service
395	Date entity signed certification/recertification
396	Date home dialysis began
397	Date of onset/exacerbation of illness/condition
398	Visual field test results
399	Report of prior testing related to this service, including dates
400	Claim is out of balance
401	Source of payment is not valid
402	Amount must be greater than zero
403	Entity referral notes/orders/prescription
404	Specific findings, complaints, or symptoms necessitating service
405	Summary of services
406	Brief medical history as related to service(s)
407	Complications/mitigating circumstances
408	Initial certification
409	Medication logs/records (including medication therapy)
410	Explain differences between treatment plan and patient's condition
411	Medical necessity for non-routine service(s)
412	Medical records to substantiate decision of non-coverage
413	Explain/justify differences between treatment plan and services rendered.
414	Need for more than one physician to treat patient
415	Justify services outside composite rate
416	Verification of patient's ability to retain and use information
417	Prior testing, including result(s) and date(s) as related to service(s)
418	Indicating why medications cannot be taken orally
419	Individual test(s) comprising the panel and the charges for each test
420	Name, dosage and medical justification of contrast material used for radiology procedure

Code	Description
421	Medical review attachment/information for service(s)
422	Homebound status
423	Prognosis
424	Statement of non-coverage including itemized bill
425	Itemize non-covered services
426	All current diagnoses
427	Emergency care provided during transport
428	Reason for transport by ambulance
429	Loaded miles and charges for transport to nearest facility with appropriate services
430	Nearest appropriate facility
431	Provide condition/functional status at time of service
432	Date benefits exhausted
433	Copy of patient revocation of hospice benefits
434	Reasons for more than one transfer per entitlement period
435	Notice of Admission
436	Short term goals
437	Long term goals
438	Number of patients attending session
439	Size, depth, amount, and type of drainage wounds
440	why non-skilled caregiver has not been taught procedure
441	Entity professional qualification for service(s)
442	Modalities of service
443	Initial evaluation report
444	Method used to obtain test sample
445	Explain why hearing loss not correctable by hearing aid
446	Documentation from prior claim(s) related to service(s)
447	Plan of teaching

Code	Description
448	Invalid billing combination. See STC12 for details. This code should only be used to indicate an inconsistency between two or more data elements on the claim. A detailed explanation is required in STC
449	Projected date to discontinue service(s)
450	Awaiting spend down determination
451	Preoperative and post-operative diagnosis
452	Total visits in total number of hours/day and total number of hours/week
453	Procedure Code Modifier(s) for Service(s) Rendered
454	Procedure code for services rendered.
455	Revenue code for services rendered.
456	Covered Day(s)
457	Non-Covered Day(s)
458	Coinsurance Day(s)
459	Lifetime Reserve Day(s)
460	NUBC Condition Code(s)
461	NUBC Occurrence Code(s) and Date(s)
462	NUBC Occurrence Span Code(s) and Date(s)
463	NUBC Value Code(s) and/or Amount(s)
464	Payer Assigned Claim Control Number
465	Principal Procedure Code for Service(s) Rendered
466	Entities Original Signature
467	Entity Signature Date
468	Patient Signature Source
469	Purchase Service Charge
470	Was service purchased from another entity?
471	Were services related to an emergency?
472	Ambulance Run Sheet
473	Missing or invalid lab indicator
474	Procedure code and patient gender mismatch

Code	Description
475	Procedure code not valid for patient age
476	Missing or invalid units of service
477	Diagnosis code pointer is missing or invalid
478	Claim submitter's identifier (patient account number) is missing
479	Other Carrier payer ID is missing or invalid
480	Other Carrier Claim filing indicator is missing or invalid
481	Claim/submission format is invalid.
482	Date Error, Century Missing
483	Maximum coverage amount met or exceeded for benefit period.
484	Business Application Currently Not Available
485	More information available than can be returned in real time mode. Narrow your current search criteria.
486	Principle Procedure Date
487	Claim not found, claim should have been submitted to/through 'entity'
497	Sales tax not paid
498	Maximum leave days exhausted
499	No rate on file with the payer for this service for this entity.
500	Entity's Postal/Zip Code
501	Entity's State/Province
502	Entity's City
503	Entity's Street Address
504	Entity's Last Name
505	Entity's First Name
506	Entity is changing processor/clearinghouse. This claim must be submitted to the new processor/clearinghouse
507	HCPCS
508	ICD9
509	E-Code
510	Future date

Code	Description
511	Invalid character
512	Length invalid for receivers application system
513	HIPPS Rate Code for services Rendered
514	Entities Middle Name
515	Managed Care review
516	Adjudication or Payment Date
517	Adjusted Repriced Claim Reference Number
518	Adjusted Repriced Line item Reference Number
519	Adjustment Amount
520	Adjustment Quantity
521	Adjustment Reason Code
522	Anesthesia Modifying Units
523	Anesthesia Unit Count
524	Arterial Blood Gas Quantity
525	Begin Therapy Date
526	Bundled or Unbundled Line Number
527	Certification Condition Indicator
528	Certification Period Projected Visit Count
529	Certification Revision Date
530	Claim Adjustment Indicator
531	Claim Disproportinate Share Amount
532	Claim DRG Amount
533	Claim DRG Outlier Amount
534	Claim ESRD Payment Amount
535	Claim Frequency Code
536	Claim Indirect Teaching Amount
537	Claim MSP Pass-through Amount
538	Claim or Encounter Identifier

Code	Description
539	Claim PPS Capital Amount
540	Claim PPS Capital Outlier Amount
541	Claim Submission Reason Code
542	Claim Total Denied Charge Amount
543	Clearinghouse or Value Added Network Trace
544	Clinical Laboratory Improvement Amendment
545	Contract Amount
546	Contract Code
547	Contract Percentage
548	Contract Type Code
549	Contract Version Identifier
550	Coordination of Benefits Code
551	Coordination of Benefits Total Submitted Charge
552	Cost Report Day Count
553	Covered Amount
554	Date Claim Paid
555	Delay Reason Code
556	Demonstration Project Identifier
557	Diagnosis Date
558	Discount Amount
559	Document Control Identifier
560	Entitys Additional/Secondary Identifier
561	Entitys Contact Name
562	Entitys National Provider Identifier (NPI)
563	Entitys Tax Amount
564	EPSDT Indicator
565	Estimated Claim Due Amount
566	Exception Code

Code	Description
567	Facility Code Qualifier
568	Family Planning Indicator
569	Fixed Format Information
570	Free Form Message Text
571	Frequency Count
572	Frequency Period
573	Functional Limitation Code
574	HCPCS Payable Amount Home Health
575	Homebound Indicator
576	Immunization Batch Number
577	Industry Code
578	Insurance Type Code
579	Investigational Device Exemption Identifier
580	Last Certification Date
581	Last Worked Date
582	Lifetime Psychiatric Days Count
583	Line Item Charge Amount
584	Line Item Control Number
585	Line Item Denied Charge or Non-covered Charge
586	Line Note Text
587	Measurement Reference Identification Code
588	Medical Record Number
589	Medicare Assignment Code
590	Medicare Coverage Indicator
591	Medicare Paid at 100% Amount
592	Medicare Paid at 80% Amount
593	Medicare Section 4081 Indicator
594	Mental Status Code

Code	Description
595	Monthly Treatment Count
596	Non-covered Charge Amount
597	Non-payable Professional Component Amount
598	Non-payable Professional Component Billed Amount
599	Note Reference Code
600	Oxygen Saturation Qty
601	Oxygen Test Condition Code
602	Oxygen Test Date
603	Old Capital Amount
604	Originator Application Transaction Identifier
605	Orthodontic Treatment Months Count
606	Paid From Part A Medicare Trust Fund Amount
607	Paid From Part B Medicare Trust Fund Amount
608	Paid Service Unit Count
609	Participation Agreement
610	Patient Discharge Facility Type Code
611	Peer Review Authorization Number
612	Per Day Limit Amount
613	Physician Contact Date
614	Physician Order Date
615	Policy Compliance Code
616	Policy Name
617	Postage Claimed Amount
618	PPS-Capital DSH DRG Amount
619	PPS-Capital Exception Amount
620	PPS-Capital FSP DRG Amount
621	PPS-Capital HSP DRG Amount
622	PPS-Capital IME Amount

Code	Description
623	PPS-Operating Federal Specific DRG Amount
624	PPS-Operating Hospital Specific DRG Amount
625	Predetermination of Benefits Identifier
626	Pregnancy Indicator
627	Pre-Tax Claim Amount
628	Pricing Methodology
629	Property Casualty Claim Number
630	Referring CLIA Number
631	Reimbursement Rate
632	Reject Reason Code
633	Related Causes Code
634	Remark Code
635	Repriced Approved Ambulatory Patient Group
636	Repriced Line Item Reference Number
637	Repriced Saving Amount
638	Repricing Per Diem or Flat Rate Amount
639	Responsibility Amount
640	Sales Tax Amount
641	Service Adjudication or Payment Date
642	Service Authorization Exception Code
643	Service Line Paid Amount
644	Service Line Rate
645	Service Tax Amount
646	Ship, Delivery or Calendar Pattern Code
647	Shipped Date
648	Similar Illness or Symptom Date
649	Skilled Nursing Facility Indicator
650	Special Program Indicator

Code	Description
651	State Industrial Accident Provider Number
652	Terms Discount Percentage
653	Test Performed Date
654	Total Denied Charge Amount
655	Total Medicare Paid Amount
656	Total Visits Projected This Certification Count
657	Total Visits Rendered Count
658	Treatment Code
659	Unit or Basis for Measurement Code
660	Universal Product Number
661	Visits Prior to Recertification Date Count CR702
662	X-ray Availability Indicator
663	Entitys Group Name
664	Orthodontic Banding Date
665	Surgery Date
666	Surgical Procedure Code

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108 Health Care Claim Status Entity Identifier Code -- CDE_HC_ENTITY_ID

108.1 Table Name -- T_HC_ENTITY_ID

108.1.1 Health Care Claim Status Entity Identifier Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HC_ENTITY_ID	The HIPAA Health Care Claim Status Entity Identifier Code.	CHAR	2	0	Yes

108.1.1.1 Health Care Claim Status Entity Identifier Code Values

Code	Description
13	Contracted Service Provider
17	Consultant's Office
1E	Health Maintenance Organization (HMO)
1G	Oncology Center
1H	Kidney Dialysis Unit
1I	Preferred Provider Organization (PPO)
1O	Acute Care Hospital
1P	Provider
1Q	Military Facility
1R	University, College or School
1S	Outpatient Surgicenter
1T	Physician, Clinic or Group Practice
1U	Long Term Care Facility
1V	Extended Care Facility
1W	Psychiatric Health Facility
1X	Laboratory
1Y	Retail Pharmacy
1Z	Home Health Care

Code	Description
28	Subcontractor
2A	Federal, State, County or City Facility
2B	Third-Party Administrator
2E	Non-Health Care Miscellaneous Facility
2I	Church Operated Facility
2K	Partnership
2P	Public Health Service Facility
2Q	Veterans Administration Facility
2S	Public Health Service Indian Service Facility
2Z	Hospital Unit of an Institution (prison hospital, college infirmary, etc.)
30	Service Supplier
36	Employer
3A	Hospital Unit Within an Institution for the Mentally Retarded
3C	Tuberculosis and Other Respiratory Diseases Facility
3D	Obstetrics and Gynecology Facility
3E	Eye, Ear, Nose and Throat Facility
3F	Rehabilitation Facility
3G	Orthopedic Facility
3H	Chronic Disease Facility
3I	Other Specialty Facility
3J	Children's General Facility
3K	Children's Hospital Unit of an Institution
3L	Children's Psychiatric Facility
3M	Children's Tuberculosis and Other Respiratory Diseases Facility
3N	Children's Eye, Ear, Nose and Throat Facility
3O	Children's Rehabilitiaion Facility
3P	Children's Orthopedic Facility
3Q	Children's Chronic Disease Facility

Code	Description
3R	Children's Other Specialty Facility
3S	Institution for Mental Retardation
3T	Alcoholism and Other Chemical Dependency Facility
3U	General Inpatient Care for AIDS/ARC Facility
3V	AIDS/ARC Unit
3W	Specialized Outpatient Program for AIDS/ARC
3X	Alcohol/Drug Abuse or Dependency Inpatient Unit
3Y	Alcohol/Drug Abuse or Dependency Outpatient Services
3Z	Arthritis Treatment Center
40	Receiver
43	Claimant Authorized Representative
44	Data Processing Service Bureau
4A	Birthing Room/LDRP Room
4B	Burn Care Unit
4C	Cardiac Catherization Laboratory
4D	Open-Heart Surgery Facility
4E	Cardiac Intensive Care Unit
4F	Angioplasty Facility
4G	Chronic Obstructive Pulmonary Disease Service Facility
4H	Emergency Department
4I	Trauma Center (Certified)
4J	Extracorporeal Shock-Wave Lithotripter (ESWL) Unit
4L	Genetic Counseling/Screening Services
4M	Adult Day Care Program Facility
4N	Alzheimer's Diagnostic/Assessment Services
4O	Comprehensive Geriatric Assessment Facility
4P	Emergency Response (Geriatric) Unit
4Q	Geriatric Acute Care Unit

Code	Description
4R	Geriatric Clinics
4S	Respite Care Facility
4U	Patient Education Unit
4V	Community Health Promotion Facility
4W	Worksite Health Promotion Facility
4X	Hemodialysis Facility
4Y	Home Health Services
4Z	Hospice
5A	Medical Surgical or Other Intensive Care Unit
5B	Hisopathology Laboratory
5C	Blood Bank
5D	Neonatal Intensive Care Unit
5E	Obstetrics Unit
5F	Occupational Health Services
5G	Organized Outpatient Services
5H	Pediatric Acute Inpatient Unit
5I	Psychiatric Child/Adolescent Services
5J	Psychiatric Consultation-Liaison Services
5K	Psychiatric Education Services
5L	Psychiatric Emergency Services
5M	Psychiatric Geriatric Services
5N	Psychiatric Inpatient Unit
5O	Psychiatric Outpatient Services
5P	Psychiatric Partial Hospitalization Program
5Q	Megavoltage Radiation Therapy Unit
5R	Radioactive Implants Unit
5S	Theraputic Radioisotope Facility
5T	X-Ray Radiation Therapy Unit

Code	Description
5U	CT Scanner Unit
5V	Diagnostic Radioisotope Facility
5W	Magnetic Resonance Imaging (MRI) Facility
5X	Ultrasound Unit
5Y	Rehabilitation Inpatient Unit
5Z	Rehabilitation Outpatient Services
61	Performed At
6A	Reproductive Health Services
6B	Skilled Nursing or Other Long-Term Care Unit
6C	Single Photon Emission Computerized Tomography
6D	Organized Social Work Service Facility
6E	Outpatient Social Work Services
6F	Emergency Department Social Work Services
6G	Sports Medicine Clinic/Services
6H	Hospital Auxiliary Unit
6I	Patient Representative Services
6J	Volunteer Services Department
6K	Outpatient Surgery Services
6L	Organ/Tissue Transplant Unit
6M	Orthopedic Surgery Facility
6N	Occupational Therapy Services
6O	Physical Therapy Services
6P	Recreational Therapy Services
6Q	Respiratory Therapy Services
6R	Speech Therapy Services
6S	Women's Health Center/Services
6U	Cardiac Rehabilitation Program Facility
6V	Non-Invasive Cardiac Assessment Services

Code	Description
6W	Emergency Medical Technician
6X	Disciplinary Contact
6Y	Case Manager
71	Attending Physician
72	Operating Physician
73	Other Physician
74	Corrected Insured
77	Service Location
7C	Place of Occurrence
80	Hospital
82	Rendering Provider
84	Subscriber's Employer
85	Billing Provider
87	Pay-to Provider
95	Research Institute
CK	Pharmacist
CZ	Admitting Surgeon
D2	Commercial Insurer
DD	Assistant Surgeon
DJ	Consulting Physician
DK	Ordering Physician
DN	Referring Provider
DO	Dependent Name
DQ	Supervising Physician
E1	Person or Other Entity Legally Responsible for a Child
E2	Person or Other Entity With Whom a Child Resides
E7	Previous Employer
E9	Participating Laboratory

Code	Description
FA	Facility
FD	Physical Address
FE	Mail Address
G0	Dependent Insured
G3	Clinic
GB	Other Insured
GD	Guardian
GI	Paramedic
GJ	Paramedical Company
GK	Previous Insured
GM	Spouse Insured
GY	Treatment Facility
HF	Healthcare Professional Shortage Area (HPSA) Facility
HH	Home Health Agency
I3	Independent Physicians Association (IPA)
IJ	Injection Point
IL	Insured or Subscriber
IN	Insurer
LI	Independent Lab
LR	Legal Representative
MR	Medical Insurance Carrier
OB	Ordered By
OD	Doctor of Optometry
OX	Oxygen Therapy Facility
P0	Patient Facility
P2	Primary Insured or Subscriber
P3	Primary Care Provider
P4	Prior Insurance Carrier

Code	Description
P6	Third Party Reviewing Preferred Provider Organization (PPO)
P7	Third Party Repricing Preferred Provider Organization (PPO)
PT	Party to Receive Test Report
PV	Party performing certification
PW	Pick Up Address
QA	Pharmacy
QB	Purchase Service Provider
QC	Patient
QD	Responsible Party
QE	Policyholder
QH	Physician
QK	Managed Care
QL	Chiropractor
QN	Dentist
QO	Doctor of Osteopathy
QS	Podiatrist
QV	Group Practice
QY	Medical Doctor
RC	Receiving Location
RW	Rural Health Clinic
S4	Skilled Nursing Facility
SJ	Service Provider
SU	Supplier/Manufacturer
T4	Transfer Point Used to identify the geographic location where a patient is transferred or deverted.
TQ	Third Party Reviewing Organization (TPO)
TT	Transfer To
TU	Third Party Repricing Organization (TPO)
UH	Nursing Home

Code	Description
X3	Utilization Management Organization
X4	Spouse
X5	Durable Medical Equipment Supplier
ZZ	Mutually Defined

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109 Health Insurance Code -- CDE_HLTH_INS

109.1 Table Name -- T_CDE_MSIS_HLTH_INS

109.1.1 Health Insurance Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HLTH_INS	A code indicating whether this enrollee had private health insurance coverage during the month. This includes both coverage purchased by the State or by a third party. Medicare is not considered private health insurance. Enrollment in a Medicaid/Medicare HMO does not constitute health insurance for this data element.	CHAR	1	0	Yes

109.1.1.1 Health Insurance Code Values

Code	Description
0	Not eligible for Medicaid during month
1	Eligible did not have private insurance coverage
2	Elg had pvt hlth ins purchased by a third party
3	Elg had pvt hlth ins purchased by the State
4	2 and/or 3 apply and funding source unknown
9	State had only invalid or missing information

110 HIPAA Adjustment Reason Code -- CDE_ADJ_RSN

110.1 Table Name -- T_CDE_HIPAA_ADJRSN

110.1.1 HIPAA Adjustment Reason Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADJ_RSN	System assigned key used internally by the system to uniquely identify an HIPAA Adjustment Reason code.	CHAR	4	0	Yes

110.1.1.1 HIPAA Adjustment Reason Code Values

Code	Description
1	Deductible Amount
2	Coinsurance Amount
3	Co-payment Amount
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.
5	The procedure code/bill type is inconsistent with the place of service.
6	The procedure code is inconsistent with the patient's age.
7	The procedure code is inconsistent with the patient's gender.
8	The procedure code is inconsistent with the provider type.
9	The diagnosis is inconsistent with the patient's age.
10	The diagnosis is inconsistent with the patient's gender.
11	The diagnosis is inconsistent with the procedure.
12	The diagnosis is inconsistent with the provider type.
13	The date of death precedes the date of service.
14	The date of birth follows the date of service.
15	Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.
16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate

Code	Description
17	Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate.
18	Duplicate claim/service.
19	Claim denied because this is a work-related injury/illness and thus the liability of the Workers Compensation Carrier.
20	Claim denied because this injury/illness is covered by the liability carrier.
21	Claim denied because this injury/illness is the liability of the no-fault carrier.
22	Payment adjusted because this care may be covered by another payer per coordination of benefits.
23	Payment adjusted because charges have been paid by another payer.
24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.
25	Payment denied. Your Stop loss deductible has not been met.
26	Expenses incurred prior to coverage.
27	Expenses incurred after coverage terminated.
28	Coverage not in effect at the time the service was provided.
29	The time limit for filing has expired.
30	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.
31	Claim denied as patient cannot be identified as our insured.
32	Our records indicate that this dependent is not an eligible dependent as defined.
33	Claim denied. Insured has no dependent coverage.
34	Claim denied. Insured has no coverage for newborns.
35	Benefit maximum has been reached.
36	Balance does not exceed co-payment amount.
37	BALANCE DOES NOT EXCEED DEDUCTIBLE.
38	Services not provided or authorized by designated (network) providers.
39	Services denied at the time authorization/pre-certification was requested.
40	Charges do not meet qualifications for emergent/urgent care.
41	Discount agreed to in Preferred Provider contract.

Code	Description
42	Charges exceed our fee schedule or maximum allowable amount.
43	Gramm-Rudman reduction.
44	Prompt-pay discount.
45	Charges exceed your contracted/ legislated fee arrangement.
46	This (these) service(s) is (are) not covered.
47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
48	This (these) procedure(s) is (are) not covered.
49	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam.
50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.
51	These are non-covered services because this is a pre-existing condition
52	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.
53	Services by an immediate relative or a member of the same household are not covered.
54	Multiple physicians/assistants are not covered in this case .
55	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer.
56	Claim/service denied because procedure/treatment has not been deemed 'proven to be effective' by the payer.
57	Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply.
58	Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.
59	Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.
60	Charges for outpatient services with this proximity to inpatient services are not covered.
61	Charges adjusted as penalty for failure to obtain second surgical opinion.
62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
63	Correction to a prior claim.
64	Denial reversed per Medical Review.

Code	Description
65	Procedure code was incorrect. This payment reflects the correct code.
66	Blood Deductible.
67	Lifetime reserve days. (Handled in QTY, QTY01=LA)
68	DRG weight. (Handled in CLP12)
69	Day outlier amount.
70	Cost outlier - Adjustment to compensate for additonal costs.
71	Primary Payer amount.
72	Coinsurance day. (Handled in QTY, QTY01=CD)
73	Administrative days.
74	Indirect Medical Education Adjustment.
75	Direct Medical Education Adjustment.
76	Disproportionate Share Adjustment.
77	Covered days. (Handled in QTY, QTY01=CA)
78	Non-Covered days/Room charge adjustment.
79	Cost Report days. (Handled in MIA15)
80	Outlier days. (Handled in QTY, QTY01=OU)
81	Discharges.
82	PIP days.
83	Total visits.
84	Capital Adjustment. (Handled in MIA)
85	Interest amount.
86	Statutory Adjustment.
87	Transfer amount.
88	Adjustment amount represents collection against receivable created in prior overpayment.
89	Professional fees removed from charges.
90	Ingredient cost adjustment.
91	Dispensing fee adjustment.
92	Claim Paid in full.

Code	Description
93	No Claim level Adjustments.
94	Processed in Excess of charges.
95	Benefits adjusted. Plan procedures not followed.
96	Non-covered charge(s).
97	Payment is included in the allowance for another service/procedure.
98	The hospital must file the Medicare claim for this inpatient non-physician service.
99	Medicare Secondary Payer Adjustment Amount.
100	Payment made to patient/insured/responsible party.
101	Predetermination: anticipated payment upon completion of services or claim adjudication.
102	Major Medical Adjustment.
103	Provider promotional discount (e.g., Senior citizen discount).
104	Managed care withholding.
105	TAX WITHHOLDING.
106	PATIENT PAYMENT OPTION/ELECTION NOT IN EFFECT.
107	Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim.
108	Payment reduced because rent/purchase guidelines were not met.
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
110	BILLING DATE PREDATES SERVICE DATE.
111	Not covered unless the provider accepts assignment.
112	Payment adjusted as not furnished directly to the patient and/or not documented.
113	Payment denied because service/procedure was provided outside the United States or as a result of war.
114	Procedure/product not approved by the Food and Drug Administration.
115	Payment adjusted as procedure postponed or canceled.
116	Payment denied. The advance indemnification notice signed by the patient did not comply with requirements.
117	Payment adjusted because transportation is only covered to the closest facility that can provide the necessary care.

Code	Description
118	CHARGES REDUCED FOR ESRD NETWORK SUPPORT.
119	Benefit maximum for this time period has been reached.
120	Patient is covered by a managed care plan.
121	Indemnification adjustment.
122	PSYCHIATRIC REDUCTION.
123	Payer refund due to overpayment.
124	Payer refund amount - not our patient.
125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.
126	Deductible -- Major Medical
127	Coinsurance -- Major Medical
128	Newborn's services are covered in the mother's Allowance.
129	Payment denied - Prior processing information appears incorrect.
130	Claim submission fee.
131	Claim specific negotiated discount.
132	Prearranged demonstration project adjustment.
133	The disposition of this claim/service is pending further review.
134	Technical fees removed from charges.
135	Claim denied. Interim bills cannot be processed.
136	Claim Adjusted. Plan procedures of a prior payer were not followed.
137	Payment/Reduction for Regulatory Surcharges, Assessments, Allowances or Health Related Taxes.
138	Claim/service denied. Appeal procedures not followed or time limits not met.
139	Contracted funding agreement - Subscriber is employed by the provider of services.
140	Patient/Insured health identification number and name do not match.
141	Claim adjustment because the claim spans eligible and ineligible periods of coverage.
142	Claim adjusted by the monthly Medicaid patient liability amount.
143	Portion of payment deferred.
144	Incentive adjustment, e.g. preferred product/service.

Code	Description
145	Premium payment withholding
146	Payment denied because the diagnosis was invalid for the date(s) of service reported.
147	Provider contracted/negotiated rate expired or not on file.
148	Claim/service rejected at this time because information from another provider was not provided or was insufficient/incomplete.
149	Lifetime benefit maximum has been reached for this service/benefit category.
150	Payment adjusted because the payer deems the information submitted does not support this level of service.
151	Payment adjusted because the payer deems the information submitted does not support this many services.
152	Payment adjusted because the payer deems the information submitted does not support this length of service.
153	Payment adjusted because the payer deems the information submitted does not support this dosage.
154	Payment adjusted because the payer deems the information submitted does not support this day's supply.
155	This claim is denied because the patient refused the service/procedure.
156	Flexible spending account payments
157	Payment denied/reduced because service/procedure was provided as a result of an act of war.
158	Payment denied/reduced because the service/procedure was provided outside of the United States.
159	Payment denied/reduced because the service/procedure was provided as a result of terrorism.
160	Payment denied/reduced because injury/illness was the result of an activity that is a benefit exclusion.
161	Provider performance bonus
162	State-mandated Requirement for Property and Casualty, see Claim Payment Remarks Code for specific explanation.
163	Claim/Service adjusted because the attachment referenced on the claim was not received.
164	Claim/Service adjusted because the attachment referenced on the claim was not received in a timely fashion.
165	Payment denied /reduced for absence of, or exceeded referral

Code	Description
166	These services were submitted after this payers responsibility for processing claims under this plan ended.
167	This (these) diagnosis(es) is (are) not covered.
168	Payment denied as Service(s) have been considered under the patient's medical plan. Benefits are not available under this dental plan
169	Payment adjusted because an alternate benefit has been provided
170	Payment is denied when performed/billed by this type of provider.
171	Payment is denied when performed/billed by this type of provider in this type of facility.
172	Payment is adjusted when performed/billed by a provider of this specialty
173	Payment adjusted because this service was not prescribed by a physician
174	Payment denied because this service was not prescribed prior to delivery
175	Payment denied because the prescription is incomplete
176	Payment denied because the prescription is not current
177	Payment denied because the patient has not met the required eligibility requirements
178	Payment adjusted because the patient has not met the required spend down requirements.
179	Payment adjusted because the patient has not met the required waiting requirements
180	Payment adjusted because the patient has not met the required residency requirements
181	Payment adjusted because this procedure code was invalid on the date of service
182	Payment adjusted because the procedure modifier was invalid on the date of service
183	The referring provider is not eligible to refer the service billed.
184	The prescribing/ordering provider is not eligible to prescribe/order the service billed.
185	The rendering provider is not eligible to perform the service billed.
186	Payment adjusted since the level of care changed
187	Health Savings account payments
188	This product/procedure is only covered when used according to FDA recommendations.
189	"Not otherwise classified" or "unlisted" procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service
190	Payment is included in the allowance for a Skilled Nursing Facility (SNF) qualified stay.

Code	Description
191	Claim denied because this is not a work related injury/illness and thus not the liability of the workers? compensation carrier.
192	Non standard adjustment code from paper remittance advice.
193	Original payment decision is being maintained. This claim was processed properly the first time.
194	Payment adjusted when anesthesia is performed by the operating physician, the assistant surgeon or the attending physician
195	Payment denied/reduced due to a refund issued to an erroneous priority payer for this claim/service
196	Claim/service denied based on prior payer's coverage determination.
197	Payment denied/reduced for absence of precertification/authorization
198	Payment denied/reduced for exceeded, precertification/authorization
199	Revenue code and Procedure code do not match.
200	Expenses incurred during lapse in coverage
201	Workers Compensation case settled. Patient is responsible for amount of this claim/service through WC ?Medicare set aside arrangement? or other agreement. (Use group code PR).
A0	Patient refund amount.
A1	Claim denied charges.
A2	Contractual adjustment.
A3	Medicare Secondary Payer liability met.
A4	Medicare Claim PPS Capital Day Outlier Amount.
A5	Medicare Claim PPS Capital Cost Outlier Amount.
A6	Prior hospitalization or 30 day transfer requirement not met.
A7	Presumptive Payment Adjustment
A8	Claim denied; ungroupable DRG
B1	NON-COVERED VISITS.
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.
B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.

Code	Description
B12	Services not documented in patients' medical records.
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.
B14	Payment denied because only one visit or consultation per physician per day is covered.
B15	Payment adjusted because this procedure/service is not paid separately.
B16	Payment adjusted because `New Patient' qualifications were not met.
B17	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.
B18	Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.
B19	Claim/service adjusted because of the finding of a Review Organization.
B2	Covered visits.
B20	Payment adjusted because procedure/service was partially or fully furnished by another provider.
B21	The charges were reduced because the service/care was partially furnished by another physician.
B22	This payment is adjused based on the diagnosis.
B23	Payment denied because this provider has failed an aspect of a proficiency testing program.
B3	Covered charges.
B4	Late filing penalty.
B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.
B6	This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty.
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.
B8	Claim/service not covered/reduced because alternative services were available, and should have been utilized.
B9	Services not covered because the patient is enrolled in a Hospice.
D1	Claim/service denied. Level of subluxation is missing or inadequate.
D10	Claim/service denied. Completed physician financial relationship form not on file.
D11	Claim lacks completed pacemaker registration form.

Code	Description
D12	Claim/service denied. Claim does not identify who performed the purchased diagnostic test or the amount you were charged for the test.
D13	Claim/service denied. Performed by a facility/supplier in which the ordering/referring physician has a financial interest.
D14	Claim lacks indication that plan of treatment is on file.
D15	Claim lacks indication that service was supervised or evaluated by a physician.
D16	Claim lacks prior payer payment information.
D17	Claim/Service has invalid non-covered days.
D18	Claim/Service has missing diagnosis information.
D19	Claim/Service lacks Physician/Operative or other supporting documentation
D2	Claim lacks the name, strength, or dosage of the drug furnished.
D20	Claim/Service missing service/product information.
D21	This (these) diagnosis(-es) is (are) missing or are invalid
D3	Claim/service denied because information to indicate if the patient owns the equipment that requires the part or supply was missing.
D4	Claim/service does not indicate the period of time for which this will be needed.
D5	Claim/service denied. Claim lacks individual lab codes included in the test.
D6	Claim/service denied. Claim did not include patient's medical record for the service.
D7	Claim/service denied. Claim lacks date of patient's most recent physician visit.
D8	Claim/service denied. Claim lacks indicator that 'x-ray is available for review.'
D9	Claim/service denied. Claim lacks invoice or statement certifying the actual cost of the lens, less discounts or the type of intraocular lens used.
W1	Workers Compensation State Fee Schedule Adjustment

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111 HIPAA Assignment Reason Code -- CDE_RSN_HIPAA

111.1 Table Name -- T_HIPAA_MC_ASSIGN

111.1.1 HIPAA Assignment Reason Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RSN_HIPAA	This is the managed care eligibility reason codes for HIPAA.	CHAR	2	0	Yes

111.1.1.1 HIPAA Assignment Reason Code Values

Code	Description
01	DIVORCE
02	BIRTH
03	DEATH
04	RETIREMENT
05	ADOPTION
06	STRIKE
07	TERMINATION OF BENEFITS
08	TERMINATION OF EMPLOYMENT
09	CONSOLIDATION OMNIBUS BUDGET RECON ACT (COBRA)
10	CONS OMNIBUS BUDGET RECON ACT (COBRA) PREM PD
11	SURVIVING SPOUSE
14	VOLUNTARY WITHDRAWAL
15	PRIMARY CARE PROVIDER (PCP) CHANGE
16	QUIT
17	FIRED
18	SUSPENDED
20	ACTIVE
21	DISABILITY
22	PLAN CHANGE
25	CHANGE IN IDENTIFYING DATA ELEMENTS

Code	Description
26	DECLINED COVERAGE
27	PRE-ENROLLMENT
28	INITIAL ENROLLMENT
29	BENEFIT SELECTION
31	LEGAL SEPARATION
32	MARRIAGE
33	PERSONNEL DATA
37	LEAVE OF ABSENCE WITH BENEFITS
38	LEAVE OF ABSENCE WITHOUT BENEFITS
39	LAY OFF WITH BENEFITS
40	LAY OFF WITHOUT BENEFITS
41	RE-ENROLLMENT
43	CHANGE OF LOCATION
AI	NO REASON GIVEN
XN	NOTIFICATION ONLY
XT	TRANSFER

112 HIPAA PA Codes -- CDE_ELEMENT

112.1 Table Name -- T_CDE_HIPAA

112.1.1 HIPAA PA Code Information

Subsystem : Prior Authorization

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ELEMENT	This contains the data element dictionary number within the HIPAA transaction guide.	NUMBER	9	0	Yes

112.1.1.1 HIPAA PA Code Values

Code	Description
A	Approved
D	Denied
P	Pending
R	Inactive - Returned
S	Ready For Submission
V	Void
1	Online
2	Web
3	SHPS
4	Elec Txn
9	Conversn
T	TEST
V	VOICEMAIL
X	VOID
Z	A
105	PRIOR AUTHORIZATION ALREADY EXISTS WITH ANOTHER PROVIDER
106	PROCEDURE/OR NDC IS NOT INDICATED FOR CHILDREN BY FDA
107	OTC DRUG DENIED. PROVIDER MAY REQUEST MEDICAID REREVIEW
110	DOCUMENTATION INDICATES COSMETIC PROCEDURE

Code	Description
111	PRIOR AUTHORIZATION REASON 111
112	REQUESTED DRUG DOES NOT MEET MINUMUM COST REQUIREMENT
115	CASE REVIEWED BY CONSULTANT. DOES NOT MEET MEDICAID GUIDELINES
116	REQUEST DENIED. REQUESTED INFORMATION NOT SUBMITTED
118	DENIED: NOT AND FDA APPROVED DRUG
119	DENIED: DRUG RATED LESS THAN EFFECTIVE BY FDA
130	DOES NOT MEET MEDICAID CRITERIA
131	DENIED: DOES NOT MEET GENDER CRITERIA
132	DENIED. MEDICAID RESTRICTS COVERAGE TO MALES ONLY
133	DENIED AS A NON COVERED DRUG
134	DENIED. DOES NOT MEET AGE CRITERIA
135	DENIED. INADEQUATE DOCUMENTATION OF MEDICAL NECESSITY
136	NOT MEDICALLY NECESSARY
137	DENIED. FAILS TO MEET PRIOR AUTHORIZATION CRITERIA
138	MEDICALLY NECESSARY. DRUG ON PREFERRED LIST AVAILABLE
139	NOT MEDICALLY NECESSRY. OTHER FORMUALRY DRUGS AVAILABLE
140	GENERIC APPROVED. BRAND NAME NOT MEDICALLY NECESSARY
145	BRAND NAME NOT MEDICALLY NECESSARY. GENERIC AVAILABLE
146	DENIED. ACETAMINOPHEN DOSAGE EXCEEDS 4 GRAMS PER DAY
147	DENIED. EXCEED MEDICAID DAILY DOSAGE LIMIT
149	FREE FORM COMMENTS
150	PRIOR AUTHORIZATION PREVIOUSLY APPROVED
160	NO PRIOR AUTHORIZATION REQUIRED
170	PROCEDURE REQUIRES PRIOR AUTHORIZATION WHEN NO AN EMERGENCY
200	INSUFFICIENT PATIENT/DRUG/PROVIDER INFORMATION
210	ACTIVE PRE AUTHORIZATION ALREADY EXIST WITH YOUR PROVIDER NUMBER
230	PRIOR AUTHORIZATION NOT CURRENTLY REQUIRED FOR DRUG
250	DIAGNOSIS NOT FURNISHED

Code	Description
280	ADDITIONAL MEDICAL JUSTIFICATION/INFORMATION REQUIRED
300	END DATED DUE TO MEMBER BECOMING ELIGIBLE FOR MANAGED CARE
301	END DATED DUE TO MEMBER BECOMING ELIGIBLE FOR KCHIP PHASE III
310	MEMBER IS NOT ELIGIBLE FOR EYEGLASSES
311	MEMBER IS NOT ELIGIBLE FOR AN INTITIAL PROFESSIONAL FEE CODE
312	MEMBER IS ONLY ELIGIBLE FOR LENSES ONLY
313	MEMBER IS ONLY ELIGIBLE FOR ONE LENS
314	MEMBER IS ONLY ELIGIBLE FOR FRONT ONLY
315	MEMBER IS ONLY ELIGIBLE FOR TEMPLES
316	MEMBER IS ONLY ELIGIBLE FOR ONE TEMPLE
317	MEMBER IS ONLY ELIGIBLE FOR FRONT AND ONE TEMPLE
318	MEMBER IS ONLY ELIGIBLE FOR FRONT AND ONE LENS
319	MEMBER IS ONLY ELIGIBLE FOR (2) LENSES AND (1) TEMPLE
320	MEMBER IS OVER THE AGE OF 21
321	DENIED. MEMBER IS A MEMBER OF THE MANAGED CARE PROGRAM
322	MEMBER IS NOT ELIGIBLE FOR A COMPLETE FRAME
323	APPROVED. PA NUMBER PENDING. SUBMIT DEALER'S INVOICE
324	APPROVED. PA NUMBER PENDING. SUBMIT MAP 24
325	MEMBER IS ONLY ELIGIBLE FOR FRAME
326	APPROVED. PA NUMBER PENDING. SUBMIT TOTAL HOURS AT END OF MONTH
327	OTHER LESS EXPENSIVE EFFECTIVE TREATMENT AVAILABLE
328	THIS SERVICE COVERED UNDER THE MEDICAID DENTAL PROGRAM
329	DUPLICATE PRIOR AUTHORIZATION REQUEST
330	CASE TO BE PRORATED. NOT ELIGIBLE FOR FINAL RECORDS
331	REQUEST DENIED. DIAGNOSIS WILL NOT PREVENT HIGHER LEVEL OF CARE
332	INITIAL MUST BE COMPLETE PAIR
333	AUTHOTIZATION CANCELLED BY PRESCRIBER
400	SYSTEM DENIED NOT ENOUGH INFORMATION TO PROCESS

Code	Description
401	MEMBERS NAME AND MAID NUMBER DO NOT MATCH
402	MEMBER'S NAME MISSING
403	PHARMACY INFORMATION IS MISSING
404	INVALID OR MISSING MAID NUMBER
405	PHYSICIAN'S STATE LICENSE NUMBER IS MISSING OR INVALID
406	PHYSICIAN'S INFORMATION MISSING
407	PHYSICIAN'S NAME AND LICENSE NUMBER DOESN OT MATCH
408	PROVIDER NUMBER IS MISSING OR INVALID
409	PROVIDER SIGNATURE IS NOT ACCEPTABLE
410	STAMPED SIGNATURE IS NOT ACCEPTABLE
411	PRIOR AUTHORIZATION NUMBER IS REQUIRED FOR CHANGES
412	REQUEST MUST BE SUBMITTED TO DMS IN WRITING OR FAXED 502-564-3852
414	NDC/PROCEDURE CODE IS MISSING OR INVALID
415	PROCEDURE CODE DOES NOT MATCH SERVICE REQUESTED
416	QUANTITY REQUESTED IS MISSING
417	DIRECTIONS ARE MISSING OR NOT CLEAR. PLEASE CLARIFY
422	DIRECTION DOES NOT MATCH QUANTITY REQUESTED
423	MUST KNOW FREQUENCY OF PATIENT'S CHEMOTHERAPY
424	BEGIN DATE IS MISSING
425	NEED DATE OF MVA
426	NEED DATE OF PSYCHIATRIC OR PSYCHOLOGICAL EVALUATION
429	DATE OF BIRTH IS MISSING OR INVALID
430	DATE OF SERVICE IS MISSING
431	DIAGNOSIS IS MISSING OR INCOMPLETED
435	INDICATE IF PATIENT IS A CANDIDATE FOR SURGERY. IF NOT WHY?
436	NEED MEASUREMENT OF WOUND OR ULCER
438	NEED TO KNOW IF PATIENT HAS MEDICARE
439	PRESCRIPTION NOT INDICATED ON FORM

Code	Description
440	NEED DATE OF SURGERY/PROCEDURE
442	IS PATIENT OF DIALYSIS
444	WHO IS DOING WOUND IRRIGATION?
445	INITAIL IS A COMPLETE PAIR OR INDICATE PATIENT USING OWN FRAME
446	NEED REASON FOR REPLACEMENT
447	FEES FOR PROCEDURE IS MISSING
448	BANDING DATE IS MISSING OR INVALID
449	FORM MUST BE COMPLETED IN BLACK INK
450	COPY OF FORM IS NOTLEGIBLE
451	MAP 559 IS MISSING
456	PLEASE INDICATE THE DATE OF TRANSPLANT
457	MAP-122 FORM OBSOLETE. USE NEW FORM
458	APPROVED PRIOR AUTHORIZATION ALREADY EXISTS
459	PRIOR AUTHORIZATION NOT REQUIRED
460	PRIOR AUTHORIZATION NOT REQUIRED DUE TO MAP 573
461	PRIOR AUTHORIZATION NOT REQUIRED DUE TO AGE
462	PRESCRIBERS PHONE IS MSSING OR ILLEGIBLE
463	PRESCRIBLERS LICENSE NUMBER IS MISSING OR ILLEGIBLE
464	DRUG NAME MISSING OR ILLEGIBLE
465	DOSAGE FORM
466	DIRECTIONS FOR USE ARE MISSING OR ILLEGIBLE
467	PREVIOUS THERAPY WITH GENERIC DRUGS NOT INDICATED
468	DIAGNOSIS MISSING OR ILLEGIBLE
469	MEDICAL JUSTIFICATION MISSING OR ILLEGIBLE
470	DOES MEMBER HAVE MEDICARE PART B
471	MAP-82101 NOT CURRENLTY REQUIRED FOR THIS DRUG
472	PREVIOUS PPI OR H2 BLOCKER THERAPY MISSING OR INCOMPLETE
473	LACKS THE HANDWRITTEN PHRASE 'BRAND NECESSARY' OR SIGNATURE

Code	Description
474	DENIED. MAP-82101 LACKS PRESCRIBER'S SIGNATURE
475	MAINTENANCE DRUG DISPENSING FEE EXCEPTION DENIED
477	MAXIMUM QUANTITY EXCEPTION DENIED
478	RETURNED. HAS EXISTING APPROVED PRIOR AUTHORZIATION ON FILE
489	GENERIC AVAILABLE. USE MAP 82101 FOR 'BRAND NAME ONLY'
490	GENERIC APPROVED. USE MAP 82101 FOR BRAND NAME ONLY
497	ENROLLED IN MANAGED CARE (CONTACT PASSPORT HEALTH PLAN)
498	VIAGRA IS LIMITED TO 4 TABLETS PER MONTH
499	FREE FORM COMMENTS
516	AUTH ID MISSING
519	INVAILD PRIOR AUTHORIZATION REASON CODE
520	DENIAL FOR MEDICAL REASON
521	DENIAL FOR TECHNICAL REASON
700	NOT MEDICALLY NECESSARY
701	DUPLICATE REQUEST
702	ADMINISTRATIVE APPROVAL
703	ADMISSION CANCELED
704	BENEFIT EXCEPTION
705	BENEFIT MAXED
706	DATA ENTRY ERROR
707	MEDICARE PRIMARY
708	PROCEDURE CANCELED
710	REQUEST WITHDRAWN
711	STATE MANDATE
712	MEETS MEDICAL NECESSITY
713	MD REVIEW
714	RN REVIEW
715	CLIENT REVIEW

Code	Description
716	LOI - LACK OF INFORMATION
717	NOT A COVERED BENEFIT
718	TECHNICAL DENIAL
719	OUT OF TIME FRAME
720	NON-CERTIFIED BED
721	CONSENT
722	CRITICAL ACCESS HOSPITAL
723	AGREED REDUCTION
724	EXCEEDS PLAN MAXIMUMS
725	NON COVERED SERVICE
726	REQUESTED INFORMATION NOT RECEIVED
727	ADMISSION REQUESTED
728	CLIENT APPROVAL
729	EXTENSION REQUESTED
900	PROVIDER CHANGE

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113 HIPAA Remarks Code -- CDE_REMARK

113.1 Table Name -- T_CDE_HIPAA_REMRKS

113.1.1 HIPAA Remarks Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REMARK	HIPAA remarks code	CHAR	5	0	No

113.1.1.1 HIPAA Remarks Code Values

Code	Description
M1	X-ray not taken within the past 12 months or near enough to the start of treatment.
M10	Equipment purchases are limited to the first or the tenth month of medical necessity.
M100	We do not pay for an oral anti-emetic drug that is not administered for use immediately before, at, or within 48 hours of administration of a covered chemotherapy drug.
M101	Begin to report a G1-G5 modifier with this HCPCS. We will soon begin to deny payment for this service if billed without a G1-G5 modifier.
M102	Service not performed on equipment approved by the FDA for this purpose.
M103	Information supplied supports a break in therapy. However, the medical information we have for this patient does not support the need for this item as billed. We have approved payment for this item at a reduced level, and a new capped rental period will b
M104	Information supplied supports a break in therapy. A new capped rental period will begin with delivery of the equipment. This is the maximum approved under the fee schedule for this item or service.
M105	Information supplied does not support a break in therapy. The medical information we have for this patient does not support the need for this item as billed. We have approved payment for this item at a reduced level, and a new capped rental period will no
M106	Information supplied does not support a break in therapy. A new capped rental period will not begin. This is the maximum approved under the fee schedule for this item or service.
M107	Payment reduced as 90-day rolling average hematocrit for ESRD patient exceeded 36.5%.
M108	Missing/incomplete/invalid provider identifier for the provider who interpreted the diagnostic test.
M109	We have provided you with a bundled payment for a teleconsultation. You must send 25 percent of the teleconsultation payment to the referring practitioner.

Code	Description
M11	DME, orthotics and prosthetics must be billed to the DME carrier who services the patients zip code.
M110	Missing/incomplete/invalid provider identifier for the provider from whom you purchased interpretation services.
M111	We do not pay for chiropractic manipulative treatment when the patient refuses to have an x-ray taken.
M112	The approved amount is based on the maximum allowance for this item under the DMEPOS Competitive Bidding Demonstration.
M113	Our records indicate that this patient began using this service(s) prior to the current round of the DMEPOS Competitive Bidding Demonstration. Therefore, the approved amount is based on the allowance in effect prior to this round of bidding for this item.
M114	This service was processed in accordance with rules and guidelines under the Competitive Bidding Demonstration Project. If you would like more information regarding this project, you may phone 1-888-289-0710.
M115	This item is denied when provided to this patient by a non-demonstration supplier.
M116	Even though this service is being paid in accordance with the rules and guidelines under the Competitive Bidding Demonstration, future claims may be denied when this item is provided this patient by a non-demonstration supplier.
M117	Not covered unless supplier files an electronic media claim (EMC).
M118	Letter to follow containing further information.
M119	Missing/incomplete/invalid National Drug Code (NDC).
M12	Diagnostic tests performed by a physician must indicate whether purchased services are included on the claim.
M120	Missing/incomplete/invalid provider identifier for the substituting physician who furnished the service(s) under a reciprocal billing or locum tenens arrangement.
M121	We pay for this service only when performed with a covered cryosurgical ablation.
M122	Missing/incomplete/invalid level of subluxation.
M123	Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
M124	Missing/incomplete/invalid indication of whether the patient owns the equipment that requires the part or supply.
M125	Missing/incomplete/invalid information on the period of time for which the service/supply/equipment will be needed.
M126	Missing/incomplete/invalid individual lab codes included in the test.
M127	Missing/incomplete/invalid patient medical record for this service.

Code	Description
M128	Missing/incomplete/invalid date of the patient's last physician visit.
M129	Missing/incomplete/invalid indicator of X-ray availability for review.
M13	No more than one initial visit may be covered per specialty per medical group. Visit may be rebilled with an established visit code.
M130	Missing/incomplete/invalid invoice or statement certifying the actual cost of the lens, less discounts, and/or the type of intraocular lens used.
M131	Missing/incomplete/invalid physician financial relationship form.
M132	Missing/incomplete/invalid pacemaker registration form.
M133	Claim did not identify who performed the purchased diagnostic test or the amount you were charged for the test.
M134	Performed by a facility/supplier in which the ordering/referring physician has a financial interest.
M135	Missing/incomplete/invalid plan of treatment.
M136	Missing/incomplete/invalid indication that the service was supervised or evaluated by a physician.
M137	Part B coinsurance under a demonstration project.
M138	Patient identified as a demonstration participant but the patient was not enrolled in the demonstration at the time services were rendered. Coverage is limited to demonstration participants.
M139	Denied services exceed the coverage limit for the demonstration.
M14	No separate payment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection.
M140	Service not covered until after the patient's 50th birthday, i.e., no coverage prior to the day after the 50th birthday
M141	Missing/incomplete/invalid physician certified plan of care.
M142	Missing/incomplete/invalid American Diabetes Association Certificate of Recognition.
M143	We have no record that you are licensed to dispensed drugs in the State where located.
M144	Pre-/post-operative care payment is included in the allowance for the surgery/procedure.
M15	Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.
M16	Please see the letter or bulletin of (date) for further information. [Note: Payer must supply the date of the letter/bulletin.]

Code	Description
M17	Payment approved as you did not know, and could not reasonably have been expected to know, that this would not normally have been covered for this patient. In the future, you will be liable for charges for the same service(s) under the same or similar con
M18	Certain services may be approved for home use. Neither a hospital nor a SNF is considered to be a patients home.
M19	Missing/incomplete/invalid oxygen certification/re-certification.
M2	Not paid separately when the patient is an inpatient.
M20	Missing/incomplete/invalid HCPCS.
M21	Missing/incomplete/invalid place of residence for this service/item provided in a home.
M22	Missing/incomplete/invalid number of miles traveled.
M23	Invoice needed for the cost of the material or contrast agent.
M24	Missing/incomplete/invalid number of doses per vial.
M25	Payment has been adjusted because the information furnished does not substantiate the need for this level of service. ** See Manual for complete definition **
M26	Payment has been (denied for the/made only for a less extensive) service because the information furnished does not substantiate the need for the (more extensive) service. If you have collected (any amount from the patient/any amount that exceeds
M27	The patient has been relieved of liability of payment of these items and services under the limitation of liability provision of the law.
M28	This does not qualify for payment under Part B when Part A coverage is exhausted or not otherwise available.
M29	Missing/incomplete/invalid operative report.
M3	Equipment is the same or similar to equipment already being used.
M30	Missing/incomplete/invalid pathology report.
M31	Missing/incomplete/invalid radiology report.
M32	This is a conditional payment made pending a decision on this service by the patients primary payer. This payment may be subject to refund upon your receipt of any additional payment for this service from another payer.
M33	Missing/incomplete/invalid UPIN for the ordering/referring/performing provider.
M34	Claim lacks the CLIA certification number.
M35	Missing/incomplete/invalid pre-operative photos or visual field results.
M36	This is the 11th rental month. We cannot pay for this until you indicate that the patient has been given the option of changing the rental to a purchase.

Code	Description
M37	Service not covered when the patient is under age 35.
M38	The patient is liable for the charges for this service as you informed the patient in writing before the service was furnished that we would not pay for it, and the patient agreed to pay.
M39	The patient is not liable for payment for this service as the advance notice of noncoverage you provided the patient did not comply with program requirements.
M4	This is the last monthly installment payment for this durable medical equipment.
M40	Claim must be assigned and must be filed by the practitioners employer.
M41	We do not pay for this as the patient has no legal obligation to pay for this.
M42	The medical necessity form must be personally signed by the attending physician.
M43	Payment for this service previously issued to you or another provider by another carrier/intermediary.
M44	Missing/incomplete/invalid condition code.
M45	Missing/incomplete/invalid occurrence codes or dates.
M46	Missing/incomplete/invalid occurrence span code or dates.
M47	Missing/incomplete/invalid internal or document control number.
M48	Payment for services furnished to hospital inpatients (other than professional services of physicians) can only be made to the hospital. You must request payment from the hospital rather than the patient for this service.
M49	Missing/incomplete/invalid value code(s) or amount(s).
M5	Monthly rental payments can continue until the earlier of the 15th month from the first rental month, or the month when the equipment is no longer needed.
M50	Missing/incomplete/invalid revenue code(s).
M51	Missing/incomplete/invalid procedure code(s) and/or rates.
M52	Missing/incomplete/invalid "from" date(s) of service.
M53	Missing/incomplete/invalid days or units of service.
M54	Missing/incomplete/invalid total charges.
M55	We do not pay for self-administered anti-emetic drugs that are not administered with a covered oral anti-cancer drug.
M56	Missing/incomplete/invalid payer identifier.
M57	Missing/incomplete/invalid provider identifier.

Code	Description
M58	Missing/incomplete/invalid claim information. Resubmit claim after corrections.
M59	Missing/incomplete/invalid "to" date(s) of service.
M6	You must furnish and service this item for as long as the patient continues to need it. We can pay for maintenance and/or servicing for every 6 month period after the end of the 15th paid rental month or the end of the warranty period.
M60	Rejected without appeal rights due to invalid CMN form or format. Resubmit with completed, OMB-approved form or in an approved format.
M61	We cannot pay for this as the approval period for the FDA clinical trial has expired.
M62	Missing/incomplete/invalid treatment authorization code.
M63	We do not pay for more than one of these on the same day.
M64	Missing/incomplete/invalid other diagnosis.
M65	One interpreting physician charge can be submitted per claim when a purchased diagnostic test is indicated. Please submit a separate claim for each interpreting physician.
M66	Our records indicate that you billed diagnostic tests subject to price limitations and the procedure code submitted includes a professional component. Only the technical component is subject to price limitations. Please submit the technical and profession
M67	Missing/incomplete/invalid other procedure code(s) and/or date(s).
M68	Missing/incomplete/invalid attending or referring physician identification.
M69	Paid at the regular rate as you did not submit documentation to justify modifier 22.
M7	No rental payments after the item is purchased, or after the total of issued rental payments equals the purchase price.
M70	NDC code submitted for this service was translated to a HCPCS code for processing, but please continue to submit the NDC on future claims for this item.
M71	Total payment reduced due to overlap of tests billed.
M72	Did not enter full 8-digit date (MM/DD/CCYY). (M72 will no longer be valid effective 10/16/2003. Use MA52)
M73	The HPSA bonus can only be paid on the professional component of this service. Rebill as separate professional and technical components. Use the HPSA modifier on the professional component only.
M74	This service does not qualify for a HPSA bonus payment.
M75	Allowed amount adjusted. Multiple automated multichannel tests performed on the same day combined for payment.
M76	Missing/incomplete/invalid diagnosis or condition.

Code	Description
M77	Missing/incomplete/invalid place of service.
M78	Missing/incomplete/invalid HCPCS modifier.
M79	Missing/incomplete/invalid charge.
M8	We do not accept blood gas tests results when the test was conducted by a medical supplier or taken while the patient is on oxygen.
M80	Not covered when performed during the same session/date as a previously processed service for the patient.
M81	Patient's diagnosis in a narrative form is not provided on an attachment or diagnosis code(s) is truncated, incorrect or missing; you are required to code to the highest level of specificity.
M82	Service is not covered when patient is under age 50.
M83	Service is not covered unless the patient is classified as at high risk.
M84	Old and new HCPCS cannot be billed for the same date of service.
M85	Subjected to review of physician evaluation and management services.
M86	Service denied because payment already made for similar procedure within set time frame.
M87	Claim/service(s) subjected to CFO-CAP prepayment review.
M88	We cannot pay for laboratory tests unless billed by the laboratory that did the work.
M89	Not covered more than once under age 40.
M9	This is the tenth rental month. You must offer the patient the choice of changing the rental to a purchase agreement.
M90	Not covered more than once in a 12 month period.
M91	Lab procedures with different CLIA certification numbers must be billed on separate claims.
M92	Services subjected to review under the Home Health Medical Review Initiative.
M93	Information supplied supports a break in therapy. A new capped rental period began with delivery of this equipment.
M94	Information supplied does not support a break in therapy. A new capped rental period will not begin.
M95	Services subjected to Home Health Initiative medical review/cost report audit.
M96	The technical component of a service furnished to an inpatient may only be billed by that inpatient facility. You must contact the inpatient facility for technical component reimbursement. If not already billed, you should bill us for the professional com

Code	Description
M97	Not paid to practitioner when provided to patient in this place of service. Payment included in the reimbursement issued the facility.
M98	Begin to report the Universal Product Number on claims for items of this type. We will soon begin to deny payment for items of this type if billed without the correct UPN.
M99	Missing/incomplete/invalid Universal Product Number/Serial Number.
MA01	(Initial Part B determination, Medicare carrier or intermediary)--If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your ini
MA02	If you do not agree with this determination, you have the right to appeal. You must file a written request for an appeal within 180 days of the date you receive this notice.
MA03	(Medicare Hearing)--If you do not agree with the approved amounts and $100 or more is in dispute (less deductible and coinsurance), you may ask for a hearing. You must request a hearing within six months of the date of this notice. ** See Manual for com
MA04	Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.
MA05	Incorrect admission date patient status or type of bill entry on claim. (MA05 will no longer be valid effective 10/16/2003. Use MA30 or MA40 or MA43.)
MA06	Missing/incomplete/invalid beginning and/or ending date(s).
MA07	The claim information has also been forwarded to Medicaid for review.
MA08	You should also submit this claim to the patients other insurer for potential payment of supplemental benefits. We did not forward the claim information as the supplemental coverage is not with a Medigap plan, or you do not participate in Medicare.
MA09	Claim submitted as unassigned but processed as assigned. You agreed to accept assignment for all claims.
MA10	The patients payment was in excess of the amount owed. You must refund the overpayment to the patient.
MA100	Missing/incomplete/invalid date of current illness, injury or pregnancy.
MA101	A SNF is responsible for payment of outside providers who furnish these services/supplies to residents.
MA102	Missing/incomplete/invalid name or provider identifier for the rendering/referring/ordering/supervising provider.
MA103	Hemophilia Add On.
MA104	Missing/incomplete/invalid date the patient was last seen or the provider identifier of the attending physician.
MA105	Missing/incomplete/invalid provider number for this place of service.

Code	Description
MA106	PIP claim.
MA107	Paper claim contains more than three separate data items in field 19.
MA108	Paper claim contains more than one data item in field 23.
MA109	Claim processed in accordance with ambulatory surgical guidelines.
MA11	Payment is being issued on a conditional basis. If no-fault insurance, liability insurance, Workers' Compensation, Department of Veterans Affairs, or a group health plan for employees and dependents also covers this claim, a refund may be due us. ** See M
MA110	Missing/incomplete/invalid information on whether the diagnostic test(s) were performed by an outside entity or if no purchased tests are included on the claim.
MA111	Missing/incomplete/invalid purchase price of the test(s) and/or the performing laboratorys name and address.
MA112	Missing/incomplete/invalid group practice information.
MA113	Incomplete/invalid taxpayer identification number (TIN) submitted by you per the Internal Revenue Service. Your claims cannot be processed without your correct TIN, and you may not bill the patient pending correction of your TIN.
MA114	Missing/incomplete/invalid information on where the services were furnished.
MA115	Missing/incomplete/invalid physical location (name and address, or PIN) where the service(s) were rendered in a Health Professional Shortage Area (HPSA).
MA116	Did not complete the statement "Homebound" on the claim to validate whether laboratory services were performed at home or in an institution.
MA117	This claim has been assessed a $1.00 user fee.
MA118	Coinsurance and/or deductible amounts apply to a claim for services or supplies furnished to a Medicare-eligible veteran through a facility of the Department of Veterans Affairs. No Medicare payment issued.
MA119	Provider level adjustment for late claim filing applies to this claim.
MA12	You have not established that you have the right under the law to bill for services furnished by the person(s) that furnished this (these) service(s).
MA120	Missing/incomplete/invalid CLIA certification number.
MA121	Missing/incomplete/invalid date the X-Ray was performed.
MA122	Missing/incomplete/invalid initial date actual treatment occurred.
MA123	Your center was not selected to participate in this study, therefore, we cannot pay for these services.
MA124	Processed for IME only.

Code	Description
MA125	Per legislation governing this program, payment constitutes payment in full.
MA126	Pancreas transplant not covered unless kidney transplant performed.
MA127	Reserved for future use.
MA128	Missing/incomplete/invalid six-digit FDA approved, identification number.
MA129	This provider was not certified for this procedure on this date of service.
MA13	You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.
MA130	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.
MA131	Physician already paid for services in conjunction with this demonstration claim. You must have the physician withdraw that claim and refund the payment before we can process your claim.
MA132	Adjustment to the pre-demonstration rate.
MA133	Claim overlaps inpatient stay. Rebill only those services rendered outside the inpatient stay.
MA134	Missing/incomplete/invalid provider number of the facility where the patient resides.
MA14	Patient is a member of an employer-sponsored prepaid health plan. Services from outside that health plan are not covered. However, as you were not previously notified of this, we are paying this time. In the future, we will not pay you for non-plan servic
MA15	Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
MA16	The patient is covered by the Black Lung Program. Send this claim to the Department of Labor, Federal Black Lung Program, P.O. Box 828, Lanham-Seabrook MD 20703.
MA17	We are the primary payer and have paid at the primary rate. You must contact the patients other insurer to refund any excess it may have paid due to its erroneous primary payment.
MA18	The claim information is also being forwarded to the patients supplemental insurer. Send any questions regarding supplemental benefits to them.
MA19	Information was not sent to the Medigap insurer due to incorrect/invalid information you submitted concerning that insurer. Please verify your information and submit your secondary claim directly to that insurer.
MA20	SNF stay not covered when care is primarily related to the use of an urethral catheter for convenience or the control of incontinence.
MA21	SSA records indicate mismatch with name and sex.

Code	Description
MA22	Payment of less than $1.00 suppressed.
MA23	Demand bill approved as result of medical review.
MA24	Christian Science Sanitarium/ SNF bill in the same benefit period.
MA25	A patient may not elect to change a hospice provider more than once in a benefit period.
MA26	Our records indicate that you were previously informed of this rule.
MA27	Missing/incomplete/invalid entitlement number or name shown on the claim.
MA28	Receipt of this notice by a physician or supplier who did not accept assignment is for information only and does not make the physician or supplier a party to the determination. No additional rights to appeal this decision,
MA29	Missing/incomplete/invalid provider name, city, state, or zip code.
MA30	Missing/incomplete/invalid type of bill.
MA31	Missing/incomplete/invalid beginning and ending dates of the period billed.
MA32	Missing/incomplete/invalid number of covered days during the billing period.
MA33	Missing/incomplete/invalid noncovered days during the billing period.
MA34	Missing/incomplete/invalid number of coinsurance days during the billing period.
MA35	Missing/incomplete/invalid number of lifetime reserve days.
MA36	Missing/incomplete/invalid patient name.
MA37	Missing/incomplete/invalid patients address.
MA38	Missing/incomplete/invalid birth date.
MA39	Missing/incomplete/invalid gender.
MA40	Missing/incomplete/invalid admission date.
MA41	Missing/incomplete/invalid admission type.
MA42	Missing/incomplete/invalid admission source.
MA43	Missing/incomplete/invalid patient status.
MA44	No appeal rights. Adjudicative decision based on law.
MA45	As previously advised, a portion or all of your payment is being held in a special account.
MA46	The new information was considered, however, additional payment cannot be issued. Please review the information listed for the explanation.

Code	Description
MA47	Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As result, we cannot pay this claim. The patient is responsible for payment.
MA48	Missing/incomplete/invalid name or address of responsible party or primary payer.
MA49	Missing/incomplete/invalid six-digit provider identifier for home health agency or hospice for physician(s) performing care plan oversight services.
MA50	Missing/incomplete/invalid Investigational Device Exemption number for FDA-approved clinical trial services.
MA51	Missing/incomplete/invalid CLIA certification number for laboratory services billed by physician office laboratory.
MA52	Missing/incomplete/invalid date.
MA53	Inconsistent demonstration project information. Correct and resubmit with information on no more than one demonstration project.
MA54	Physician certification or election consent for hospice care not received timely.
MA55	Not covered as patient received medical health care services, automatically revoking his/her election to receive religious non-medical health care services.
MA56	Our records show you have opted out of Medicare, agreeing with the patient not to bill Medicare for services/tests/supplies furnished. As result, we cannot pay this claim. The patient is responsible for payment, but under Federal law, you cannot charge th
MA57	Patient submitted written request to revoke his/her election for religious non-medical health care services.
MA58	Missing/incomplete/invalid release of information indicator.
MA59	The patient overpaid you for these services. You must issue the patient a refund within 30 days for the difference between his/her payment and the total amount shown as patient responsibility on this notice.
MA60	Missing/incomplete/invalid patient relationship to insured.
MA61	Missing/incomplete/invalid social security number or health insurance claim number.
MA62	Telephone review decision.
MA63	Missing/incomplete/invalid principal diagnosis.
MA64	Our records indicate that we should be the third payer for this claim. We cannot process this claim until we have received payment information from the primary and secondary payers.
MA65	Missing/incomplete/invalid admitting diagnosis.
MA66	Missing/incomplete/invalid principal procedure code or date.

Code	Description
MA67	Correction to a prior claim.
MA68	We did not crossover this claim because the secondary insurance information on the claim was incomplete. Please supply complete information or use the PLANID of the insurer to assure correct and timely routing of the claim.
MA69	Missing/incomplete/invalid remarks.
MA70	Missing/incomplete/invalid provider representative signature.
MA71	Missing/incomplete/invalid provider representative signature date.
MA72	The patient overpaid you for these assigned services. You must issue the patient a refund within 30 days for the difference between his/her payment to you and the total of the amount shown as patient responsibility and as paid to the patient on this notic
MA73	Informational remittance associated with a Medicare demonstration. No payment issued under fee-for-service Medicare as patient has elected managed care.
MA74	This payment replaces an earlier payment for this claim that was either lost, damaged or returned.
MA75	Missing/incomplete/invalid patient or authorized representative signature.
MA76	Missing/incomplete/invalid provider identifier for HHA or hospice when physician is performing care plan oversight services.
MA77	The patient overpaid you. You must issue the patient a refund within 30 days for the difference between the patient's payment less the total of our and other payer payments and the amount shown as patient responsibility on this notice.
MA78	The patient overpaid you. You must issue the patient a refund within 30 days for the difference between our allowed amount total and the amount paid by the patient.
MA79	Billed in excess of interim rate.
MA80	Informational notice. No payment issued for this claim with this notice. Payment issued to the hospital by its intermediary for all services for this encounter under a demonstration project.
MA81	Missing/incomplete/invalid provider/supplier signature.
MA82	Missing/incomplete/invalid provider/supplier billing number/identifier or billing name, address, city, state, zip code, or phone number.
MA83	Did not indicate whether we are the primary or secondary payer. Refer to Item 11 in the HCFA-1500 instructions for assistance.
MA84	Patient identified as participating in the National Emphysema Treatment Trial but our records indicate that this patient is either not a participant, or has not yet been approved for this phase of the study. Contact Johns Hopkins University, the study coo

Code	Description
MA85	Our records indicate that a primary payer exists (other than ourselves); however, you did not complete or enter accurately the insurance plan/group/program name or identification number. Enter the PlanID when effective.
MA86	Missing/incomplete/invalid group or policy number of the insured for the primary coverage.
MA87	Missing/incomplete/invalid insureds name for the primary payer.
MA88	Missing/incomplete/invalid insureds address and/or telephone number for the primary payer.
MA89	Missing/incomplete/invalid patients relationship to the insured for the primary payer.
MA90	Missing/incomplete/invalid employment status code for the primary insured.
MA91	This determination is the result of the appeal you filed.
MA92	Missing/incomplete/invalid primary insurance information.
MA93	Non-PIP claim.
MA94	Did not enter the statement "Attending physician not hospice employee" on the claim form to certify that the rendering physician is not an employee of the hospice.
MA95	De-activate and refer to M51.
MA96	Claim rejected. Coded as a Medicare Managed Care Demonstration but patient is not enrolled in a Medicare managed care plan.
MA97	Missing/incomplete/invalid Medicare Managed Care Demonstration contract number.
MA98	Claim Rejected. Does not contain the correct Medicare Managed Care Demonstration contract number for this beneficiary. (MA98 will no longer be valid effective 10/16/2003. Use MA 97)
MA99	Missing/incomplete/invalid Medigap information.
N1	You may appeal this decision in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.
N10	Claim/service adjusted based on the findings of a review organization/professional consult/manual adjudication/medical or dental advisor.
N100	PPS code corrected during adjudication.
N101	Additional information is needed in order to process this claim. Please resubmit the claim with the identification number of the provider where this service took place. ** See Manual for complete definition **
N102	This claim has been denied without reviewing the medical record because the requested records were not received or were not received timely.

Code	Description
N103	Social Security records indicate that this beneficiary was a prisoner when the service was rendered. This payer does not cover items and services furnished to beneficiaries while they are in State or local custody under a penal authority, unless under St
N104	This claim/service is not payable under our claims jurisdiction area. You can identify the correct Medicare contractor to process this claim/service through the CMS website at www.cms.hhs.gov.
N105	This is a misdirected claim/service for an RRB beneficiary. Submit paper claims to the RRB carrier: Palmetto GBA, P.O. Box 10066, Augusta, GA 30999. Call 866-749-4301 for RRB EDI information for electronic claims processing.
N106	Payment for services furnished to Skilled Nursing Facility (SNF) inpatients (except for excluded services) can only be made to the SNF. You must request payment from the SNF rather than the patient for this service.
N107	Services furnished to Skilled Nursing Facility (SNF) inpatients must be billed on the inpatient claim. They cannot be billed separately as outpatient services.
N108	Missing/incomplete/invalid upgrade information.
N109	This claim was chosen for complex review and was denied after reviewing the medical records.
N11	Denial reversed because of medical review.
N110	This facility is not certified for film mammography.
N111	No appeal right except duplicate claim/service issue. This service was included in a claim that has been previously billed and adjudicated.
N112	This claim is excluded from your electronic remittance advice.
N113	You or someone in your group practice has already submitted a claim for an initial visit for this beneficiary. Medicare pays only once per beneficiary per physician, group practice, or provider for an initial visit.
N114	During the transition to the Ambulance Fee Schedule, payment is based on the lesser of a blended amount calculated using a percentage of the reasonable charge/cost and fee schedule amounts, or the submitted charge for the service.
N115	This decision was based on a local medical review policy (LMRP). An LMRP provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.LMRP.net, or if you do not have web access,
N116	This payment is being made conditionally because the service was provided in the home, and it is possible that the patient is under a home health episode of care. When a patient is treated under a home health episode of care,
N117	This service is paid only once in a lifetime per beneficiary.
N118	This service is not paid if billed more than once every 28 days.

Code	Description
N119	This service is not paid if billed once every 28 days, and the patient has spent 5 or more consecutive days in any inpatient or SNF (Part B) facility within those 28 days.
N12	Policy provides coverage supplemental to Medicare. As member does not appear to be enrolled in Medicare Part B, the member is responsible for payment of the portion of the charge that would have been covered by Medicare.
N120	Payment is subject to home health prospective payment system partial episode payment adjustment. Beneficiary transferred or was discharged/readmitted during payment episode.
N121	Medicare Part B does not pay for items or services provided by this type of practitioner for beneficiaries in a Medicare Part A covered skilled nursing facility stay.
N122	Mammography add-on code cannot be billed by itself.
N123	This is a split service and represents a portion of the units from the originally submitted service.
N124	Payment has been denied for the/made only for a less extensive service/item because the information furnished does not substantiate the need for the (more extensive) service/item.
N125	Payment has been (denied for the/made only for a less extensive) service/item because the information furnished does not substantiate the need for the (more extensive) service/item. If you have collected any amount from the patient, you must refund
N126	Social Security Records indicate that this individual has been deported. This payer does not cover items and services furnished to individuals who have been deported.
N127	This is a misdirected claim/service for a United Mine Workers of America beneficiary. Submit paper claims to: UMWA Health and Retirement Funds, PO Box 389, Ephraim, UT 84627-0361. Call Envoy at 1-800-215-4730 for information on electronic claims submiss
N128	This amount represents the prior to coverage portion of the allowance.
N129	This amount represents the dollar amount not eligible due to the patients age.
N13	Payment based on professional/technical component modifier(s).
N130	Consult plan benefit documents for information about restrictions for this service.
N131	Total payments under multiple contracts cannot exceed the allowance for this service.
N132	Payments will cease for services rendered by this US Government debarred or excluded provider after the 30 day grace period as previously notified.
N133	Services for predetermination and services requesting payment are being processed separately.
N134	This represents your scheduled payment for this service. If treatment has been discontinued, please contact Customer Service.

Code	Description
N135	Record fees are the patients responsibility and limited to the specified co-payment.
N136	To obtain information on the process to file an appeal in Arizona, call the Departments Consumer Assistance Office at (602) 912-8444 or (800) 325-2548.
N137	The provider acting on the Member's behalf, may file an appeal with the Payer. The provider, acting on the Member's behalf, may file a complaint with the State Insurance Regulatory Authority without first filing an appeal. ** See Manual for complete defin
N138	In the event you disagree with the Dental Advisor's opinion and have additional information relative to the case, you may submit radiographs to the Dental Advisor Unit at the subscriber's dental insurance carrier for a second Independent Dental Advisor Re
N139	Under the Code of Federal Regulations, Chapter 32, Section 199.13 a non-participating provider is not an appropriate appealing party. Therefore, if you disagree with the Dental Advisors opinion, you may appeal the determination if appointed in writing,
N14	Payment based on a contractual amount or agreement, fee schedule, or maximum allowable amount.
N140	You have not been designated as an authorized OCONUS provider therefore are not considered an appropriate appealing party. If the beneficiary has appointed you, in writing, to act as his/her representative and you disagree with the Dental
N141	The patient was not residing in a long-term care facility during all or part of the service dates billed.
N142	The original claim was denied. Resubmit a new claim, not a replacement claim.
N143	The patient was not in a hospice program during all or part of the service dates billed.
N144	The rate changed during the dates of service billed.
N145	Missing/incomplete/invalid provider identifier for this place of service.
N146	Missing/incomplete/invalid/not approved screening document.
N147	Long term care case mix or per diem rate cannot be determined because the patient ID number is missing, incomplete, or invalid on the assignment request.
N148	Missing/incomplete/invalid date of last menstrual period.
N149	Rebill all applicable services on a single claim.
N15	Services for a newborn must be billed separately.
N150	Missing/incomplete/invalid model number.
N151	Telephone contact services will not be paid until the face-to-face contact requirement has been met.
N152	Missing/incomplete/invalid replacement claim information.
N153	Missing/incomplete/invalid room and board rate.

Code	Description
N154	This payment was delayed for correction of providers mailing address.
N155	Our records do not indicate that other insurance is on file. Please submit other insurance information for our records.
N156	The patient is responsible for the difference between the approved treatment and the elective treatment.
N157	Transportation to and from this destination is not covered.
N158	Transportation in a vehicle other than an ambulance is not covered.
N159	Payment denied/reduced because mileage is not covered when the patient is not in the ambulance.
N16	Family/member Out-of-Pocket maximum has been met. Payment based on a higher percentage.
N160	The beneficiary/patient must choose an option before this procedure/equipment/supply/service can be covered.
N161	This drug/service/supply is covered only when the associated service is covered.
N162	This is an alert. Although your claim was paid, you have billed for a test/specialty not included in your Laboratory Certification. Your failure to correct the laboratory certification information will result in a denial of payment in the near future.
N163	Medical record does not support code billed per the code definition.
N164	Transportation to/from this destination is not covered.
N165	Transportation in a vehicle other than an ambulance is not covered.
N166	Payment denied/reduced because mileage is not covered when the patient is not in the ambulance.
N167	Charges exceed the post-transplant coverage limit.
N168	The beneficiary must choose an option before a payment can be made for this procedure/equipment/supply/service.
N169	This drug/service/supply is covered only when the associated service is covered.
N17	Per admission deductible.
N170	A new/revised/renewed certificate of medical necessity is needed.
N171	Payment for repair or replacement is not covered or has exceeded the purchase price.
N172	The patient is not liable for the denied/adjusted charge(s) for receiving any updated service/item.
N173	No qualifying hospital stay dates were provided for this episode of care.

Code	Description
N174	This is not a covered service/procedure/ equipment/bed, however patient liability is limited to amounts shown in the adjustments under group "PR".
N175	Missing/incomplete/invalid Review Organization Approval.
N176	Services provided aboard a ship are covered only when the ship is of United States registry and is in United States waters. In addition, a doctor licensed to practice in the United States must provide the service.
N177	We did not send this claim to beneficiary's other insurer. They have indicated no additional payment can be made.
N178	Missing/invalid/incomplete pre-operative photos or visual field results.
N179	Additional information has been requested from the member. The charges will be reconsidered upon receipt of that information.
N18	Payment based on the Medicare allowed amount.
N180	This item or service does not meet the criteria for the category under which it was billed.
N181	Additional information has been requested from another provider involved in the care of this member. The charges will be reconsidered upon receipt of that information.
N182	This claim/service must be billed according to the schedule for this plan.
N183	This is a predetermination advisory message, when this service is submitted for payment additional documentation as specified in plan documents will be required to process benefits.
N184	Rebill technical and professional components separately.
N185	Do not resubmit this claim/service.
N186	Non-Availability Statement (NAS) required for this service. Contact the nearest Military Treatment Facility (MTF) for assistance.
N187	You may request a review in writing within the required time limits following receipt of this notice by following the instructions included in your contract or plan benefit documents.
N188	The approved level of care does not match the procedure code submitted.
N189	This service has been paid as a one-time exception to the plans benefit restrictions.
N19	Procedure code incidental to primary procedure.
N190	Missing/incomplete/invalid contract indicator.
N191	The provider must update insurance information directly with payer.
N192	Patient is a Medicaid/Qualified Medicare Beneficiary.
N193	Specific federal/state/local program may cover this service through another payer.

Code	Description
N194	Technical component not paid if provider does not own the equipment used.
N195	The technical component must be billed separately.
N196	Patient eligible to apply for other coverage which may be primary.
N197	The subscriber must update insurance information directly with payer.
N198	Rendering provider must be affiliated with the pay-to provider.
N199	Additional payment approved based on payer-initiated review/audit.
N2	This allowance has been made in accordance with the most appropriate course of treatment provision of the plan.
N20	Service not payable with other service rendered on the same date.
N200	The professional component must be billed separately.
N201	A mental health facility is responsible for payment of outside providers who furnish these services/supplies to residents.
N202	Additional information/explanation will be sent separately
N203	Missing/incomplete/invalid anesthesia time/units
N204	Services under review for possible pre-existing condition. Send medical records for prior 12 months
N205	Information provided was illegible
N206	The supporting documentation does not match the claim
N207	Missing/incomplete/invalid weight.
N208	Missing/incomplete/invalid DRG code
N209	Missing/invalid/incomplete taxpayer identification number (TIN)
N21	Range of dates separated onto single lines.
N210	You may appeal this decision
N211	You may not appeal this decision
N212	Charges processed under a Point of Service benefit
N213	Missing/incomplete/invalid facility/discrete unit DRG/DRG exempt status information
N214	Missing/incomplete/invalid history of the related initial surgical procedure(s)
N215	A payer providing supplemental or secondary coverage shall not require a claims determination for this service from a primary payer as a condition of making its own claims determination.

Code	Description
N216	Patient is not enrolled in this portion of our benefit package
N217	We pay only one site of service per provider per claim
N218	You must furnish and service this item for as long as the patient continues to need it. We can pay for maintenance and/or servicing for the time period specified in the contract or coverage manual.
N219	Payment based on previous payer's allowed amount.
N22	This procedure code was added/changed because it more accurately describes the services rendered.
N220	See the payer's web site or contact the payer's Customer Service department to obtain forms and instructions for filing a provider dispute.
N221	Missing Admitting History and Physical report.
N222	Incomplete/invalid Admitting History and Physical report.
N223	Missing documentation of benefit to the patient during initial treatment period.
N224	Incomplete/invalid documentation of benefit to the patient during initial treatment period.
N225	Incomplete/invalid documentation/orders/notes/summary/report/chart.
N226	Incomplete/invalid American Diabetes Association Certificate of Recognition.
N227	Incomplete/invalid Certificate of Medical Necessity.
N228	Incomplete/invalid consent form.
N229	Incomplete/invalid contract indicator.
N23	Patient liability may be affected due to coordination of benefits with other carriers and/or maximum benefit provisions.
N230	Incomplete/invalid indication of whether the patient owns the equipment that requires the part or supply.
N231	Incomplete/invalid invoice or statement certifying the actual cost of the lens, less discounts, and/or the type of intraocular lens used.
N232	Incomplete/invalid itemized bill.
N233	Incomplete/invalid operative report.
N234	Incomplete/invalid oxygen certification/re-certification.
N235	Incomplete/invalid pacemaker registration form.
N236	Incomplete/invalid pathology report.
N237	Incomplete/invalid patient medical record for this service.

Code	Description
N238	Incomplete/invalid physician certified plan of care
N239	Incomplete/invalid physician financial relationship form.
N24	Missing/incomplete/invalid Electronic Funds Transfer (EFT) banking information.
N240	Incomplete/invalid radiology report.
N241	Incomplete/invalid Review Organization Approval.
N242	Incomplete/invalid x-ray.
N243	Incomplete/invalid/not approved screening document.
N244	Incomplete/invalid pre-operative photos/visual field results.
N245	Incomplete/invalid plan information for other insurance
N246	State regulated patient payment limitations apply to this service.
N247	Missing/incomplete/invalid assistant surgeon taxonomy.
N248	Missing/incomplete/invalid assistant surgeon name.
N249	Missing/incomplete/invalid assistant surgeon primary identifier.
N25	This company has been contracted by your benefit plan to provide administrative claims payment services only. This company does not assume financial risk or obligation with respect to claims processed on behalf of your benefit plan.
N250	Missing/incomplete/invalid assistant surgeon secondary identifier.
N251	Missing/incomplete/invalid attending provider taxonomy.
N252	Missing/incomplete/invalid attending provider name.
N253	Missing/incomplete/invalid attending provider primary identifier.
N254	Missing/incomplete/invalid attending provider secondary identifier.
N255	Missing/incomplete/invalid billing provider taxonomy.
N256	Missing/incomplete/invalid billing provider/supplier name.
N257	Missing/incomplete/invalid billing provider/supplier primary identifier.
N258	Missing/incomplete/invalid billing provider/supplier address.
N259	Missing/incomplete/invalid billing provider/supplier secondary identifier.
N26	Missing/incomplete/invalid itemized bill.
N260	Missing/incomplete/invalid billing provider/supplier contact information.
N261	Missing/incomplete/invalid operating provider name.

Code	Description
N262	Missing/incomplete/invalid operating provider primary identifier.
N263	Missing/incomplete/invalid operating provider secondary identifier.
N264	Missing/incomplete/invalid ordering provider name.
N265	Missing/incomplete/invalid ordering provider primary identifier.
N266	Missing/incomplete/invalid ordering provider address.
N267	Missing/incomplete/invalid ordering provider secondary identifier.
N268	Missing/incomplete/invalid ordering provider contact information.
N269	Missing/incomplete/invalid other provider name.
N27	Missing/incomplete/invalid treatment number.
N270	Missing/incomplete/invalid other provider primary identifier.
N271	Missing/incomplete/invalid other provider secondary identifier.
N272	Missing/incomplete/invalid other payer attending provider identifier.
N273	Missing/incomplete/invalid other payer operating provider identifier.
N274	Missing/incomplete/invalid other payer other provider identifier.
N275	Missing/incomplete/invalid other payer purchased service provider identifier.
N276	Missing/incomplete/invalid other payer referring provider identifier.
N277	Missing/incomplete/invalid other payer rendering provider identifier.
N278	Missing/incomplete/invalid other payer service facility provider identifier.
N279	Missing/incomplete/invalid pay-to provider name.
N28	Consent form requirements not fulfilled.
N280	Missing/incomplete/invalid pay-to provider primary identifier.
N281	Missing/incomplete/invalid pay-to provider address.
N282	Missing/incomplete/invalid pay-to provider secondary identifier.
N283	Missing/incomplete/invalid purchased service provider identifier.
N284	Missing/incomplete/invalid referring provider taxonomy.
N285	Missing/incomplete/invalid referring provider name.
N286	Missing/incomplete/invalid referring provider primary identifier.
N287	Missing/incomplete/invalid referring provider secondary identifier.

Code	Description
N288	Missing/incomplete/invalid rendering provider taxonomy.
N289	Missing/incomplete/invalid rendering provider name.
N29	Missing/incomplete/invalid documentation/orders/notes/summary/report/invoice.
N290	Missing/incomplete/invalid rendering provider primary identifier.
N291	Missing/incomplete/invalid rending provider secondary identifier.
N292	Missing/incomplete/invalid service facility name.
N293	Missing/incomplete/invalid service facility primary identifier.
N294	Missing/incomplete/invalid service facility primary address.
N295	Missing/incomplete/invalid service facility secondary identifier.
N296	Missing/incomplete/invalid supervising provider name.
N297	Missing/incomplete/invalid supervising provider primary identifier.
N298	Missing/incomplete/invalid supervising provider secondary identifier.
N299	Missing/incomplete/invalid occurrence date(s).
N3	Missing/incomplete/invalid consent form.
N30	Member ineligible for this service.
N300	Missing/incomplete/invalid occurrence span date(s).
N301	Missing/incomplete/invalid procedure date(s).
N302	Missing/incomplete/invalid other procedure date(s).
N303	Missing/incomplete/invalid principal procedure date.
N304	Missing/incomplete/invalid dispensed date.
N305	Missing/incomplete/invalid accident date.
N306	Missing/incomplete/invalid acute manifestation date.
N307	Missing/incomplete/invalid adjudication or payment date.
N308	Missing/incomplete/invalid appliance placement date.
N309	Missing/incomplete/invalid assessment date.
N31	Missing/incomplete/invalid prescribing/referring/attending provider license number.
N310	Missing/incomplete/invalid assumed or relinquished care date.
N311	Missing/incomplete/invalid authorized to return to work date.

Code	Description
N312	Missing/incomplete/invalid begin therapy date.
N313	Missing/incomplete/invalid certification revision date.
N314	Missing/incomplete/invalid diagnosis date.
N315	Missing/incomplete/invalid disability from date.
N316	Missing/incomplete/invalid disability to date.
N317	Missing/incomplete/invalid discharge hour.
N318	Missing/incomplete/invalid discharge or end of care date.
N319	Missing/incomplete/invalid hearing or vision prescription date.
N32	Provider performing service must submit claim.
N320	Missing/incomplete/invalid Home Health Certification Period.
N321	Missing/incomplete/invalid last admission period.
N322	Missing/incomplete/invalid last certification date.
N323	Missing/incomplete/invalid last contact date.
N324	Missing/incomplete/invalid last seen/visit date.
N325	Missing/incomplete/invalid last worked date.
N326	Missing/incomplete/invalide last x-ray date.
N327	Missing/incomplete/invalid other insured birth date.
N328	Missing/incomplete/invalid Oxygen Saturation Test date.
N329	Missing/incomplete/invalid patient birth date.
N33	No record of health check prior to initiation of treatment.
N330	Missing/incomplete/invalid patient death date.
N331	Missing/incomplete/invalid physician order date.
N332	Missing/incomplete/invalid prior hospital discharge date.
N333	Missing/incomplete/invalid prior placement date.
N334	Missing/incomplete/invalid re-evaluation date
N335	Missing/incomplete/invalid referral date.
N336	Missing/incomplete/invalid replacement date.
N337	Missing/incomplete/invalid secondary diagnosis date.

Code	Description
N338	Missing/incomplete/invalid shipped date.
N339	Missing/incomplete/invalid similar illness or symptom date.
N34	Incorrect claim form for this service.
N340	Missing/incomplete/invalid subscriber birth date.
N341	Missing/incomplete/invalid surgery date.
N342	Missing/incomplete/invalid test performed date.
N343	Missing/incomplete/invalid Transcutaneous Electrical Nerve Stimulator (TENS) trial start date.
N344	Missing/incomplete/invalid Transcutaneous Electrical Nerve Stimulator (TENS) trial end date.
N345	Date range not valid with units submitted.
N346	Missing/incomplete/invalid oral cavity designation code.
N347	Your claim for a referred or purchased service cannot be paid because payment has already been made for this same service to another provider by a payment contractor representing the payer.
N348	You chose that this service/supply/drug would be rendered/supplied and billed by a different practitioner/supplier.
N349	The administration method and drug must be reported to adjudicate this service.
N35	Program integrity/utilization review decision.
N350	Missing/incomplete/invalid description of service for a Not Otherwise Classified (NOC) code or an Unlisted procedure.
N351	Service date outside of the approved treatment plan service dates.
N352	There are no scheduled payments for this service. Submit a claim for each patient visit.
N353	Benefits have been estimated, when the actual services have been rendered, additional payment will be considered based on the submitted claim.
N354	Incomplete/invalid invoice
N355	The law permits exceptions to the refund requirement in two cases: ** See Manual for complete definition **
N356	This service is not covered when performed with, or subsequent to, a non-covered service.
N357	Time frame requirements between this service/procedure/supply and a related service/procedure/supply have not been met.

Code	Description
N358	This decision may be reviewed if additional documentation as described in the contract or plan benefit documents is submitted.
N359	Missing/incomplete/invalid height.
N36	Claim must meet primary payer's processing requirements before we can consider payment.
N360	Coordination of benefits has not been calculated when estimating benefits for this pre-determination. Submit payment information from the primary payer with the secondary claim.
N361	Charges are adjusted based on multiple diagnostic imaging procedure rules.
N362	The number of Days or Units of Service exceeds our acceptable maximum.
N363	Alert: in the near future we are implementing new policies/procedures that would affect this determination.
N364	According to our agreement, you must waive the deductible and/or coinsurance amounts.
N365	This procedure code is not payable. It is for reporting/information purposes only.
N366	Requested information not provided. The claim will be reopened if the information previously requested is submitted within one year after the date of this denial notice.
N367	The claim information has been forwarded to a Health Savings Account processor for review.
N368	You must appeal the determination of the previously ajudicated claim.
N369	Alert: Although this claim has been processed, it is deficient according to state legislation/regulation.
N37	Missing/incomplete/invalid tooth number/letter.
N370	Billing exceeds the rental months covered/approved by the payer.
N371	Alert: title of this equipment must be transferred to the patient.
N372	Only reasonable and necessary maintenance/service charges are covered.
N373	It has been determined that another payer paid the services as primary when they were not the primary payer. Therefore, we are refunding to the payer that paid as primary on your behalf.
N374	Primary Medicare Part A insurance has been exhausted and a Part B Remittance Advice is required.
N375	Missing/incomplete/invalid questionnaire/information required to determine dependent eligibility.

Code	Description
N376	Subscriber/patient is assigned to active military duty, therefore primary coverage may be TRICARE.
N377	Payment adjusted based on a processed replacement claim.
N378	Missing/incomplete/invalid prescription quantity.
N379	Claim level information does not match line level information.
N38	Missing/incomplete/invalid place of service.
N39	Procedure code is not compatible with tooth number/letter.
N4	Missing/incomplete/invalid prior insurance carrier EOB.
N40	Missing/incomplete/invalid X-Ray.
N41	Authorization request denied. (N41 will no longer be valid effective 10/16/2003. Use Claim Adjustment Reason Code 39)
N42	No record of mental health assessment.
N43	Bed hold or leave days exceeded.
N44	Payers share of regulatory surcharges, assessments, allowances or health care-related taxes paid directly to the regulatory authority. (N44 will no longer be valid effective 10/16/2003. Use Claim Adjustment Reason Code 137)
N45	Payment based on authorized amount.
N46	Missing/incomplete/invalid admission hour.
N47	Claim conflicts with another inpatient stay.
N48	Claim information does not agree with information received from other insurance carrier.
N49	Court ordered coverage information needs validation.
N5	EOB received from previous payer. Claim not on file.
N50	Missing/incomplete/invalid discharge information.
N51	Electronic interchange agreement not on file for provider/submitter.
N52	Patient not enrolled in the billing providers managed care plan on the date of service.
N53	Missing/incomplete/invalid point of pick-up address.
N54	Claim information is inconsistent with pre-certified/authorized services.
N55	Procedures for billing with group/referring/performing providers were not followed.
N56	Procedure code billed is not correct/valid for the services billed or the date of service billed.

Code	Description
N57	Missing/incomplete/invalid prescribing/dispensed date.
N58	Missing/incomplete/invalid patient liability amount.
N59	Please refer to your provider manual for additional program and provider information.
N6	Under FEHB law (U.S.C. 8904(b)), we cannot pay more for covered care than the amount Medicare would have allowed if the patient were enrolled in Medicare Part A and/or Medicare Part B.
N60	A valid NDC is required for payment of drug claims effective October 02.
N61	Rebill services on separate claims.
N62	Inpatient admission spans multiple rate periods. Resubmit separate claims.
N63	Rebill services on separate claim lines.
N64	The "from" and "to" dates must be different.
N65	Procedure code or procedure rate count cannot be determined, or was not on file, for the date of service/provider.
N66	Missing/incomplete/invalid documentation.
N67	Professional provider services not paid separately. Included in facility payment under a demonstration project.
N68	Prior payment being cancelled as we were subsequently notified this patient was covered by a demonstration project in this site of service. Professional services were included in the payment made to the facility. You must contact the facility for your pa
N69	PPS code changed by claims processing system. Insufficient visits or therapies.
N7	Processing of this claim/service has included consideration under Major Medical provisions.
N70	Home health consolidated billing and payment applies.
N71	Your unassigned claim for a drug or biological, clinical diagnostic laboratory services or ambulance service was processed as an assigned claim. You are required by law to accept assignment for these types of claim.
N72	PPS code changed by medical reviewers. Not supported by clinical records.
N73	A Skilled Nursing Facility is responsible for payment of outside providers who furnish these services/supplies under arrangement to its residents.
N74	Resubmit with multiple claims, each claim covering services provided in only one calendar month.
N75	Missing/incomplete/invalid tooth surface information.
N76	Missing/incomplete/invalid number of riders.

Code	Description
N77	Missing/incomplete/invalid designated provider number.
N78	The necessary components of the child and teen checkup (EPSDT) were not completed.
N79	Service billed is not compatible with patient location information.
N8	Crossover claim denied by previous payer and complete claim data not forwarded. Resubmit this claim to this payer to provide adequate data for adjudication.
N80	Missing/incomplete/invalid prenatal screening information.
N81	Procedure billed is not compatible with tooth surface code.
N82	Provider must accept insurance payment as payment in full when a third party payer contract specifies full reimbursement.
N83	No appeal rights. Adjudicative decision based on the provisions of a demonstration project.
N84	Further installment payments forthcoming.
N85	Final installment payment.
N86	A failed trial of pelvic muscle exercise training is required in order for biofeedback training for the treatment of urinary incontinence to be covered.
N87	Home use of biofeedback therapy is not covered.
N88	This payment is being made conditionally. An HHA episode of care notice has been filed for this patient. When a patient is treated under a HHA episode of care, consolidated billing requires that certain therapy services and supplies, such as this, be inc
N89	Payment information for this claim has been forwarded to more than one other payer, but format limitations permit only one of the secondary payers to be identified in this remittance advice.
N9	Adjustment represents the estimated amount the primary payer may have paid.
N90	Covered only when performed by the attending physician.
N91	Services not included in the appeal review.
N92	This facility is not certified for digital mammography.
N93	A separate claim must be submitted for each place of service. Services furnished at multiple sites may not be billed in the same claim.
N94	Claim/Service denied because a more specific taxonomy code is required for adjudication.
N95	This provider type/provider specialty may not bill this service.

Code	Description
N96	Patient must be refractory to conventional therapy (documented behavioral, pharmacologic and/or surgical corrective therapy) and be an appropriate surgical candidate such that implantation with anesthesia can occur.
N97	Patients with stress incontinence, urinary obstruction, and specific neurologic diseases (e.g., diabetes with peripheral nerve involvement) which are associated with secondary manifestations of the above three indications are excluded.
N98	Patient must have had a successful test stimulation in order to support subsequent implantation. Before a patient is eligible for permanent implantation, he/she must demonstrate a 50 percent or greater improvement through test stimulation. Improvement is
N99	Patient must be able to demonstrate adequate ability to record voiding diary data such that clinical results of the implant procedure can be properly evaluated.

114 HIPAA Relationship Code -- CDE_RELATION

114.1 Table Name -- T_HIPAA_REL_CODE

114.1.1 HIPAA Relationship Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RELATION	This code identifies the relationship of the recipient to the policyholder.	CHAR	2	0	No

114.1.1.1 HIPAA Relationship Code Values

Code	Description
05	GRANDSON OR GRANDDAUGHTER
07	NEPHEW OR NIECE
10	FOSTER CHILD
15	WARD
01	SPOUSE
17	STEPSON OR STEPDAUGHTER
18	SELF
19	CHILD
20	EMPLOYEE
21	UNKNOWN
04	GRANDFATHER OR GRANDMOTHER
22	HANDICAPPED DEPENDENT
23	SPONSORED DEPENDENT
24	DEPENDENT OF A MINOR DEPENDENT
29	SIGNIFICANT OTHER
36	EMANCIPATED MINOR
39	ORGAN DONOR
40	CADAVER DONOR
41	INJURED PLAINTIFF
43	CHILD WHERE INSURED HAS NO FINANCIAL RESPONSIBILITY

Code	Description
53	LIFE PARTNER
G8	OTHER RELATIONSHIP
32	MOTHER
33	FATHER

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115 HIPAA Relationship Code to TPL Relationship Code – SAK_HIPAA_RELATION

115.1 Table Name -- T_HIPAA_REL_XREF

115.1.1 HIPAA Relationship Code to TPL Relationship Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_RELATION	This code identifies the relationship of the policyholder to the Member covered by a TPL policy.	CHAR	1	0	Yes

115.1.1.1 HIPAA Relationship Code to TPL Relationship Code Values

SAK_HIPAA_RELATION	CDE_RELATION	Description
5	2	SPOUSE
6	4	STEP CHILD
7	1	SELF
8	3	CHILD
10	0	UNKNOWN
22	6	REL - OTHER
24	5	PARENT
25	5	PARENT

116 HIPAA Service Type Code – CDE_SERV_TYPE

116.1 Table Name -- T_HIPAA_SVC_TYPE

116.1.1 HIPAA Service Type Code Information

Subsystem : TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SERV_TYPE	This field contains the HIPAA service type code which describes the type of coverage a recipient has with a policy.	CHAR	2	0	No

116.1.1.1 HIPAA Service Type Code Values

Code	Description
01	MEDICAL CARE
02	SURGICAL
03	CONSULTATION
04	DIAGNOSTIC X-RAY
05	DIAGNOSTIC LAB
06	RADIATION THERAPY
07	ANESTHESIA
08	SURGICAL ASSISTANCE
09	OTHER MEDICAL
10	BLOOD CHARGES
11	USED DURABLE MEDICAL EQUIPMENT
12	DURABLE MEDICAL EQUIPMENT PURCHASE
13	AMBULATORY SERVICE CENTER FACILITY
14	RENAL SUPPLIES IN THE HOME
15	ALTERNATE METHOD DIALYSIS
16	CHRONIC RENAL DISEASE (CRD) EQUIPMENT
17	PRE-ADMISSION TESTING
18	DURABLE MEDICAL EQUIPMENT RENTAL
19	PNEUMONIA VACCINE

Code	Description
20	SECOND SURGICAL OPINION
21	THIRD SURGICAL OPINION
22	SOCIAL WORK
23	DIAGNOSTIC DENTAL
24	PERIODONTICS
25	RESTORATIVE
26	ENDODONTICS
27	MAXILLOFACIAL PROSTHETICS
28	ADJUNCTIVE DENTAL SERVICES
30	HEALTH BENEFIT PLAN COVERAGE
32	PLAN WAITING PERIOD
33	CHIROPRACTIC
34	CHIROPRACTIC OFFICE VISITS
35	DENTAL CARE
36	DENTAL CROWNS
37	DENTAL ACCIDENT
38	ORTHODONTICS
39	PROSTHODONTICS
40	ORAL SURGERY
41	ROUTINE (PREVENTIVE) DENTAL
42	HOME HEALTH CARE
43	HOME HEALTH PRESCRIPTIONS
44	HOME HEALTH VISITS
45	HOSPICE
46	RESPITE CARE
47	HOSPITAL
48	HOSPITAL - INPATIENT
49	HOSPITAL - ROOM AND BOARD

Code	Description
50	HOSPITAL - OUTPATIENT
51	HOSPITAL - EMERGENCY ACCIDENT
52	HOSPITAL - EMERGENCY MEDICAL
53	HOSPITAL - AMBULATORY SURGICAL
54	LONG TERM CARE
55	MAJOR MEDICAL
56	MEDICALLY RELATED TRANSPORTATION
57	AIR TRANSPORTATION
58	CABULANCE
59	LICENSED AMBULANCE
60	GENERAL BENEFITS
61	IN-VITRO FERTILIZATION
62	MRI/CAT SCAN
63	DONOR PROCEDURES
64	ACUPUNCTURE
65	NEWBORN CARE
66	PATHOLOGY
67	SMOKING CESSATION
68	WELL BABY CARE
69	MATERNITY
70	TRANSPLANTS
71	AUDIOLOGY EXAM
72	INHALATION THERAPY
73	DIAGNOSTIC MEDICAL
74	PRIVATE DUTY NURSING
75	PROSTHETIC DEVICE
76	DIALYSIS
77	OTOLOGICAL EXAM

Code	Description
78	CHEMOTHERAPY
79	ALLERGY TESTING
80	IMMUNIZATIONS
81	ROUTINE PHYSICAL
82	FAMILY PLANNING
83	INFERTILITY
84	ABORTION
85	AIDS
86	EMERGENCY SERVICES
87	CANCER
88	PHARMACY
89	FREE STANDING PRESCRIPTION DRUG
90	MAIL ORDER PRESCRIPTION DRUG
91	BRAND NAME PRESCRIPTION DRUG
92	GENERIC PRESCRIPTION DRUG
93	PODIATRY
94	PODIATRY - OFFICE VISITS
95	PODIATRY - NURSING HOME VISITS
96	PROFESSIONAL (PHYSICIAN)
97	ANESTHESIOLOGIST
98	PROFESSIONAL (PHYSICIAN) VISIT - OFFICE
99	PROFESSIONAL (PHYSICIAN) VISIT - INPATIENT
A0	PROFESSIONAL (PHYSICIAN) VISIT - OUTPATIENT
A1	PROFESSIONAL (PHYSICIAN) VISIT - NURSING HOME
A2	PROFESSIONAL (PHYSICIAN) VISIT - SKILLED NURSING FACILITY
A3	PROFESSIONAL (PHYSICIAN) VISIT - HOME
A4	PSYCHIATRIC
A5	PSYCHIATRIC - ROOM AND BOARD

Code	Description
A6	PSYCHOTHERAPY
A7	PSYCHIATRIC - INPATIENT
A8	PSYCHIATRIC - OUTPATIENT
A9	REHABILITATION
AA	REHABILITATION - ROOM AND BOARD
AB	REHABILITATION - INPATIENT
AC	REHABILITATION - OUTPATIENT
AD	OCCUPATIONAL THERAPY
AE	PHYSICAL MEDICINE
AF	SPEECH THERAPY
AG	SKILLED NURSING CARE
AH	SKILLED NURSING CARE - ROOM AND BOARD
AI	SUBSTANCE ABUSE
AJ	ALCOHOLISM
AK	DRUG ADDICTION
AL	VISION (OPTOMETRY)
AM	FRAMES
AN	ROUTINE EXAM
AO	LENSES
AQ	NONMEDICALLY NECESSARY PHYSICAL
AR	EXPERIMENTAL DRUG THERAPY
BA	INDEPENDENT MEDICAL EVALUATION
BB	PARTIAL HOSPITALIZATION (PSYCHIATRIC)
BC	DAY CARE(PSYCHIATRIC)
BD	COGNITIVE THERAPY
BE	MASSAGE THERAPY
BF	PULMONARY REHABILIATION
BG	CARDIAC REHABILIATION

Code	Description
BH	PEDIATRIC
BI	NURSERY
BJ	SKIN
BK	ORTHOPEDIC
BL	CARDIAC
BM	LYMPHATIC
BN	GASTROINTESTINAL
BP	ENDOCRINE
BQ	NEUROLOGY
BR	EYE I(VISION) C (MAJOR EYE PROBLEMS)
BS	INVASIVE PROCEDURES

117 HIPAA Service Types to TPL Coverage Code Xref Code -- SAK_HIPAA_SVC_TYPE

117.1 Table Name -- T_HIPAA_COV_XREF

117.1.1 HIPAA Service Types to TPL Coverage Code Xref Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_SVC_TYPE	System assigned key representing HIPAA service type code.	NUMBER	9	0	Yes

117.1.1.1 HIPAA Service Types to TPL Coverage Code Xref Code Values

SAK_HIPAA_SVC_TYPE	CDE_COVERAGE
1	29
2	19
3	18
3	25
3	29
3	03
4	29
4	28
5	29
5	28
6	29
6	28
7	28
7	29
8	19
8	28
9	29
10	29

SAK_HIPAA_SVC_TYPE	CDE_COVERAGE
11	29
12	28
13	22
14	22
15	22
16	28
16	29
17	29
18	29
18	13
19	19
19	28
20	19
20	28
21	22
22	3
23	3
24	3
25	3
26	3
27	3
28	28
28	29
29	29
30	29
31	29
32	03
33	03

SAK_HIPAA_SVC_TYPE	CDE_COVERAGE
34	03
35	03
36	03
37	03
38	03
39	22
40	22
41	22
42	22
43	22
44	28
45	15
46	15
47	16
48	20
49	29
50	19
50	28
51	22
52	29
53	29
53	28
54	28
54	29
55	28
56	28
57	29
58	29

SAK_HIPAA_SVC_TYPE	CDE_COVERAGE
59	28
60	28
61	29
62	29
63	28
63	29
64	29
65	13
66	29
66	28
67	28
68	09
69	28
69	29
70	15
71	29
72	22
73	22
74	28
75	09
76	21
77	29
78	13
79	13
80	13
81	29
82	16
83	28

SAK_HIPAA_SVC_TYPE	CDE_COVERAGE
84	28
85	21
86	05
87	05
88	05
89	05
90	12
91	12
92	12
93	29
94	05
95	28
95	29
96	29
97	15
98	16
99	07
100	07
101	29
102	18
103	18
104	18
105	18
106	18
107	28
108	28
109	28
110	28

SAK_HIPAA_SVC_TYPE	CDE_COVERAGE
111	05
112	29
113	07
114	07
115	18
116	18
117	04
118	18
119	04
120	04
121	04
122	04
123	05
124	29
125	18
126	18
127	29
127	28
128	28
128	29
129	28
129	29
130	28
130	29
131	29
131	28
132	28
132	29

SAK_HIPAA_SVC_TYPE	CDE_COVERAGE
133	28
133	29
134	29
134	28
135	28
135	29
136	28
136	29
137	29
137	28
138	28
138	29
139	28
139	29
140	04
141	29
141	28
142	28

118 HIPP Premium Payment Schedule Code -- SCHED_CODE

118.1 Table Name -- T_TPL_SCHED

118.1.1 HIPP Premium Payment Schedule Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
SCHED_CODE	This is the schedule code. Identifies when (monthly, quarterly, etc.) the HIPP policy must be paid.	CHAR	1	0	Yes

118.1.1.1 HIPP Premium Payment Schedule Code Values

Code	Description
A	ANNUALLY
B	BI-WEEKLY
F	FOUR TIMES A MONTH
M	MONTHLY
Q	QUARTERLY
S	SEMI-MONTHLY
W	WEEKLY

119 HIPP Reason Code -- CDE_HIPP

119.1 Table Name -- T_HIPP_RSN_CODES

119.1.1 HIPP Reason Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HIPP	The code that identifies why a policy was or was not purchased.	CHAR	2	0	Yes

119.1.1.1 HIPP Reason Code Values

Code	Description
C1	CLOSED* LOSS MCAID ELIG BY ALL CASE MBRS
C2	CLOSED* GROUP INSURANCE NOT AVAILABLE
C3	CLOSED* MISCELLANEOUS REASON
CC	CLOSED+ CHANGE IN COVERAGE
CE	CLOSED+ CHANGE IN MEDICAID ELIGIBILTY
CP	CLOSED+ CHANGE IN PREMIUM
D1	DENIED NOT COST EFFECTIVE
D2	DENIED EMPLOYER NOT RESPONSIVE TO QUSTR
D3	DENIED MEMBER NOT RESPONSIVE/COOPERATIVE
D4	DENIED NO MEMBERS ARE MEDICAID ELIGIBLE
D5	DENIED GROUP INSURANCE NO LONGER AVAIL
D6	DENIED MISCELLANEOUS REASON
ES	CASE IS IN PREMIUM PAYMENT STATUS
P1	CASE PENDING
P2	PENDING INSURANCE ENROLLMENT BY EMPLOYER

120 HMO Indicator Values Code -- CDE_HMO_PPO

120.1 Table Name -- T_HMO_INDICATOR

120.1.1 HMO Indicator Values Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HMO_PPO	This code identifies whether a TPL carrier is an HMO or PPO.	CHAR	1	0	Yes

120.1.1.1 HMO Indicator Values Code Values

Code	Description
H	HOM
O	Other
P	PPO

121 ICD-9 Procedure Types Code -- SAK_SHORT_ICD9_TYP

121.1 Table Name -- T_PROC_ICD9_TYPE

121.1.1 ICD-9 Procedure Types Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT_ICD9_TYP	System assigned key for a unique procedure type, that represents a collection of procedures. NUMBER	NUMBER	9	0	Yes

121.1.1.1 ICD-9 Procedure Types Code Values

Code	Description
2	PAS Exception Codes
3	PAS Surgery Codes
4	Abortion
8	Sterilization MAR/MSIS
9	Abortion MAR/MSIS
10	Family Planning
11	Hysterectomy MAR/MSIS
12	Deliveries MAR/MSIS
105	TEST
106	SIT
1001	Surgery
1002	Minor Surgery
1005	Modify this field
1007	Modify Test Case 24254121
1017	Confidential ICD9 Codes

122 ICN Region Code -- NUM_REGION

122.1 Table Name -- T_REGION

122.1.1 ICN Region Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
NUM_REGION	Classification of the media on which a claim is submitted into the MMIS system or the type of transaction performed on a claim that already exists in the MMIS system.	CHAR	2	0	Yes

122.1.1.1 ICN Region Code Values

Code	Description
00	ALL CLAIM REGIONS
10	PAPER CLAIMS WITH NO ATTACHMENTS
11	PAPER CLAIMS WITH ATTACHMENTS
15	RESERVED FOR FUTURE USE
20	ELECTRONIC CLAIMS WITH NO ATTACHMENTS
21	ELECTRONIC CLAIMS WITH ATTACHMENTS
22	INTERNET CLAIMS WITH NO ATTACHMENTS
23	INTERNET CLAIMS WITH ATTACHMENTS
25	PBA PHARMACY CLAIMS
26	PBA PHARMACY CLAIMS WITH ATTACHMENTS
40	CLAIMS CONVERTED FROM OLD MMIS
41	RESERVED FOR FUTURE USE
45	ADJUSTMENTS CONVERTED FROM OLD MMIS
46	RESERVED FOR FUTURE USE
48	CONVERTED VOIDS
49	MEMBER LINKING CLAIMS
50	ADJUSTMENTS - NON-CHECK RELATED
51	ADJUSTMENTS - CHECK RELATED

Code	Description
52	MASS ADJUSTMENTS - NON-CHECK RELATED
53	MASS ADJUSTMENTS - CHECK RELATED
54	MASS ADJUSTMENTS - VOID TRANSACTION
55	MASS ADJUSTMENTS - PROVIDER RATES
56	ADJUSTMENTS - VOID NON-CHECK RELATED
57	ADJUSTMENTS - VOID CHECK RELATED
58	ADJUSTMENTS - PROCESSED BY HP Enterprise Services SE
59	PBA PHARMACY REVERSAL ADJUSTMENT
60	ENCOUNTER ADJUSTMENTS - VOIDS
61	CONVERTED ENCOUNTER ADJUSTMENTS - VOIDS
62	INTERNET ADJUSTMENTS - VOIDS
63	CONVERTED PBA PHARMACY VOID
64	CONVERTED PBA PHARMACY CLAIMS
65	ENCOUNTER PHARMACY REVERSAL ADJUSTMENT
66	ADJUSTMENTS -NON-CHK (NO SUBSEQUENT ADJUSTMENT)
67	ADJUSTMENTS -CHK/RLTD (NO SUBSEQUENT ADJUSTMENT)
68	CONVERTED HISTORY ONLY ADJUSTMENT
69	CONVERTED HISTORY ONLY VOID
70	ENCOUNTERS
71	ENCOUNTER PHARMACY
72	CONVERTED ENCOUNTER PHARMACY
73	CONVERTED ENCOUNTER PHARMACY
80	CLAIMS REPROCESSED BY HP Enterprise Services SYSTEMS ENGINEERS
90	SPECIAL PROJECTS
91	BATCHES REQUIRING MANUAL REVIEW
92	SPECIAL PROJECTS
99	CONVERTED CLAIM WITH DUPLICATE ICN

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123 Immunization Screenings Code -- ID_PERIOD - IND

123.1 Table Name -- T_RE_EPSDT_PERIODS

123.1.1 Immunization Screenings Code Information

Subsystem: EPSDT

Column Name	Description	Type	Length	Precision	Primary Key
ID_PERIOD	Identifies the periods that are used on the EPSDT Screening and Immunization schedules.	NUMBER	9	0	Yes

123.1.1.1 Immunization Screenings Code Values

Code	Description
1	Prenatal
2	Newborn
3	D2-3
4	M1
5	M2
6	M4
7	M6
8	M9
9	M12
10	M15
11	M18
12	M24
13	Y3
14	Y4
15	Y5
16	Y6
17	Y8
18	Y10
19	Y11

Code	Description
20	Y12
21	Y13
22	Y14
23	Y15
24	Y16
25	Y17
26	Y18
27	Y19
28	Y20
29	Y21

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124 Immunizations for Member Code -- ID_IMMUNIZATION - IND

124.1 Table Name -- T_RE_EPSDT_IMMUN

124.1.1 Immunizations for Member Code Information

Subsystem: EPSDT

Column Name	Description	Type	Length	Precision	Primary Key
ID_IMMUNIZATION	Is the key to identifying immunizations that are to be performed for EPSDT eligible Members.	NUMBER	9	0	Yes

124.1.1.1 Immunizations for Members Code Values

Code	Description
1	Hepatitis B #1
2	Hepatitis B #2
3	Hepatitis B #3
4	Hepatitis B Catch Up
5	DTP
6	DTP Catch Up
7	Haemophilus influenza type b
8	Inactivated Poliovirus
9	MMR #1
10	MMR #2
11	MMR #2 Catch Up
12	Varicella
13	Varicella Catch Up
14	Pneumococcal
15	Pneumococcal Catch Up
16	Influenza
17	Hepatitis A
18	Hepatitis B

125 Income Code -- CDE_INCOME

125.1 Table Name -- T_CDE_MSIS_INCOME

125.1.1 Income Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_INCOME	A code indicating the family income level associated with the SCHIP program reporting requirements for the month. This code is to be reported for Medicaid eligibles below the SCHIP age limit, Medicaid expansion SCHIP enrollees and non-Medicaid SCHIP eligibles reported by the State. For States not opting to provide this data on ANY eligible records, blank-fill this field.	CHAR	2	0	Yes

125.1.1.1 Income Code Values

Code	Description
0	Individual was not a Medicaid eligible and not eligible for SCHIP for the month
1	Individual - State-defined family income is within level 01 for the month
2	Individual - State-defined family income is within level 02 for the month
3	Individual - State-defined family income is within level 03 for the month
4	Individual - State-defined family income is within level 04 for the month
5	Individual - State-defined family income is within level 05 for the month
6	Individual - State-defined family income is within level 06 for the month
7	Individual - State-defined family income is within level 07 for the month
8	Individual - State-defined family income is within level 08 for the month
9	Individual - State-defined family income is UNKNOWN for the month
88	Individual was eligible for Medicaid, but above the age limit for SCHIP enrollment

126 Institutional Status Code -- CDE_INST_STATUS

126.1 Table Name -- T_RE_CDE_INST_STATUS

126.1.1 Institutional Status Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_INST_STATUS	A code indicating institutional status of the member.	CHAR	10	0	Yes

126.1.1.1 Institutional Status Code Values

Code	Description
B1	Acquired Brain Injury Waiver
E1	EPSDT Institutional Provider
E2	EPSDT for DPP Child
H1	Personal Care Home w/Waiver
H4	Family Care Home w/Waiver
H5	Single Ind. w/ Caretaker svcs and Waiver
H6	Eligible couple,1 caretaker and Waiver
H7	Eligible couple,both caretaker and Waiver
M2	Mental Health/Psychiatric Hospital
M3	Nursing Facility or MD
M5	ICF/MR/DD
M6	Supports for Community Living Waiver
M7	Hospice in a Nursing Facility
M8	HCBS Waiver or Adult Day Care
M9	Hospice Non-institutional
P1	Personal Care home
P2	PCH IMD (only age 21 - 64)
P4	Family Care Home
P5	Single Ind. w/ Caretaker svcs and Waiver
P6	Elig. Couple 1 w/caretaker svcs
P7	Elig. Couple both w/caretaker svcs
R1	Psychiatric Residential Treatment Facility
W1	Model 1 Waiver
W2	Model 2 Waiver
W3	Home Care Waiver
W4	Personal Care Waiver

127 KAPER Board Certification Code – CDE_BOARD_CERTIFY

127.1 Table Name -- T_KAPER_BOARD_CERTIFY

127.1.1 KAPER Board Certification Code Code Information

Subsystem : Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BOARD_CERTIFY	Code indentifying the certifying board.	CHAR	4	0	Yes
DSC_BOARD_CERTIFY	Description of the certifying board.	VARCHAR2	50	0	No
TYPE_BOARD	Type of certiying board.	CHAR	10	0	No

127.1.2 KAPER Board Certification Code Code Values

CDE_BOARD_CERTIFY	DSC_BOARD_CERTIFY	TYPE_BOARD
1150	ACNM Certification Council	Allied
940	Academy of Certified Social Workers	Allied

128 KAPER Contact Type – CDE_CONTACT_TYPE

128.1 Table Name -- T_KAPER_CONTACT_TYPE

128.1.1 KAPER Contact Type Code Information

Subsystem : Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CONTACT_TYPE	Code indicating the type of contact.	CHAR	1	0	Yes
DSC_CONTACT_TYPE	Description of the contact type.	VARCHAR2	50	0	No

128.1.2 KAPER Contact Type Code Values

CDE_CONTACT_TYPE	DSC_CONTACT_TYPE
B	Billing
C	Credentialing
P	Payment

129 Language Code -- CDE_LANGUAGE

129.1 Table Name -- T_LANGUAGE

129.1.1 Language Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LANGUAGE	This is the unique three character code for each language that the system tracks.	CHAR	3	0	Yes

129.1.1.1 Language Code Values

Code	Description
AAR	AFAR
ABK	ABKHAZIAN
ACE	ACHINESE
ACH	ACOLI
ADA	ADANGME
AFA	AFRO-ASIATIC (OTHER)
AFH	AFRIHILI
AFR	AFRIKAANS
AKA	AKAN
AKK	AKKADIAN
ALB	ALBANIAN
ALE	ALEUT
ALG	ALGONQUIAN LANGUAGES
AMH	AMHARIC
ANG	ENGLISH OLD (CA. 450-1100)
APA	APACHE LANGUAGES
ARA	ARABIC
ARC	ARAMAIC
ARM	ARMENIAN

Code	Description
ARN	ARAUCANIAN
ARP	ARAPAHO
ART	ARTIFICIAL (OTHER)
ARW	ARAWAK
ASM	ASSAMESE
ATH	ATHAPASCAN LANGUAGES
AVA	AVARIC
AVE	AVESTAN
AWA	AWADHI
AYM	AYMARA
AZE	AZERBAIJANI
BAD	BANDA
BAI	BAMILEKE LANGUAGES
BAK	BASHKIR
BAL	BALUCHI
BAM	BAMBARA
BAN	BALINESE
BAQ	BASQUE
BAS	BASA
BAT	BALTIC (OTHER)
BEJ	BEJA
BEL	BYELORUSSIAN
BEM	BEMBA
BEN	BENGALI
BER	BERBER (OTHER)
BHO	BHOJPURI
BIH	BIHARI
BIK	BIKOL

Code	Description
BIN	BINI
BIS	BISLAMA
BLA	SIKSIKA
BNT	BANTU (OTHER)
BRA	BRAJ
BRE	BRETON
BUA	BURIAT
BUG	BUGINESE
BUL	BULGARIAN
BUR	BURMESE
CAD	CADDO
CAI	CENTRAL AMERICAN INDIAN (OTHER)
CAR	CARIB
CAT	CATALAN
CAU	CAUCASIAN (OTHER)
CEB	CEBUANO
CEL	CELTIC (OTHER)
CHA	CHAMORRO
CHB	CHIBCHA
CHE	CHECHEN
CHG	CHAGATAI
CHI	CHINESE
CHM	MARI
CHN	CHINOOK JARGON
CHO	CHOCTAW
CHR	CHEROKEE
CHU	CHURCH SLAVIC
CHV	CHUVASH

Code	Description
CHY	CHEYENNE
COP	COPTIC
COR	CORNISH
COS	CORSICAN
CPE	CREOLES AND PIDGINS ENGLISH-BASED (OTHER)
CPF	CREOLES AND PIDGINS FRENCH-BASED (OTHER)
CPP	CREOLES AND PIDGINS PORTUGUESE-BASED (OTHER)
CRE	CREE
CRP	CREOLES AND PIDGINS (OTHER)
CUS	CUSHITIC (OTHER)
CZE	CZECH
DAK	DAKOTA
DAN	DANISH
DEL	DELAWARE
DIN	DINKA
DIV	DIVEHI
DOI	DOGRI
DRA	DRAVIDIAN (OTHER)
DUA	DUALA
DUM	DUTCH MIDDLE (CA. 1050-1350)
DUT	DUTCH
DYU	DYULA
DZO	DZONGKHA
EFI	EFIK
EGY	EGYPTIAN (ANCIENT)
EKA	EKAJUK
ELX	ELAMITE
ENG	ENGLISH

Code	Description
ENM	ENGLISH MIDDLE (CA. 1100-1500)
EPO	ESPERANTO
ESK	ESKIMO (OTHER)
EST	ESTONIAN
EWE	EWE
EWO	EWONDO
FAN	FANG
FAO	FAROESE
FAT	FANTI
FIJ	FIJIAN
FIN	FINNISH
FIU	FINNO-UGRIAN (OTHER)
FON	FON
FRE	FRENCH
FRM	FRENCH MIDDLE (CA. 1400-1600)
FRO	FRENCH OLD (842- CA. 1400)
FRY	FRISIAN
FUL	FULAH
GAA	GA
GAE	GAELIC (SCOTS)
GAY	GAYO
GEM	GERMANIC (OTHER)
GEO	GEORGIAN
GER	GERMAN
GEZ	GEEZ
GIL	GILBERTESE
GLG	GALLEGAN
GMH	GERMAN MIDDLE HIGH (CA. 1050-1500)

Code	Description
GOH	GERMAN OLD HIGH (CA. 750-1050)
GON	GONDI
GOT	GOTHIC
GRB	GREBO
GRC	GREEK ANCIENT (TO 1453)
GRE	GREEK MODERN (1453-)
GRN	GUARANI
GUJ	GUJARATI
HAI	HAIDA
HAU	HAUSA
HAW	HAWAIIAN
HEB	HEBREW
HER	HERERO
HIL	HILIGAYNON
HIM	HIMACHALI
HIN	HINDI
HMO	HIRI MOTU
HUN	HUNGARIAN
HUP	HUPA
IBA	IBAN
IBO	IGBO
ICE	ICELANDIC
IJO	IJO
IKU	INUKTITUT
ILO	ILOKO
INA	INTERLINGUA (INTERNATIONAL AUXILIARY LANGUAGE ASSOCIATION)
INC	INDIC (OTHER)
IND	INDONESIAN

Code	Description
INE	INDO-EUROPEAN (OTHER)/INTERLINGUE
IPK	INUPIAK
IRA	IRANIAN (OTHER)
IRI	IRISH
IRO	IROQUOIAN LANGUAGES
ITA	ITALIAN
JAV	JAVANESE
JPN	JAPANESE
JPR	JUDEO-PERSIAN
JRB	JUDEO-ARABIC
KAA	KARA-KALPAK
KAB	KABYLE
KAC	KACHIN
KAL	GREENLANDIC
KAM	KAMBA
KAN	KANNADA
KAR	KAREN
KAS	KASHMIRI
KAU	KANURI
KAW	KAWI
KAZ	KAZAKH
KHA	KHASI
KHI	KHOISAN (OTHER)
KHM	KHMER
KHO	KHOTANESE
KIK	KIKUYU
KIN	KINYARWANDA
KIR	KIRGHIZ

Code	Description
KOK	KONKANI
KOM	KOMI
KON	KONGO
KOR	KOREAN
KPE	KPELLE
KRO	KRU
KRU	KURUKH
KUA	KUANYAMA
KUM	KUMYK
KUR	KURDISH
KUS	KUSAIE
KUT	KUTENAI
LAD	LADINO
LAH	LAHNDA
LAM	LAMBA
LAO	LAO
LAT	LATIN
LAV	LATVIAN
LEZ	LEZGHIAN
LIN	LINGALA
LIT	LITHUANIAN
LOL	MONGO
LOZ	LOZI
LTZ	LETZEBURGESCH
LUB	LUBA-KATANGA
LUG	GANDA
LUI	LUISENO
LUN	LUNDA

Code	Description
LUO	LUO (KENYA AND TANZANIA)
MAC	MACEDONIAN
MAD	MADURESE
MAG	MAGAHI
MAH	MARSHALL
MAI	MAITHILI
MAK	MAKASAR
MAL	MALAYALAM
MAN	MANDINGO
MAO	MAORI
MAP	AUSTRONESIAN (OTHER)
MAR	MARATHI
MAS	MASAI
MAX	MANX
MAY	MALAY
MEN	MENDE
MGA	IRISH MIDDLE (900 - 1200)
MIC	MICMAC
MIN	MINANGKABAU
MIS	MISCELLANEOUS (OTHER)
MKH	MON-KMER (OTHER)
MLG	MALAGASY
MLT	MALTESE
MNI	MANIPURI
MNO	MANOBO LANGUAGES
MOH	MOHAWK
MOL	MOLDAVIAN
MON	MONGOLIAN

Code	Description
MOS	MOSSI
MUL	MULTIPLE LANGUAGES
MUN	MUNDA LANGUAGES
MUS	CREEK
MWR	MARWARI
MYN	MAYAN LANGUAGES
NAH	AZTEC
NAI	NORTH AMERICAN INDIAN (OTHER)
NAU	NAURU
NAV	NAVAJO
NBL	NDEBELE SOUTH
NDE	NDEBELE NORTH
NDO	NDONGO
NEP	NEPALI
NEW	NEWARI
NIC	NIGER-KORDOFANIAN (OTHER)
NIU	NIUEAN
NNO	NORWEGIAN (NYNORSK)
NON	NORSE OLD
NOR	NORWEGIAN
NSO	SOTHO NORTHERN
NUB	NUBIAN LANGUAGES
NYA	NYANJA
NYM	NYAMWEZI
NYN	NYANKOLE
NYO	NYORO
NZI	NZIMA
OCI	LANGUE D'OC (POST 1500)

Code	Description
OJI	OJIBWA
ORI	ORIYA
ORM	OROMO
OSA	OSAGE
OSS	OSSETIC
OTA	TURKISH OTTOMAN (1500 - 1928)
OTO	OTOMIAN LANGUAGES
PAA	PAPUAN-AUSTRALIAN (OTHER)
PAG	PANGASINAN
PAL	PAHLAVI
PAM	PAMPANGA
PAN	PANJABI
PAP	PAPIAMENTO
PAU	PALAUAN
PEO	PERSIAN OLD (CA 600 - 400 B.C.)
PER	PERSIAN
PHN	PHOENICIAN
PLI	PALI
POL	POLISH
PON	PONAPE
POR	PORTUGUESE
PRA	PRAKRIT LANGUAGES
PRO	PROVENCAL OLD (TO 1500)
PUS	PUSHTO
QUE	QUECHUA
RAJ	RAJASTHANI
RAR	RAROTONGAN
ROA	ROMANCE (OTHER)

Code	Description
ROH	RHAETO-ROMANCE
ROM	ROMANY
RON	ROMANIAN
RUN	RUNDI
RUS	RUSSIAN
SAD	SANDAWE
SAG	SANGO
SAH	YAKUT
SAI	SOUTH AMERICAN INDIAN (OTHER)
SAL	SALISHAN LANGUAGES
SAM	SAMARITAN ARAMAIC
SAN	SANSKRIT
SCO	SCOTS
SCR	SERBO-CROATIAN
SEL	SELKUP
SEM	SEMITIC (OTHER)
SGA	IRISH OLD (TO 900)
SHN	SHAN
SID	SIDAMO
SIN	SINGHALESE
SIO	SIOUAN LANGUAGES
SIT	SINO-TIBETAN (OTHER)
SLA	SLAVIC (OTHER)
SLO	SLOVAK
SLV	SLOVENIAN
SMI	SAMI LANGUAGES
SMO	SAMOAN
SNA	SHONA

Code	Description
SND	SINDHI
SOG	SOGDIAN
SOM	SOMALI
SON	SONGHAI
SOT	SOTHO SOUTHERN
SPA	SPANISH
SRD	SARDINIAN
SRR	SERER
SSA	NILO-SAHARAN (OTHER)
SSW	SISWANT/SWAZI
SUK	SUKUMA
SUN	SUDANESE
SUS	SUSU
SUX	SUMERIAN
SWA	SWAHILI
SWE	SWEDISH
SYR	SYRIAC
TAH	TAHITIAN
TAM	TAMIL
TAT	TATAR
TEL	TELUGU
TEM	TIMNE
TER	TERENO
TGK	TAJIK
TGL	TAGALOG
THA	THAI
TIB	TIBETAN
TIG	TIGRE

Code	Description
TIR	TIGRINYA
TIV	TIVI
TLI	TLINGIT
TMH	TAMASHEK
TOG	TONGA (NYASA)
TON	TONGA (TONGA ISLANDS)
TRU	TRUK
TSI	TSIMSHIAN
TSN	TSWANA
TSO	TSONGA
TUK	TURKMEN
TUM	TUMBUKA
TUR	TURKISH
TUT	ALTAIC (OTHER)
TWI	TWI
TYV	TUVINIAN
UGA	UGARITIC
UIG	UIGHUR
UKR	UKRAINIAN
UMB	UMBUNDU
UND	UNDETERMINED
UNK	UNKNOWN
URD	URDU
UZB	UZBEK
VAI	VAI
VEN	VENDA
VIE	VIETNAMESE
VOL	VOLAPUK

Code	Description
VOT	VOTIC
WAK	WAKASHAN LANGUAGES
WAL	WALAMO
WAR	WARAY
WAS	WASHO
WEL	WELSH
WEN	SORBIAN LANGUAGES
WOL	WOLOF
XHO	XHOSA
YAO	YAO
YAP	YAP
YID	YIDDISH
YOR	YORUBA
ZAP	ZAPOTEC
ZEN	ZENAGA
ZHA	ZHUANG
ZUL	ZULU
ZUN	ZUNI

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130 Letter Code -- CDE_LETTER_TEXT - ID_LETTER

130.1 Table Name -- T_TPL_CDE_LETTER

130.1.1 Letter Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LETTER_TEXT	The code inputted by the user to get the text for the letter.	CHAR	3	0	Yes
ID_LETTER	Contains the IDs of various letters	CHAR	20	0	Yes

130.1.1.1 Letter Code Values

ID Letter	Code	Description
TPL-9050-R	LR	Not Legally Responsible
TPL-9080-R	LR	Not Legally Responsible
TPL-9080-R	MO	Missed Open Enrollment
TPL-9050-R	MO	Missed Open Enrollment
TPL-9200-R	OVR	Over Payment
TPL-9202-R	OVR	Over Payment
TPL-9200-R	ECI	Employee cancelled insurance
TPL-9202-R	ECI	Employee cancelled insurance
TPL-9200-R	EDC	Employee dropped coverage
TPL-9202-R	EDC	Employee dropped coverage
TPL-9200-R	EID	Employee is deceased
TPL-9202-R	EID	Employee is deceased
TPL-9200-R	CCN	Covered child deceased
TPL-9202-R	CCN	Covered child deceased
TPL-9210-R	NLE	No longer employed
TPL-9210-R	ERR	Error
TPL-9210-R	CNE	Children Never Enrolled
TPL-9210-R	OVR	Over Payment
TPL-9210-R	ECI	Employee cancelled insurance

ID Letter	Code	Description
TPL-9210-R	EDC	Employee dropped coverage
TPL-9210-R	EID	Employee is deceased
TPL-9210-R	CCN	Covered child deceased
TPL-9212-R	NLE	No longer employed
TPL-9212-R	ERR	Error
TPL-9212-R	CNE	Children Never Enrolled
TPL-9212-R	OVR	Over Payment
TPL-9212-R	ECI	Employee cancelled insurance
TPL-9212-R	EDC	Employee dropped coverage
TPL-9212-R	EID	Employee is deceased
TPL-9212-R	CCN	Covered child deceased
TPL-9220-R	NLE	No longer employed
TPL-9220-R	ERR	Error
TPL-9220-R	CNE	Children Never Enrolled
TPL-9220-R	OVR	Over Payment
TPL-9220-R	ECI	Employee cancelled insurance
TPL-9220-R	EDC	Employee dropped coverage
TPL-9220-R	EID	Employee is deceased
TPL-9220-R	CCN	Covered child deceased
TPL-9222-R	NLE	No longer employed
TPL-9222-R	ERR	Error
TPL-9160-R	NCE	No Longer Cost Effective
TPL-9160-R	DFM	Death of Family Member
TPL-9160-R	ENA	No Longer Cost Effective, See Employer for Continue
TPL-9160-R	CEN	See client
TPL-9160-R	DYF	Death of your family member
TPL-9080-R	NC	Not cost-effective
TPL-9080-R	DO	Employer does not offer health insurance for employees

ID Letter	Code	Description
TPL-9080-R	TM	Employee is no longer employed by company
TPL-9080-R	DI	Dependents are ineligible for group health insurance
TPL-9080-R	WC	Employee chose not to enroll as requested
TPL-9080-R	SP	HIPP programs is not available to consumers already on spenddown
TPL-9080-R	SI	Spouses policy is more cost effective
TPL-9080-R	FS	Food Stamp only case
TPL-9080-R	NW	Employer has no record of employee ever being employed with company
TPL-9080-R	NR	No response from employer to requests for health insurance information
TPL-9080-R	IP	HIPP does not normally buy into individual policies
TPL-9080-R	OE	Employer does not have an open enrollment period
TPL-9080-R	TL	Employer is not sending enough information to process
TPL-9080-R	MC	Managed Care is more cost-effective than HIPP
TPL-9080-R	NG	Employer offers insurance but does not pay any portion of premiums
TPL-9080-R	NM	No Medicaid in household
TPL-9080-R	IA	Illegal aliens are ineligible for HIPP
TPL-9080-R	GP	Employee is grandparent of Medicaid eligible dependent and cannot cover child(ren) on insurance policy
TPL-9080-R	HW	HealthWave only household
TPL-9080-R	AP	Absent parent insuring one or more of the Medicaid eligible children
TPL-9080-R	ZE	Health insurance is 100% paid for by current employer
TPL-9080-R	NE	Employee not eligible for health insurance at this time
TPL-9080-R	FT	Free text to enter reject reason
TPL-9050-R	NC	Not cost-effective
TPL-9050-R	DO	Employer does not offer health insurance for employees
TPL-9050-R	TM	Employee is no longer employed by company
TPL-9050-R	DI	Dependents are ineligible for group health insurance

ID Letter	Code	Description
TPL-9050-R	WC	Employee chose not to enroll as requested
TPL-9050-R	SP	HIPP programs is not available to consumers already on spenddown
TPL-9050-R	SI	Spouses policy is more cost effective
TPL-9050-R	FS	Food Stamp only case
TPL-9050-R	NW	Employer has no record of employee ever being employed with company
TPL-9050-R	NR	No response from employer to requests for health insurance information
TPL-9050-R	IP	HIPP does not normally buy into individual policies
TPL-9050-R	OE	Employer does not have an open enrollment period
TPL-9050-R	TL	Employer is not sending enough information to process
TPL-9050-R	MC	Managed Care is more cost-effective than HIPP
TPL-9050-R	NG	Employer offers insurance but does not pay any portion of premiums
TPL-9050-R	NM	No Medicaid in household
TPL-9050-R	IA	Illegal aliens are ineligible for HIPP
TPL-9050-R	GP	Employee is grandparent of Medicaid eligible dependent and cannot cover child(ren) on insurance policy
TPL-9050-R	HW	HealthWave only household
TPL-9050-R	AP	Absent parent insuring one or more of the Medicaid eligible children
TPL-9050-R	ZE	Health insurance is 100% paid for by current employer
TPL-9050-R	NE	Employee not eligible for health insurance at this time
TPL-9050-R	FT	Free text to enter reject reason
TPL-9222-R	CNE	Children Never Enrolled
TPL-9222-R	OVR	Over Payment
TPL-9222-R	ECI	Employee cancelled insurance
TPL-9222-R	EDC	Employee dropped coverage
TPL-9222-R	EID	Employee is deceased
TPL-9222-R	CCN	Covered child deceased

ID Letter	Code	Description
TPL-9200-R	NLE	No longer employed
TPL-9202-R	NLE	No longer employed
TPL-9200-R	ERR	Error
TPL-9202-R	ERR	Error
TPL-9200-R	CNE	Children Never Enrolled
TPL-9202-R	CNE	Children Never Enrolled
TPL-9530-R	IC	Name and address of Insurance Carrier:
TPL-9530-R	CPN	Claim/Policy number:
TPL-9530-R	IJD	Specify date and injuries sustained in accident:
TPL-9530-R	ATT	Have you hired an Attorney? If yes, give complete name and address:
TPL-9530-R	SET	Have you received a settlement? If so, what was the amount:
TPL-9530-R	OTH	Other
TPL-9535-R	IC	Name and address of Insurance Carrier:
TPL-9535-R	CPN	Claim/Policy number:
TPL-9535-R	IJD	Specify date and injuries sustained in accident:
TPL-9535-R	ATT	Have you hired an Attorney? If yes, give complete name and address:
TPL-9535-R	SET	Have you received a settlement? If so, what was the amount:
TPL-9535-R	OTH	Other

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131 License Class Codes-- CDE_LIC_CLASS

131.1 Table Name -- T_CDE_LIC_CLASS

131.1.1 License Class Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LIC_CLASS	The code that identifies the license class.	CHAR	3	0	Yes

131.1.1.1 License Class Code Values

Code	Description
10	Acute Care
11	Psychiatric
12	Rehabilitation
13	Residential Treatment Center
14	Critical Access
15	Children's Specialty
16	Emergency
17	Venitlator Hospital
20	Ambulatory Surgical Center (ASC)
30	Nursing Facility
31	ICF/MR > 6 Beds
32	Pediatric Nursing Facility
33	Residential Care Facility
34	ICF/MR < 6 Beds
35	Skilled Nursing Facility
36	Respite Care - Facility Based
37	Assisted Living
39	Supports for Community Living
40	Rehabilitation Facility
50	Home Health Agency
51	Specialized Home Nursing Services
60	Hospice
71	Managed Care Organization (MCO)
72	IHS Case Manager
73	NET (Non-Emergency Transportation)
80	Federally Qualified Health Clinic (FQHC)
81	Rural Health Clinic (RHC)
82	Medical Clinic
83	Family Planning Clinic
84	Nurse Practitioner Clinic
85	EPSDT Clinic
86	Dental Clinic
87	Therapy Clinic
88	Pediatric Clinic
89	Tuberculosis Clinic

90 Pediatric Nurse Practitioner
91 Obstetric Nurse Practitioner
92 Family Nurse Practitioner
93 Nurse Practitioner (Other)
94 Certified Registered Nurse Anesthetist (CRNA)
95 Certified Nurse Midwife
100 Physician Assistant
101 Anesthesiology Assistant
110 Outpatient Mental Health Clinic
111 Community Mental Health Center (CMHC)
112 Psychologist
113 PASRR CHMC
114 Health Service Provider in Psychology (HSPP)
115 Certified Clinical Social Worker
116 Certified Social Worker
117 Psychiatric Nurse
118 Mental Health - DMHSAS
119 Marriage and Family Counselor
120 School Board
121 Licensed Practical Counselor
130 County Health Department
131 Specialized Childrens Service Clinics
140 Podiatrist
150 Chiropractor
151 Health Access Nurturing Development Svcs
160 Registered Nurse (RN)
161 Licensed Practical Nurse (LPN)
162 Registered Nurse Clinical (RNC)
163 Skilled Nursing Agency
170 Physical Therapist
171 Occupational Therapist
172 Respiratory Therapist
173 Speech/Hearing Therapist
174 Occupational Therapy Assistant
175 Physical Therapy Assistant
179 Brain Injury
180 Optometrist
181 Maternity
182 Speech/Hearing Clinic
183 EPSDT Preventive Services
184 Hospital Based Rural Health Clinic
185 Free Standing Rural Health Clinic
190 Optician
200 Audiologist
201 General Preventive Care
210 Care Coordinator for Pregnant Women
211 HIV Case Manager
213 E.I. Case Mgmt
214 High Risk Pregnant Women
215 TB Case Mgmt

216 OJA Targeted Case Management
217 Child Welfare Targeted Case Management
218 DDSD/ICFMR Waiver
219 TCM 1st Time Mothers/Infants
220 Hearing Aid Dealer
221 MH Case Mgmt All Ages
222 MH Case Mgmt, Over 21, Public
223 MH Case Mgmt, Over 21, Contracted
224 MH Case Mgmt, Over 21, Private
225 MH Case Mgmt, Under 21, Public
226 MH Case Mgmt, Under 21, Contracted
227 MH Case Mgmt, Under 21, Private
228 Advantage Case Manager
229 Commission For Handicapped Children
230 Nutritionist
239 Title V/DSS
240 Pharmacy
249 First Steps Early Int.
250 DME/Medical Supply Dealer
251 Assistive Technology
260 Ambulance
261 Air Ambulance
262 Bus
263 Taxi
264 Common Carrier (Ambulatory)
265 Common Carrier (Non-ambulatory)
266 Family Member / Private Auto
270 Endodontist
271 General Dentistry Practitioner
272 Oral Surgeon
273 Orthodontist
274 Pediatric Dentist
275 Periodontist
276 Oral Pathologist
277 Prosthesis
280 Independent Lab
281 Mobile Lab
290 Freestanding X-Ray Clinic
291 Mobile X-Ray Clinic
292 Mammography
293 Medicare Clinic
299 Impact Plus
300 Free-standing Renal Dialysis Clinic
310 Allergist
311 Anesthesiologist
312 Cardiologist
313 Cardiovascular Surgeon
314 Dermatologist
315 Emergency Medicine Practitioner
316 Family Practitioner

317 Gastroenterologist
318 General Practitioner
319 General Surgeon
320 Geriatric Practitioner
321 Hand Surgeon
322 Internist
323 Neonatologist
324 Nephrologist
325 Neurological Surgeon
326 Neurologist
327 Nuclear Medicine Practitioner
328 Obstetrician/Gynecologist
329 Oncologist
330 Opthalmologist
331 Orthopedic Surgeon
332 Otologist, Laryngologist, Rhinologist
333 Pathologist
334 Pediatric Surgeon
335 Maternal Fetal Medicine
336 Physical Medicine and Rehabilitation Practitioner
337 Plastic Surgeon
338 Proctologist
339 Psychiatrist
340 Pulmonary Disease Specialist
341 Radiologist
342 Thoracic Surgeon
343 Urologist
344 General Internist
345 General Pediatrician
346 Dispensing Physician
347 Radiation Therapist
348 Osteopathy
360 Personal Care - Individual
361 Personal Care - Agency
370 Room and Board
380 Respite Care - Community Based
381 Respite Care - Home Based
382 Primary Care
390 Habilitation Training Specialist
391 Agency Companion
392 Daily Living Supports
400 Specialized Foster Care/MR
410 Adult Day Care
411 Model Waiver 1
412 Model Waiver 2
420 Employee Training Specialist
430 Homemaker Services
440 Architectural Modification
450 RBMS Room and Board
451 RBMS Therapeutic Foster Care

455 Prescribed Pediatric Extended Care Facility (PPEC)
460 Advantage Home Delivered Meal
461 EEG Services
462 ERG Services
463 Provider of Case Management Services Only
464 Provider of Homemaker and Pers Care Services Only
465 Provider of Home Adaptations Only
466 Homemaker Pers Care & Home Adaptation Services
470 Provider of Case Management Services Only
471 Provider of Pers Care Coordination Services Only
472 Provider of Personal Care Assistance Services Only
473 Both Pers Care Coordinator and Care Assist Serv
480 DDSD-NFM
493 DDSD-Supportive Living Arrangements
500 Waiver Group Home
509 Hearing Aid Dealer Group
510 Adv Comp Health Care
672 NET - DOT
661 AMBULANCE Non-Emergency
861 Other Laboratory And X-Ray
911 CORF
912 Other CORF Group
349 Neuroradiology
350 Endocrinology Diabetes & Metabolism
351 Infectious Disease
352 Clinical Biochemical Genetics
353 Transplant Hepatology
354 Pain Medicine
355 Aerospace Medicine
356 Medical Genetics
357 Neurodevelopmental Disabilities
358 Neuropathology
359 Medical Toxicology
530 Clinical & Laboratory Immunology
531 Rheumatology
532 Medical Microbiology
533 Clinical Genetics
534 Clinical Cytogenetics
535 Clinical Molecular Genetics
536 Sleep Medicine
537 Hematology
538 Reproductive Endocrinology
539 Interventional Pain Management
540 Undersea & Hyperbaric Medicine
541 Molecular Genetic Pathology
550 EPSDT Services
551 EPSDT - General Hospital
552 EPSDT - Psychiatric Hospital
553 EPSDT - Psychiatric Residential Treatment Facility
557 EPSDT - Primary Care

558 EPSDT - Home Health
561 EPSDT - Home and Community Based Waiver
563 EPSDT - Hearing Aid Dealer
564 EPSDT - Optician
565 EPSDT - Pharmacy
567 EPSDT - Dentist - Individual
568 EPSDT - Dental - Group
569 EPSDT - Physician Individual
570 EPSDT - Physician - Group
573 EPSDT - Optometrist
574 EPSDT - Certified Nurse Practitioner
575 EPSDT - Podiatrist
610 Multi Specialty Group - Dental
650 Multi Specialty Group - Physician
999 None on File

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132 Lien Disposition Code -- CDE_REASON_LIEN

132.1 Table Name -- T_CDE_LIEN_RSN

132.1.1 Lien Disposition Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_LIEN	The disposition reason code identifies the reason for the disposition against a lien.	CHAR	4	0	Yes

132.1.1.1 Lien Disposition Code Values

Code	Description
8500	COURT ORDERED LIEN
8502	LOCAL LIEN
8600	CAP WITHHOLDING
8601	WITHHOLDING

133 Lien Reason Code -- CDE_REASON_LIEN

133.1 Table Name -- T_LIEN_RSN_CODE

133.1.1 Lien Reason Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_LIEN	Code used to uniquely identify the reason for the original lien against a provider on the MMIS system.	CHAR	4	0	Yes

133.1.1.1 Lien Reason Code Values

CDE_REASON_LIEN	DSC_LIEN_CODE
8500	COURT ORDERED LIEN
8502	LOCAL LIEN
8600	CAP WITHHOLDING
8601	WITHHOLDING

134 Lien Status Code -- CDE_STATUS1

134.1 Table Name -- T_LIEN_STATUS

134.1.1 Lien Status Code Information

Subsystem: FInancial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS1	Code that uniquely identifies the status of the lien against a provider on the MMIS system.	CHAR	1	0	Yes

134.1.1.1 Lien Status Code Values

CODE	DESCRIPTION
S	Stopped
C	Cleared
V	Voided
I	Issued
R	Reissue
P	Pulled
1	Check Hold
A	Re-deposited Check
C	CLOSED
O	OPEN

135 Living Arrangement Code -- CDE_LIV_ARNG

135.1 Table Name -- T_RE_LIV_ARNG

135.1.1 Living Arrangement Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LIV_ARNG	Living Arrangement Code.	CHAR	2	0	No

135.1.1.1 Living Arrangement Code Values

Code	Description
B1	Acquired Brain Injury Waiver
E1	EPSDT Institutional Provider
E2	EPSDT for DPP Child
H1	Personal Care Home w/Waiver
H4	Family Care Home w/Waiver
H5	Single Ind. w/Caretaker svcs and Waiver
H6	Eligible couple, 1 Caretaker and Waiver
H7	Eligible couple, both Caretaker and Waiver
M1	Skilled Nursing Facility
M2	Mental Health/Psychiatric Hospital
M3	Nursing Facility or MD
M4	Unknown
M5	ICF/MR/DD
M6	Supports for Community Living Waiver
M7	Hospice in a Nursing Facility
M8	HCBS Waiver or Adult Day Care
M9	Hospice Non-institutional
P1	Personal Care Home
P2	PCH IMD (only age 21 – 64)
P4	Family Care Home

P5	Single Ind. w/Caretaker svcs and Waiver
P6	Elig. Couple 1 w/Caretaker svcs
P7	Elig. Couple both w/Caretaker svcs
R1	Psychiatric Residential Treatment Facility
W1	Model 1 Waiver
W2	Model 2 Waiver
W3	Home Care Waiver
W4	Personal Care Waiver
MP	Michelle P Waiver
B2	ABI LTC

136 Locality Code -- CDE_LOCALITY

136.1 Table Name -- T_LOCALITY

136.1.1 Locality Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOCALITY	Locality code used to indicate geographical area of practice for a provider. Valid values include 01 - Metropolitan, 02 - Urban, 03 - Rural, 07 - Out-of-state, and 99 - Statewide.	CHAR	2	0	Yes

136.2 Locality Code Values

Code	Description
01	test
99	Statewide

137 Location Code -- CDE_LOCATION

137.1 Table Name -- T_LOCATION

137.1.1 Location Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOCATION	Type of location in which a claim can be placed during processing in the MMIS system.	CHAR	2	0	Yes

137.1.1.1 Location Code Values

Code	Description
01	NEW EDITS\AUDITS
02	OTHER INS
03	EXCEPTION CODE 180 FOR PRIOR AUTHORIZATION REVIEW
04	EXCEPTION CODE 181
05	EXCEPTION CODE 182
10	GMIS AUDIT
11	MISCELLANEOUS AUDIT
12	LIMITATION AUDIT
13	REALTIONSHIP AUDIT
14	SUSPECT DUPLICATE AUDIT
15	DUPLICATE AUDIT
16	AUDIT 480
19	PRIOR AUTHORIZATION FILE REVIEW
20	PRIOR AUTHORIZATION MEDICAL REVIEW
21	MISCELLANEOUS EDIT
22	TRANSPORTATION EDIT
23	UB04 EDIT
24	CMS 1500 EDIT

Code	Description
25	CROSSOVER EDIT
27	RESOLUTIONS MEDICAL REVIEW
28	DOS >1 YEAR
29	KENPAC EDIT
30	TPL EDIT
31	MEMBER ELIGIBILITY
32	PROVIDER ELIGIBILITY
33	RECYCLE EDITS (PROV AND MEMBER)
35	EDIT 283
41	ULTRASOUNDS
59	EDIT 009
60	MASS ADJUSTMENTS
62	ADJUSTMENT TO GMIS
65	DMS INDIVIDUAL PROVIDER SERVICES BRANCH
66	SYSTEM GENERATED - DENIED/AWAITING FINANCIAL
68	PA FORWARD FILE DMS
73	DMS HOLD (FOR CAROL COMBS)
76	ADJUSTMENT HOLD
77	TCN OVERFLOW EDIT 895
78	RETURN TO HP Enterprise Services
80	DMS DENTAL SERVICES
81	DMS PHYSICIAN AND PRACTITIONER BRANCH MEDICAL REVI
82	DMS PHYSICIAN AND PRACTITIONER TIMELY FILING REVIE
85	DMS COMMUNITY MH/MR SERVICES SECTION
86	DMS HOSPITAL/PSYCHIATRIC FACILITIES BRANCH
87	DMS MEMBER ELIGIBILITY HOLD FOR FILE UPDATE/REVIEW
89	ADJUSTMENTS
93	PAID LOCATION

Code	Description
97	SYSTEM GENERATED - CLAIM CREATED
98	SYSTEM GENERATED - CLAIM PAID/AWAITING FINANCIAL
99	SYSTEM GENERATED - CLAIM FINALIZED IN FINANCIAL

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138 Maintenance Assistance Status Code -- CDE_MAS

138.1 Table Name -- T_CDE_MSIS_MAS

138.1.1 Maintenance Assistance Status Code Information

Subsystem : MAR

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MAS	A code indicating an eligible's Maintenance Assistance Status (MAS).	CHAR	1	0	Yes

138.1.1.1 Maintenance Assistance Status Code Values

Code	Description
0	Individual not Eligible for Medicaid this month
1	Receiving Cash or Eligible under sect 1931
2	Medically Needy
3	Poverty Related
4	Other
5	1115 - Demonstration expansion eligibles
9	Status is unknown

139 Managed Care Aid Category Groups Code -- CDE_MC_AID_GRP

139.1 Table Name -- T_MC_AID_GRP

139.1.1.1 Managed Care Aid Category Groups Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_AID_GRP	The unique identifier for the group.	CHARACTER	3	0	Yes

139.1.1.2 Managed Care Aid Category Groups Code Values

Code	Description
CWL	TANF
IP	KCHIP
IYP	SOBRA/PE
PSK	FOSTER CARE
AAP	SSI
IY	SOBRA
PE	PRESUMPTIVE ELIGIBILITY
ALL	ALL

140 Managed Care Assignment Reason Code -- CDE_RSN_MC_ASSIGN

140.1 Table Name -- T_RE_PMP_REASON

140.1.1 Managed Care Assignment Reason Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RSN_MC_ASSIGN	This indicates the reason a Member was assigned to a specific PMP; for example, newly eligible or an approved change. This also includes the reasons a Members relationship with a PMP was terminated; for example, death or an approved change.	CHAR	2	0	Yes

140.1.1.1 Managed Care Assignment Reason Code Values

Code	Description
12	NEMT ENROLLMENT
19	PARTNERSHIP ENROLLMENT
20	LOCK-IN TO PCP
54	KENPAC DEFAULT BY MMIS
55	KENPAC DEFAULT PREV PMP
97	DISENROLLMENT
98	CONVERTED ENROLLMENT
99	OPEN ENDED ENROLLMENT

141 Managed Care Enrollment Status Code -- CDE_ENROLL_STATUS

141.1 Table Name -- T_MC_ENROLL_STATUS

141.1.1 MC Enrollment Status Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_STATUS	Identifies the current status of this disenrollment (E - Enrolled, P - Mass Disenrollment Approval Pending, A - Mass Disenrollment Approved, D - Disenrolled)	CHAR	1	0	Yes

141.1.1.1 MC Enrollment Status Code Values

Code	Description
0	Inactive
A	Active
B	Term by Medicare
C	Term - Lic Revoked
D	Term - Lic Expired
E	Voluntary Termination
F	Retired
G	Provider Deceased
H	Incorrect Pr Number
I	Term - Inactive 2 Yr
L	License Suspended
M	Term - Lic Surrender
N	Claims Suspended
O	TERM no ADO
Z	Term by Medicaid

142 Managed Care Groupings - CDE_PGM_GROUP

142.1 Table Name -- T_MC_PGM_GROUP

142.1.1 Managed Care Groupings Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PGM_GROUP	This is a code that represents the program grouping.	CHAR	6	0	Yes

142.1.2 Managed Care Groupings Code Values

CDE_PGM_GROUP	DSC_PGM_GROUP
KENP01	KENPAC PROGRAM GROUP
LOCM01	LOCK-IN (MEDICAL) PROGRAM GROUP
PART01	PARTNERSHIP PROGRAM GROUP
TRAN01	NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM GROUP

143 Managed Care Program Status Group -- CDE_MC_PGM_STATUS_GRP

143.1 Table Name -- T_MC_PGM_STATUS_GRP

143.1.1 Managed Care Program Status Group Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_PGM_STATUS_GRP	Code which represents a Managed Care status code group.	CHAR	3	0	Yes

143.1.1.1 Managed Care Program Status Group Code Values

Code	Description
GR1	ALL
GR2	KCHIP 3
GR3	KCHIP 1
GR4	KCHIP 2
GR5	ALL OTHERS

144 Managed Care Reason Code -- CDE_REASON_MC

144.1 Table Name -- T_RE_MC_REASON

144.1.1 Managed Care Reason Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_MC	The reason code for potential managed care Members used to auto-assign or keep Members from auto-assignment.	CHAR	1	0	Yes

144.1.1.1 Managed Care Reason Code Values

CODE	DESCRIPTION
D	Default Payment
S	Default

145 Marital Status Code -- CDE_MARITAL

145.1 Table Name -- T_CDE_MARITAL

145.1.1 Marital Status Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MARITAL	The marital status code.	CHAR	1	0	Yes

145.1.1.1 Marital Status Code Values

Code	Description
B	Dom Part
D	Divorced
I	Single
M	Married
R	Unreported
S	Separated
U	Unmarried
W	Widowed
X	Legal Sep

146 Media Types Code -- CDE_MEDIA_TYPE

146.1 Table Name -- T_PA_MEDIA

146.1.1 Media Types Code Information

Subsystem: Prior Authorization

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MEDIA_TYPE	This represents the media type used by the provider or IFSSA when communicating with the Prior Authorization unit. The types of media are telephone, fax and mail.	CHAR	1	0	Yes

146.1.1.1 Media Types Code Values

Code	Description
1	Online
2	Web
3	SHPS
4	Elec Txn
9	Conversn
T	TEST
V	VOICEMAIL
X	VOID
Z	A

147 Medicare Coverage Code – CDE_MCAR_COVRG

147.1 Table Name -- T_CDE_MCARE_COVRG

147.1.1 Medicare Coverage Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MCAR_COVRG	The code which indicates Medicare coverage of a service.	CHAR	1	0	Yes

147.1.1.1 Medicare ID (HIB) Source Code Values

Code	Description
D	Special coverage instructions apply
I	Not payable by Medicare (no grace period)
G	Not payable by Medicare (90 day grace period)
M	Non-covered by Medicare
S	Non-covered by Medicare statute
C	Carrier judgment

148 Medicare ID (HIB) Source Code -- IND_SOURCE

148.1 Table Name -- T_CDE_HIB_SOURCE

148.1.1 Medicare ID (HIB) Source Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
IND_SOURCE	The 1 byte source indicator that specifies the external entity that triggered a HIB addition or update.	CHAR	1	0	Yes

148.1.1.1 Medicare ID (HIB) Source Code Values

Code	Description
A	PAS
E	EDB
K	KAMES
O	Online
P	PA62/SDX
S	SDX

149 Medicare Part D Dual Status Code -- CDE_DUAL_STATUS

149.1 Table Name -- T_RE_CDE_PARTD_DUAL_STATUS

149.1.1 Medicare Part D Dual Status Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DUAL_STATUS	Indicates the Member's dual status code.	CHAR	2	0	Yes

149.1.1.1 Medicare Part D Dual Status Code Values

Code	Description
01	Member is Entitled to Medicare - QMB only
02	Member is Entitled to Medicare - QMB and full Medicaid coverage
03	Member is Entitled to Medicare - SLMB only
04	Member is Entitled to Medicare - SLMB and full Medicaid coverage
05	Member is Entitled to Medicare - QDWI
06	Member is Entitled to Medicare - Qualifying Individuals
08	Member is Entitled to Medicare - other Full Dual with Medicaid coverage
09	Member is Entitled to Medicare - other Full Dual without Medicaid coverage
99	Unknown

150 Medicare Part D Enrollment Code -- CDE_ENROLL_TYPE

150.1 Table Name -- T_RE_CDE_PARTD_ENROLL_TYPE

150.1.1 Medicare Part D Enrollment Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_TYPE	The enrollment type for the Part D Medicare.	CHAR	2	0	Yes

150.1.1.1 Medicare Part D Enrollment Code Values

Code	Description
D	Determined eligibility record
L	Low income subsidy record
P	Prospective eligibility record

151 Member Address Codes – CDE_ADDR_USAGE

151.1 Table Name -- T_RE_CDE_ADR_USAGE

151.1.1 Member Address Codes Code Information\

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADDR_USAGE	This is the type of address that is being kept.	CHAR	2	0	Yes
DSC_ADDR_USAGE	This is the description for the address usage.	CHAR	30	0	No

151.1.2 Member Address Codes Code Values

CDE_ADDR_USAGE	DSC_ADDR_USAGE
M	Mailing
P	Payee

152 Member Assignment Plan Reason Code -- CDE_REASON

152.1 Table Name -- T_RE_ASSIGN_RSN_CODE

152.1.1 Member Assignment Plan Reason Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON	This is the reason code for the assignment plan.	CHAR	3	0	Yes

152.1.1.1 Member Assignment Plan Reason Code Values

Code	Description
DRG	Drug Abuse
EER	Excessive ER Visits
EMH	Excessive Mental Health Provider Visits
EOV	Excessive Office Visits
HSP	Hospice
LCK	Lockin
LTC	LTC
MED	Medical Lockin
OTH	Other - Medical
OTP	Other - Pharmacy
PHO	Pharmacy Overutilization
PHR	Pharmacy Lockin
PRO	Provider Overutilization
WVR	Waiver

153 Member Card Issue Reason Codes - CDE_ISSUE_RSN

153.1 Table Name -- T_ID_ISSUE_RSN

153.1.1 Member Card Issue Reason Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ISSUE_REASON	Code to identify the reason an ID card was issued to the Medicaid recipient.	CHAR	1	0	Yes
DSC_CDE	Describes the reason code for issuing an ID card to the Medicaid recipient.	CHAR	15	0	No

153.1.2 Member Card Issue Reason Code Values

CDE_ISSUE_REASON	DSC_CDE
C	Change
D	Damaged
L	Lost
R	Re-enroll
S	Stolen
X	Deactivated
Y	New

154 Member Program Code -- CDE_AID_CATEGORY

154.1 Table Name -- T_CDE_AID

154.1.1 Program Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AID_CATEGORY	Identifies the type of aid for which a recipient is eligible.	CHAR	2	0	No

154.1.1.1 Program Code Values

Code	Description
A	Aged indiv 65 and over who rec SSI
AP	Aged indiv 65 and over who rec SSI
B	Blind indiv who rec SSI
BC	MSE ON SSI CHILD (BLIND)
BP	Blind indiv who rec SSI
C	Chldrn and their caretaker rel who rec KTAP
D	Disabled indiv who rec SSI
DC	MSE ON SSI CHILD
DP	Dis indiv who rec SSI and State Suppl
E	Chldrn & caregiv who do not rec a KTAP pymnt
F	Aged indiv 65 and over who lost SSI benefits
FP	Aged indiv 65 and over who rec State Suppl
G	Blind indiv who lost SSI benefits
GP	Blind indiv who rec State Suppl
H	Disabled indiv who lost SSI benefits
HP	Disabled indiv who rec State Suppl
I	Prg Wmn and Inf w/inc <185% or chl <19 w/ inc <=200%
J	Aged persons 65 and over who do not rec SSI
K	Blind persons who do not rec SSI or State Suppl
KC	Chldrn at risk of being placed in fster care

Code	Description
L	Chldrn and their caretaker rel
M	Dis persons who do not rec SSI or State Suppl
N	Indiv who meet all the req for pgm code L
P	Chldrn in foster care family homes or priv inst
PE	Presumptive Eligibility
S	Federally subsidized adoption
T	Fams and chldrn who are the same as pgm code W
U	Chldrn in Psychiatric Facility
V	Women who have been screened BCCT Program
W	Chldrn and their caretaker rel who rec KTAP
X	Foster Care chldrn who rec a grant through T IV-E
Y	Chldrn and preg women who meet req for pgm cd L
Z	QMB Only
ZJ	QI1
ZK	QI2
ZL	SLMB Only
ZQ	QDWI

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155 Member Program Status Code – CDE_PGM_STATUS

155.1 Table Name -- T_RE_PGM_STATUS_CODE

155.1.1 Member Program Status Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PGM_STATUS	The Member's program status code.	CHAR	2	0	Yes

155.1.2 Member Program Status Code Values

Code	Description
0	Regular active SSi
1	Grant amount less than $10
2	Reinstatement - bene reduction claim in
3	Regular grant case
4	IV-E elig that is not reimburable
5	IV-E reimbursable children
6	Kentucky children in other states
7	Discontinued due to child support
8	IV-E group home
9	SSI alert/SSi only (SSI cases in LTC)
55	Chl in cust of DSS
AA	QMB plus full Medicaid
BB	QMB plus full Medicaid
CC	QMB plus full Medicaid
EE	QMB plus full Medicaid
GG	QMB plus full Medicaid
HH	QMB plus full Medicaid
L3	SLMB plus full Medicaid (MGD CR)
L5	SLMB plus full Medicaid (MGD CR)
M1	M1
M2	M2
M3	M3
M5	M5
M6	M6
M7	M7
MC	QMB plus full Medicaid (MGD CR)
ME	QMB plus full Medicaid (MGD CR)
P1	P1
P2	P2
P3	P3
P4	P4
P5	P5
P6	P6
P7	P7

S1	SLMB plus full Medicaid
S2	SLMB plus full Medicaid
S3	S3
S7	SLMB plus full Medicaid
ZZ	QMB plus full Medicaid
W1	Working disabled case w/ 0-100% FPL
W2	Working disabled case w/ 0-100% FPL + Q
W3	Working disabled case w/ 100-150% FPL
W4	Working disabled case w/ 100-150% FPL +
W5	Working disabled case w/ 150-200% FPL
W6	Working disabled case w/ 200-250% FPL

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156 Member Source Code -- CDE_SOURCE

156.1 Table Name -- T_RE_CDE_SOURCE

156.1.1 Member Source Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	This is the source of the Member updates and information.	CHAR	5	0	Yes

156.1.1.1 Member Source Code Values

Code	Description
BCCTP	Breast and Cervical Cancer Treatment Plan
EDB	Enrollment Data Base
FHT	First Health
KAMER	Kames Recon
KAMES	KAMES Daily
KISS	Kames Issuance
KLOC	KAMES LTC
PLOC	PA62/SDX LTC Updates
KMAA	First Health KMAA
KPAT	Kames Patient Liability
LINK	Linking Requests
ONL	Online Update
PAS	PA62
PASDR	PA62/SDX Recon
PASDX	PA62/SDX Daily
PE	Presumptive Eligibility
PHIC	PA62 HIC
SDX	SDX Daily
UNLNK	Unlinking Requests
VIT	Kentucky Vital Statistics

Code	Description
CLSRC	Recon Closures
WKASN	Benefit Plan assigns
SHPS	Ships

157 Modifier Group Code -- SAK_MOD_TYPE

157.1 Table Name -- T_MOD_GROUP_TYPE

157.1.1 Modifier Group Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MOD_TYPE	System assigned key for a unique modifier grouping type, which represents a collection of modifier codes.	NUMBER	9	0	Yes

157.1.2 Modifier Group Code Values

SAK_MOD_TYPE	DSC_50
102	ADOLESCENT MODIFIERS
103	PROVIDER INFORMATION
104	VALID PICKUP/ DESK TRANSPORTATION MODS
1000	TRANSPORTATION MODIFIERS
1001	INVALID PICKUP/DEST TRANSPORTATION MODIFIERS
1002	SUSPICIOUS PICKUP/DEST TRANSPORTATION MODIFIERS
1003	ANESTHESIA MODIFIERS
1004	DME RENTAL MODIFIERS
1005	PMP Modifiers
1006	Child Abuse
1007	Child Only
1008	Pricing modifiers
1009	Podiatry Modifiers
1011	COMMUNITY MENTAL HEALTH MODIFIER
3011	LTC DME Pricing Modifier

158 Modifier Type Code -- CDE

158.1 Table Name -- T_MODIFIER_TYPE

158.1.1 Modifier Type Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE	Code used to identify type of modifier.	CHAR	1	0	Yes

158.1.1.1 Modifier Type Code Values

Code	Description
1	Pricing
2	Processing
3	Informational
4	Review
5	Anesthesia
6	Med Direction
7	Physical Status
8	Emergency
9	Anesthesia Units
D	Denial
M	Max Allowed
S	Site Specific
T	Transportation

159 New Refill Indicator Code -- CDE_REFILL_IND

159.1 Table Name -- T_CDE_MSIS_REFILL_IND

159.1.1 New Refill Indicator Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REFILL_IND	Code indicating whether the prescription being filled was a new prescription or a refill. If it is a refill, the value in this field be the number of refills.	CHAR	2	0	Yes

159.1.1.1 New Refill Indicator Code Values

Code	Description
00	New Prescription
99	Unknown

160 Note Type Code -- CDE_NOTE_TYPE

160.1 Table Name -- T_CDE_NOTE_TYPE

160.1.1 Note Type Code Information

Subsystem: CTMS

Column Name	Description	Type	Length	Precision	Primary Key
CDE_NOTE_TYPE	The unique code for the note type.	CHAR	3	0	Yes

160.1.1.1 Note Type Code Values

Code	Description
INT	INTERIM RESPONSE
N	NOTE

161 Occurrence Code -- CDE_OCCURRENCE

161.1 Table Name -- T_OCCURRENCE

161.1.1 Occurrence Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OCCURRENCE	Code which defines a significant event relating to a particular UB92 claim that may affect payer processing.	CHAR	2	0	Yes

161.1.1.1 Occurrence Code Values

Code	Description
01	AUTO ACCIDENT
02	NO FAULT INS INVOLVED - INCLUD AUTO ACCIDENT/OTHER
03	ACCIDENT/TORT LIABILITY
04	ACCIDENT/EMPLOYMENT RELATED
05	OTHER ACCIDENT
06	CRIME VICTIM
09	START OF INFERTILITY TREATMENT CYCLE
10	LAST MENSTRUAL PERIOD
11	ONSET OF SYMPTOMS/ILLNESS
12	DATE OF ONSET FOR A CHRONICALLY DEPENDENT INDIV.
17	DATE OF OUTP OCCUPATIONAL THERAPY PLAN EST/REVIEW
18	DATE OF RETIRMENT PATIENT/BENEFICIARY
19	DATE OF RETIRMENT SPOUSE
20	DATE GUARANTEE OF PAYMENT BEGAN
21	DATE UR NOTICE RECEIVED
22	DATE ACTIVE CARE ENDED
23	DATE OF CANCELLATION OF HOSPICE ELECTION PERIOD
24	DATE INSURANCE DENIED
25	DATE BENEFITS TERMINATED BY PRIMARY PAYER

Code	Description
26	DATE SNF BED BECAME AVAILABLE
27	DATE HOME HEALTH PLAN ESTABLISHED OR LAST REVIEWED
28	DATE COMP OUTP REHAB PLAN EST. OR LAST REVIEWED
29	DATE OUTP PHYS THERAPY PLAN EST OR LAST REVIEWED
30	DATE OUTP SPEECH PATHOLOGY PLAN EST OR LAST REVIEW
31	DATE BENE NOTIFIED OF INTENT TO BILL (ACCOM)
32	DATE BENE NOTIFIED OF INTENT TO BILL (PROCEDURES)
33	1ST DAY OF MCARE COORDINATION PERIOD FOR ESRD BENE
34	DATE OF ELECTION OF EXTENDED CARE FACILITIES
35	DATE TREATMENT STARTED FOR PHYSICAL THERAPY
36	DATE OF INP HOSP DISCHARGE FOR COVERED TRANSPLANT
37	DATE OF INP HOSP DISCHARGE FOR NONCOVERED TRANSPLA
38	DATE TREATMETN STARTED FOR HOME IV THERAPY
39	DATE DISCHARGED ON CONT. COURSE OF IV THERAPY
40	SCHEDULED DATE OF ADMISSION
41	DATE OF FIRST TEST FOR PRE-ADMISSION TESTING
42	DATE OF DISCHARGE
43	SCHEDULED DATE OF CANCELED SURGERY
44	DATE TREATEMTN STARTED FOR OCCUPATIONAL THERAPY
45	DATE TREATMETN STARTED FOR SPEECH THERAPY
46	DATE TREATMENT STARTED FOR CARDIAC REHABILITATION
51	OVERNIGHT DELIVERY ROOM
74	NONCOVERED LEVEL OF CARE/LEAVE OF ABSENCE
99	ICU/CCU STAY
A0	RESERVED FOR NATIONAL ASSIGNMENT
A1	BIRTHDATE-INSURED A
A2	EFFECTIVE DATE INSURED A POLICY
A3	BENEFITS EXHAUSTED

Code	Description
A4	RESERVED FOR NATIONAL SECURITY
A5	RESERVED FOR TODAY
B0	RESERVED FOR NATIONAL ASSIGNMENT
B1	BIRTHDATE - INSURED B
B2	EFFECTIVE DATE INSURED B POLICY
B3	BENEFITS EXHAUSTED
C0	RESERVED FOR NATIONAL ASSIGNMENT
C1	BIRTHDATE - INSURED C
C2	EFFECTIVE DATE - INSURED C POLICY
C3	BENEFITS EXHAUSTED
E0	RESERVED FOR NATIONAL ASSIGNMENT
E1	BIRTHDATE - INSURED D
E2	EFFECTIVE DATE - INSURED D POLICY
E3	BENEFITS EXHAUSTED
F0	RESERVED FOR NATIONAL ASSIGNMENT
F1	BIRTHDATE - INSURED E
F2	EFFECTIVE DATE - INSURED E POLICY
F3	BENEFITS EXHAUSTED
G0	RESERVED FOR NATIONAL ASSIGNMENT
G1	BIRTHDATE - INSURED F
G2	EFFECTIVE DATE - INSURED F POLICY
G3	BENEFITS EXHAUSTED
G7	GOVERNMENT HEALTH DATA 7

162 Orange Book Code -- CDE_OBC

162.1 Table Name -- T_CDE_OBC

162.1.1 Orange Book Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OBC	Identifies the equivalency ratings assigned to an approved prescription product according to the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).	CHAR	2	0	Yes

162.1.1.1 Orange Book Code Values

Code	Description
A1	MORE THAN ONE REFERENCE DRUG DESIGNATED UNDER SAME HEADING
A2	MORE THAN ONE REFERENCE DRUG DESIGNATED UNDER SAME HEADING
AA	PRODUCTS IN CONVENTIONAL DOSAGE FORMS NOT PRESENTING BIOEQUIVALENCE PROBLEMS.
AB	PRODUCTS MEETING NECESSARY BIOEQUIVALENCE REQUIREMENTS.
AN	SOLUTIONS AND POWDERS FOR AEROSOLIZATION MARKETED FOR USE IN ANY OF SEVERAL DELIVERY SYSTEMS. DRUGS MARKETED FOR ONLY A SINGLE DELIVERY SYSTEM OR ARE A COMPONENT OF SPECIFIC DELIVERY SYSTEM NOT INCLUDED.
AO	INJECTABLE OILS WITH IDENTICAL ACTIVE INGREDIENTS, CONCENTRATION AND TYPE OF OIL.
AP	INJECTABLE AQUEOUS SOLUTIONS INCLUDING DRY POWDERS, CONCENTRATED SOLUTIONS OR READY-TO-USE SOLUTIONS ARE CONSIDERED PHARMACEUTICALLY AND THERAPEUTICALLY EQUIVALENT IF THEY PRODUCE THE SAME CONCENTRATION AND ARE LABELED SIMILARLY.
AT	TOPICAL PRODUCTS THERAPEUTICALLY EQUIVALENT IN SAME DOSAGE FORM.
B*	PRODUCTS PREVIOUSLY ASSIGNED AN "A" CODE BUT WHICH ARE BEING QUESTIONED REGARDING THERAPEUTIC EQUIVALENCE. 'B*' SIGNIFIES THAT THE FDA TAKES NO POSITION REGARDING THE THERAPEUTIC EQUIVALENCE UNTIL THE FDA COMPLETES ITS INVESTIGATION AND REVIEW.

Code	Description
BC	CONTROLLED-RELEASE TABLETS, CAPSULES AND INJECTABLES THE FDA CONSIDERS NOT THERAPEUTICALLY EQUIVALENT TO OTHER PHARMACEUTICALLY EQUIVALENT PRODUCTS.
BD	ACTIVE INGREDIENTS AND DOSAGE FORMS WITH DOCUMENTED BIOEQUIVALENCE PROBLEMS AND ADEQUATE STUDIES HAVE NOT BEEN SUBMITTED TO THE FDA DEMONSTRATING BIOEQUIVALENCE.
BE	ENTERIC COATED DOSAGE FORMS UNLESS PROVEN OTHERWISE TO BE EQUIVALENT.
BN	PRODUCTS IN AEROSOL-NEBULIZER DRUG DELIVERY SYSTEMS MARKETED AS A COMPONENT OF OR SPECIFICALLY FOR A PARTICULAR DELIVERY SYSTEM.
BP	ACTIVE INGREDIENTS AND DOSAGE FORMS WITH POTENTIAL BIOEQUIVALENCE PROBLEMS.
BR	SUPPOSITORIES OR ENEMAS FOR SYSTEMIC USE UNLESS PROVEN TO BE EQUIVALENT.
BS	PRODUCTS HAVING DRUG STANDARD DEFICIENCIES.
BT	TOPICAL PRODUCTS WITH BIOEQUIVALENCE PROBLEMS.
BX	INSUFFICIENT DATA TO DETERMINE EQUIVALENCE.
ZA	PARTICULAR PHARMACEUTICAL ENTITY (GCN) LOOKED AT BUT PARTICULAR LABELER WAS NOT EVALUATED.
ZB	PARTICULAR PHARMACEUTICAL ENTITY WAS NOT EVALUATED.

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163 Origin Code -- CDE_ORIGIN

163.1 Table Name -- T_ORIGIN_CODE

163.1.1 Origin Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ORIGIN	This code identifies the source of TPL coverage information or the source of changes to existing TPL coverage information.	CHAR	1	0	Yes

163.1.1.1 Origin Code Values

Code	Description
A	PA-40
B	SSA-8019
C	OTHER
D	MAP-552
E	CASE
F	PA-40-IV-D CASE
G	CS-40-C-ORDERED
H	CS-40-NC-ORDERED
I	DATAMATCH
J	DATAMATCH IV-D
K	OTHER IV-D
L	SUSPECT LEAD
M	INDICATOR LEAD
N	RESOLUTIONS LEAD
O	FINANCIAL LEAD
P	LIABLE PARTY MAIL
Q	ACCIDENT TRAUMA LEAD
R	PROV RELATION LEADS
S	HIPP

Code	Description
T	TELEPHONE LEAD
U	DMS LEAD
V	TPL CONT DATAMATCH
W	TPL CONT NONDATAMATC
X	PCG COST AVOID
Y	PCG MSE UPLOAD
Z	PCG MSE UPLOAD

164 Outcome Codes and Types Code -- CDE_DUR_OUTCOME

164.1 Table Name -- T_PDUR_OUTCOME

164.1.1 Outcome Codes and Types Code Information

Subystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DUR_OUTCOME	Code used to identify why the pharmacist filled the prescription after he received ProDUR warnings.	CHAR	2	0	Yes

164.1.1.1 Outcome Codes and Types Code Values

Code	Description
2B	Not filled, directns clar
2A	Prescription not filled
1G	Filled, with prescr aprvl
1F	Fillled, with diff qty
1E	Filled, with diff drug
1D	Filled, with diff directn
1C	Filled, with diff dose
1B	Filled prescription as is
1A	Filled as is, false posit

165 Owner/Provider Relationship Types Code -- CDE_RELATION_TYPE

165.1 Table Name -- T_OWNER_REL_TYPE

165.1.1 Owner/Provider Relationship Types Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RELATION_TYPE	This is the code value of the relationships that a provider and owner can have.	CHAR	2	0	Yes

165.1.1.1 Owner/Provider Relationship Types Code Values

Code	Description
AA	Aunt
DA	Daughter
FA	Father
GF	Grandfather
GM	Grandmother
HU	Husband
IN	Father-in-law
MI	Mother-in-law
MO	Mother
OT	Other
SI	Sibling
SO	Son
UK	Unknown
UN	Uncle
WI	Wife

166 PA Line Item Code -- CDE_PA_STATUS

166.1 Table Name -- T_PA_LINEITEM_STAT

166.1.1 PA Line Item Code Information

Subsystem: Prior Authorization

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PA_STATUS	This represents the decision status of a Prior Authorization line-item.	CHAR	1	0	Yes

166.1.1.1 PA Line Item Code Values

Code	Description
A	Approved
D	Denied
P	Pending
R	Inactive - Returned
S	Ready For Submission
V	Void

167 PS/2 Update Process Error Code -- CDE_ERROR

167.1 Table Name -- T_BATCH_ERR_MSG

167.1.1 PS/2 Update Process Error Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERROR	The error number for a batch edit error	NUMBER	4	0	Yes

167.1.1.1 PS/2 Update Process Error Code Values

Code	Description
1000	Provider Loc Name Address Not Found
1001	Claim is on T_TEST_CASE_REJECT TABLE
1002	Invalid ICN
1005	Paid Claim Recip < 0
1010	Provider Name Not Found
1020	Provider Address Not Found
1030	Provider Type Not Found
1040	Provider SVC Loc Not Found
1050	Provider ID not on file!!!
1051	Provider ID Does Not Match sak_prov!!!
2000	No Header Keys
2001	No Pharm Header Keys
2002	No Dental Header Keys
2003	No UB92 Header Keys
2020	Pharm paid Provider Billing < 1
2030	Pharm proc dtls <> Header Dtls
2040	Physician Paid Provider Billing < 1
2050	No Physician details in Paid Status
2060	Phys Processed Dtls <> Header Dtls
2070	UB92 Paid Provider Billing < 1

Code	Description
2075	No UB92 Details in Paid Status
2080	Processed Dtls <> Header Dtls
2085	Dental Paid Provider Billing < 1
2089	No Pharmacy Details in Paid Status
2090	No Dental Details in Paid Status
2095	Dental Processed Dtls <> Header Dtls
3000	Recip not found
3001	Pharm Recip Base Not Found
3002	Dental Recip Base Not Found
3003	No Recip Base Not Found
4005	Paid Pharmacy Program Not Found
4010	Physician Adjustment Xref Not Found
4015	Pharmacy Adjustment Xref Not Found
4020	Dental Adjustment Xref Not Found
4024	To many rows returned on adj xref table
4025	UB92 Adjustment Xref Not Found
4030	Paid code claim status not P or D
4035	Invalid Health Program
4040	Paid Physician Program -1
4045	Paid Dental Program Not Found
4050	Paid UB92 Detail Program Not Found
4055	Paid UB92 Program -1
5000	Pharm Cde NDC Not Found
5010	No TPL Carrier Address
5020	No Policy Holder Name
5030	Proc Fund Codes <> Hdr Paid Amts
5040	Invalid Fund Code
5041	CLAIM PAID AT HDR - TO MANY DTLS

Code	Description
5050	No Pharmacy Detail Keys
5060	No Dental Procedure Code
5070	No UB92 Procedure Code
5080	Adj. Claim Amt > Original Claim Amt.
5081	Cash + Adj <> Orig. Claim
6000	Cash Receipt Not Found
6050	Phys Paid Sak Not Found
6051	Phys Suspended Sak Not Found
6052	Phys Denied Sak Not Found
7020	No Phys Xover Record
7030	No Suspended Phys Xover Record
7050	Pharm Paid Sak Not Found
7051	Pharm Suspended Sak Not Found
7052	Pharm Denied Sak Not Found
7060	No Cde Diag Seq
7080	No UB92 Xover Record
7085	No Record on T_PHYS_DEXT_KEY
7090	No Suspended UB92 Xover Record
8050	Dental Paid Sak Not Found
8051	Dental Suspended Sak Not Found
8052	Dental Denied Sak Not Found
9000	Invalid Claim Status Code
9050	UB92 Paid Sak Not Found
9051	UB92 Suspended Sak Not Found
9052	UB92 Denied Sak Not Found
9991	Adj Mother Info Not Found
9992	Orig. Xover Amts Not Found For Adj. Claim
9993	Pharm Adj Mother Info Not Found

Code	Description
9994	Dental Adj Mother Info Not Found
9995	UB92 Adj Mother Info Not Found
9996	UB92 Adj Mother Xovr Info Not Found
9997	Daughter claim provider <> Mom claim provider
9999	Denied claim has paid amounts

168 PMP Enrollment Reason Code -- CDE_ENROLL_RSN

168.1 Table Name -- T_MC_ENROLL_RSN

168.1.1 PMP Enrollment Reason Code Information

Subystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_RSN	Identifies the reason that this enrollment was initiated.	CHAR	2	0	Yes

168.1.1.1 PMP Enrollment Reason Code Values

Code	Description
CV	Conversion
EI	Enrollment Inactive
FH	FIQM Enrollment
MM	MMIS Enrollment

169 PMP Focus Code -- SAK_PMP_FOCUS

169.1 Table Name -- T_MC_PMP_FOCUS

169.1.1 PMP Focus Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_FOCUS	Unique identifier for the focus.	NUMBER	9	0	Yes

169.1.1.1 PMP Focus Code Values

Code	Description
090	PEDIATRIC NURSE PRACTITIONER
091	OBSTETRIC NURSE PRACTITIONER
092	FAMILY NURSE PRACTITIONER
097	GERIATRIC NURSE PRACTITIONER
316	FAMILY PRACTITIONER
318	GENERAL PRACTITIONER
320	GERIATRIC PRACTITIONER
322	INTERNIST
328	OBSTETRICIAN/GYNECOLOGIST
345	GENERAL PEDIATRICIAN
348	OSTEOPATHY
900	PARTNERSHIP MCO
910	MEDICAL LOCK-IN PCP
920	NEMT BROKER
963	testing

170 Parameter Types Code -- CDE_PARM_TYPE

170.1 Table Name -- T_CDE_EDIT_PARM_TYPE

170.1.1 Parameter Types Code Information

Subystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PARM_TYPE	The parameter type	CHAR	10	0	Yes

170.1.1.1 Parameter Types Code Values

Code	Description
RFN	Member First Name edit mask. The mask indicates which characters of the Member first name must be equal between the claim and the database for the name to be considered a match.
RLN	Member Last Name edit mask. The mask indicates which characters of the Member last name must be equal between the claim and the database for the name to be considered a match.

171 Patient Status Code -- CDE_PATIENT_STATUS

171.1 Table Name -- T_PATIENT_STAT

171.1.1 Patient Status Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PATIENT_STATUS	Indicates the status of the Member as of the ending service date of the period covered on a UB92 claim.	CHAR	2	0	Yes

171.1.1.1 Patient Status Code Values

Code	Description
01	DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)
02	DISCHARGED/TRANSFERRED TO ANOTHER SHORT TERM GENERAL HOSPITAL FOR INPATIENT CARE
03	DISCHARGED/TRANSFERRED TO A SKILLED NURSING FACILITY (SNF)
04	DISCHARGED/TRANSFERRED TO AN INTERMEDIATE CARE FACILITY (ICF)
05	DISCH/TRANSFER TO OTHER TYPE OF INST FOR INPATIENT CARE/REFERRED FOR OUTPAT SVCS
06	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE ORG
07	LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
08	DISCHARGED/TRANSFERRED TO HOME UNDER CARE OF A HOME IV PROVIDER
09	ADMITTED AS AN INPATIENT TO THIS HOSPITAL
10	DISCHARGE TO BE DEFINED BY STATE LEVEL IF NECESSARY
20	EXPIRED
30	STILL PATIENT OR EXPECTED TO RETURN FOR OUTPATIENT SERVICES
40	EXPIRED AT HOME
41	EXPIRED IN A MEDICAL FACILITY; E.G. HOSPITAL SNF ICF OR FREE STANDING HOSPICE
42	EXPIRED - PLACE UNKNOWN
43	DISCHARGED/TRANSFERRED TO A FEDERAL HOSPITAL
50	HOSPICE - HOME

Code	Description
51	HOSPICE - MEDICAL FACILITY
61	DISCHARGED/TRANSFERRED WITHIN THIS INST TO HOSP. BASED MCARE APPROVED SWING BED
62	DISCHARGE/TRANSFER TO ANOTHER REHAB FAC INCL REHAB DISTINCT PART UNITS OF A HOSP
63	DISCHARGED/TRANSFERRED TO A MEDICARE CERTIFIED LONG TERM CARE
65	DISCHARGE/TRANSFER TO A PSYCHIATRIC HOSP OR PSYCHIATRIC DISTINCT/UNIT HOSP
71	DISCHARGED/TRANSFERRED/REFERRED TO ANOTHER INST FOR OUTPAT SVC
72	DISCHARGED/TRANSFERRED/REFERRED TO THIS INST FOR OUTPAT SVC

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172 Payee Type Codes – CDE_DSC_PAYEE

172.1 Table Name -- T_FIN_PAYEE

172.1.1 Payee Type Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DSC_PAYEE	Describes the type of payee	CHAR	1		YES

172.1.1.1 Payee Type Code Values

Code	Description
P	Provider
O	Other payee type
C	Carrier
R	Member
L	Lienholder
D	Labeler
A	Attorney
H	HIPP Resource

173 Payment Hold Reasons Code -- CDE_REASON_FOUR

173.1 Table Name -- T_PAY_HOLD_REASONS

173.1.1 Payment Hold Reasons Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Four digit code used as the payment hold reason code.	CHAR	4	0	Yes

173.1.1.1 Payment Hold Reasons Code Values

Code	Description
8600	DMS AUTHORIZED HOLD
9803	LEGAL
9804	HOLD
9805	FISCAL HOLD
9806	PRUDENT PAY 19 DAY HOLD

174 Payment Pull Reason Code -- CDE_PULL_REASON

174.1 Table Name -- T_PAY_PULL_REASON

174.1.1 Payment Pull Reason Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PULL_REASON	This is the reason that a payment can be pulled for manual review.	CHAR	2	0	Yes

174.1.1.1 Payment Pull Reason Code Values

Code	Description
1A	AR Cost RPT Due
1B	AR Add Info Due
1C	AR CHG Owner Prov
1D	AR Term Vol
1E	AR Suspension
1F	AR IRS Tax Levy
1G	AR Order of Garnish
1H	AR UI Claim
1I	AR KY Rev Claim
1J	AR KY Higher Ed
1K	AR Other Tax
1L	AR Other
2A	LTC Cost RPT Due
2B	LTC Add Info Due
2C	LTC CHG Owner Prov
2D	LTC Term Vol
2E	LTC Suspension
2F	LTC IRS Tax Levy
2G	LTC Order of Garnish
2H	LTC UI Claim

Code	Description
2I	LTC KY Rev Claim
2J	LTC KY Higher Ed
2K	LTC Other Tax
2L	LTC Other
3A	Hospital/Clinc Cost RPT Due
3B	Hospital/Clinc Add Info Due
3C	Hospital/Clinc CHG Owner Prov
3D	Hospital/Clinc Term Vol
3E	Hospital/Clinc Suspension
3F	Hospital/Clinc IRS Tax Levy
3G	Hospital/Clinc Order of Garnish
3H	Hospital/Clinc UI Claim
3I	Hospital/Clinc KY Rev Claim
3J	Hospital/Clinc KY Higher Ed
3K	Hospital/Clinc Other Tax
3L	Hospital/Clinc Other
4A	Physician Serv Cost RPT Due
4B	Physician Serv Add Info Due
4C	Physician Serv CHG Owner Prov
4D	Physician Serv Term Vol
4E	Physician Serv Suspension
4F	Physician Serv IRS Tax Levy
4G	Physician Serv Order of Garnish
4H	Physician Serv UI Claim
4I	Physician Serv KY Rev Claim
4J	Physician Serv KY Higher Ed
4K	Physician Serv Other Tax
4L	Physician Serv Other

Code	Description
5A	Alternative Care Cost RPT Due
5B	Alternative Care Add Info Due
5C	Alternative Care CHG Owner Prov
5D	Alternative Care Term Vol
5E	Alternative Care Suspension
5F	Alternative Care IRS Tax Levy
5G	Alternative Care Order of Garnish
5H	Alternative Care UI Claim
5I	Alternative Care KY Rev Claim
5J	Alternative Care KY Higher Ed
5K	Alternative Care Other Tax
5L	Alternative Care Other
6A	MH/MR Cost RPT Due
6B	MH/MR Add Info Due
6C	MH/MR CHG Owner Prov
6D	MH/MR Term Vol
6E	MH/MR Suspension
6F	MH/MR IRS Tax Levy
6G	MH/MR Order of Garnish
6H	MH/MR UI Claim
6I	MH/MR KY Rev Claim
6J	MH/MR KY Higher Ed
6K	MH/MR Other Tax
6L	MH/MR Other
7A	Other Tax Assess Cost RPT Due
7B	Other Tax Assess Add Info Due
7C	Other Tax Assess CHG Owner Prov
7D	Other Tax Assess Term Vol

Code	Description
7E	Other Tax Assess Suspension
7F	Other Tax Assess IRS Tax Levy
7G	Other Tax Assess Order of Garnish
7H	Other Tax Assess UI Claim
7I	Other Tax Assess KY Rev Claim
7J	Other Tax Assess KY Higher Ed
7K	Other Tax Assess Other Tax
7L	Other Tax Assess Other
8A	Other Cost RPT Due
8B	Other Add Info Due
8C	Other CHG Owner Prov
8D	Other Term Vol
8E	Other Suspension
8F	Other IRS Tax Levy
8G	Other Order of Garnish
8H	Other UI Claim
8I	Other KY Rev Claim
8J	Other KY Higher Ed
8K	Other Other Tax
8L	Other Other
XX	1234567890123456789012345678901234567890123456789 0

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175 Payment Status Code -- CDE_STATUS1

175.1 Table Name -- T_CHECK_STATUS_CDE

175.1.1 Payment Status Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS1	This is the status code used on the T_CHECK and T_PAYMENT_TMP tables. Examples are: An 'I' would indicate the check has been issued, a 'V' indicates a VOID, an 'R' indicates the check was reissued, a 'C' indicates a check has CLEARED the bank, an 'S' indicates Stopped and an 'X' for Cancelled by Statute. Please see the table for the full list of values.	CHAR	1	0	Yes

175.1.1.1 Payment Status Code Values

Code	Description
1	Check Hold
A	Re-deposited Check
C	Cleared
I	Issued
P	Pulled
R	Reissue
S	Stopped
V	Voided

176 Payment Type Code -- CDE_PAYMENT_TYPE

176.1 Table Name -- T_CASH_PYMT_TYPE

176.1.1 Payment Type Code Information

Subsystem : Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAYMENT_TYPE	This field stores the code of the cash receipt payment type.	CHAR	1	0	Yes

176.1.1.1 Cash Payment Type Code Values

Code	Description
C	Check
J	Journal Voucher
L	Lockbox
M	Money Order
S	Cash

177 Prescription Drug Plan Types - CDE_PDP_TYPE

177.1 Table Name -- T_RE_CDE_PDP_TYPE

177.1.1 PDP Types Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PDP_TYPE	This code identifies the type of PDP plan such as HMO, PPO.	CHAR	2	0	Yes
DSC_PDP_TYPE	The full description for the PDP Plan code.	VARCHAR2	100	0	No

177.1.2 PDP Types Code Values

CDE_PDP_TYPE	DSC_PDP_TYPE
01	PDP
02	PFFS
03	REGIONAL CCP
04	LOCAL CCP
05	NATIONAL PACE
06	MEDICARE PRESCRIPTION DRUG PLAN
07	REGIONAL PPO
08	LOCAL PPO
09	HMO
10	UNKNOWN

178 Period Type Code -- CDE_PERIOD_TYPE

178.1 Table Name -- T_FIN_PERIOD_TYPE

178.1.1 Period Type Code Information

Subsystem : FInancial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PERIOD_TYPE	A unique value that identifies the financial period type in the system.	CHAR	4	0	Yes

178.1.1.1 Payment Type Code Values

Code	Description
8071	CYCLE DATES FOR REASON CODE 46 AND CB
8076	Cycle Dates for Reason Code 49 and AA
8077	Cycle Dates for Reason Code 77
8082	Cycle dates for reason code BB

179 Periodicity and Vaccine Footnotes Code -- CDE_FNOTE_IND

179.1 Table Name -- T_CDE_SCH_FNOTES

179.1.1 Periodicity and Vaccine Footnotes Code Information

Subsystem: EPSDT

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FNOTE_IND	This identifies the type of footnote. The valid values are 'P' (Periodicity) or 'V' (Vaccine).	CHAR	1	0	Yes
CDE_FOOTNOTE	This is the cooresponding footnote defined on the Periodicity and Vaccine Schedules.	CHAR	3	0	Yes

179.1.1.1 Periodicity and Vaccine Footnotes Code Values

CDE_FNOTE_IND	CDE_FOOTNOTE	DSC_FOOTNOTE
V	6	Pneumococcal vaccine. The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children aged 2-23 months. It is also recommended for certain children aged 24-59 months. The final dose in the series should be given at age >12 months. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high-risk groups. See MMWR 2000;49(RR-9):1-35.)
V	4	Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4-6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the visit at age 11-12 years.)
V	5	Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged >13 years should receive 2 doses, given at least 4 weeks apart.)

CDE_FNOTE_IND	CDE_FOOTNOTE	DSC_FOOTNOTE
V	7	Influenza vaccine. Influenza vaccine is recommended annually for children aged >6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see MMWR 2004;53[RR-6]:1-40) and can be administered to all others wishing to obtain immunity. In addition, healthy children aged 6-23 months and close contacts of healthy children aged 0-23 months are recommended to receive influenza vaccine, because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5-49 years, the intranasally administered live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See MMWR 2004;53(RR-6):1-40. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if 6-35 months or 0.5 mL if >3 years). Children aged <8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).)
V	8	Hepatitis A vaccine. Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See MMWR 1999;48(RR-12):1-37.)
V	2	Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15-18 months. The final dose in the series should be given at age >4 years. Tetanus and diphtheria toxoids (Td) is recommended at age 11-12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.)

CDE_FNOTE_IND	CDE_FOOTNOTE	DSC_FOOTNOTE
V	3	Haemophilus influenzae type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB or ComVax [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age >12 months.)
P	1	A perental visit is recommended for parentes who are at risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and discussion of benefits of breastfeeding and planned method of feeding per AAP statement 'The Prenatal Visit' (1996).)
P	2	Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged and instructed and support offered. Every breastfeeding infant should have an evaluation 48-72 hours after discharge from the hospital to include weight, formal breastfeeding evaluation, encuragement, and instruction as recommended in the AAP statement 'Breastfeeding and the Use of Human Milk' (1997).)
P	3	For newborns discharged in less than 48 hours after delivery per AAP statement 'Hospital Stay for Healthy Term Newborns' (1995).)

CDE_FNOTE_IND	CDE_FOOTNOTE	DSC_FOOTNOTE
V	1	Hepatitis B (HepB) vaccine. All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks. Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1-2 months. The last dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9-15 months. Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1-2 months. The last dose in the immunization series should not be administered before age 24 weeks.)
P	4	Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.)
P	5	If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.)
P	7	All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing statement, 'Newborn and Infant Hearing Loss: Detection and Intervention' (1999).)

CDE_FNOTE_IND	CDE_FOOTNOTE	DSC_FOOTNOTE
P	8	By history and appropriate physical examination: if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.)
P	9	At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.)
P	10	These may be modified, depending upon entry point into schedule and individual need.)
P	11	Metabolic screening (eg, thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.)
P	12	Schedule(s) per the Committee on Infectious Diseases, published annually in the January edition of Pediatrics. Every visit should be an opportunity to update and complete a child's immunizations.)
P	13	See AAP Pediatric Nutrition Handbook (1998) for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (eg, premature infants and low birth weight infants). See also 'Recommendations to Prevent and Control Iron Deficiency in the United States.' MMWR. 1998;47 (RR-3):l-29.);
P	14	All menstruating adolescents should be screened annually.)
P	15	Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.)
P	16	For children at risk of lead exposure consult the AAP statement 'Screening for Elevated Blood Levels' (1998). Additionally, screening should be done in accordance with state law where applicable.)
P	17	TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of Red Book: Report of the Committee on Infectious Diseases. Testing should be done upon recognition of high-risk factors.)
P	18	Cholesterol screening for high-risk patients per AAP statement 'Cholesterol in Childhood' (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.)

CDE_FNOTE_IND	CDE_FOOTNOTE	DSC_FOOTNOTE
P	19	All sexually active patients should be screened for sexually transmitted diseases (STDs).)
P	20	All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.)
P	21	Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP Guidelines for Health Supervision 111 (1998).)
P	22	From birth to age 12, refer to the AAP injury prevention program (TIPP) as described in A Guide to Safety Counseling in Office Practice (1994).)
P	23	Violence prevention and management for all patients per AAP Statement 'The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level' (1999).)
P	24	Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement 'Positioning and Sudden Infant Death Syndrome (SIDS): Update' (1996).)
P	25	Age-appropriate nutrition counseling should be an integral part of each visit per the AAP Handbook of Nutrition (1998).)
P	26	Earlier initial dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist.)
D	1	First exam at the eruption of the 1st tooth and no later than 12-18 months.
D	2	Initially - responsibility of parent - as child develops jointly with parents - then when indicated only child
D	3	Initially play object, pacificers, car seats, then when learning to walk, and finally sports and routine playing.
D	4	At every appointment dii the role of refined carbohydrates; frequency of snacking
D	5	At first discuss the need for additional suck & digits vs. pacifiers; then the need to wean from the habit before the eruption of the first permanent front teeth.

CDE_FNOTE_IND	CDE_FOOTNOTE	DSC_FOOTNOTE
D	6	As per AAP/ADA Guidelines and the water source
D	7	By clinical examination
D	8	Especially for children at high risk of caries and periodontal diseases.
D	9	As per AAPD Radiographic Guidelines.
D	10	Appropriate discussion and counseling

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180 Periodicity and Vaccine Key Indicators Code -- CDE_FOOTNOTE_KEY

180.1 Table Name -- T_CDE_SCH_KEYS

180.1.1 Periodicity and Vaccine Key Indicators Code Information

Subsystem: EPDST

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FOOTNOTE_KEY	The key value used to define the Periodicity and Vaccine Schedule. Valid values are 'P', 'S', '-', 'O', 'R', '<', '>'.	CHAR	1	0	Yes

180.1.1.1 Periodicity and Vaccine Key Indicators Code Values

Code	Description
P	'To be performed'
S	'Subjective
-	'Not applicable (default value)'
O	'Objective
R	'To be performed for patients at risk'
>	'Functions as a pointer where an age range has been identified for a screening or immunization time period. The > symbol points to the suggested age
<	'Functions as a pointer where an age range has been identified for a screening or immunization time period. The < symbol points to the suggested age

181 Phone Code -- CDE_PHONE

181.1 Table Name -- T_CDE_PHONE

181.1.1 Phone Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PHONE	Code which identifies the type of phone number..	CHAR	1	0	Yes

181.1.1.1 Phone Code Values

Code	Description
N	Neighbor
O	Other
W	Work
P	Pager
R	Relative
H	Home
B	No Phone
U	Unknown

182 Place of Service Code -- CDE_POS

182.1 Table Name -- T_CDE_MSIS_POS

182.1.1 Place of Service Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POS	Place of medical assistance service code.	CHAR	2	0	Yes

182.1.1.1 Place of Service Code Values

Code	Description
00	test
01	Pharmacy
02	Unassigned
03	School
04	Homeless Shelter
05	Indian Health Service - Free standing Facility
06	Indian Health Service Provider-based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
09	Unassigned
10	Unassigned
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Unassigned
17	Unassigned
18	Unassigned

Code	Description
19	Unassigned
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room ? Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
27	Unassigned
28	Unassigned
29	Unassigned
30	Unassigned
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35	Unassigned
36	Unassigned
37	Unassigned
38	Unassigned
39	Unassigned
40	Unassigned
41	Ambulance - Land
42	Ambulance ? Air or Water
43	Unassigned
44	Unassigned
45	Unassigned
46	Unassigned

Code	Description
47	Unassigned
48	Unassigned
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility-Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance AbuseTreatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance AbuseTreatment Facility
58	Unassigned
59	Unassigned
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
63	Unassigned
64	Unassigned
65	End-Stage Renal Disease Treatment Facility
66	Unassigned
67	Unassigned
68	Unassigned
69	Unassigned
70	Unassigned
71	Public Health Clinic
72	Rural Health Clinic
73	Unassigned
74	Unassigned

Code	Description
75	Unassigned
76	Unassigned
77	Unassigned
78	Unassigned
79	Unassigned
80	Unassigned
81	Independent Laboratory
82	Unassigned
83	Unassigned
84	Unassigned
85	Unassigned
86	Unassigned
87	Unassigned
88	Unassigned
89	Unassigned
90	Unassigned
91	Unassigned
92	Unassigned
93	Unassigned
94	Unassigned
95	Unassigned
96	Unassigned
97	Unassigned
98	Unassigned
99	Other Place of Service

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183 Place of Service Code -- CDE_POS

183.1 Table Name -- T_PLACE_OF_SERVICE

183.1.1 Place of Service Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POS	A code indicating where the service was performed	CHAR	2	0	Yes

183.1.1.1 Place of Service Code Values

Code	Description
00	test
01	Pharmacy
02	Unassigned
03	School
04	Homeless Shelter
05	Indian Health Service - Free standing Facility
06	Indian Health Service Provider-based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
09	Unassigned
10	Unassigned
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Unassigned
17	Unassigned
18	Unassigned
19	Unassigned

Code	Description
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room ? Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility
27	Unassigned
28	Unassigned
29	Unassigned
30	Unassigned
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
35	Unassigned
36	Unassigned
37	Unassigned
38	Unassigned
39	Unassigned
40	Unassigned
41	Ambulance - Land
42	Ambulance ? Air or Water
43	Unassigned
44	Unassigned
45	Unassigned
46	Unassigned
47	Unassigned

Code	Description
48	Unassigned
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility-Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance AbuseTreatment Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance AbuseTreatment Facility
58	Unassigned
59	Unassigned
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
63	Unassigned
64	Unassigned
65	End-Stage Renal Disease Treatment Facility
66	Unassigned
67	Unassigned
68	Unassigned
69	Unassigned
70	Unassigned
71	Public Health Clinic
72	Rural Health Clinic
73	Unassigned
74	Unassigned
75	Unassigned

Code	Description
76	Unassigned
77	Unassigned
78	Unassigned
79	Unassigned
80	Unassigned
81	Independent Laboratory
82	Unassigned
83	Unassigned
84	Unassigned
85	Unassigned
86	Unassigned
87	Unassigned
88	Unassigned
89	Unassigned
90	Unassigned
91	Unassigned
92	Unassigned
93	Unassigned
94	Unassigned
95	Unassigned
96	Unassigned
97	Unassigned
98	Unassigned
99	Other Place of Service

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184 PMP Enroll Reason Codes – CDE_ENROLL_RSN

184.1 Table Name -- T_CDE_MC_ENROLL_RSN

184.1.1 PMP Enroll Reason Codes Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_RSN	Identifies the reason that this enrollment was initiated.	CHAR	2	0	Yes
DSC_ENROLL_RSN	This is the description of the enrollment reason code.	CHAR	50	0	No

184.1.2 PMP Enroll Reason Codes Code Values

CDE_ENROLL_RSN	DSC_ENROLL_RSN
CV	CONVERSION
EI	Enrollment Inactive
FH	FIQM ENROLLMENT
MM	MMIS ENROLLMENT

185 PMP Focus Codes – CDE_PMP_FOCUS

185.1 Table Name -- T_MC_PMP_FOCUS

185.1.1 PMP Focus Codes Code Information

Subsystem : Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PMP_FOCUS	Unique code that identifies the focus.	CHAR	3	0	No
DSC_PMP_FOCUS	Description of the focus.	CHAR	100	0	No

185.1.2 PMP Focus Codes Code Values

CODE	DESCRIPTION
090	PEDIATRIC NURSE PRACTITIONER
091	OBSTETRIC NURSE PRACTITIONER
092	FAMILY NURSE PRACTITIONER
097	GERIATRIC NURSE PRACTITIONER
316	FAMILY PRACTITIONER
318	GENERAL PRACTITIONER
320	GERIATRIC PRACTITIONER
322	INTERNIST
328	OBSTETRICIAN/GYNECOLOGIST
345	GENERAL PEDIATRICIAN
348	OSTEOPATHY
900	PARTNERSHIP MCO
910	MEDICAL LOCK-IN PCP
920	NEMT BROKER
963	testing

186 Plan Type Code -- CDE_PLAN_TYPE

186.1 Table Name -- T_CDE_MSIS_PLAN_TYPE

186.1.1 Plan Type Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PLAN_TYPE	A code specifying up to four managed care plan types under which the eligible individual is covered during the month.	CHAR	2	0	Yes

186.1.1.1 Plan Type Code Values

Code	Description
0	Individual was not eligible for Medicaid this month
1	Eligible is enrolled in a medical or comprehensive managed care plan this month (e.g. HMO)
2	Eligible is enrolled in a dental managed care plan this month
3	Eligible is enrolled in a behavioral managed care plan this month
4	Eligible is enrolled in a prenatal/delivery managed care plan this month
5	Eligible is enrolled in a long-term care managed care plan this month
6	Program for All-Inclusive Care for the Elderly (PACE)
7	Eligible is enrolled in a primary care case management managed care plan this month
8	Eligible is enrolled in an other managed care plan this month
88	Not applicable, individual is eligible for Medicaid, but is NOT enrolled in a managed care plan this month
99	Eligibles managed care plan status is unknown.

187 Policy Type Code -- CDE_POLICY_TYPE

187.1 Table Name -- T_POLICY_TYPE

187.1.1 Policy Type Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POLICY_TYPE	This code identifies the type of insurance policy that the Member is covered under.	CHAR	1	0	Yes

187.1.1.1 Policy Type Code Values

Code	Description
1	HEALTH INSURANCE
2	ACCIDENT TRAUMA
3	MEDICARE
4	WORKERS COMPENSATION
5	KENTUCKY ASSIGNED
6	PATERNITY
7	KHIPPS
8	ATTORNEY
9	OTHER
A	INACTIVE PATERNITY
B	SETTLEMENT
C	HMS IDENTIFIED
D	HMS-MEDICARE PART B
E	PCG IDENTIFIED
F	PCG-MEDICARE PART B
G	ESTATE RECOVERY
H	TRUST RECOVERY

188 Premium Transaction Code -- CDE_BUY_TXN

188.1 Table Name -- T_CDE_BUY_PREM

188.1.1 Premium Transaction Code Information

Subsystem : Buy-In

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	Yes

188.1.1.1 Premium Transaction Code Values

CODE	DESCRIPTION
50	Deletion Action to delete or annul a code 1165 or code 1167.
51	Deletion Action to delete a beneficiary because the beneficiary is no longer a member of the States coverage group.
53	Deletion Action to delete a beneficiary because the beneficiary is deceased.
61	Accretion Action.
63	Accretion Action for subsequent State analysis.
75	Simultaneous accretion/deletion action (closed period). The use of this code is restricted to Part A buy-in States.
84	Accretion Action (for alert States).
99	State Change Record.

189 Prior Authorization Assignment Code -- CDE_PA_ASSIGN

189.1 Table Name -- T_PA_ASSIGN_CODE

189.1.1 PA Assignment Code Information

Subsystem: Prior Authorization

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PA_ASSIGN	This represents the Prior Authorization assignment code used to batch PA requests.	CHAR	2	0	Yes

189.1.1.1 PA Assignment Code Values

Code	Description
02	Inpatient Hospital
03	Mental Hospital
05	Inactive - Model Waiver 1
07	Waiver - Model Waiver 2
08	Psych Residential Treatmt Fac
11	Inactive - Art Therapist
12	Outpatient Hospital
16	Impact Plus
26	Institutional - ICF/MR
27	Nursing Facility
32	EPSDT Special Services
35	Inactive - Chiropractor
36	Other Lab & X-Ray
40	DME
41	Primary Care Center
43	Rural Health Clinic
46	Home Health
50	Waiver - SCL
52	Waiver - Home Community Based

Code	Description
53	Waiver - Adult Day Care
57	Inactive - Home Care Waiver
59	Inactive - Personal Care Waivr
60	Waiver - Acquired Brain Injury
64	Inactive - Pharmacy
67	Inactive - Optician
72	Dental
73	Orthodontia
74	Physician Services
76	IMD - Inst. for Mental Disease
77	School Based
87	KY Health Choices
92	Psychiatric DPU
93	Rehab DPU

190 Prior Authorization Request Reason Code-- CDE_IAC

190.1 Table Name -- T_PA_IAC_TEXT

190.1.1 PA Request Reason Code Information

Subsystem: Prior Authorization

Column Name	Description	Type	Length	Precision	Primary Key
CDE_IAC	This is the code that uniquely identifies a reason code used to document Prior Authorization decisions.	CHAR	25	0	No

190.1.1.1 PA Request Reason Code Values

Code	Description
105	PRIOR AUTHORIZATION ALREADY EXISTS WITH ANOTHER PROVIDER
106	PROCEDURE/OR NDC IS NOT INDICATED FOR CHILDREN BY FDA
107	OTC DRUG DENIED. PROVIDER MAY REQUEST MEDICAID REREVIEW
110	DOCUMENTATION INDICATES COSMETIC PROCEDURE
111	PRIOR AUTHORIZATION REASON 111
112	REQUESTED DRUG DOES NOT MEET MINUMUM COST REQUIREMENT
115	CASE REVIEWED BY CONSULTANT. DOES NOT MEET MEDICAID GUIDELINES
116	REQUEST DENIED. REQUESTED INFORMATION NOT SUBMITTED
118	DENIED: NOT AND FDA APPROVED DRUG
119	DENIED: DRUG RATED LESS THAN EFFECTIVE BY FDA
130	DOES NOT MEET MEDICAID CRITERIA
131	DENIED: DOES NOT MEET GENDER CRITERIA
132	DENIED. MEDICAID RESTRICTS COVERAGE TO MALES ONLY
133	DENIED AS A NON COVERED DRUG
134	DENIED. DOES NOT MEET AGE CRITERIA
135	DENIED. INADEQUATE DOCUMENTATION OF MEDICAL NECESSITY
136	NOT MEDICALLY NECESSARY
137	DENIED. FAILS TO MEET PRIOR AUTHORIZATION CRITERIA
138	MEDICALLY NECESSARY. DRUG ON PREFERRED LIST AVAILABLE

Code	Description
139	NOT MEDICALLY NECESSRY. OTHER FORMUALRY DRUGS AVAILABLE
140	GENERIC APPROVED. BRAND NAME NOT MEDICALLY NECESSARY
145	BRAND NAME NOT MEDICALLY NECESSARY. GENERIC AVAILABLE
146	DENIED. ACETAMINOPHEN DOSAGE EXCEEDS 4 GRAMS PER DAY
147	DENIED. EXCEED MEDICAID DAILY DOSAGE LIMIT
149	FREE FORM COMMENTS
150	PRIOR AUTHORIZATION PREVIOUSLY APPROVED
160	NO PRIOR AUTHORIZATION REQUIRED
170	PROCEDURE REQUIRES PRIOR AUTHORIZATION WHEN NO AN EMERGENCY
200	INSUFFICIENT PATIENT/DRUG/PROVIDER INFORMATION
210	ACTIVE PRE AUTHORIZATION ALREADY EXIST WITH YOUR PROVIDER NUMBER
230	PRIOR AUTHORIZATION NOT CURRENTLY REQUIRED FOR DRUG
250	DIAGNOSIS NOT FURNISHED
280	ADDITIONAL MEDICAL JUSTIFICATION/INFORMATION REQUIRED
300	END DATED DUE TO MEMBER BECOMING ELIGIBLE FOR MANAGED CARE
301	END DATED DUE TO MEMBER BECOMING ELIGIBLE FOR KCHIP PHASE III
310	MEMBER IS NOT ELIGIBLE FOR EYEGLASSES
311	MEMBER IS NOT ELIGIBLE FOR AN INTITIAL PROFESSIONAL FEE CODE
312	MEMBER IS ONLY ELIGIBLE FOR LENSES ONLY
313	MEMBER IS ONLY ELIGIBLE FOR ONE LENS
314	MEMBER IS ONLY ELIGIBLE FOR FRONT ONLY
315	MEMBER IS ONLY ELIGIBLE FOR TEMPLES
316	MEMBER IS ONLY ELIGIBLE FOR ONE TEMPLE
317	MEMBER IS ONLY ELIGIBLE FOR FRONT AND ONE TEMPLE
318	MEMBER IS ONLY ELIGIBLE FOR FRONT AND ONE LENS
319	MEMBER IS ONLY ELIGIBLE FOR (2) LENSES AND (1) TEMPLE
320	MEMBER IS OVER THE AGE OF 21
321	DENIED. MEMBER IS A MEMBER OF THE MANAGED CARE PROGRAM

Code	Description
322	MEMBER IS NOT ELIGIBLE FOR A COMPLETE FRAME
323	APPROVED. PA NUMBER PENDING. SUBMIT DEALER'S INVOICE
324	APPROVED. PA NUMBER PENDING. SUBMIT MAP 24
325	MEMBER IS ONLY ELIGIBLE FOR FRAME
326	APPROVED. PA NUMBER PENDING. SUBMIT TOTAL HOURS AT END OF MONTH
327	OTHER LESS EXPENSIVE EFFECTIVE TREATMENT AVAILABLE
328	THIS SERVICE COVERED UNDER THE MEDICAID DENTAL PROGRAM
329	DUPLICATE PRIOR AUTHORIZATION REQUEST
330	CASE TO BE PRORATED. NOT ELIGIBLE FOR FINAL RECORDS
331	REQUEST DENIED. DIAGNOSIS WILL NOT PREVENT HIGHER LEVEL OF CARE
332	INITIAL MUST BE COMPLETE PAIR
333	AUTHOTIZATION CANCELLED BY PRESCRIBER
400	SYSTEM DENIED NOT ENOUGH INFORMATION TO PROCESS
401	MEMBERS NAME AND MAID NUMBER DO NOT MATCH
402	MEMBER'S NAME MISSING
403	PHARMACY INFORMATION IS MISSING
404	INVALID OR MISSING MAID NUMBER
405	PHYSICIAN'S STATE LICENSE NUMBER IS MISSING OR INVALID
406	PHYSICIAN'S INFORMATION MISSING
407	PHYSICIAN'S NAME AND LICENSE NUMBER DOESN OT MATCH
408	PROVIDER NUMBER IS MISSING OR INVALID
409	PROVIDER SIGNATURE IS NOT ACCEPTABLE
410	STAMPED SIGNATURE IS NOT ACCEPTABLE
411	PRIOR AUTHORIZATION NUMBER IS REQUIRED FOR CHANGES
412	REQUEST MUST BE SUBMITTED TO DMS IN WRITING OR FAXED 502-564-3852
414	NDC/PROCEDURE CODE IS MISSING OR INVALID
415	PROCEDURE CODE DOES NOT MATCH SERVICE REQUESTED
416	QUANTITY REQUESTED IS MISSING

Code	Description
417	DIRECTIONS ARE MISSING OR NOT CLEAR. PLEASE CLARIFY
422	DIRECTION DOES NOT MATCH QUANTITY REQUESTED
423	MUST KNOW FREQUENCY OF PATIENT'S CHEMOTHERAPY
424	BEGIN DATE IS MISSING
425	NEED DATE OF MVA
426	NEED DATE OF PSYCHIATRIC OR PSYCHOLOGICAL EVALUATION
429	DATE OF BIRTH IS MISSING OR INVALID
430	DATE OF SERVICE IS MISSING
431	DIAGNOSIS IS MISSING OR INCOMPLETED
435	INDICATE IF PATIENT IS A CANDIDATE FOR SURGERY. IF NOT WHY?
436	NEED MEASUREMENT OF WOUND OR ULCER
438	NEED TO KNOW IF PATIENT HAS MEDICARE
439	PRESCRIPTION NOT INDICATED ON FORM
440	NEED DATE OF SURGERY/PROCEDURE
442	IS PATIENT OF DIALYSIS
444	WHO IS DOING WOUND IRRIGATION?
445	INITAIL IS A COMPLETE PAIR OR INDICATE PATIENT USING OWN FRAME
446	NEED REASON FOR REPLACEMENT
447	FEES FOR PROCEDURE IS MISSING
448	BANDING DATE IS MISSING OR INVALID
449	FORM MUST BE COMPLETED IN BLACK INK
450	COPY OF FORM IS NOTLEGIBLE
451	MAP 559 IS MISSING
456	PLEASE INDICATE THE DATE OF TRANSPLANT
457	MAP-122 FORM OBSOLETE. USE NEW FORM
458	APPROVED PRIOR AUTHORIZATION ALREADY EXISTS
459	PRIOR AUTHORIZATION NOT REQUIRED
460	PRIOR AUTHORIZATION NOT REQUIRED DUE TO MAP 573

Code	Description
461	PRIOR AUTHORIZATION NOT REQUIRED DUE TO AGE
462	PRESCRIBERS PHONE IS MSSING OR ILLEGIBLE
463	PRESCRIBLERS LICENSE NUMBER IS MISSING OR ILLEGIBLE
464	DRUG NAME MISSING OR ILLEGIBLE
465	DOSAGE FORM
466	DIRECTIONS FOR USE ARE MISSING OR ILLEGIBLE
467	PREVIOUS THERAPY WITH GENERIC DRUGS NOT INDICATED
468	DIAGNOSIS MISSING OR ILLEGIBLE
469	MEDICAL JUSTIFICATION MISSING OR ILLEGIBLE
470	DOES MEMBER HAVE MEDICARE PART B
471	MAP-82101 NOT CURRENLTY REQUIRED FOR THIS DRUG
472	PREVIOUS PPI OR H2 BLOCKER THERAPY MISSING OR INCOMPLETE
473	LACKS THE HANDWRITTEN PHRASE 'BRAND NECESSARY' OR SIGNATURE
474	DENIED. MAP-82101 LACKS PRESCRIBER'S SIGNATURE
475	MAINTENANCE DRUG DISPENSING FEE EXCEPTION DENIED
477	MAXIMUM QUANTITY EXCEPTION DENIED
478	RETURNED. HAS EXISTING APPROVED PRIOR AUTHORZIATION ON FILE
489	GENERIC AVAILABLE. USE MAP 82101 FOR 'BRAND NAME ONLY'
490	GENERIC APPROVED. USE MAP 82101 FOR BRAND NAME ONLY
497	ENROLLED IN MANAGED CARE (CONTACT PASSPORT HEALTH PLAN)
498	VIAGRA IS LIMITED TO 4 TABLETS PER MONTH
499	FREE FORM COMMENTS
516	AUTH ID MISSING
519	INVAILD PRIOR AUTHORIZATION REASON CODE
520	DENIAL FOR MEDICAL REASON
521	DENIAL FOR TECHNICAL REASON
700	NOT MEDICALLY NECESSARY
701	DUPLICATE REQUEST

Code	Description
702	ADMINISTRATIVE APPROVAL
703	ADMISSION CANCELED
704	BENEFIT EXCEPTION
705	BENEFIT MAXED
706	DATA ENTRY ERROR
707	MEDICARE PRIMARY
708	PROCEDURE CANCELED
710	REQUEST WITHDRAWN
711	STATE MANDATE
712	MEETS MEDICAL NECESSITY
713	MD REVIEW
714	RN REVIEW
715	CLIENT REVIEW
716	LOI - LACK OF INFORMATION
717	NOT A COVERED BENEFIT
718	TECHNICAL DENIAL
719	OUT OF TIME FRAME
720	NON-CERTIFIED BED
721	CONSENT
722	CRITICAL ACCESS HOSPITAL
723	AGREED REDUCTION
724	EXCEEDS PLAN MAXIMUMS
725	NON COVERED SERVICE
726	REQUESTED INFORMATION NOT RECEIVED
727	ADMISSION REQUESTED
728	CLIENT APPROVAL
729	EXTENSION REQUESTED
900	PROVIDER CHANGE

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191 Pricing Indicators Code -- IND_PRICING

191.1 Table Name -- T_PRICING_IND

191.1.1 Pricing Indicators Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
IND_PRICING	Pricing indicator which dictates the method by which a procedure must be priced or indicates how a claim detail was priced.	CHAR	6	0	Yes

191.1.1.1 Pricing Indicators Code Values

Code	Description
ASC	Ambulatory Surgical Cntr
AUTMAN	Transplant Pricing
AWP	Average Wholesale Price
BILLED	Pay as Billed
D	DRG Pricing (No outliers)
DRG	DRG
DRGACF	DRG Acute Care Fac Trans
DRGPAF	DRG Post Acute Care Fac T
DRGPSY	DRG Psych
E	EAC Pricing
EAC	Estimate Acquisition cost
F	MAC Pricing
FLTFEE	Flat Fee
G	DRG Pricing (Cost Outlier)
H	SMAC Pricing
HSXWLK	Hospice Crosswalk Pricing
LEVCAR	Level of Care
LMXUCC	Lesser of Max Fee or UCC

Code	Description
LPAALW	Lesser PA/Max Fee Pric
LPABIL	Lessor of PA or Bill Amt
LTCDME	LTCDME RevCode 410
LTCLEV	LTC Leave Days
LTCLOC	LTC Level of Care
MAC	Max Allowable Cost
MANUAL	Manual
MAXFEE	Max Fee
MAXFLT	Max Flat Fee
MBRCTY	Member County Pricing
MXFLT2	Max Flat Fee II
NDCLOW	NDC Lowest Price
NFUNIT	UB92 Hospice LTC
O	DRG Pricing (Day Outlier)
OPASC	Ambulatory Surgical Cntr
PCD100	Pay Xover 100% Detail
PCH100	Pay Xover 100% Header
PCRURL	Per Diem Rate Reimburse
PMAXPD	Prov Max Per Diem
PPCTUN	Percent of Per Diem Rate
PPDADD	Per Diem Add On
PPRPCT	Provider Priced Percnt
PPRUNL	Provider Priced
PPRUNT	Provider Priced Unit
R	Percentage of Charge
REVFEE	Revenue Flat Fee
REVMXF	Revenue Max Fee
REVPCT	Pay 75% of Billed Amount

Code	Description
REVUNT	Revenue Unit
SBGRP	School Base Group
SMAC	State Max Allowable Cost
SYSMAN	System Manual Price
T	LTC Pricing
UCBILL	UCC Billing Provider
UCCFL2	UCC Flat Fee II
UCCFLT	UCC Flat Fee
UCPERF	Pay Prov Speci Rate (UCC)
ZEROPD	Zero Paid

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192 Procedure Code Flag Principal Code -- CDE_PROC_FLAG

192.1 Table Name -- T_CDE_MSIS_PROC_FLAG

192.1.1 Procedure Code Flag Principal Code Information

Subsystem : MAR

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_FLAG	A code that identifies the coding system used for the procedure code.	CHAR	2	0	Yes

192.1.1.1 Procedure Code Flag Principal Code Values

Code	Description
01	CPT-4
02	ICD-9-CM
03	CRVS 74 (Obsolete)
04	CRVS 69 (Obsolete)
05	CRVS 64 (Obsolete)
06	06 HCPCS (Both National and Regional HCPCS)
07	07 ICD-10-CM (Not yet implemented. For future use)
88	Not applicable
99	Unknown

193 Procedure Types Code -- SAK_PROC_TYPE

193.1 Table Name -- T_PROC_TYPE

193.1.1 Procedure Types Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_TYPE	System assigned key for a unique procedure type, that represents a single or collection of procedures.	NUMBER	9	0	Yes

193.1.1.1 Procedure Types Code Values

Code	Description
1	Trans mileage
2	Tran Over 9
3	Tran Related Services
4	Tran Mileage All
5	Transportation Ambulance
6	Transportation Base Rate
7	Transportation Multi Pass
8	Transportation Delete
9	Transportation Waiting
10	Transportation Deduct
11	Transportation Copay
12	Tran Requiring PA
13	Endoscopy
14	Lab Collection Fees
15	Medical Supply Services
16	Durable Medical Equipment
17	Prosthetic/Orthotic Serv
18	Lab

Code	Description
19	Xray
20	Transportation Emer. Amb.
21	Transport. Non-emer. Amb.
22	Transportation Other Amb.
23	Transport. Wheelchair Van
24	Transportation Taxi
25	Transport. Com. Amb.
26	Transport. Family Member
27	Transportation Other
28	Therapy Physical
29	Therapy Speech
30	Therapy Occupational
31	Therapy Respiratory
32	Therapy Audiology
33	Eye Care Exams
34	Eyewear Eyeglasses
35	Eyewear Contacts
36	Dialysis
37	Rendering Therapist
38	Waiver Level I
39	Waiver Level II
40	Nurse Practitioner
41	Midwives
42	High Risk Pregnancy
43	Waiver Type
44	EPSDT Medical Screening Procedure Code Group
45	EPSDT Screen til 9/95
46	Anesthesia

Code	Description
47	Care Coordination I
48	Care Coordination II
49	HIV/AIDS Case Management
50	Specific MRO Services
51	Rehab
52	Psych Test by Physician
53	Psychiatric Codes
54	Equipment and Supplies
55	DME
56	Opthalmologist Services
57	Abortion
58	Hysterectomy
59	Sterilization
60	EPSDT Lead Procedure Code Group
61	EPSDT2
62	Initial Visit
63	Established Patient Visit
64	EPSDT3
65	Vascular Diagnostic Study
66	Spine or Joint X-Rays
67	Lab Services
68	Prosthetic/Orthotic- Risk
69	Therapy (Edit 4086)
70	Non-Anatomical Lab
71	Antepartum Care
72	EPSDT Compliance
73	Family Plan 1 (Edit 1011)
74	Family Plan 2 (Edit 1011)

Code	Description
75	Prohpylaxis
76	EPSDT Services (MARS)
77	PAS Exception
78	PAS Surgery
79	Antepartum care (1031)
80	EPSDT Dental Screening - CMS 416(12a)
81	EPSDT Dental Screening - CMS 416(12b)
82	EPSDT Dental Screening - CMS 416(12c)
83	Medicare B TPL Exempt
84	Private Ins TPL Exempt
85	Medicare A TPL Exempt
87	HH Services Exempt
88	HH Therapies Exempt
89	Champus
90	TRANSPO-EMERG. IND. =Y
91	TRANSP-LOC = I,S,R
92	TRANSPO-POS=21
93	TRANSPO-POS=12
94	TRANSPO-BASE>20-NO PA
95	TRIPS-ACCOMPANYNG PARENTS
96	MH NO ELECTRONIC BILL TPL
97	PT NO ELECTRONIC BILING
98	ST - NO ELECTRONIC BILLIN
99	BYPASS TPL A-Z-J-G-AN-A
100	Waiver Services - MAR
101	Medicare part B Grp I
102	Group II
103	Group III

Code	Description
104	Emergency Department visits
105	FQHC/RHC
106	X3069 PA PROCEDURE
107	PROC GRP 106 X-WALK TO Y0601
108	90% PRICING
109	PA Ambulance Transportation Category
110	PA Commercial Ambulatory Transportation Category
111	PA Non-Ambulatory Transportation Category
112	PA Mileage Transportation Category
113	PA Emergency Ambulance Transportation Category
114	PA Interfacility Ambulance Transportation Category
115	HOSPICE/WAIVER DUPLICATIVE SVS
116	EPSDT Vaccine Procedure Codes
117	ANESTHESIA - MATERNITY-1Unit/15 & 1Unit/60
118	CLIA WAIVER Codes
119	CLIA PPMP Codes
120	CLIA Full Accreditation
121	Reserved for future use
122	Reserved for future use
123	Reserved for future use
124	Reserved for future use
125	Reserved for future use
126	Package C Transportation Services Requiring Copay
127	Aged and Disabled Waiver
128	Autism Waiver
129	ICF/MR Waiver
130	Medically Fragile Children Waiver
131	TBI Waiver

Code	Description
132	Package C Lifetime Procedures
133	HCPC Sterilization MAR/MSIS
134	HCPC Abortion MAR/MSIS
135	Family Planning MAR
136	One tooth surface required
137	Two tooth surfaces required
138	Three tooth surfaces required
139	Four or more tooth surfaces required
140	Procedure codes that require referring Prov
141	Procedure code covered 100% by Medicare
142	Bypass Dental Duplicate Checks
1001	Dental Oral Pathology
1003	charlie kat
1007	test cat
1008	EPSDT Dental Screenings
1009	EPSDT Hearing Screenings
1010	EPSDT Vision Screenings
1011	ClaimCheck proc group 1 for CPT-4
1012	ClaimCheck proc group 2 for HCPCS
1013	PASARR assessment
1014	Transportation
1015	Procedure not covered in a LTC facility
1016	Procedure required tooth quadrant
1017	Supplemental Delivery Care Group
1018	Medicare Excluded Procs for POS 31, 32, 33, 34
1019	MAR SCOS Dental Diagnostic
1020	Family Planning Services - OK Department of Health
1021	MAR SCOS Dental Preventative

Code	Description
1022	MAR SCOS Dental Restorative
1023	MAR SCOS Dental Endodontics
1024	MAR SCOS Dental Periodontics
1025	MAR SCOS Dental Prosthetics
1026	MAR SCOS Dental Oral Surgery
1027	MAR SCOS Dental Orthodontia
1028	MAR SCOS Dental Adjunctive
1029	MAR SCOS Dental Clinics
1030	SoonerCare Plus EPSDT Codes
1031	SoonerCare Choice EPSDT Codes
1034	Deliveries
1035	spenddownExemption
1036	PCP/CM Referral Exclusions
1037	Procedure codes billable with decimal units
1038	State Eligible Codes
1039	ClaimCheck Modifier 51
1040	EPSDT Medical Screening - 2
1043	Nonsurgical of freestanding ASC provider
1046	A.1 Homemaker Services - Community
1047	A.2 Respite Care - Community
1048	A.3 Habilitation Services - Community
1049	A.4 Environmental Accessibility Adaptions - Comm
1050	A.5 Transportation - Community
1051	A.6 Family Training/Counseling - Community
1052	A.7 Residential Care - Community
1053	A.8 Skilled Nursing - Community
1054	A.9 Prescribed Drugs - Community
1055	A.10 Adaptive Equipment - Community

Code	Description
1056	A.11 Therapy Services - Community
1057	A.12 Employment Services - Community
1058	A.1 Respite Care - In Home Supports Child
1059	A.2 Habilitation Services - In Home Supports Child
1060	A.3 Environmental Access Adaptations - In Home
1061	A.4 Adaptive Equipment - In Home Supports Child
1062	A.5 Family Training/Counsel - In Home Supports
1064	A.2 Habilitation Services - In Home Supports Adult
1065	A.1 Respite Care - In Home Supports Adult
1066	A.3 Environmental Access Adaptions - In Home Adult
1067	A.4 Adaptive Equipment - In Home Supports Adult
1068	A.5 Family Training/Counsel - In Home Sup Adult
1069	A.6 Homemake - In Home Support Adult
1070	A.7 Skilled Nursing - In Home Support Adult
1071	A.8 Transportation - In Home Support Adult
1072	A.9 Therapy Services - In Home Support Adult
1073	A.10 Employment Services - In Home Support Adult
1074	A.11 Prescribed Drugs - In-Home Supports Adult
1075	A.1 Case Management - Advantage
1077	A.3 Special. Med. Equip. and Supp. - Advantage
1078	A.4 Advanced Supp. Restorative Assist - Advantage
1079	A.5 Skilled Nursing - Advantage
1080	A.2 Environmental Modification - Advantage
1081	A.6 Adult Day Health Care - Advantage
1082	A.9 Prescribed Drugs - Advantage
1083	A.8 Respite Care - Advantage
1084	A.7 Home Delivered Meals - Advantage
1085	A.10 Therapy Services - Advantage

Code	Description
1086	A.11 Comp. Home Care Services - Advantage
1087	A.12 Hospice Services - Advantage
1090	Confidential Procedure Codes
1091	MAR RBMS
1092	MAR TFC
1093	DME with Rental Modifier that requires PA
1094	PhysAssistProvSpeciality 100% pay procedures
1095	CLIA Full Accreditation w/mod26
1096	CLIA Exclusions
1097	CLIA Waiver Codes w/mod QW
1100	MRI bypass
1114	CLM-9914-Q - Abortions Procedure Report
1116	EPS-4530-M - Other Immunizations Report
1117	EPS-4530-M - Other Immunizations Report
1118	EPS-4530-M - Other Immunizations Report
1119	EPS-4530-M - Other Immunizations Report
1120	Valid Dental Codes
1121	Valid Hearing Codes
1122	Valid Ultrasound Codes
1123	Valid Vision Codes
1124	EPSDT - MAR - Addt'l codes
3000	KY Dental Procedures
3001	KY Phys DME Supplier Procedures
3002	KY Phys Title V Procedures
3003	KY Phys Podiatry Procedures
3004	KY Phys Chiro/Child Svcs Procedures Group 1
3005	KY Phys Chiro/Child Svcs Procedures Group 2
3006	KY Phys Optometry/Audiology Procedures

Code	Description
3008	KY partBExempt Provider Type 20
3009	KY partBExempt Provider Type 30
3011	KY partBExempt Provider Type NO
3012	KY partBExempt Provider Type 30 with date
3013	KY Medical Proc Exclusions 1
3014	KY Medical Proc Exclusions 2
3015	DME Bypass PA Edits
3016	SPAN UNIT EXEMPTIONS
3017	date span vs units-edit exemption end dte 03/31/00
3018	SCL Waiver SUPPORT CORDINATION
3019	SCL Waiver GROUP HOME
3020	SCL Waiver FAMILY HOME
3021	SCL Waiver STAFFED RESIDENCE
3022	SCL Waiver COMMUNITY LIVING
3023	SCL Waiver COMMUNITY HABITATION
3024	SCL Waiver RESPITE
3025	SCL Waiver SPEECH THERAPY
3026	SCL Waiver OCCUPATIONAL THERAPY
3027	SCL Waiver PHYSICAL THERAPY
3028	SCL Waiver BEHAVIORAL SERVICES
3029	SCL Waiver PSYCHOLOGICAL SERVICES
3030	SCL Waiver P E R S
3031	SCL Waiver SUPPORTED EMPLOYMENT
3032	SCL Waiver WELLNESS MONITORING
3033	SCL Waiver SPECIAL MEDICAL EQUIPMENT
3034	SCL Waiver PRE-VOCATIONAL EMPLOYMENT
3035	SCL Waiver ADULT FOSTER
3036	HCB/ADC Waiver ADULT DAY HEALTH SERVICES

Code	Description
3037	HCB/ADC Waiver MINOR HOME ADAPTATIONSG
3038	Brain Injury Waiver LEVEL 1 COMM (8 HOURS)
3039	Brain Injury Waiver LEVEL 2 COMM (16 HOURS)
3040	Brain Injury Waiver LEVEL 3 COMM (24 HOURS)
3041	Brain Injury Waiver CASE MANAGEMENT
3042	Brain Injury Waiver PERSONAL CARE
3043	Brain Injury Waiver RESPITE
3044	Brain Injury Waiver COMPANION
3045	Brain Injury Waiver STRUCTURED DAY PROGRAM
3046	Brain Injury Waiver PREV SERVICES
3047	Brain Injury Waiver SUPPORTED EMPLOYMENT
3048	Brain Injury Waiver BEHAVIORAL
3049	Brain Injury Waiver CONSELING AND TRAINING
3050	Brain Injury Waiver OCCUPATIONAL THERAPY
3051	Brain Injury Waiver SPEECH THERAPY
3052	Brain Injury Waiver SPECIALIZED MED EQUIP
3053	Brain Injury Waiver ENVIRONMENTAL MODS
3054	TDOS FUTURE DATE EXEMPTIONS
3055	BASE RATE PROC GROUP AFTER 10/16/2003
3056	MILEAGE PROC GROUP AFTER 10/16/2003
3057	BASE RATE PROC GROUP BETWEEN 01/01/02 AND 10/15/03
3058	MILEAGE PROC GROUP BETWEEN 01/01/02 AND 10/15/03
3059	BASE RATE PROC GROUP BETWEEN 04/01/97 AND 12/31/01
3066	Excluded Procedure codes for claim check clmsccInt
3067	MILEAGE PROC GROUP BETWEEN 04/01/97 AND 12/31/01
3068	Sterilization Procedures
3069	Preventive Service Procedures
3070	Invalid proc for member > 30 days old

Code	Description
3071	Invalid proc for member < 31 days old
3072	ALL LABS
3073	KY Medical Procedures 1
3074	KY Medical Procedures 2
3075	KY Medical Procedures 3
3090	KY Proc Code Copay Exemption 1
3091	KY Proc Codes Copay Exemption 2 KCHIP
3092	Podiatry Procedures
3093	Student Group Procedures
3095	ARCH CODE REQUIRED
3096	KY Proc Code Coinsurance for UB92
3097	KY Proc Codes Coinsurance Bypass for DME
3098	ONEWAY BASE PROC GRP 20020101 - 20031015
3099	ONEWAY BASE PROC GRP 19970401 - 20011231
3100	ONEWAY MILEAGE PROC GRP 20020101 - 20031015
3101	ONEWAY MILEAGE PROC GRP 19970401 - 20011231
3102	OXYGEN PROC GRP 20031016 - 22991231
3103	OXYGEN PROC GRP 20020101 - 20031015
3104	TRANSPORTATION BASE PROC GRP 20031016 - 22991231
3105	LTC DME Procedure Group
3106	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3108	KY Phys Proc Code includes for preKy Copay
3109	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3110	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3111	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3112	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3113	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3114	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES

Code	Description
3115	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3116	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3117	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3118	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3119	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3120	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3121	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3122	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3123	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3124	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3125	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3126	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3127	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3128	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3129	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3130	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3131	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES
3132	MILEAGE, OXYGEN, AND SUPPLIES RELATED PROC CODES

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194 Professional Title Code -- CDE_TITLE

194.1 Table Name -- T_PR_TITLE_CODE

194.1.1 Professional Title Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TITLE	Professional title	CHAR	15	0	Yes

194.1.1.1 Professional Title Code Values

Code	Description
ANP	Advanced Nurse Practitioner
ARNP	Advanced Registered Nurse Practitioner
AUD	Audiologist
CADC	Certified Alcohol Drug Center
CNM	Certified Nurse Midwife
CNP	Certified Nurse Practitioner
CNS	Certified Nurse Specialist
CRNA	Certified Registered Nursing Assistant
DC	Chiropractors
DDS	Dentists
DO	Osteopathic Physician
DPM	Podiatrist
FNP	Family Nurse Practitioner
LCSW	Licensed Clinical Social Worker
LD	Licensed Dietitian
LMFT	Licensed Marriage Family Therapist
LPC	Licensed Professional Counselor
LPN	Licensed Practical Nurse
LSW	Licensed Social Worker
MD	Physician
MS	Speech Pathologist

Code	Description
MSW	Masters of Social Work
NMW	Nurse Midwife
OD	Optometrist
OT	Occupational Therapy
PA	Physician's Assistant
PHD	Psychologist
PT	Physical Therapist
PTA	Physical Therapist's Assistant
QMHP	Qualified Mental Health Provider
RN	Registered Nurse
RNC	Registered Nurse Certified
TMP	Temporary Medical Permit

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195 Program Type Code -- CDE_PGM_TYPE

195.1 Table Name -- T_CDE_MSIS_PGM_TYPE

195.1.1 Program Type Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PGM_TYPE	A code indicating special Medicaid program under which the service was provided.	CHAR	1	0	Yes

195.1.1.1 Program Type Code Values

Code	Description
0	No Special Program
1	EPSDT
2	Family Planning
3	Rural Health Clinic
4	Federally Qualified Health Centers (FQHC)
5	Indian Health Services
6	Home and Community Based Care for Disabled Elderly and Individuals Age 65 and Older
7	Home and Community Based Care Waiver Services
9	Unknown

196 Provider Address Codes – CDE_ADDR_USAGE

196.1 Table Name -- T__PR_ADDR_CODE

196.1.1 Provider Address Codes Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADDR_USAGE	A one character code that identifies the type of address.	CHAR	1	0	Yes
DSC_ADDR_USAGE	The description that describes the address type code.	CHAR	20	0	No

196.1.2 Provider Address Codes Code Values

CDE_ADDR_USAGE	DSC_ADDR_USAGE
H	Home Office
M	Correspondence
P	Pay-to
S	Physical

197 Provider Enrollment Status Code -- CDE_ENROLL_STATUS

197.1 Table Name -- T_PR_ENROLL_STATUS

197.1.1 Provider Enrollment Status Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_STATUS	This is the letter assigned to the enrollment status description to uniquely identify it. Examples of valid values are: R=Retired, D=Deceased, M=Return Mail, H=Term by HCFA, B=Term by HPB, and A=Active.	CHAR	1	0	Yes

197.1.1.1 Provider Enrollment Status Code Values

Code	Description
0	Inactive
A	Active
B	Term by Medicare
C	Term - Lic Revoked
D	Term - Lic Expired
E	Voluntary Termination
F	Retired
G	Provider Deceased
H	Incorrect Pr Number
I	Term - Inactive 2 Yr
L	License Suspended
M	Term - Lic Surrender
N	Claims Suspended
O	TERM no ADO
Z	Term by Medicaid

198 Provider ID Types Code -- CDE_PROV_ID_TYPE

198.1 Table Name -- T_PR_ID_TYPE

198.1.1 Provider ID Types Code Information

Subsystem : Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_ID_TYPE	Type of Provider ID	CHAR	3	0	Yes

198.1.1.1 Provider ID Types Code Values

Code	Description
BSE	Base Provider ID
CNV	Converted Provider ID
FQM	FIQM Provider Key
KME	KAMES Provider Id
MCD	Medicaid Provider Number
NPI	National Provider ID
PRV	Linked Provider Number (Previous)
VND	Vendor ID

199 Provider Specialty Code -- CDE_PROV_SPEC

199.1 Table Name -- T_PR_SPEC_CDE

199.1.1 Provider Specialty Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	Yes

199.1.1.1 Provider Specialty Code Values

Code	Description
000	ALL SPECIALTY CODES
010	Acute Care
011	Psychiatric
012	Rehabilitation
013	Residential Treatment Center
014	Critical Access
015	Children's Specialty
016	Emergency
017	Ventilator Hospital
020	Ambulatory Surgical Center (ASC)
030	Nursing Facility
031	ICF/MR > 6 Beds
032	Pediatric Nursing Facility
033	Residential Care Facility
034	ICF/MR < 6 Beds
035	Skilled Nursing Facility
036	Respite Care - Facility Based
037	Assisted Living
039	Supports for Community Living
040	Rehabilitation Facility

Code	Description
050	Home Health Agency
051	Specialized Home Nursing Services
060	Hospice
071	Managed Care Organization (MCO)
072	IHS Case Manager
073	NET (Non-Emergency Transportation)
080	Federally Qualified Health Clinic (FQHC)
081	Rural Health Clinic (RHC)
082	Medical Clinic
083	Family Planning Clinic
084	Nurse Practitioner Clinic
085	EPSDT Clinic
086	Dental Clinic
087	Therapy Clinic
088	Pediatric Clinic
089	Tuberculosis Clinic
090	Pediatric Nurse Practitioner
091	Obstetric Nurse Practitioner
092	Family Nurse Practitioner
093	Nurse Practitioner (Other)
094	Certified Registered Nurse Anesthetist (CRNA)
095	Certified Nurse Midwife
100	Physician Assistant
101	Anesthesiology Assistant
110	Outpatient Mental Health Clinic
111	Community Mental Health Center (CMHC)
112	Psychologist
113	PASRR CHMC

Code	Description
114	Health Service Provider in Psychology (HSPP)
115	Certified Clinical Social Worker
116	Certified Social Worker
117	Psychiatric Nurse
118	Mental Health - DMHSAS
119	Marriage and Family Counselor
120	School Board
121	Licensed Practical Counselor
130	County Health Department
131	Specialized Children's Service Clinics
140	Podiatrist
150	Chiropractor
151	Health Access Nurturing Development Svcs
160	Registered Nurse (RN)
161	Licensed Practical Nurse (LPN)
162	Registered Nurse Clinical (RNC)
163	Skilled Nursing Agency
170	Physical Therapist
171	Occupational Therapist
172	Respiratory Therapist
173	Speech/Hearing Therapist
174	Occupational Therapy Assistant
175	Physical Therapy Assistant
179	Brain Injury
180	Optometrist
181	Maternity
182	Speech/Hearing Clinic
183	EPSDT Preventive Services

Code	Description
184	Hospital Based Rural Health Clinic
185	Free Standing Rural Health Clinic
190	Optician
200	Audiologist
201	General Preventive Care
210	Care Coordinator for Pregnant Women
211	HIV Case Manager
213	E.I. Case Mgmt
214	High Risk Pregnant Women
215	TB Case Mgmt
216	OJA Targeted Case Management
217	Child Welfare Targeted Case Management
218	DDSD/ICFMR Waiver
219	TCM 1st Time Mothers/Infants
220	Hearing Aid Dealer
221	MH Case Mgmt All Ages
222	MH Case Mgmt, Over 21, Public
223	MH Case Mgmt, Over 21, Contracted
224	MH Case Mgmt, Over 21, Private
225	MH Case Mgmt, Under 21, Public
226	MH Case Mgmt, Under 21, Contracted
227	MH Case Mgmt, Under 21, Private
228	Advantage Case Manager
229	Commission For Handicapped Children
230	Nutritionist
239	Title V/DSS
240	Pharmacy
249	First Steps Early Int.

Code	Description
250	DME/Medical Supply Dealer
251	Assistive Technology
260	Ambulance
261	Air Ambulance
262	Bus
263	Taxi
264	Common Carrier (Ambulatory)
265	Common Carrier (Non-ambulatory)
266	Family Member / Private Auto
270	Endodontist
271	General Dentistry Practitioner
272	Oral Surgeon
273	Orthodontist
274	Pediatric Dentist
275	Periodontist
276	Oral Pathologist
277	Prosthesis
280	Independent Lab
281	Mobile Lab
290	Freestanding X-Ray Clinic
291	Impact Plus DMH
292	Impact Plus DCBS
293	Medicare Clinic
299	Impact Plus Other
300	Free-standing Renal Dialysis Clinic
310	Allergist
311	Anesthesiologist
312	Cardiologist

Code	Description
313	Cardiovascular Surgeon
314	Dermatologist
315	Emergency Medicine Practitioner
316	Family Practitioner
317	Gastroenterologist
318	General Practitioner
319	General Surgeon
320	Geriatric Practitioner
321	Hand Surgeon
322	Internist
323	Neonatologist
324	Nephrologist
325	Neurological Surgeon
326	Neurologist
327	Nuclear Medicine Practitioner
328	Obstetrician/Gynecologist
329	Oncologist
330	Opthalmologist
331	Orthopedic Surgeon
332	Otologist, Laryngologist, Rhinologist
333	Pathologist
334	Pediatric Surgeon
335	Maternal Fetal Medicine
336	Physical Medicine and Rehabilitation Practitioner
337	Plastic Surgeon
338	Proctologist
339	Psychiatrist
340	Pulmonary Disease Specialist

Code	Description
341	Radiologist
342	Thoracic Surgeon
343	Urologist
344	General Internist
345	General Pediatrician
346	Dispensing Physician
347	Radiation Therapist
348	Osteopathy
349	Neuroradiology
350	Endocrinology Diabetes & Metabolism
351	Infectious Disease
352	Clinical Biochemical Genetics
353	Transplant Hepatology
354	Pain Medicine
355	Aerospace Medicine
356	Medical Genetics
357	Neurodevelopmental Disabilities
358	Neuropathology
359	Medical Toxicology
360	Personal Care - Individual
361	Personal Care - Agency
370	Room and Board
380	Respite Care - Community Based
381	Respite Care - Home Based
382	Primary Care
390	Habilitation Training Specialist
391	Agency Companion
392	Daily Living Supports

Code	Description
400	Specialized Foster Care/MR
410	Adult Day Care
411	Model Waiver 1
412	Model Waiver 2
420	Employee Training Specialist
430	Homemaker Services
440	Architectural Modification
450	RBMS Room and Board
451	RBMS Therapeutic Foster Care
455	Prescribed Pediatric Extended Care Facility (PPEC)
460	Advantage Home Delivered Meal
461	EEG Services
462	ERG Services
463	Provider of Case Management Services Only
464	Provider of Homemaker and Pers Care Services Only
465	Provider of Home Adaptations Only
466	Homemaker Pers Care & Home Adaptation Services
470	Provider of Case Management Services Only
471	Provider of Pers Care Coordination Services Only
472	Provider of Personal Care Assistance Services Only
473	Both Pers Care Coordinator and Care Assist Serv
480	DDSD-NFM
493	DDSD-Supportive Living Arrangements
500	Waiver Group Home
509	Hearing Aid Dealer Group
510	Adv Comp Health Care
528	Multi Specialty Group - Optician
530	Clinical & Laboratory Immunology

Code	Description
531	Rheumatology
532	Medical Microbiology
533	Clinical Genetics
534	Clinical Cytogenetics
535	Clinical Molecular Genetics
536	Sleep Medicine
537	Hematology
538	Reproductive Endocrinology
539	Interventional Pain Management
540	Undersea & Hyperbaric Medicine
541	Molecular Genetic Pathology
542	Other Lab Toxicology
550	EPSDT Services - OBSOLETE
551	General hospital
552	Psychiatric Hospital
553	Psychiatric Residential Treatment Facility
554	Commission for Handicapped Children
555	Children Targeted Case Management
556	Community Mental Health
557	Physician
558	Home Health
559	Rural Health Clinic
560	Independent Laboratory
561	Home and Community Based Waiver
562	Hospice
563	Hearing Aid Dealer
564	Optician
565	Pharmacy

Code	Description
566	Oral Surgery
567	Dentist - Individual
568	Dental - Group
569	Physician Individual
570	Physician - Group
571	Audiologist
573	Optometrist
574	Certified Nurse practitioner
575	Podiatrist
579	DME Supplier
580	CORF
581	Other CORF Group
610	Multi Specialty Group - Dental
650	Multi Specialty Group - Physician
659	Multi Specialty Group - Other
661	AMBULANCE Non-Emergency
671	Net Cap
672	NET - DOT
709	Audiologist Group
729	Nurse Midwive Group
749	Multi Specialty Group - Nurse Anesthetist
779	Multi Specialty Group - Optometrist
789	Multi Specialty Group - Nurse Practitioner
809	Podiatrist Group
829	Clinic Social Worker Group
859	Chiropractor Group
861	Other Laboratory And X-Ray
879	Physical Therapist Group

Code	Description
889	Occupational Therapist Group
899	Psychologist Group
911	CORF
912	Other CORF Group
959	Physician Assistant Group
999	None on File

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200 Provider Type Code -- CDE_PROV_TYPE

200.1 Table Name -- T_PR_TYPE_CDE

200.1.1 Provider Type Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_TYPE	Type that a provider is licensed for.	CHAR	2	0	Yes

200.1.1.1 Provider Type Code Values

Code	Description
00	All Provider Types
01	General hospital
02	Mental Hospital
04	Psychiatric Residential Treatment Facility
11	ICF/MR
12	Nursing Facility
13	Specialized Children Service Clinics
15	Health Access Nurturing Development Svcs
17	Acquired Brain Injury
20	Preventive & Remedial Public Health
21	School Based Health Services
22	Commission for Handicapped Children
23	Title V/DSS
24	First Steps/Early Int.
25	Targeted Case Management
27	Adult Targeted Case Management
28	Children Targeted Case Management
29	Impact Plus
30	Community Mental Health
31	Primary Care
32	Family Planning Service

Code	Description
33	Support for Community Living (SCL)
34	Home Health
35	Rural Health Clinic
36	Ambulatory Surgical Centers
37	Independent Laboratory
38	Lab & X-Ray Technician
39	Dialysis Clinic
40	EPSDT Preventive Services
41	Model Waiver
42	Home and Community Based Waiver
43	Adult Day Care
44	Hospice
45	EPSDT Special Services
46	Home Care Waiver
47	Personal Care Waiver
50	Hearing Aid Dealer
52	Optician (528 - Optical clinic)
54	Pharmacy
55	Emergency Transportation
56	Non-Emergency Transportation
57	Net (Capitation)
58	Net Clinic (Capitation)
60	Dentist - Individual
61	Dental - Group
64	Physician Individual
65	Physician - Group
70	Audiologist
72	Nurse Midwife

Code	Description
74	Nurse Anesthetist
77	Optometrist - Individual
78	Certified Nurse practitioner
80	Podiatrist
82	Clinical Social Worker
85	Chiropractor
86	X-Ray / Misc. Supplier
87	Physical Therapist
88	Occupational Therapist
89	Psychologist
90	DME Supplier
91	CORF (Comprehensive Out-patient Rehab Facility)
92	Psychiatric Distinct Part Unit
93	Rehabilitation Distinct Part Unit
95	Physician Assistant
96	Hmo/Php
99	Not on File

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201 Race Code -- CDE_RACE

201.1 Table Name -- T_CDE_RACE

201.1.1 Race Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RACE	Code that will map to a specific race.	CHAR	2	0	Yes

201.1.1.1 Race Code Values

Code	Description
7	Not Provided
8	Not Applicable
A	Asian or Pacific Islander
AB	HIP AMERICAN OF 2/9/07
B	Black
C	Caucasian
D	Subcontinent Asian American
E	Other Race or Ethnicity
F	Asian Pacific American
G	Native American
H	Hispanic
I	American Indian or Alaskan Native
J	Native Hawaiian
N	Black
O	White
P	Pacific Islander
Z	Mutually Defined

202 Race Ethnicity Code -- CDE_RACE_ETHNIC

202.1 Table Name -- T_CDE_MSIS_RACE_ETHNIC

202.1.1 Race Ethnicity Code Information

Subsytem: MAR

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RACE_ETHNIC	A code indicating the eligible's race/ethnicity.	CHAR	1	0	Yes

202.1.1.1 Rate Ethnicity Code Values

Code	Description
1	White
2	Black or African American
3	American Indian or Alaska Native
4	Asian
5	Hispanic or Latino (No race information available)
6	Native Hawaiian or Other Pacific Islander
7	Hispanic or Latino and one or more races
8	More than one race, Hispanic or Latino not indicated
9	Unknown

203 Rate Types Code CDE_RATE_TYPE

203.1 Table Name -- T_RATE_TYPE

203.1.1 Rate Types Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Yes

203.1.1.1 Rate Types Code Values

Code	Description
AB1	Acquired BrainPPR1
AB2	Acquired BrainPPR2
AD1	Adult Day CarePPR1
AD2	Adult Day CarePPR2
AD3	Adult Day CarePPR3
ADD	Add on Rate
ASD	ASC Dental
CHC	Comm HandicapChild
CM1	Comm Mental Hlth 1
CM2	Comm Mental Hlth 2
CM3	Comm Mental Hlth 3
DEF	Default
DRG	DRG
DRP	DRG Psych
DS1	DSH Per Diem
DS2	DSH Per Diem In-ST
DSA	DSH Max Per Diem
DSB	DSH Max Per Diem

DSC	DSH Max Per Diem
DSD	DSH Max Per Diem
DSE	DSH Max Per Diem
DSF	DSH Max Per Diem
DSG	DSH Max Per Diem
DSH	DSH Max Per Diem
DSI	DSH Max Per Diem
DSJ	DSH Max Per Diem
DSK	DSH Max Per Diem
DSL	DSH Max Per Diem
DSM	DSH Max Per Diem
DSN	DSH Max Per Diem
DSO	DSH Max Per Diem
DSP	DSH Max Per Diem
DSQ	DSH Max Per Diem
DSR	DSH Max Per Diem
DSS	DSH Max Per Diem
DST	DSH Max Per Diem
DSU	DSH Max Per Diem
DSV	DSH Max Per Diem
DSW	DSH Max Per Diem
DSX	DSH Max Per Diem
EP1	EPSDT 1
FP1	Family Planning 1
FPO	Family Plan Outpt
HA0	HCB ABI LTC 430
HA1	HCB ABI LTC 440
HA2	HCB ABI LTC 550
HA3	HCB ABI LTC 589

HA4	HCB ABI LTC 900
HA5	HCB ABI LTC 916
HA6	HCB ABI LTC 660
HA7	HCB ABI LTC 420
HB0	HCB MichelleP 420
HB1	HCB MichelleP 430
HB2	HCB MichelleP 440
HB3	HCB MichelleP 551
HB4	HCB MichelleP 552
HB5	HCB MichelleP 580
HB6	HCB MichelleP 581
HB7	HCB MichelleP 582
HB8	HCB MichelleP 589
HB9	HCB MichelleP 590
HC1	HmCommWaiv Rev 551
HC2	HmCommWaiv Rev 552
HC3	HmCommWaiv Rev 580
HC4	HmCommWaiv Rev 581
HC5	HmCommWaiv Rev 582
HC6	HmCommWaiv Rev 590
HC7	HmCommWaiv Rev 410
HC8	HmCommWaiv Rev 852
HH1	HmHealth Rev 420
HH2	HOME HLTH PER CHRG
HH3	HOME HLTH PER CHRG
HH4	HmHealth Rev 430
HH5	HmHealth Rev 440
HH6	HmHealth Rev 550
HH7	HmHealth Rev 560

HH8	HmHealth Rev 570
HO1	Member County Rate
HO3	Revenue Flat Fee
HO4	Rev 656 Rate
HO5	Rev 655 Rate
HW1	HmCareWaiv Rev 581
HW2	HmCareWaiv Rev 582
HW3	HmCareWaiv Rev 590
IP1	Inpt Per Diem
IPA	Reg Max Per Diem
IPB	Reg Max Per Diem
IPC	Reg Max Per Diem
IPD	Reg Max Per Diem
IPE	Reg Max Per Diem
IPF	Reg Max Per Diem
IPG	Reg Max Per Diem
IPH	Reg Max Per Diem
IPI	Reg Max Per Diem
IPJ	Reg Max Per Diem
IPK	Reg Max Per Diem
IPL	Reg Max Per Diem
IPM	Reg Max Per Diem
IPN	Reg Max Per Diem
IPO	Reg Max Per Diem
IPP	Reg Max Per Diem
IPQ	Reg Max Per Diem
IPR	Reg Max Per Diem
IPS	Reg Max Per Diem
IPT	Reg Max Per Diem

IPU	Reg Max Per Diem
IPV	Reg Max Per Diem
IPW	Reg Max Per Diem
IPX	Reg Max Per Diem
MR1	Prov Unit Per Diem
MR2	Prov Percent
MW1	Model Waiv Rev 410
MW2	Model Waiv Rev 552
MW3	Model Waiv Rev 559
MX1	MAX FLAT FEE 1
MX2	MAX FLAT FEE 2
N1A	Non Emerg Trans 1A
N1B	Non Emerg Trans 1B
N2A	Non Emerg Trans 2A
N2B	Non Emerg Trans 2B
N2C	Non Emerg Trans 2C
N2D	Non Emerg Trans 2D
N2E	Non Emerg Trans 2E
N2F	Non Emerg Trans 2F
N2G	Non Emerg Trans 2G
N7A	Non Emerg Trans 7A
N7B	Non Emerg Trans 7B
N8A	Non Emerg Trans 8A
N8B	Non Emerg Trans 8B
NA	Not Applicable
NF1	NURSE FAC DAILY UN
NF2	NURSE FAC DAILY %
NFD	Nursing Facility
NT2	Non Emerg Trans T2

OP1	OUTPTNT Percent 1
OP2	OUTPTNT Percent 2
OP3	OUTPTNT Percent 3
OP4	OUTPTNT Percent 4
OP5	OUTPTNT Percent 5
OP6	OUTPTNT Percent 6
OPA	OUTPTNT ASC
OT1	Optician/Optometri
P3O	Dental Rates Outpt
P4I	ProfProc InptRate4
P4O	ProfProc Out Rate4
P5O	Prof Proc OutRate5
P6O	Prof Proc OutRate6
P8O	Prof Proc OutRate8
P9O	Prof Proc OutRate9
PCC	Prim Care Center
PH1	Prev Hlth SvcRate1
PH2	Prev Hlth SvcRate2
PH3	Prev Hlth SvcRate3
PSI	POS/Lab Inpatient
PSO	POS/Lab Outpatient
PW1	PCare Waiv Rev 581
PW2	PCare Waiv Rev 590
PW3	PCare Waiv Rev 942
RD1	RDialysis Rev 821
RD2	DIALYSIS PERC RATE
RD3	RDialysis Rev 831
RD4	RDialysis Rev 841
RD5	RDialysis Rev 851

RH1	Rural Hlth 1
RH2	Rural Hlth 2
SBS	School Based Svcs
SC1	Supp for Comm Liv1
SC2	Supp for Comm Liv2
SC3	Supp for Comm Liv3
SC4	Supp for Comm Liv4
SC5	Supp for Comm Liv5
SC6	Supp for Comm Liv6
TR1	TranMile UA POS 23
TR2	TranMile UA POS 99
TR3	TranMile UB POS 23
TR4	TranMile UB POS 99
TR5	TranXPas UA POS 23
TR6	TranXpas UA POS 99
TR7	Tran Base UC
TV1	Title V PPR1

204 Relationship Code -- CDE_RELATION

204.1 Table Name -- T_RELATION_CODE

204.1.1 Relationship Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RELATION	This code identifies the relationship of the policyholder to the Member covered by a TPL policy.	CHAR	1	0	Yes

204.1.1.1 Relationship Code Values

Code	Description
0	UNKNOWN
1	SELF
2	SPOUSE
3	CHILD
4	STEP CHILD
5	PARENT
6	REL - OTHER
A	ADMINISTRATOR
B	AUTHORIZED REP
T	TRUSTEE

205 Referral Code -- CDE_REFERRAL

205.1 Table Name -- T_CDE_REFERRAL

205.1.1 Referral Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REFERRAL	EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code identifies the type/reason for a referral.	CHAR	2	0	Yes

205.1.1.1 Referral Code Values

Code	Description
BR	Hemoglobin, Referred
BT	Hemoglobin, Treated
CR	Cardiac, Referred
CT	Cardiac, Treated
DR	Dental, Referred
DT	Dental, Treated
ER	ENT/Respiratory, Referred
ET	ENT/Respiratory, Treated
FR	Family Planning/Pregnancy, Referred
FT	Family Planning/Pregnancy, Treated
GR	Growth, Endocrine, Nutrition, Referred
GT	Growth, Endocrine, Nutrition, Treated
HR	Hearing, Referred
HT	Hearing, Treated
IB	Immunization, HIB

Code	Description
ID	Immunization, DPT
IM	Immunization, MMR
IO	Immunization, Other
IP	Immunization, Polio
LR	Lead, Referred
LT	Lead, Treated
MR	Mental Health, Referred
MT	Mental Health, Treated
NR	Neurology, Referred
NT	Neurology, Treated
OR	Orthopedic, Referred
OT	Orthopedic, Treated
SR	Sickle Cell, Treated
ST	Sickle Cell, Referred
TR	Other, Referred
TT	Other, Treated
UR	Genito-Urinary, Referred
UT	Genito-Urinary, Treated
VR	Vision, Referred
VT	Vision Treated

206 Restrict Benefit Plan Code -- CDE_RESTRICT_BEN

206.1 Table Name -- T_CDE_MSIS_RESTRICT_BEN

206.1.1 Restrict Benefit Plan Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RESTRICT_BEN	A code indicating the scope of Medicaid benefits to which an eligible is entitled during each month.	CHAR	1	0	Yes

206.1.1.1 Restrict Benefit Plan Code Values

Code	Description
0	Individual is not eligible for Medicaid during the month.
1	Individual is eligible for Medicaid and entitled to the full scope of Medicaid benefits.
2	Individual is eligible for Medicaid but only entitled to restricted benefits based on alien status.
3	Individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status (e.g., QMB, SLMB, QDWI, QI).
4	Individual is eligible for Medicaid but only entitled to restricted benefits for pregnancy-related services.
5	Individual is eligible for Medicaid 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).
6	Individual is eligible for Medicaid but only entitled to restricted benefits for family planning services.
7	Individual is eligible for Medicaid and entitled to Medicaid benefits under an alternative package of benchmark-equivalent coverage.
9	Individuals benefit restrictions are unknown.

207 Return Correspondence Reason Code -- CDE_REASON_FOUR

207.1 Table Name -- T_RTS_REASON

207.1.1 Return Correspondence Reason Code Information

Subsystem: Financial

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	A code which represents the reason why correspondence received by the account is being returned to the sender.	CHAR	4	0	Yes

207.1.1.1 Return Correspondence Reason Code Values

Code	Description
01	Provider Refund - Health Insurance Paid (TPL)
02	Provider Refund - Member/Relatives
03	Provider Refund - Casualty Insurance Paid (TPL)
04	Provider Refund - Paid Wrong Vendor
05	Provider Refund - Refund Applied to A/R
06	Provider Refund - Processing Error
07	Provider Refund - Billing Error
08	Provider Refund - Fraud
09	Provider Refund - Abuse
10	Provider Refund - Duplicate Payment
11	Provider Refund - Cost Settlement (Req FYE)
12	Provider Refund - Other/Unknown
13	Accounts Receivable - Fraud
14	Accounts Receivable - Abuse
15	Accounts Receivable - TPL
16	Accounts Receivable - Cost Settlement (Req FYE)
17	Accounts Receivable - Fiscal Agent Requested
18	Accounts Receivable - Duplicate Payment
19	Accounts Receivable - State Requested Other

Code	Description
20	Accounts Receivable - Other - SURS
21	Recoupment - Fraud
22	Recoupment - Abuses
23	Recoupment - Health Insurance (TPL)
24	Recoupment - Casualty Insurance (TPL)
25	Recoupment - Member/Relative Paid (TPL)
26	Recoupment - Processing Error
27	Recoupment - Billing Error
28	Recoupment - Cost Settlement (Requires a FYE date)
29	Recoupment - Duplicate Payment
30	Recoupment - Paid Wrong Vendor
31	Recoupment - SURS
33	Payout - Error On Refund
34	Payout - RTP
35	Payout - Cost Sett (Req FYE)
36	Payout - Other
37	Recoupment - Medicare Paid (TPL)
38	Recoupment - Medicare Paid (TPL)
39	Recoupment - Other TPL Reason (TPL)
40	Provider Refund - Other TPL RSN
41	Acct Recv - Patient Assessment
42	Acct Recv - Orthodontic Fee
43	Acct Receivable _ KenPAC
44	Acct Recv - Other State Branch
45	Acct Receivable - Other
46	Acct Receivable - TPL Contractor
47	Acct Recv Demand Payment Update 1099
48	Acct Recv Demand Payment No 1099

Code	Description
49	PCG Part A Recoveries
50	Recoupment - Cold Check
51	Recoupment - Patient Assessment
52	Recoupment - Orthodontic Fee
53	Recoupment - KenPAC
54	Recoupment - Other State Branch
55	Recoupment - Other
56	Recoupment - TPL Contractor
57	Acct Recv - Advance Payment
58	Recoupment - Advance Payment
62	Claim Cr - Paid Medicaid vs X - Over
70	Payout Physician Settlement
71	ENC Data Unacceptable
72	AR Overage LT99
77	Recip Intentional PGM Violate
82	Converted Adjustments
8436	A/R decrease - cash receipt applied
8437	A/R decrease - provider over - refund applied
8438	A/R decrease liquidating A/R
8440	A/R write-off
8441	A/R decrease -claim offset applied
8999	A/R decrease - claim offset applied - Orig Recoup
91	Beginning Credit Balance
92	Ending Credit Balance
A	INC/DEC TO AMOUNT REQUESTED
AA	PCG 2 Medicare Part A Recoveries
B	INC/DEC AMT-RECVD-RECOUP AND CASH RECEIPT
CB	PCG 2 AR CDR Hosp

Code	Description
CC	Converted Claim Credit Balance
CO	Conversion
DR	Deceased Member Recoupments
ID	Interest decrease
II	Interest increase
IP	Impact Plus
IR	Interest Received
IS	Interest calculation setup
MS	Recoupment - Post Pmt Rev(Myers and Stauffer)
OR	On demand Recoup Refund
P	DISPO POSTING FROM CASH RECEIPT
R	RECOUPMENT
RP	Recoup Payout
RR	Recoup Refund
SS	State Share Only
UA	Fiscal Agent Medicare Part A Recoup
XO	reg.psych.crossover refund

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208 Revenue Types Code -- SAK_REV_TYPE

208.1 Table Name -- T_REV_TYPE

208.1.1 Revenue Types Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REV_TYPE	System assigned key for a unique revenue type, that represents a single or collection of revenue codes.	NUMBER	9	0	Yes

208.1.1.1 Revenue Types Code Values

Code	Description
1	Emergency Room
2	Surgery
3	Treatment Room
4	Stand Alone
5	Osteopath
6	Professional Fee
7	Transportation
8	Inpatient
9	Take Home Drugs
10	Recovery Room
11	Laboratory
12	Radiology
13	Add On
14	Emergency Needed
15	Inc in Treat Room
16	Ancillary
17	Accommodation
18	Coronary Care

Code	Description
19	Non Coronary Care
20	Blood
21	Inpatient Ancillary
22	Inpatient Accommodation
23	Hospital Leave
24	Nurse Hm Ancillary Subset
25	Old Home Health Ancillary
26	SNF/ICF Mental Hlth Aged
27	Mental Health
28	HBO Therapy
29	Medicare B Covered
30	Medicare A Covered
31	Old Home Health Accom
32	Semi Private Accomodation
33	Private Room Accomodationsdfdfsdfsdfsdfd
34	LTC Therapeutic Leave
35	LTC Hospital Leave
36	PAS Inpatient
37	No HCPC Code required
38	ROOM/BOARD 3 AND 4 BED
39	NO ELECTRONIC BILLING TPL
40	1 bed psych
41	2 bed psych
42	3/4 bed psych
43	Hospice Rev Codes
44	Hospice - Routine Care
45	Hospice - Continuous Care
46	Hospice - Inpatient Care

Code	Description
47	Hospice - General Inpatient
48	Hospice - Nursing Home
49	Hospice - Physician
50	Hospice - Leave Days
51	Hospice Rev Codes - Multiple units
52	Hospice - Nursing Home - QMB
53	Hospital Leave Days
54	Therapeutic Leave Days
55	Non-covered Psych Leave Days
56	Renal Dialysis Multiple Units
102	test
1001	ICU / CCU Care
1002	Outpatient Routine Care
1003	Accommodation
1004	LTC Accommodation
1005	Delivery Room
1006	Detoxification
1007	Emergency Room
1008	Surgery
1009	Burn Care
1010	NICU Care
1011	ICU / CCU Care
1012	Supplies
1013	Home Health Restriction
1014	Rural Health
1015	Clinic
1016	Dialysis
1017	Surgical Care

Code	Description
1018	Epogen
1019	Leave Days
1020	LTC Leave Days
1024	Lab Xray
1025	Renal Dialysis
1029	Other OP Max Fee Pricing
1031	REVENUE CODE GROUP TEST
1032	Home Health Revenue Code Exception
1034	Payable revenue codes with revenue code 240
1035	Birthing Center
1039	Hospital Leave Days
1040	Ancillary Revenue Codes
1041	Revenue codes payable with revenue code 240
1050	Non covered rev codes for Transplant Pricing
1060	HCB/ADC Waiver CASE MANAGEMENT
1061	HCB/ADC Waiver HOMEMAKER
1062	HCB/ADC Waiver PERSONAL CARE SERVICES
1063	HCB/ADC Waiver RESPISE CARE SERVICES
1064	HCB/ADC Waiver ATTENDANT CARE
1065	HCB/ADC Waiver ASSESSMENT/CARE PLANNING
1066	HCB/ADC Waiver MINOR HOME ADAPTATIONS
1067	HCB/ADC Waiver REGISTERED NURSE
1068	HCB/ADC Waiver LICENSED PRACTICAL NURSE
1069	HCB/ADC Waiver RESPIRATORY
1080	OPASC surgery codes
3001	date span vs units - edit exemption - current
3002	HOSPICE REVENUE CODES
3003	REV CODES IN CONFLICT WITH ANCILIARY

Code	Description
3012	KY All Inclusive Accommodation for Edit 961
3013	KY All Inclusive Ancillary for Edit 961
3015	LTG Exempt Ancillary for Edit 961
3016	General Inpatient Respite Care
3018	Professional Fees Not Billable with Emergency Room
3020	Eligible Medicare Rev Codes for Hospice
3025	KY Rev Codes Outptnt Copay Exemption
3026	Hospice Rev Codes Exclude - Patient Liab

209 Provider Review Reason Code -- CDE_REV_RSN

209.1 Table Name -- T_PR_CDE_REVIEW_REASON

209.1.1 Provider Review Reason Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REV_RSN	Code depicting the reason a provider has been placed on review.	CHAR	1	0	Yes

209.1.1.1 Provider Review Reason Code Values

Code	Description
1	1 State placed review
2	2 HP Enterprise Services placed reviews
3	3 Other Reasons

210 Review Reason Code -- CDE_REVIEW_REASON

210.1 Table Name -- T_RE_REV_RSN

210.1.1 Review Reason Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVIEW_REASON	Code indicating the reason the recipient was put on review.	CHAR	1	0	Yes

210.1.1.1 Review Reason Code Values

Code	Description
1	1 Utilization Review
2	2 Medical Review
3	3 Dental Review
4	4 Overpayment Review
5	5 Other
8	8 Procedure Review
9	9 Board Review
A	A Official Approval Rv
B	B Review Reason
7	7 Financial Review
6	6 Description Review

211 Review Requestor Code -- CDE_REV_REQ

211.1 Table Name -- T_RE_REV_REQ

211.1.1 Review Requestor Code Information

Subsystem: Member

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REV_REQ	Code indicating the requestor that decided the recipient should be put on review	CHAR	1	0	No

211.1.1.1 Review Requestor Code Values

Code	Description
A	MSD, Executive Office
C	Dental Consultant
D	Payments/Services
E	SUR/S
G	CCU
H	Policy
I	TPL
J	Claims
K	Other
Z	Provider/Member Maintenance

212 Review Type Code -- CDE_REVIEW_TYPE

212.1 Table Name -- T_PR_CDE_REVIEW

212.1.1 Review Type Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVIEW_TYPE	Code depicting the type of review or agency conducting the review.	CHAR	1	0	Yes

212.1.1.1 Review Type Code Values

Code	Description
A	OAG Review (Attorney General)
C	CMS Review
D	DMS Review
E	DEPP Review
I	OIG Review (Inspector General)
K	KBML Review
T	Transportation County Restriction
Z	Other Law Enforcement Agency Review

213 SCHIP Code -- CDE_SCHIP

213.1 Table Name -- T_CDE_MSIS_SCHIP

213.1.1 SCHIP Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SCHIP	A code indicating the individual's inclusion in the SCHIP program for the month.	CHAR	1	0	Yes

213.1.1.1 SCHIP Code Values

Code	Description
0	Individual was not a Medicaid eligible and not eligible for SCHIP for the month
1	Individual was Medicaid eligible, but was not included in either Medicaid expansion SCHIP OR a separate title XXI SCHIP program for the month
2	Individual was included in the Medicaid expansion SCHIP program and subject to enhanced Federal matching for the month
3	Individual was not Medicaid eligible, but was included in a non-Medicaid expansion title XXI SCHIP program for the month. Inclusion of MSIS eligibility records for these non-Medicaid SCHIP individuals is optional.
9	SCHIP status unknown

214 Screening Type Code -- ID_SCREEN

214.1 Table Name -- T_RE_EPSDT_SCREEN

214.1.1 Screening Type Code Information

Subsystem: EPSDT

Column Name	Description	Type	Length	Precision	Primary Key
ID_SCREEN	Is the key to identifying screenings that are to be performed for EPSDT eligible Members.	NUMBER	9	0	Yes

214.1.1.1 Screening Type Code Values

Code	Description
1	History Initial/Interval
1	Oral Hygiene Counseling (2)
2	Height and Weight
2	Injury Prevention Counseling (3)
3	Head Circumference
3	Dietary Counseling (4)
4	Blood Pressure
4	Counseling for Non-nutritive Habits (5)
5	Vision
5	Fluoride Supplementation (6)
6	Hearing
6	Assess Oral Growth & Development (7)
7	Developmental/Behavioral
7	Clinical Oral Exam
8	Physical Examination
8	Prophylaxis and Topical Fluoride Treatment (8)
9	Hereditary/Metabolic Screening
9	Radiographic Assessment (9)
10	Immunization

Code	Description
10	Treatment of Dental Injury
11	Hematocrit or Hemoglobin
11	Assessment & Treatment of Developing Malocclusion
12	Urinalysis
12	Substance Abuse Counseling
13	Lead Screening
13	Referral for regular and Periodic Dental Care
14	Tuberculin Test
14	Anticipatory Guidance (10)
15	Cholesterol Screening
15	Dental Assessment
16	STD Screening
17	Pelvic Exam
18	Injury Prevention
19	Violence Prevention
20	Sleep Positioning Counseling
21	Nutrition Counseling
22	Dental Referral

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215 Special Condition Code -- CDE_SPEC_COND

215.1 Table Name -- T_MC_SPEC_COND

215.1.1 Special Condition Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SPEC_COND	Code representing the special condition.	CHAR	3	0	No

215.1.1.1 Special Condition Code Values

CODE	DESCRIPTION
HRR	High Risk Member
MMM	testing
MMM	testing
SNM	Special Needs Member

216 State Code -- CDE_STATE

216.1 Table Name -- T_STATE

216.1.1 State Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATE	The two byte state abbreviation.	CHAR	2	0	Yes

216.1.1.1 State Code Values

Code	Description
AB	Alberta
AK	Alaska
AL	Alabama
AR	Arkansas
AS	American Samoa
AZ	Arizona
BC	British Columbia
CA	California
CO	Colorado
CT	Connecticut
DC	Distr of Columbia
DE	Delaware
FL	Florida
GA	Georgia
GU	Guam
HI	Hawaii
IA	Iowa
ID	Idaho
IL	Illinois
IN	Indiana
KS	Kansas

Code	Description
KY	Kentucky
LA	Louisiana
MA	Massachusetts
MB	Manitoba
MD	Maryland
ME	Maine
MI	Michigan
MN	Minnesota
MO	Missouri
MS	Mississippi
MT	Montana
NB	New Brunswick
NC	North Carolina
ND	North Dakota
NE	Nebraska
NF	Newfoundland
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NS	Nova Scotia
NT	Northwest Territory
NV	Nevada
NY	New York
OH	Ohio
OK	Oklahoma
ON	Ontario
OR	Oregon
PA	Pennsylvania

Code	Description
PE	Prince Edward Is
PQ	Quebec
PR	Puerto Rico
RI	Rhode Island
SC	South Carolina
SD	South Dakota
SK	Saskatchewan
TN	Tennessee
TT	Trust Territory
TX	Texas
UT	Utah
VA	Virginia
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming
YT	Yukon Territory

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217 State Agency Code -- CDE_AGENCY

217.1 Table Name -- T_PR_STATE_AGENCY

217.1.1 State Agency Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGENCY	This is the State Agency Code.	CHAR	2	0	Yes

217.1.1.1 State Agency Code Values

Code	Description
CW	Commonwealth
IP	Impact Plus
PS	Partnership
SB	School Based EPSDT

218 State Region Code -- CDE_MC_REGION

218.1 Table Name -- T_MC_REGION

218.1.1 State Region Code Information

Subsystem: Managed Care

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	Yes

218.1.1.1 State Region Code Values

Code	Description
01	MEDICAL REGION 01
02	MEDICAL REGION 02
03	MEDICAL REGION 03
04	MEDICAL REGION 04
05	MEDICAL REGION 05
06	MEDICAL REGION 06
07	MEDICAL REGION 07
08	MEDICAL REGION 08
09	MEDICAL REGION 09
TRN01	TRANSPORTATION REGION 01
TRN02	TRANSPORTATION REGION 02
TRN03	TRANSPORTATION REGION 03
TRN04	TRANSPORTATION REGION 04
TRN05	TRANSPORTATION REGION 05
TRN06	TRANSPORTATION REGION 06
TRN07	TRANSPORTATION REGION 07
TRN08	TRANSPORTATION REGION 08
TRN09	TRANSPORTATION REGION 09

Code	Description
TRN10	TRANSPORTATION REGION 10
TRN11	TRANSPORTATION REGION 11
TRN12	TRANSPORTATION REGION 12
TRN13	TRANSPORTATION REGION 13
TRN14	TRANSPORTATION REGION 14
TRN15	TRANSPORTATION REGION 15
TRN16	TRANSPORTATION REGION 16
ZIP01	Zip Group 1
ZIP02	Zip Group 2
ZIP03	Zip Group 3
ZIP04	Zip Group 4
ZIP05	Zip Group 5
ZIP06	Zip Group 6

219 Suspect Code -- CDE_SUSPECT

219.1 Table Name -- T_SUSPECT_CODE

219.1.1 Suspect Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SUSPECT	This field identifies the TPL suspect code which identifies whether a TPL resource is suspect and, if so, how it was determined to be suspect.	CHAR	1	0	Yes

219.1.1.1 Suspect Code Values

Code	Description
1	VALID
2	SYSTEM
3	MANUAL
4	VOID
5	KAMES / SSA

220 TANF Cash Code -- CDE_TANF_CASH

220.1 Table Name -- T_CDE_MSIS_TANF_CASH

220.1.1 TANF Cash Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TANF_CASH	A code indicating whether the eligible received Temporary Assistance for Needy Families (TANF) benefits during the month.	CHAR	1	0	Yes

220.1.1.1 TANF Code Values

Code	Description
0	Individual was not eligible for Medicaid at any time during the month.
1	Individual did not receive TANF benefits during the month.
2	Individual did receive TANF benefits during the month.(States should only use this value if they can accurately separate eligibles receiving TANF benefits from other 1931 eligibles reported into MAS 1)
9	Individual TANF status is unknown

221 Taxonomy Code -- CDE_TAXONOMY

221.1 Table Name -- T_PR_TAXONOMY_CDE

221.1.1 Taxonomy Code Information

Subsystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TAXONOMY	This is the 10 character taxonomy code.	CHAR	10	0	No

221.1.1.1 Taxonomy Code Values

Code	Description
100000000X	Behavioral Health&Social Service
101Y00000X	Counselor
101YA0400X	Counselor - Addiction (Substance Use Disorder)
101YM0800X	Counselor - Mental Health
101YP1600X	Counselor - Pastoral
101YP2500X	Counselor - Professional
101YS0200X	Counselor - School
102L00000X	Psychoanalyst
103G00000X	Neuropsychologist - Clinical Neuropsychologist
103GC0700X	Neuropsychologist - Clinical
103S00000X	Psychoanalyst
103SA1400X	Psychoanalyst - Associate
103SA1800X	Psychoanalyst - Affiliate
103T00000X	Psychologist
103TA0400X	Psychologist - Addiction (Substance Use Disorder)
103TA0700X	Psychologist - Adult Development & Aging
103TB0200X	Psychologist - Cognitive & Behavioral
103TC0700X	Psychologist - Clinical
103TC1900X	Psychologist - Counseling
103TC2200X	Psychologist - Clinical Child & Adolescent
103TE1000X	Psychologist - Educational

Code	Description
103TE1100X	Psychologist - Exercise & Sports
103TF0000X	Psychologist - Family
103TF0200X	Psychologist - Forensic
103TH0004X	Psychologist - Health
103TH0100X	Psychologist - Health Service
103TM1700X	Psychologist - Men & Masculinity
103TM1800X	Psychologist - Mental Retardation & Developmental Disabilities
103TP0016X	Psychologist - Prescribing (Medical)
103TP0814X	Psychologist - Psychoanalysis
103TP2700X	Psychologist - Psychotherapy
103TP2701X	Psychologist - Group Psychotherapy
103TR0400X	Psychologist - Rehabilitation
103TS0200X	Psychologist - School
103TW0100X	Psychologist - Women
104100000X	Social Worker
1041C0700X	Social Worker - Clinical
1041S0200X	Social Worker - School
106H00000X	Marriage & Family Therapist
111N00000X	Chiropractor
111NI0013X	Chiropractor - Independent Medical Examiner
111NI0900X	Chiropractor - Internist
111NN0400X	Chiropractor - Psychiatry & Neurology: Neurology
111NN1001X	Chiropractor - Nutrition
111NR0200X	Chiropractor - Radiology: Radiology
111NR0400X	Chiropractic: Rehabilitation
111NS0005X	Chiropractor - Sports Physician
111NT0100X	Chiropractor - Uncategorized: Thermography
111NX0100X	Chiropractor - Uncategorized: Occupational Medicine

Code	Description
111NX0800X	Chiropractor - Uncategorized: Orthopedic
122300000X	Dentist
1223D0001X	Dentist - Dental Public Health
1223E0200X	Dentist - Endodontics
1223G0001X	Dentist - General Practice
1223P0106X	Dentist - Pathology
1223P0221X	Dentist - Pediatrics Dentistry (Pedodontics)
1223P0300X	Dentist - Periodontics
1223P0700X	Dentist - Prosthodontics
1223S0112X	Dentist - Surgery
1223X0008X	Dentist - Oral and Maxillofacial Radiology
1223X0400X	Dentist - Orthodontics
122400000X	Denturist
124Q00000X	Dental Hygienist
126800000X	Dental Assistant
126900000X	Dental Laboratory Technician
132700000X	Dietary Manager
1327D0700X	Dietary Management
133N00000X	Nutritionist
133NN1002X	Nutrition
133V00000X	Dietician
133VN1004X	Dietician
133VN1005X	Dietician
133VN1006X	Dietician
136A00000X	Dietetic Technician
146D00000X	Emergency Medical Serice-Personal emergency Response Attendant
146L00000X	Emergency Medical Technician
146M00000X	Emergency Medical Technician

Code	Description
146N00000X	Emergency Medical Technician
152W00000X	Optometrist
152WC0800X	Optometrist - Contact Lens
152WC0802X	Optometrist - Corneal&Contact Mgmt
152WL0500X	Optometrist - Low Vision
152WP0200X	Optometrist - Pediatrics: Pediatrics
152WS0006X	Optometrist - Sports Vision
152WV0400X	Optometrist - Vision Therapy
152WX0102X	Optometrist - Occupational Vision
156F00000X	Technician/Technologist
156FC0800X	Technician/Technologist - Contact Lens
156FC0801X	Technician/Technologist - Contact Lens Fitter
156FX1100X	Technician/Technologist - Ophthalmic
156FX1101X	Technician/Technologist - Ophthalmic Medical Assistant
156FX1201X	Technician/Technologist - Optometric Assistant
156FX1202X	Technician/Technologist - Optometric Technician
156FX1700X	Technician/Technologist - Ocularist
156FX1800X	Technician/Technologist - Optician
156FX1900X	Technician/Technologist - Orthoptist
163W00000X	Registered Nurse
163WA0400X	Registered Nurse - Addiction (Substance Use Disorder)
163WA2000X	Registered Nurse - Administrator
163WC0200X	Registered Nurse - Uncategorized: Critical Care Medicine
163WC0400X	Registered Nurse - Case Management
163WC1400X	Registered Nurse - College Health
163WC1500X	Registered Nurse - Community Health
163WC1600X	Registered Nurse - Continuing Education/Staff Development
163WC2100X	Registered Nurse - Continence Care

Code	Description
163WC3500X	Registered Nurse - Cardiac Rehabilitation
163WD0400X	Registered Nurse - Diabetes Educator
163WD1100X	Registered Nurse - Dialysis
163WE0003X	Registered Nurse - Emergency
163WE0900X	Registered Nurse - Enterstomal Therapy
163WF0300X	Registered Nurse - Flight
163WG0000X	Registered Nurse - Uncategorized: General Practice
163WG0100X	Registered Nurse - Internal Medicine: Gastroenterology
163WG0600X	Registered Nurse - Gerontology
163WH0200X	Registered Nurse - Home Health
163WH0500X	Registered Nurse - Hemodialysis
163WH1000X	Registered Nurse - Hospice
163WI0500X	Registered Nurse - Infusion Therapy
163WI0600X	Registered Nurse - Infection Control
163WL0100X	Registered Nurse - Lactation Consultant
163WM0102X	Registered Nurse - Maternal Newborn
163WM0705X	Registered Nurse - Medical - Surgical
163WM1400X	Registered Nurse - Massage Therapy
163WN0002X	Registered Nurse - Neonatal Intensive Care
163WN0003X	Registered Nurse - Neonatal
163WN0300X	Registered Nurse - Internal Medicine: Nephrology
163WN0800X	Registered Nurse - Neuroscience
163WN1003X	Registered Nurse - Nutrition Support
163WP0000X	Registered Nurse - Pain Management
163WP0200X	Registered Nurse - Pediatrics: Pediatrics
163WP0218X	Registered Nurse - Pediatric Oncology
163WP0807X	Registered Nurse - Psychiatric/Mental Health
163WP0808X	Registered Nurse - Psychiatric/Mental Health

Code	Description
163WP0809X	Registered Nurse - Psychiatric/Mental Health
163WP1700X	Registered Nurse - Perinatal
163WP2200X	Registered Nurse - Post - Anesthesia
163WP2201X	Registered Nurse - Post - Anesthesia
163WR0006X	Nursing Service: Nurse - Registered Nurse First Assistant
163WR0400X	Registered Nurse - Rehabilitation
163WR1000X	Registered Nurse - Reproductive Endocrinology/Infertility
163WS0121X	Registered Nurse - Plastic Surgery: Plastic Surgery
163WS0200X	Registered Nurse - School
163WU0100X	Registered Nurse - Urology: Urology
163WW0000X	Registered Nurse - Wound Care
163WW0101X	Registered Nurse - Women's Health Care
163WX0002X	Registered Nurse - Obstetric
163WX0003X	Registered Nurse - Obstetric
163WX0106X	Registered Nurse - Occupational Health
163WX0200X	Registered Nurse - Uncategorized: Oncology
163WX0601X	Registered Nurse - Uncategorized: Otorhinolaryngology & Head - Neck
163WX0800X	Registered Nurse - Uncategorized: Orthopedic
163WX1000X	Registered Nurse - Operating Room
163WX1100X	Registered Nurse - Ophthalmic
163WX1500X	Registered Nurse - Ostomy Care
164W00000X	Licensed Practical Nurse
164X00000X	Licensed Vocational Nurse
167G00000X	Nursing Service - Licensed Psychiatric Technician
170100000X	Medical Genetics: Ph.D. Medical Genetics
170300000X	Genetic Counselor
171000000X	Military Health Care Provider
1710I1002X	Military Health Care Provider - Independent Duty Corpsman

Code	Description
1710I1003X	Military Health Care Provider - Independent Duty Medical Technicians
171100000X	Acupuncturist
171M00000X	Other Service Providers: Case Manager/Care Coordinator
171R00000X	Other Service Providers: Interpreter
171W00000X	Contractor
171WH0202X	Home Modifications
171WV0202X	Other Service Providers: Contractor - Vehicle Modifications
172A00000X	Driver
172M00000X	Mechanotherapist
172P00000X	Naprapath
173000000X	Legal Medicine
173W00000X	Registered Nurse
174400000X	Specialist
1744G0900X	Specialist - Graphics Designer
1744P3200X	Specialist - Prosthetics Case Management
1744R1102X	Specialist - Research Study
1744R1103X	Specialist - Research Data Abstracter/Coder
174M00000X	Veterinarian
174MM1900X	Veterinarian - Medical Research
175F00000X	Naturopath
175L00000X	Homeopath
175M00000X	Midwife
176B00000X	Midwife
176P00000X	Funeral Director
177F00000X	Other Service Providers: Lodging
183500000X	Pharmacist
1835G0000X	Pharmacist - General Practice
1835G0303X	Pharmacist - Geriatric

Code	Description
1835N0905X	Pharmacist - Nuclear
1835N1003X	Pharmacist - Nutrition Support
1835P1200X	Pharmacist - Pharmacotherapy
1835P1300X	Pharmacist - Psychiatric
1835X0200X	Pharmacist - Oncology
183700000X	Pharmacist - Pharmacy Technician
184700000X	Technician
1847P3400X	Pharmacy
193200000X	Group - Multi-Specialty
193400000X	Group - Single Specialty
202C00000X	Independent Medical Examiner
202K00000X	Phlebology
203B00000X	Allopathic/Osteopathic
203BA0000X	Uncategorized: Adolescent Medicine
203BA0001X	Family Practice: Adolescent Medicine
203BA0002X	Internal Medicine: Adolescent Medicine
203BA0003X	Pediatrics: Adolescent Medicine
203BA0004X	Anesthesiology: Pediatric Anesthesiology
203BA0100X	Uncategorized: Aerospace Medicine
203BA0101X	Preventive Medicine: Aerospace Medicine
203BA0200X	Allergy & Immunology: Allergy
203BA0202X	Internal Medicine: Allergy & Immunology
203BA0300X	Anesthesiology: Anesthesiology
203BA0401X	Uncategorized: Addiction Medicine
203BA0501X	Uncategorized: Adolescent Only, Under 16
203BA0502X	Uncategorized: Adolescent Only, Under 21
203BA0503X	Uncategorized: Age Specific, Greater than 1 Year Old
203BA0504X	Uncategorized: Age Specific, Newborns Only

Code	Description
203BB0000X	Pathology: Blood Banking
203BB0001X	Pathology: Blood Banking & Transfusion Medicine
203BB0100X	Radiology: Body Imaging
203BC0000X	Internal Medicine: Cardiac Electrophysiology
203BC0001X	Internal Medicine: Clinical Cardiac Electrophysiology
203BC0100X	Internal Medicine: Cardiology
203BC0200X	Uncategorized: Critical Care Medicine
203BC0201X	Anesthesiology: Critical Care Medicine
203BC0202X	Internal Medicine: Critical Care Medicine
203BC0203X	Obstetrics & Gynecology: Critical Care Medicine
203BC0300X	Medical Genetics: Clinical Cytogenetics
203BC0500X	Pathology: Cytopathology
203BC2500X	Internal Medicine: Cardiovascular Disease
203BD0002X	Dermatology: Pediatric Dermatology
203BD0100X	Dermatology: Dermatology
203BD0101X	Dermatology: Dermatologic Micrographic Surgery
203BD0300X	Internal Medicine: Diabetes
203BD0900X	Pathology: Dermatopathology
203BD0901X	Dermatology: Dermatopathology
203BE0004X	Emergency Medicine: Emergency Medicine
203BE0005X	Emergency Medicine: Undersea and Hyperbaric Medicine
203BE0100X	Internal Medicine: Endocrinology
203BE0101X	Internal Medicine: Endocrinology, Diabetes & Metabolism
203BE0102X	Obstetrics & Gynecology: Reproductive Endocrinology
203BF0100X	Family Practice: Family Practice
203BF0201X	Pathology: Forensic Pathology
203BF0202X	Psychiatry & Neurology: Forensic Psychiatry
203BG0000X	Uncategorized: General Practice

Code	Description
203BG0100X	Internal Medicine: Gastroenterology
203BG0200X	Medical Genetics: Medical Genetics
203BG0201X	Medical Genetics: Clinical Genetics (M.D.)
203BG0202X	Medical Genetics: Clinical Biochemical Genetics
203BG0203X	Medical Genetics: Clinical Molecular Genetics
203BG0204X	Medical Genetics: Clinical Biochemical/Molecular Genetics
203BG0300X	Uncategorized: Geriatric Medicine
203BG0301X	Family Practice: Geriatric Medicine
203BG0302X	Uncategorized: Geriatric Medicine: General Practice
203BG0303X	Internal Medicine: Geriatric Medicine
203BG0400X	Obstetrics & Gynecology: Gynecology
203BH0000X	Uncategorized: Hematology
203BH0001X	Internal Medicine: Hematology
203BH0002X	Pathology: Hematology
203BH0003X	Uncategorized: Hematology & Oncology
203BI0001X	Internal Medicine: Clinical & Laboratory Immunology
203BI0002X	Dermatology: Clinical & Laboratory Dermatological Immunology
203BI0003X	Dermatology: Dermatological Immunology
203BI0004X	Uncategorized: Immunology: Laboratory , Diagnostic
203BI0005X	Allergy & Immunology: Clinical & Laboratory Immunology
203BI0006X	Internal Medicine: Clinical & Laboratory Immunology
203BI0007X	Pediatrics: Clinical & Laboratory Immunology
203BI0008X	Internal Medicine: Hepatology
203BI0009X	Internal Medicine: Pediatrics
203BI0010X	Internal Medicine: Pulmonary Critical Care Medicine
203BI0011X	Internal Medicine: Interventional Cardiology
203BI0100X	Pathology: Immunopathology
203BI0200X	Internal Medicine: Infectious Disease

Code	Description
203BI0300X	Internal Medicine: Internal Medicine
203BI0400X	Uncategorized: Infertility
203BL0000X	Uncategorized: Laboratory Medicine
203BL0001X	Legal Medicine
203BM0001X	Medical Genetics: Molecular Genetic Pathology
203BM0101X	Obstetrics & Gynecology: Maternal & Fetal Medicine
203BM0200X	Uncategorized: Medical Diseases of the Chest
203BM0300X	Pathology: Medical Microbiology
203BN0001X	Pediatrics: Neonatal - Perinatal Medicine
203BN0006X	Neurological Surgery: Pediatric Neurological Surgery
203BN0100X	Uncategorized: Neonatology
203BN0200X	Uncategorized: Neopathology
203BN0300X	Internal Medicine: Nephrology
203BN0400X	Psychiatry & Neurology: Neurology
203BN0402X	Psychiatry & Neurology: Child Neurology
203BN0500X	Pathology: Neuropathology
203BN0600X	Psychiatry & Neurology: Clinical Neurophysiology
203BN0700X	Radiology: Neuroradiology
203BN0900X	Nuclear Medicine: Nuclear Medicine
203BN0901X	Nuclear Medicine: Nuclear Cardiology
203BN0902X	Nuclear Medicine: Nuclear Imaging & Therapy
203BN0903X	Nuclear Medicine: In Vivo & In Vitro Nuclear Medicine
203BN0904X	Radiology: Nuclear Radiology
203BP0000X	Pain Management
203BP0001X	Anesthesiology: Pain Management
203BP0002X	Plastic Surgery: Craniofacial Surgery
203BP0003X	Pathology: Selective Pathology
203BP0004X	Physical Medicine and Rehabilitation: Spinal Cord Injury

Code	Description
203BP0005X	Psychiatry & Neurology: Neurodevelopmental Disabilities
203BP0006X	Pediatrics: Developmental - Behavioral Pediatrics
203BP0007X	Pathology: Molecular Genetic Pathology
203BP0008X	Pediatrics: Neurodevelopmental Disabilities
203BP0009X	Physical Medicine & Rehabilitation: Pain Management
203BP0010X	Physical Medicine & Rehabilitation: Pediatric Rehabilitation Medicine
203BP0011X	Preventive Medicine: Undersea and Hyperbaric Medicine
203BP0013X	Plastic Surgery: Plastic Surgery Within the Head and Neck
203BP0014X	Psychiatry & Neurology: Pain Management
203BP0100X	Pathology: Pathology
203BP0101X	Pathology: Anatomic Pathology
203BP0102X	Pathology: Anatomic Pathology & Clinical Pathology
203BP0103X	Pathology: Anatomic & Laboratory Medicine
203BP0104X	Pathology: Chemical Pathology
203BP0105X	Pathology: Clinical Pathology
203BP0107X	Pathology: Radioisotopic Pathology
203BP0200X	Pediatrics: Pediatrics
203BP0201X	Pediatrics: Allergy & Immunology
203BP0202X	Pediatrics: Pediatric Cardiology
203BP0203X	Pediatrics: Pediatric Critical Care Medicine
203BP0204X	Pediatrics: Pediatric Emergency Medicine
203BP0205X	Pediatrics: Pediatric Endocrinology
203BP0206X	Pediatrics: Pediatric Gastroenterology
203BP0207X	Pediatrics: Pediatric Hematology - Oncology
203BP0208X	Pediatrics: Pediatric Infectious Diseasess
203BP0209X	Pediatrics: Pediatric Intensive Care
203BP0210X	Pediatrics: Pediatric Nephrology
203BP0211X	Psychiatry & Neurology: Pediatric Neurology

Code	Description
203BP0212X	Otolaryngology: Pediatric Otolaryngology
203BP0213X	Pathology: Pediatric Pathology
203BP0214X	Pediatrics: Pediatric Pulmonology
203BP0215X	Radiology: Pediatric Radiology
203BP0216X	Pediatrics: Pediatric Rheumatology
203BP0220X	Pediatrics: Medical Toxicology
203BP0400X	Physical Medicine & Rehabilitation: Physical Medicine & Rehabilitation
203BP0500X	Preventive Medicine: General Preventive Medicine
203BP0600X	Uncategorized: Proctology
203BP0800X	Psychiatry & Neurology: Psychiatry
203BP0801X	Psychiatry & Neurology: Psychiatry & Neurology
203BP0802X	Psychiatry & Neurology: Addiction Psychiatry
203BP0803X	Psychiatry & Neurology: Child Psychiatry
203BP0804X	Psychiatry & Neurology: Child & Adolescent Psychiatry
203BP0805X	Psychiatry & Neurology: Geriatric Psychiatry
203BP0806X	Psychiatry & Neurology: Pediatric Psychiatry
203BP0901X	Preventive Medicine: Public Health & General Preventive Medicine
203BP0903X	Preventive Medicine: Public Health
203BP1001X	Internal Medicine: Pulmonary Disease
203BP1003X	Internal Medicine: Pulmonary Medicine
203BP1200X	Uncategorized: Pharmacotherapy
203BP1300X	Uncategorized: Psychopharmacy
203BP2600X	Uncategorized: Pharmacology, Clinical
203BP2900X	Uncategorized: Pain Medicine
203BP3700X	Internal Medicine: Peripheral Vascular Disease
203BR0001X	Radiology: Radiation Oncology
203BR0002X	Radiology: Radiation Therapy
203BR0004X	Radiology: Abdominal Radiology

Code	Description
203BR0005X	Radiology: Musculoskeletal Radiology
203BR0200X	Radiology: Radiology
203BR0201X	Radiology: Angiography & Interventional Radiology
203BR0202X	Radiology: Diagnostic Radiology
203BR0203X	Radiology: Therapeutic Radiology
203BR0204X	Radiology: Vascular & Interventional Radiology
203BR0205X	Radiology: Radiological Physics
203BR0300X	Uncategorized: Radium Therapy
203BR0402X	Physical Medicine & Rehabilitation: Rehabilitation Medicine
203BR0500X	Internal Medicine: Rheumatology
203BR0600X	Uncategorized: Rhinology
203BR0700X	Uncategorized: Roentgenology
203BR0701X	Uncategorized: Roentgenology, Diagnostic
203BS0000X	Uncategorized: Sports Medicine
203BS0001X	Emergency Medicine: Sports Medicine
203BS0002X	Family Practice: Sports Medicine
203BS0003X	Internal Medicine: Sports Medicine
203BS0004X	Pediatrics: Sports Medicine
203BS0008X	Sports Medicine - OMM
203BS0009X	Preventive Medicine: Sports Medicine
203BS0010X	Physical Medicine & Rehabilitation: Sports Medicine
203BS0100X	Surgery: General Surgery
203BS0101X	Colon & Rectal Surgery: Colon & Rectal Surgery
203BS0102X	Surgery: Surgical Critical Care
203BS0104X	Uncategorized: Surgery, Abdominal
203BS0105X	Surgery: Surgery of the Hand
203BS0106X	Orthopaedic Surgery: Hand Surgery
203BS0107X	Plastic Surgery: Hand Surgery

Code	Description
203BS0108X	Uncategorized: Surgery, Head & Neck
203BS0110X	Neurological Surgery: Neurological Surgery
203BS0111X	Uncategorized: Surgery, Obstetric & Gynecologic
203BS0113X	Orthopaedic Surgery: Orthopaedic Surgery
203BS0114X	Orthopaedic Surgery: Adult Reconstructive Surgery
203BS0115X	Uncategorized: Surgery, Orthopedic, Musculoskeletal Oncology
203BS0116X	Orthopaedic Surgery: Pediatric Orthopaedic Surgery
203BS0117X	Orthopaedic Surgery: Orthpaedic Surgery of the Spine
203BS0119X	Uncategorized: Surgery, Orthopedic, Trauma
203BS0120X	Surgery: Pediatric Surgery
203BS0121X	Plastic Surgery: Plastic Surgery
203BS0122X	Plastic Surgery: Plastic & Reconstructive Surgery
203BS0123X	Plastic Surgery: Facial Plastic Surgery
203BS0125X	Thoracic Surgery: Thoracic Surgery
203BS0126X	Uncategorized: Surgery, Thoracic Cardiovascular
203BS0127X	Uncategorized: Surgery, Traumatic
203BS0128X	Uncategorized: Surgery, Urological
203BS0129X	Surgery: Vascular Surgery
203BS0130X	Otolaryngology: Plastic Surgery within the Head and Neck
203BS0133X	Surgery: Cardiovascular Surgery
203BS0134X	Surgery: Micrographic Surgery
203BT0000X	Uncategorized: Toxicology, Medical
203BT0001X	Preventive Medicine: Medical Toxicology
203BT0002X	Emergency Medicine: Medical Toxicology
203BT0100X	Uncategorized: Thermography
203BU0001X	Radiology: Diagnostic Ultrasound
203BU0002X	Urology: Pediatric Urology
203BU0100X	Urology: Urology

Code	Description
203BU0300X	Preventive Medicine: Underseas Medicine
203BX0000X	Obstetrics & Gynecology: Obstetrics
203BX0001X	Obstetrics & Gynecology: Obstetrics & Gynecology
203BX0004X	Orthopaedic Surgery: Foot and Ankle Orthopedics
203BX0005X	Orthopaedic Surgery: Sports Medicine
203BX0006X	Opthalmology: Pediatric Opthalmology
203BX0100X	Uncategorized: Occupational Medicine
203BX0104X	Preventive Medicine: Occupational Medicine
203BX0105X	Preventive Medicine: Occupational - Environmental Medicine
203BX0200X	Uncategorized: Oncology
203BX0201X	Uncategorized: Oncology, Gynecologic
203BX0202X	Uncategorized: Oncology, Medical
203BX0300X	Ophthalmology: Ophthalmology
203BX0500X	Otolaryngology: Otolaryngology
203BX0600X	Uncategorized: Otorhinolaryngology
203BX0601X	Uncategorized: Otorhinolaryngology & Head - Neck
203BX0800X	Uncategorized: Orthopedic
203BX0900X	Otolaryngology: Otology
203BX0901X	Otolaryngology: Otology/Neurotology
203BX2100X	Uncategorized: Osteopathic Manipulative Medicine, Special Proficiency
204C00000X	Physician-Neuromusculoskeletal Medicine
204D00000X	Physician-Neuromusculoskeletal Medicine & OMM
204E00000X	Physician-Ophthalmology-Oral & Maxillofacial Surgery
204F00000X	Physician-Surgery-Transplant Surgery
207K00000X	Physician-Allergy & Immunology
207KA0200X	Physician-Allergy&Immunology-Allergy
207KI0005X	Physician-Allergy&Immunology-Immunology
207L00000X	Physician-Anesthesiology

Code	Description
207LA0401X	Physician-Anesthesiology-Addiction Medicine
207LC0200X	Physician-Anesthesiology-Critical Care Medicine
207LH0002X	Physician-Anesthesiology-Hospice and Palliative Medicine
207LP2900X	Physician-Anesthesiology-Pain Medicine
207LP3000X	Physician-Pediatric Anesthesiology
207N00000X	Physician-Dermatology
207ND0101X	Physician-Dermatology-MOHS-Micrographic Surgery
207ND0900X	Physician-Dermatology-Dermatopathology
207NI0002X	Physician-Dermatology-Clinical & Laboratory Dermatological Immunology
207NP0225X	Physician-Dermatology-Pediatric Dermatology
207NS0135X	Physician-Dermatology-Dermatological Surgery
207P00000X	Physician-Emergency Medicine
207PE0004X	Physician-Emergency Medicine-Emergency Medical Services
207PE0005X	Physician-Emergency Medicine-Undersea and Hyperbaric Medicine
207PH0002X	Physician-Emergency Medicine-Hospice and Palliative Medicine
207PP0204X	Physician-Emergency Medicine-Pediatric Emergency Medicine
207PS0010X	Physician-Emergency Medicine-Sports Medicine
207PT0002X	Physician-Emergency Medicine-Medical Toxicology
207Q00000X	Physician-Family Medicine
207QA0000X	Physician-Family Practice-Adolescent Medicine
207QA0401X	Physician-Family Practice-Addiction Medicine
207QA0505X	Physician-Family Practice-Adult Medicine
207QG0300X	Physician-Family Practice-Geriatric Medicine
207QH0002X	Physician-Family Medicine- Hospice and Palliative Medicine
207QS0010X	Physician-Family Practice-Sports Medicine
207R00000X	Physician-Internal Medicine
207RA0000X	Physician-Internal Medicine-Adolescent Medicine
207RA0201X	Physician-Internal Medicine-Allergy & Immunology

Code	Description
207RA0401X	Physician-Internal Medicine-Addiction Medicine
207RC0000X	Physician-Internal Medicine-Cardiovascular Disease
207RC0001X	Physician-Internal Medicine-Clinical Cardiac Electrophysiology
207RC0200X	Physician-Internal Medicine- Critical Care Medicine
207RE0101X	Physician-Internal Medicine-Endocrinology
207RG0100X	Physician-Internal Medicine-Gastroenterology
207RG0300X	Physician-Internal Medicine-Geriatric Medicine
207RH0000X	Physician-Internal Medicine-Hematology
207RH0002X	Physician-Internal Medicine-Hospice and Palliative Medicine
207RH0003X	Physician-Internal Medicine-Hematology&Oncology
207RI0001X	Physician-Internal Medicine-Clinical & Laboratory Immunology
207RI0008X	Physician-Internal Medicine-Hepatology
207RI0011X	Physician-Internal Medicine-Interventional Cardiology
207RI0200X	Physician-Internal Medicine-Infectious Disease
207RM1200X	Physician-Internal Medicine-Magnetic Resonance Imaging (MRI)
207RN0300X	Physician-Internal Medicine-Nephrology
207RP1001X	Physician-Internal Medicine- Pulmonary Disease
207RR0500X	Physician-Internal Medicine-Rheumatology
207RS0010X	Physician-Internal Medicine-Sports Medicine
207RS0012X	Physician-Internal Medicine-Sleep Medicine
207RX0202X	Physician-Internal Medicine-Medical Oncology
207SC0300X	Physician-Medical Genetics-Clinical Cytogenetic
207SG0201X	Physician-Medical Genetics-Clinical Genetics(M.D.)
207SG0202X	Physician-Medical Genetics -Clinical Biochemical Genetics
207SG0203X	Physician-Medical Genetics-Clinical Molecular Genetics
207SG0205X	Physician-Medical Genetics-Ph.D. Medical Genetics
207SM0001X	Physician-Medical Genetics-Molecular Genetic Pathology
207T00000X	Physician-Neurological Surgery

Code	Description
207U00000X	Physician-Nuclear Medicine
207UN0901X	Physician-Nuclear Medicine-Nuclear Cardiology
207UN0902X	Physician-Nuclear Medicine-Nuclear Imaging & Therapy
207UN0903X	Physician-Nuclear Medicine-In Vivo & In Vitro Nuclear Medicine
207V00000X	Physician-Obstetrics & Gynecology
207VC0200X	Physician-Obstetrics & Gynecology-Critical Care Medicine
207VE0102X	Physician-Obstetrics & Gynecology- Reproductive Endocrinology
207VG0400X	Physician-Obstetrics & Gynecology-Gynecology
207VH0002X	Physician-Obstetrics & Gynecology-Hospice and Palliative Medicine
207VM0101X	Physician-Obstetrics & Gynecology-Maternal & Fetal Medicine
207VX0000X	Physician-Obstetrics & Gynecology- Obstetrics
207VX0201X	Physician-Obstetrics & Gynecology-Gynecologic Oncology
207W00000X	Physician-Ophthalmology
207X00000X	Physician-Orthopaedic Surgery
207XP3100X	Physician-Pediatric Orthopaedic Surgery
207XS0106X	Physician-Orthopaedic Surgery-Hand Surgery
207XS0114X	Physician-Orthopaedic Surgery-Adult Reconstructive Orthopaedic Surgery
207XS0117X	Physician-Orthopaedic Surgery- Orthopaedic Surgery of the Spine
207XX0004X	Physician-Orthopaedic Surgery-Foot and Ankle Orthopaedics
207XX0005X	Physician-Orthopaedic Surgery-Sports Medicine
207XX0801X	Physician-Orthopaedic Surgery- Orthopaedic Trauma
207Y00000X	Physician-Otolaryngology
207YP0228X	Physician-Otolaryngology-Pediatric Otolaryngology
207YS0012X	Physician-Otolaryngology-Sleep Medicine
207YS0123X	Physician-Otolaryngology-Facial Plastic Surgery
207YX0007X	Physician-Otolaryngology-Plastic Surgery within the Head & Neck
207YX0602X	Physician-Otolaryngology-Otolaryngic Allergy
207YX0901X	Physician-Otolaryngology- Otology & Neurotology

Code	Description
207YX0905X	Physician-Otolaryngology-Otolaryngology/Facial Plastic Surgery
207Z00000X	Physician-Pathology
207ZB0001X	Physician-Pathology-Blood Banking & Transfusion Medicine
207ZC0500X	Physician-Pathology-Cytopathology
207ZD0900X	Physician-Pathology-Dermatopathology
207ZF0201X	Physician-Pathology-Forensic Pathology
207ZH0000X	Physician-Pathology-Hematology
207ZI0100X	Physician-Pathology-Immunopathology
207ZM0300X	Physician-Pathology-Medical Microbiology
207ZN0500X	Physician-Pathology-Neuropathology
207ZP0007X	Physician-Pathology-Molecular Genetic Pathology
207ZP0101X	Physician-Pathology-Anatomic Pathology
207ZP0102X	Physician-Pathology-Anatomic Pathology & Clinical Pathology
207ZP0104X	Physician-Pathology-Chemical Pathology
207ZP0105X	Physician-Pathology-Clinical Pathology/Laboratory Medicine
207ZP0213X	Physician-Pathology-Pediatric Pathology
208000000X	Physician-Pediatrics
2080A0000X	Physician-Pediatrics-Adolescent Medicine
2080H0002X	Physician-Pediatrics-Hospice and Palliative Medicine
2080I0007X	Physician-Pediatrics-Clinical&Lab Immunology
2080N0001X	Physician-Pediatrics-Neonatal Perinatal Medicine
2080P0006X	Physician-Pediatrics-Developmental Behavorial Pediatrics
2080P0008X	Physician-Pediatrics-Neurodevelopmental Disabilities
2080P0201X	Physician-Pediatrics-Pediatric Allergy & Immunology
2080P0202X	Physician-Pediatrics-Pediatric Cardiology
2080P0203X	Physician-Pediatrics-Pediatric Critical Care Medicine
2080P0204X	Physician-Pediatrics-Pediatric Emergency Medicine
2080P0205X	Physician-Pediatrics-Pediatric Endocrinology

Code	Description
2080P0206X	Physician-Pediatrics-Pediatric Gastroenterology
2080P0207X	Physician-Pediatrics-Pediatric Hematology Oncology
2080P0208X	Physician-Pediatric-Pediatric Infectious Diseases
2080P0210X	Physician-Pediatrics-Pediatric Nephrology
2080P0214X	Physician-Pediatrics-Pediatric Pulmonology
2080P0216X	Physician-Pediatrics-Pediatric Rheumatology
2080S0010X	Physician-Pediatrics-Sports Medicine
2080S0012X	Physician-Pediatrics-Sleep Medicine
2080T0002X	Physician-Pediatrics-Medical Toxicology
208100000X	Physician-Physical Medicine&Rehab
2081H0002X	Physician-Physical Medicine&Rehab-Hospice and Palliative Medicine
2081P0004X	Physician-Physical Medicine&Rehab-Spinal Cord Injury Medicine
2081P0010X	Physician-Physical Medicine&Rehab-Pediatric Rehab Medicine
2081P2900X	Physician-Physical Medicine&Rehab-Pain Medicine
2081S0010X	Physician-Physical Medicine&Rehab-Sports Medicine
208200000X	Physician-Plastic Surgery
2082S0099X	Physician-Plastic Surgery-Plastic Surgery within the Head and Neck
2082S0105X	Physician-Plastic Surgery-Surgery of the Hand
2083A0100X	Physician-Preventive Medicine-Aerospace Medicine
2083P0011X	Physician-Preventive Medicine-Undersea&Hyperbaric Medicine
2083P0500X	Physician-Preventive Medicine-Preventive Med/Occupational Environmental Med
2083P0901X	Physician-Preventive Medicine-Public Health&General Preventive Medicine
2083S0010X	Physician-Preventive Medicine-Sports Medicine
2083T0002X	Physician-Preventive Medicine-Medical Toxicology
2083X0100X	Physician-Preventive Medicine-Occupational Medicine
2084A0100X	Physician-Psychiatry&Neurology-Addiction Medicine
2084D0003X	Physician-Psychiatry&Neurology-Diagnostic Neuroimaging
2084F0202X	Physician-Psychiatry&Neurology-Forensic Psychiatry

Code	Description
2084H0002X	Physician-Psychiatry&Neurology-Hospice and Palliative Medicine
2084N0400X	Physician-Psychiatry&Neurology-Neurology
2084N0402X	Physician-Psychiatry&Neurology-Neurology with Special Qual in Child Neurolo
2084N0600X	Physician-Psychiatry&Neurology-Clinical Neurophysiology
2084P0005X	Physician-Psychiatry&Neruology-Neurodevelopmental Disabilities
2084P0015X	Physician-Psychiatry&Neurology-Psychosomatic Medicine
2084P0800X	Physician-Psychiatry&Neurology-Psychiatry
2084P0802X	Physician-Psychiatry&Neurology-Addiction Psychiatry
2084P0804X	Physician-Psychiatry&Neurolgy-Child&Adolescent Psychiatry
2084P0805X	Physician-Psychiatry&Neurolgy-Geriatric Psychiatry
2084P2900X	Physician-Psychiatry&Neurology-Pain Medicine
2084S0010X	Physician-Psychiatry&Neurology-Sports Medicine
2084S0012X	Physician-Psychiatry&Neurology-Sleep Medicine
2084V0102X	Physician-Psychiatry&Neurology-Vascular Neurology
208500000X	Physician-Radiology
2085B0100X	Physician-Radiology-Body Imaging
2085D0003X	Physician-Radiology-Diagnostic Neuroimaging
2085H0002X	Physician-Radiology-Hospice and Palliative Medicine
2085N0700X	Physician-Radiology-Neuradiology
2085N0904X	Physician-Radiology-Nuclear Radiology
2085P0229X	Physician-Radiology-Pediatric Radiology
2085R0001X	Physician-Radiology-Radiation Oncology
2085R0202X	Physician-Radiology-Diagnostic Radiology
2085R0203X	Physician-Radiology-Therapeutic Radiology
2085R0204X	Physician-Radiology-Vascular&Interventional Radiology
2085R0205X	Physician-Radiology-Radiological Physics
2085U0001X	Physician-Radiology-Diagnostic Ultrasound
208600000X	Physician-Surgery

Code	Description
2086H0002X	Physician-Surgery-Hospice and Palliative Medicine
2086S0102X	Physician-Surgery-Surgical Crigical Care
2086S0105X	Physician-Surgery-Surgery of the Hand
2086S0120X	Physician-Surgery-Pediatric Surgery
2086S0122X	Physician-Surgery-Plastic&Reconstructive Surgery
2086S0127X	Physician-Surgery-Trauma Surgery
2086S0129X	Physician-Surgery-Vascular Surgery
2086X0206X	Physician-Surgery-Surgical Oncology
208800000X	Physician-Surgery-Urology
2088P0231X	Physician-Urology-Pediatric Urology
208C00000X	Physician-Colon & Rectal Surgery
208D00000X	Physician-General Practice
208G00000X	Physician-Surgery-Thoracic Surgery(Cardiothoracic Vascular Surgery)
208M00000X	Physician-Hospitalist
208U00000X	Physician-Clinical Pharmacology
208VP0000X	Physician-Pain Medicine-Pain Management
208VP0014X	Physician-Pain Medicine-Interventional Pain medicine
209800000X	Physician-Legal Medicine
211D00000X	Assistant
213E00000X	Podiatrist
213EG0000X	Podiatrist - Uncategorized: General Practice
213EP0504X	Podiatrist - Preventive Medicine: Public Health
213EP1101X	Podiatrist - Primary Podiatric Medicine
213ER0200X	Podiatrist - Radiology: Radiology
213ES0000X	Podiatrist - Uncategorized: Sports Medicine
213ES0103X	Podiatrist - Surgery
213ES0131X	Podiatrist - Surgery
221700000X	Art Therapist

Code	Description
222Q00000X	Developmental Therapist
222Z00000X	Orthotist
224P00000X	Prosthetist
224Z00000X	Occupational Therapy Assistant
225000000X	Orthotics/Prosthetics Fitter
225100000X	Physical Therapist
2251C0400X	Physical Therapist - Case Management
2251C2600X	Physical Therapist - Cardiopulmonary
2251E1200X	Physical Therapist - Ergonomics
2251E1300X	Physical Therapist - Electrophysiology
2251G0304X	Physical Therapist - Geriatrics
2251H1200X	Physical Therapist - Hand
2251H1300X	Physical Therapist - Human Factors
2251N0400X	Physical Therapist - Psychiatry & Neurology: Neurology
2251P0200X	Physical Therapist - Pediatrics: Pediatrics
2251S0007X	Physical Therapist - Sports
2251X0800X	Physical Therapist - Uncategorized: Orthopedic
225200000X	Physical Therapy Assistant
225400000X	Rehabilitation Practitioner
225500000X	Specialist/Technologist
2255A2300X	Specialist/Technologist - Athletic Trainer
2255R0406X	Specialist/Technologist - Rehabilitation
225600000X	Dance Therapist
225700000X	Massage Therapist
225800000X	Recreation Therapist
225900000X	Respiratory Therapist
2259P1700X	Perinatal
225A00000X	Music Therapist

Code	Description
225B00000X	Pulmonary Function Technologist
225C00000X	Rehabilitation Counselor
225CA2400X	Rehabilitation Counselor - Assistive Technology Practitioner
225CA2500X	Rehabilitation Counselor - Assistive Technology Supplier
225CX0006X	Rehabilitation Counselor - Orientation & Mobility Training Provider
225X00000X	Occupational Therapist
225XC0400X	Occupational Therapist - Case Management
225XE1200X	Occupational Therapist - Ergonomics
225XH1200X	Occupational Therapist - Hand
225XH1300X	Occupational Therapist - Human Factors
225XN1300X	Occupational Therapist - Neurorehabilitation
225XP0200X	Occupational Therapist - Pediatrics: Pediatrics
225XR0403X	Occupational Therapist - Rehabilitation
226300000X	Kinesiotherapist
227800000X	Respiratory Therapist
2278C0205X	Respiratory Therapist
2278E0002X	Respiratory Therapist
2278E1000X	Respiratory Therapist
2278G0305X	Respiratory Therapist
2278G1100X	Respiratory Therapist
2278H0200X	Respiratory Therapist
2278P1004X	Respiratory Therapist
2278P1005X	Respiratory Therapist
2278P1006X	Respiratory Therapist
2278P3800X	Respiratory Therapist
2278P3900X	Respiratory Therapist
2278P4000X	Respiratory Therapist
2278S1500X	Respiratory Therapist

Code	Description
227900000X	Respiratory Therapist
2279C0205X	Respiratory Therapist
2279E0002X	Respiratory Therapist
2279E1000X	Respiratory Therapist
2279G0305X	Respiratory Therapist
2279G1100X	Respiratory Therapist
2279H0200X	Respiratory Therapist
2279P1004X	Respiratory Therapist
2279P1005X	Respiratory Therapist
2279P1006X	Respiratory Therapist
2279P3800X	Respiratory Therapist
2279P3900X	Respiratory Therapist
2279P4000X	Respiratory Therapist
2279S1500X	Respiratory Therapist
229N00000X	Anaplastologist
231H00000X	Audiologist
231HA2400X	Audiologist - Assistive Technology Practitioner
231HA2500X	Audiologist - Assistive Technology Supplier
235500000X	Specialist/Technologist
2355A2700X	Specialist/Technologist - Audiology Assistant
2355S0801X	Specialist/Technologist - Speech - Language Assistant
235Z00000X	Speech - Language Pathologist
237600000X	Audiologist - Hearing Aid Fitter
237700000X	Hearing Instrument Specialist
242T00000X	Perfusionist
246Q00000X	Specialist/Technologist
246QB0000X	Specialist/Technologist
246QC1000X	Specialist/Technologist

Code	Description
246QC2700X	Specialist/Technologist
246QH0000X	Specialist/Technologist
246QH0401X	Specialist/Technologist
246QH0600X	Specialist/Technologist
246QI0000X	Specialist/Technologist
246QL0900X	Specialist/Technologist
246QL0901X	Specialist/Technologist
246QM0706X	Specialist/Technologist
246QM0900X	Specialist/Technologist
246R00000X	Technician
246RH0600X	Technician
246RM2200X	Technician
246RP1900X	Technician
246V00000X	Specialist/Technologist, Cardiology
246VC0100X	Specialist/Technologist, Cardiology - Internal Medicine: Cardiology
246VC2400X	Specialist/Technologist, Cardiology - Cardiopulmonary - Cardiovascular
246VC2901X	Specialist/Technologist, Cardiology - Cardiovascular: Invasive Technology
246VC2902X	Specialist/Technologist, Cardiology - Cardiovascular: Noninvasive Technology
246VC2903X	Specialist/Technologist, Cardiology - Cardiovascular: Vascular Technology
246VP3600X	Specialist/Technologist, Cardiology - Perfusionist
246VS1301X	Specialist/Technologist, Cardiology - Sonography, Diagnostic Cardiac
246VV0100X	Specialist/Technologist, Cardiology - Vascular
246W00000X	Technician
246WC3000X	Technician, Cardiology - Cardiographic
246WE0400X	Technician, Cardiology - ECG
246X00000X	Technologists-Specialist Tech Cardio
246XC2901X	Technologist-Specialist Cardio-Cardiovascular Invasive specialist
246XC2903X	Technologist-Specialist cardio-Vascular specialist

Code	Description
246XS1301X	Technologist-Specialist cardio-Sonography
246Y00000X	Specialist/Technologist
246YC3301X	Specialist/Technologist
246YC3302X	Specialist/Technologist
246YR1600X	Specialist/Technologist
246Z00000X	Specialist/Technologist
246ZA2600X	Specialist/Technologist
246ZB0301X	Specialist/Technologist
246ZB0302X	Specialist/Technologist
246ZB0500X	Specialist/Technologist
246ZB0600X	Specialist/Technologist
246ZB1301X	Specialist/Technologist, Other - Biomedical Engineering
246ZE0500X	Specialist/Technologist
246ZE0600X	Specialist/Technologist
246ZF0200X	Specialist/Technologist, Other - Forensic
246ZG0701X	Specialist/Technologist
246ZG1000X	Specialist/Technologist
246ZI1000X	Specialist/Technologist
246ZN0300X	Specialist/Technologist
246ZS0400X	Specialist/Technologist
246ZV0500X	Specialist/Technologist, Other - Virology
247000000X	Technician
2470A2800X	Technician
247100000X	Radiologic Technologist
2471B0102X	Radiologic Technologist - Bone Densitometry
2471C1101X	Radiologic Technologist - Cardiovascular - Interventional Technology: Radiography
2471C1106X	Radiologic Technologist - Cardiac Interventional Tech
2471C3401X	Radiologic Technologist - Computed Tomography: Radiation Therapy

Code	Description
2471C3402X	Radiologic Technologist - Computed Tomography: Radiography
2471D1300X	Radiologic Technologist - Dosimetrist, Medical
2471M1201X	Radiologic Technologist - Magnetic Resonance Imaging (MRI): Radiation Therapy
2471M1202X	Radiologic Technologist - Magnetic Resonance Imaging (MRI): Radiographer
2471M2300X	Radiologic Technologist - Mammography: Radiography
2471N0900X	Radiologic Technologist - Nuclear Medicine: Nuclear Medicine
2471Q0001X	Radiologic Technologist - Quality Management: Radiation Therapy
2471Q0002X	Radiologic Technologist - Quality Management: Radiographer
2471R0002X	Radiologic Technologist - Radiology: Radiation Therapy
2471R0003X	Radiologic Technologist - Radiation Physicist
2471R1500X	Radiologic Technologist - Radiographer
2471S1302X	Radiologic Technologist - Sonography
2471V0105X	Radiologic Technologist - Vascular Sonography
2471V0106X	Radiologic Technologist - Vascular Interventional Technology
247200000X	Technician
2472B0301X	Technician
2472D0500X	Technician
2472E0500X	Technician
2472R0900X	Technician
2472V0600X	Technician
247ZC0005X	Technician
251400000X	Agency
2514C0400X	Agency - Case Management
2514H0200X	Agency - Home Health
2514H0201X	Agency - Home Infusion
2514H0300X	Agency - Hospice Care, Community Based
2514N1101X	Agency - Nursing Care
2514P0906X	Agency - Public Health or Welfare

Code	Description
2514V0001X	Agency - Voluntary or Charitable
251B00000X	Agencies - Case Management
251C00000X	Agencies - Day Training
251E00000X	Agencies - Home Health
251F00000X	Agencies - Home Infusion
251G00000X	Agencies - Hospice Care
251J00000X	Agencies - Nursing Care
251K00000X	Agencies - Public Health or Welfare
251QM3000X	Ambulatory Health Care Facilities-Clinic-Med Frag Infants/child day care
251S00000X	Agencies: Community/Behavioral Health
251T00000X	Agencies: Program of All-Inclusive Care for the Elderly (PACE) Provider Organization
251V00000X	Agencies - Voluntary or Charitable
251X00000X	Agencies: Supports Brokerage
261BA0400X	Ambulatory Health Care Facilities-Clinic - Birthing
261Q00000X	Clinic/Center
261QA0005X	Clinic/Center - Ambulatory Family Planning Facility
261QA0006X	Clinic/Center - Ambulatory Fertility Facility
261QA0600X	Clinic/Center - Adult Day Care
261QA0900X	Clinic/Center - Amputee
261QA1903X	Clinic/Center - Ambulatory Surgical
261QA3000X	Clinic/Center - Augmentative Communication
261QB0400X	Clinic/Center - Birthing
261QC0050X	Clinic/Center - Critical Access Hospital
261QC1500X	Clinic/Center - Community Health
261QC1800X	Clinic/Center - Corporate Health
261QD0000X	Clinic/Center - Dental
261QD1600X	Clinic/Center - Developmental Disabilities
261QE0002X	Clinic/Center - Emergency Care

Code	Description
261QE0700X	Clinic/Center - End - Stage Renal Disease (ESRD) Treatment
261QE0800X	Clinic/Center - Endoscopy
261QF0050X	Clinic/Center - Family Planning/Non-Surgical
261QF0400X	Clinic/Center - Federally Qualified Health Center (FQHC)
261QG0250X	Clinic/Center - -Genetics
261QH0100X	Clinic/Center - Health Services
261QH0700X	Clinic/Center - Hearing&Speech
261QI0500X	Clinic/Center - Infusion Therapy
261QL0400X	Clinic/Center - Lithotripsy
261QM0801X	Clinic/Center - Mental Health (Including Community Mental Health Center)
261QM0850X	Clinic/Center - Adult Mental Health
261QM0855X	Clinic/Center - Adolescent&Children Mental Health
261QM1000X	Clinic/Center - Migrant Health
261QM1100X	Clinic/Center - Military/U.S. Coast Guard Outpatient Specialization
261QM1101X	Clinic/Center - Military and U.S. Coast Guard Ambulatory Procedure
261QM1102X	Clinic/Center - Military Operational Component
261QM1103X	Clinic/Center - Military Ambulatory Procedure Visits Operational (Transportable)
261QM1200X	Clinic/Center - Magnetic Resonance Imaging (MRI)
261QM1300X	Clinic/Center - Multi - Specialty
261QM2500X	Clinic/Center - Medical Specialty
261QM2800X	Clinic/Center - Methodone
261QM3000X	Clinic/Center - Medically Fragile Infants and Children Day Care
261QP0904X	Clinic/Center - Public Health
261QP0905X	Clinic/Center - Public Health
261QP1100X	Clinic/Center - Podiatric
261QP2000X	Clinic/Center - Physical Therapy
261QP2300X	Clinic/Center - Primary Care
261QP2400X	Clinic/Center - Prison Health

Code	Description
261QP3300X	Clinic/Center - Pain
261QR0200X	Clinic/Center - Radiology: Radiology
261QR0206X	Clinic/Center - Radiology: Mammography
261QR0207X	Clinic/Center - Radiology: Mobile Mammography
261QR0208X	Clinic/Center - Radiology: Mobile
261QR0400X	Clinic/Center - Rehabilitation
261QR0401X	Clinic/Center - Rehabilitation
261QR0404X	Clinic/Center - Rehabilitation: Cardiac Facilities
261QR0405X	Clinic/Center - Rehabilitation
261QR0800X	Clinic/Center - Recovery Care
261QR1100X	Clinic/Center - Research
261QR1300X	Clinic/Center - Rural Health
261QS0112X	Clinic/Center - Surgery
261QS0132X	Clinic/Center - Surgery
261QS1000X	Clinic/Center - Student Health
261QS1200X	Clinic/Center - Sleep Disorder Diagnostic
261QU0200X	Clinic/Center - Urgent Care
261QV0200X	Clinic/Center - VA
261QX0100X	Clinic/Center - Uncategorized: Occupational Medicine
261QX0200X	Clinic/Center - Oncology
261QX0203X	Clinic/Center - Oncology
273R00000X	Psychiatric Unit
273Y00000X	Rehabilitation Unit
275N00000X	Medicare Defined Swing Bed Unit
276400000X	Rehabilitation
281P00000X	Chronic Disease Hospital
281PC2000X	Chronic Disease Hospital - Children
282E00000X	Hospitals: Long Term Care Hospital

Code	Description
282J00000X	Hospitals: Religious Nonmedical Health Care Institution
282N00000X	Hospitals: General Acute Care Hospital
282NC0060X	Hospitals: Acute Critical Access
282NC2000X	Hospitals: General Acute Care Hospital - Children
282NR1301X	Hospitals: General Acute Care Hospital - Rural
282NW0100X	Hospitals: General Acute Care Hospital - Women
283Q00000X	Hospitals: Psychiatric Hospital
283X00000X	Hospitals: Rehabilitation Hospital
283XC2000X	Hospitals: Rehabilitation Hospital - Children
284300000X	Hospitals: Special Hospital
286500000X	Hospitals: Military Hospital
2865C1500X	Hospitals: Military Hospital - Community Health
2865M2000X	Hospitals: Military Hospital - Military General Acute Care Hospital
2865X1600X	Hospitals: Military Hospital - Military General Acute Care Hospital
287300000X	Hospitals: Christian Science Sanitorium
291900000X	Military Clinical Medical Laboratory
291U00000X	Clinical Medical Laboratory
292200000X	Dental Laboratory
293D00000X	Physiological Laboratory
302F00000X	Exclusive Provider Organization
302R00000X	Health Maintenance Organization
305R00000X	Preferred Provider Organization
305S00000X	Point of Service
310400000X	Nursing&Custodial Care: Assisted Living
3104A0625X	Nursing&Custodial Care: Assisted Living - Mental Illness
3104A0630X	Nursing&Custodial Care: Assisted Living - Behavioral Disturbances
310500000X	Nursing&Custodial Care: Assisted Living - Mental Illness
311500000X	Nursing&Custodial Care: Alzheimer Center (Dementia Center)

Code	Description
311Z00000X	Nursing&Custodial Care: Custodial Care Facility
311ZA0620X	Nursing&Custodial Care: Custodial Care Facility - Adult Care Home
313M00000X	Nursing&Custodial Care: Nursing Facility/Intermediate Care Facility
314000000X	Nursing&Custodial Care: Skilled Nursing Facility
3140N1450X	Nursing&Custodial Care: Skilled Nursing Facility - Nursing care pediatric
315D00000X	Nursing&Custodial Care: Hospice
315P00000X	Nursing&Custodial Care: Intermediate Care Facility
317400000X	Nursing&Custodial Care: Christian Science Facility
320600000X	Residential Treatment Facility - Mentally Retardation &/or Develop Disab
320700000X	RTF-Physical Disabilities
320800000X	Residential Trtmt-Comm based
320900000X	RTF-Comm based Mental Retard/Develop disability
322D00000X	Residential Treatment Facility for Emotionally Disturbed Children
323D00000X	RTF-Emotionally Disturbed Children
323P00000X	Psychiatric Residential Treatment Facility
324500000X	Substance Use Rehabilitation Facility
3245S0500X	RTF-Substance Abuse Rehab Fac
331L00000X	Blood Bank
332000000X	Military/U.S. Coast Guard Pharmacy
332100000X	Department of Veterans Affairs (VA) Pharmacy
332800000X	Indian Health Service/Tribal/Urban Indian Health (I/T/U) Pharmacy
332900000X	Non-Pharmacy Dispensing Site
332B00000X	Durable Medical Equipment & Medical Supplies
332BC3200X	Durable Medical Equipment & Medical Supplies - Customized Equipment
332BD1200X	Durable Medical Equipment & Medical Supplies - Dialysis Equipment & Supplies
332BN1400X	Durable Medical Equipment & Medical Supplies - Nursing Facility Supplies
332BP3500X	Durable Medical Equipment & Medical Supplies - Parenteral & Enteral Nutrition
332BX2000X	Durable Medical Equipment & Medical Supplies - Oxygen Equipment & Supplies

Code	Description
332G00000X	Eye Bank
332H00000X	Eyewear Supplier (Equipment
332S00000X	Hearing Aid Equipment
332U00000X	Home Delivered Meals
333600000X	Pharmacy
3336C0002X	Pharmacy - Clinic Pharmacy
3336C0003X	Pharmacy - Community/Retail Pharmacy
3336C0004X	Pharmacy - Compounding Pharmacy
3336H0001X	Pharmacy - Home Infusion Therapy Pharmacy
3336I0012X	Pharmacy - Institutional Pharmacy
3336L0003X	Pharmacy - Long Term Care Pharmacy
3336M0002X	Pharmacy - Mail Order Pharmacy
3336M0003X	Pharmacy - Managed Care Organization Pharmacy
3336N0007X	Pharmacy - Nuclear Pharmacy
3336S0011X	Pharmacy - Specialty Pharmacy
335E00000X	Prosthetic/Orthotic Supplier
335U00000X	Organ Procurement Organization
335V00000X	Portable X - Ray Supplier
341600000X	Ambulance
3416A0800X	Ambulance - Air
3416L0300X	Ambulance - Land
3416S0300X	Ambulance - Sea
341800000X	Military/U.S. Coast Guard Transport
3418M1110X	Military or U.S. Coast Guard Ambulance
3418M1120X	Military or U.S. Coast Guard Ambulance
3418M1130X	Military or U.S. Coast Guard Ambulance
343800000X	Transportation Services-Secured Medical Transport (Van)
343900000X	Ambulance - Medical Transport (Van)

Code	Description
344600000X	Ambulance - Taxi
347B00000X	Transportation Services-Bus
347C00000X	Transportation Services-Private Vehicle
347D00000X	Transportation Services-Train
347E00000X	Transportation Services-Transportation Broker
353B00000X	Allopathic/Osteopathic
353BL0002X	Allopathic/Osteopathic - Uncategorized: Laboratory Service Provider
353BS0900X	Allopathic/Osteopathic - Uncategorized: Supplier
363A00000X	Physician Assistant
363AM0700X	Physician Assistant - Medical
363AS0400X	Physician Assistant - Surgical
363L00000X	Nurse Practitioner
363LA2100X	Nurse Practitioner - Acute Care
363LA2200X	Nurse Practitioner - Adult Health
363LC0200X	Nurse Practitioner - Uncategorized: Critical Care Medicine
363LC1500X	Nurse Practitioner - Community Health
363LF0000X	Nurse Practitioner - Family
363LG0600X	Nurse Practitioner - Gerontology
363LN0000X	Nurse Practitioner - Neonatal
363LN0005X	Nurse Practitioner - Neonatal: Critical Care
363LP0200X	Nurse Practitioner - Pediatrics: Pediatrics
363LP0222X	Nurse Practitioner - Pediatrics: Critical Care
363LP0223X	Nurse Practitioner - Pediatrics: Acute Care
363LP0808X	Nurse Practitioner - Psychiatric/Mental Health
363LP1700X	Nurse Practitioner - Perinatal
363LP2300X	Nurse Practitioner - Primary Care
363LS0200X	Nurse Practitioner - School
363LW0102X	Nurse Practitioner - Women's Health

Code	Description
363LX0001X	Nurse Practitioner - Obstetrics & Gynecology: Obstetrics & Gynecology
363LX0106X	Nurse Practitioner - Occupational Health
364S00000X	Clinical Nurse Specialist
364SA2100X	Clinical Nurse Specialist - Acute Care
364SA2200X	Clinical Nurse Specialist - Adult Health
364SC0200X	Clinical Nurse Specialist - Uncategorized: Critical Care Medicine
364SC1501X	Clinical Nurse Specialist - Community Health/Public Health
364SC2300X	Clinical Nurse Specialist - Chronic Care
364SE0003X	Clinical Nurse Specialist - Emergency
364SE1400X	Clinical Nurse Specialist - Ethics
364SF0001X	Clinical Nurse Specialist - Family Health
364SG0600X	Clinical Nurse Specialist - Gerontology
364SH0200X	Clinical Nurse Specialist - Home Health
364SH1100X	Clinical Nurse Specialist - Holistic
364SI0800X	Clinical Nurse Specialist - Informatics
364SL0600X	Clinical Nurse Specialist - Long - Term Care
364SM0705X	Clinical Nurse Specialist - Medical - Surgical
364SN0000X	Clinical Nurse Specialist - Neonatal
364SN0004X	Clinical Nurse Specialist - Neonatal, High - Risk
364SN0800X	Clinical Nurse Specialist - Neuroscience
364SP0200X	Clinical Nurse Specialist - Pediatrics: Pediatrics
364SP0807X	Clinical Nurse Specialist - Psychiatric/Mental Health
364SP0808X	Clinical Nurse Specialist - Psychiatric/Mental Health
364SP0809X	Clinical Nurse Specialist - Psychiatric/Mental Health
364SP0810X	Clinical Nurse Specialist - Psychiatric/Mental Health
364SP0811X	Clinical Nurse Specialist - Psychiatric/Mental Health
364SP0812X	Clinical Nurse Specialist - Psychiatric/Mental Health
364SP0813X	Clinical Nurse Specialist - Psychiatric/Mental Health

Code	Description
364SP1700X	Clinical Nurse Specialist - Perinatal
364SP2800X	Clinical Nurse Specialist - Perioperative
364SR0400X	Clinical Nurse Specialist - Rehabilitation
364SR1300X	Clinical Nurse Specialist - Rural Health
364SS0200X	Clinical Nurse Specialist - School
364ST0500X	Clinical Nurse Specialist - Transplantation
364SW0102X	Clinical Nurse Specialist - Women's Health
364SX0106X	Clinical Nurse Specialist - Occupational Health
364SX0200X	Clinical Nurse Specialist - Uncategorized: Oncology
364SX0204X	Clinical Nurse Specialist - Oncology
367500000X	Nurse Anesthetist
367A00000X	Midwife
367H00000X	Physician Asst/APN-Anesthesiologist Asst
372500000X	Nursing Service Related-Chore Provider
372600000X	Nursing Service Related-Adult Companion
373H00000X	Nursing Service Related-Day Training/Habilitation Specialist
374700000X	Technician
3747A0650X	Technician - Attendant Care Provider
3747P1801X	Technician - Personal Care Attendent
374T00000X	Christian Science Practitioner/Nurse
374U00000X	Home Health Aide
376G00000X	Nursing Home Administrator
376J00000X	HomeMaker
376K00000X	Nurse's Aide
385H00000X	Respite Care
385HR2050X	Respite Care - Respite Care Camp
385HR2055X	Respite Care - Respite Care
385HR2060X	Respite Care - Respite Care

Code	Description
385HR2065X	Respite Care - Respite Care
390200000X	Student in an Organized Health Care Education/Training Program

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222 Tooth Number Code -- CDE_TOOTH_NBR

222.1 Table Name -- T_TOOTH

222.1.1 Tooth Number Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_NBR	The code associated to a particular tooth.	CHAR	2	0	Yes

222.1.1.1 Tooth Number Code Values

Code	Description
00	test
01	UPPER RIGHT THIRD MOLAR
02	UPPER RIGHT SECOND MOLAR
03	UPPER RIGHT FIRST MOLAR
04	UPPER RIGHT SECOND PREMOLAR-2ND BICUSPID
05	UPPER RIGHT FIRST PREMOLAR-1ST BICUSPID
06	UPPER RIGHT CANINE - CUSPID
07	UPPER RIGHT LATERAL INCISOR
08	UPPER RIGHT CENTRAL INCISOR
09	UPPER LEFT CENTRAL INCISOR
10	UPPER LEFT LATERAL INCISOR
11	UPPER LEFT CANINE (CUSPID)
12	UPPER LEFT FIRST PREMOLAR-1ST BICUSPID
13	UPPER LEFT SECOND PREMOLAR-2ND BICUSPID
14	UPPER LEFT FIRST MOLAR
15	UPPER LEFT SECOND MOLAR
16	UPPER LEFT THIRD MOLAR
17	LOWER LEFT THIRD MOLAR - WISDOM TOOTH
18	LOWER LEFT SECOND MOLAR
19	LOWER LEFT FIRST MOLAR

Code	Description
20	LOWER LEFT SECOND PREMOLAR-2ND BICUSPID
21	LOWER LEFT FIRST PREMOLAR-1ST BICUSPID
22	LOWER LEFT CANINE - CUSPID
23	LOWER LEFT LATERAL INCISOR
24	LOWER LEFT CENTRAL INCISOR
25	LOWER RIGHT CENTRAL INCISOR
26	LOWER RIGHT LATERAL INCISOR
27	LOWER RIGHT CANINE - CUSPID
28	LOWER RIGHT FIRST PREMOLAR-1ST BICUSPID
29	LOWER RIGHT SECOND PREMOLAR-2ND BICUSPID
30	LOWER RIGHT FIRST MOLAR
31	LOWER RIGHT SECOND MOLAR
32	LOWER RIGHT THIRD MOLAR - WISDOM TOOTH
46	MESIODENS (BETWEEN #8 & #9)
47	SECOND MESIODENS (BETWEEN #8 & #9)
48	BETWEEN OR ALONGSIDE #28
49	BETWEEN OR ALONGSIDE #29
50	BETWEEN OR ALONGSIDE #20
51	BETWEEN OR ALONGSIDE #21
52	BETWEEN #7 & #8
53	BETWEEN #9 & #10
54	UPPER RIGHT 4TH MOLAR (PERMANENT)
55	UPPER LEFT 4TH MOLAR (PERMANENT)
56	LOWER RIGHT 4TH MOLAR (PERMANENT)
57	LOWER LEFT 4TH MOLAR (PERMANENT)
58	BETWEEN OR ALONGSIDE #4 & #5
59	BETWEEN OR ALONGSIDE #12 & #13
60	SUPERNUMERARY NOT OTHERWISE IDENTIFIED

Code	Description
99	OTHER
A	UPPER RIGHT SECOND PRIMARY MOLAR
B	UPPER RIGHT FIRST PRIMARY MOLAR
C	UPPER RIGHT PRIMARY CANINE - CUSPID
D	UPPER RIGHT LATERAL INCISOR
E	UPPER RIGHT CENTRAL INCISOR
F	UPPER LEFT CENTRAL INCISOR
G	UPPER LEFT LATERAL INCISOR
H	UPPER LEFT PRIMARY CANINE - CUSPID
I	UPPER LEFT FIRST PRIMARY MOLAR
J	UPPER LEFT SECOND PRIMARY MOLAR
K	LOWER LEFT SECOND PRIMARY MOLAR
L	LOWER LEFT FIRST PRIMARY MOLAR
M	LOWER LEFT PRIMARY CANINE - CUSPID
N	LOWER LEFT LATERAL INCISOR
O	LOWER LEFT CENTRAL INCISOR
P	LOWER RIGHT CENTRAL INCISOR
Q	LOWER RIGHT LATERAL INCISOR
R	LOWER RIGHT PRIMARY CANINE - CUSPID
S	LOWER RIGHT FIRST PRIMARY MOLAR
T	LOWER RIGHT SECOND PRIMARY MOLAR

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223 Tooth Quadrant Code -- CDE_TOOTH_QUAD

223.1 Table Name -- T_TOOTH_QUADRANT

223.1.1 Tooth Quadrant Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_QUAD	Code identifying the tooth quadrant.	CHAR	3	0	Yes

223.1.1.1 Tooth Quadrant Code Values

Code	Description
00	ENTIRE ORAL CAVITY
01	MAXILLARY AREA
02	MANDIBULAR AREA
09	OTHER AREA OF ORAL CAVITY
10	UPPER RIGHT QUADRANT
20	UPPER LEFT QUADRANT
30	LOWER LEFT QUADRANT
40	LOWER RIGHT QUADRANT
90	test
L	LEFT
R	RIGHT

224 Tooth Surface Code -- CDE_TOOTH_SURFACE

224.1 Table Name -- T_TOOTH_SURFACE

224.1.1 Tooth Surface Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_SURFACE	The code used to identify a surface of a tooth.	CHAR	1	0	Yes

224.1.1.1 Tooth Surface Code Values

Code	Description
B	BUCCAL
D	DISTAL
F	FACIAL
I	INCISAL
L	LINGUAL
M	MESIAL
O	OCCLUSAL
T	tiny

225 Threshold Type Code -- CDE_THRESHOLD

225.1 Table Name -- T_TPL_THRESHOLD

225.2 Threshold Type Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THRESHOLD	Code representing the type of threshold	CHAR	2	0	No

225.2.1.1 Threshold Type Code Values

Code	Description
A	ACCIDENT/TRAUMA
B	TPL-9007-W
C	TPL-9010-W
D	TPL-9515-W
E	TPL-9521-W
F	TPL-9523-R
G	TPL-9530-R
H	TPL-9001-W
I	TPL-9003-W
P	PAY AND CHASE PHARMACY
R	RETRO COMMERCIAL, MEDICARE AND TRICARE
U	UB92- MEDICARE A RECOVERY

226 Time Unit Code – CDE_TIME_UNIT

226.1 Table Name -- T_CDE_TIME_UNIT

226.1.1 Time Unit Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TIME_UNIT	Code representing the unit of time.	CHAR	1	0	No

226.1.1.1 Time Unit Code Values

Code	Description
1	1st Trimester
2	2nd Trimester
3	3rd Trimester
C	Calendar Months
D	Days
F	Fiscal Year
H	Days from Hosp Discharge
M	Months
P	Per Pregnancy
W	Calendar Week
Y	Calendar Years

227 TPL A/R Reason Codes – CDE_REASON_TWO

227.1 Table Name -- T_TPL_AR_REASONS

227.1.1 Accounts Receivable (A/R) Reason Codes Code Information

Subsystem: TPL

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_TWO	The reason that the A/R disposition was added.	CHAR	2	0	Yes
DSC_50	A description of the reason that the A/R disposition was added.	CHAR	50	0	No

227.1.2 Accounts Receivable (A/R) Reason Codes Code Values

CDE_REASON_TWO	DSC_50
10	CLAIM PAID IN FULL
11	PAID TO POLICY LIMIT
12	OVERPAID
13	ADDITIONAL FUNDS RECEIVED
18	MONEY REFUNDED TO CARRIER
20	DEFAULT POSTING AT RID
21	DEFAULT POSTING AT RID W/FDOS
22	DEFAULT POSTING AT CARRIER
23	DEFAULT POSTING AT CARRIER W/FDOS
24	CLAIM HAD BEEN ADJUSTED - ADJUSTMENT BILL
25	CLAIM HAS BEEN EXCLUDED FROM REBILLING
26	CLAIM SYSTEMATICALLY CLOSED - NO ANSWER TO BILLING
30	RECOUP IN FULL
31	PROVIDER REFUNDED MONEY
32	SERVICES NOT COVERED/DENIED BY MEDICARE
40	INVALID CPT CODE(S)
41	NOT CONTRACTED WITH CARRIER

42	NO REFERRAL OBTAINED
50	NO REASON IDENTIFIED
51	POLICY TERMINATED
52	SERVICE BENEFITS EXHAUSTED
53	ANNUAL SERVICE BENEFITS EXHAUSTED
54	PRE-EXISTING CONDITION
55	INVALID/MISSING DATA - CARRIER
56	DEDUCTIBLE ETC. NOT MET
57	BENEFITS PAID BY OTHER POLICY
58	PAYMENT SENT TO PROVIDER
59	PAYMENT SENT TO MEMBER
60	DX OR PROCEDURE NOT COVERED
61	RX NOT COVERED UNDER THIS PLAN
62	RX CARD ONLY - NO REIMBURSEMENT
63	DUPLICATE CHARGES PREVIOUSLY CONSIDERED
64	RECIPIENT NOT COVERED UNDER THIS POLICY
65	CHARGES INCURRED PRIOR TO COVERAGE EFFECTIVE DATE
66	PAST FILING LIMIT
67	PROVIDER IS OUT OF PLAN
68	MEDICARE EOMB REQUESTED
69	PRIOR AUTORIZATION REQUIRED FOR SERVICE
70	NEIC REJECTION
71	PROVIDER (NAME, ADDRESS & CREDENTIALS)
72	MEDICAL RECORDS (TIME, DATES, ETC.)
73	ITEMIZED BILL
74	RESUBMIT TO ANOTHER CARRIER
75	NO PAYMENT DUE TO NO PATIENT LIABILITY
76	ACCIDENT REPORT NEEDED
77	TIMELY FILING LIMIT REACHED
78	PENDING

79	ABOVE WHOLESALE PRICE (AWP)
80	AUTO-DENY
81	UNABLE TO IDENTIFY PERSON
82	NO CLAIM FORM SUBMITTED BY INSURED
83	PROVIDER BILLED OTHER INSURANCE
84	CLOSED PER DMS
85	OB CARE ON DEPENDENTS ARE NON-COVERED
86	SUBMITTED ON WRONG CLAIM FORM
87	CLOSED PER TPL CONTRACTOR
98	BILLED IN ERROR
99	REVERSED DUPLICATES

228 Transaction Source Code -- CDE_SOURCE

228.1 Table Name -- T_TRANSACTION_TYPE

228.1.1 Transaction Source Code Information

Subsystem: EDI and Claim Capture

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	A code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	Yes

228.1.1.1 Transaction Source Code Values

Code	Description
AR	Accounts Receivable
CA	Claim Adjustment
CO	Claim Original
CP	Capitation History
CV	Claim Void
EA	Encounter Adjustment
EO	Encounter Original
EV	Encounter Void
EX	Financial Expenditure

229 Type of Bill Code -- CDE_TYPE_OF_BILL

229.1 Table Name -- T_TYPE_OF_BILL

229.1.1 Type of Bill Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TYPE_OF_BILL	Code which indicates a specific type of facility.	CHAR	3	0	Yes

229.1.1.1 Type of Bill Code Values

Code	Description
110	Hospital
111	Inpatient
112	Hospital
113	Hospital
114	Hospital
117	Hospital
118	Hospital
120	Hospital
121	Hospital
122	Hospital
123	Hospital
124	Hospital
127	Hospital
128	Hospital
130	Hospital
131	Hospital
132	Hospital
133	Hospital
134	Hospital
137	Hospital

Code	Description
140	Hospital
141	Hospital
142	Hospital
143	Hospital
144	Hospital
147	Hospital
148	Hospital
150	Hospital
151	Hospital
152	Hospital
153	Hospital
154	Hospital
157	Hospital
158	Hospital
160	Hospital
161	Hospital
162	Hospital
163	Hospital
164	Hospital
167	Hospital
168	Hospital
170	Hospital
171	Hospital
172	Hospital
173	Hospital
174	Hospital
177	Hospital
178	Hospital

Code	Description
180	Hospital
181	Hospital
182	Hospital
183	Hospital
184	Hospital
187	Hospital
188	Hospital
210	Skilled Nursing
211	Skilled Nursing
212	Skilled Nursing
213	Skilled Nursing
214	Skilled Nursing
217	Skilled Nursing
218	Skilled Nursing
220	Skilled Nursing
221	Skilled Nursing
222	Skilled Nursing
223	Skilled Nursing
224	Skilled Nursing
227	Skilled Nursing
228	Skilled Nursing
230	Skilled Nursing
231	Skilled Nursing
232	Skilled Nursing
233	Skilled Nursing
234	Skilled Nursing
237	Skilled Nursing
240	Skilled Nursing

Code	Description
241	Skilled Nursing
242	Skilled Nursing
243	Skilled Nursing
244	Skilled Nursing
247	Skilled Nursing
248	Skilled Nursing
250	Skilled Nursing
252	Skilled Nursing
253	Skilled Nursing
254	Skilled Nursing
257	Skilled Nursing
258	Skilled Nursing
260	Skilled Nursing
261	Skilled Nursing
262	Skilled Nursing
263	Skilled Nursing
264	Skilled Nursing
267	Skilled Nursing
268	Skilled Nursing
270	Skilled Nursing
271	Skilled Nursing
272	Skilled Nursing
273	Skilled Nursing
274	Skilled Nursing
277	Skilled Nursing
278	Skilled Nursing
280	Skilled Nursing
281	Skilled Nursing

Code	Description
282	Skilled Nursing
283	Skilled Nursing
284	Skilled Nursing
287	Skilled Nursing
288	Skilled Nursing
291	Skilled Nursing
292	Skilled Nursing
293	Skilled Nursing
294	Skilled Nursing
310	Home Health
311	Home Health
312	Home Health
313	Home Health
314	Home Health
317	Home Health
318	Home Health
320	Home Health
321	Home Health
322	Home Health
323	Home Health
324	Home Health
327	Home Health
328	Home Health
330	Home Health
331	Home Health
332	Home Health
333	Home Health
334	Home Health

Code	Description
337	Home Health
338	Home Health
339	Home Health
340	Home Health
341	Home Health
342	Home Health
343	Home Health
344	Home Health
347	Home Health
348	Home Health
349	Home Health
350	Home Health
351	Home Health
352	Home Health
353	Home Health
354	Home Health
357	Home Health
358	Home Health
360	Home Health
361	Home Health
362	Home Health
363	Home Health
364	Home Health
367	Home Health
368	Home Health
370	Home Health
371	Home Health
372	Home Health

Code	Description
373	Home Health
374	Home Health
377	Home Health
378	Home Health
380	Home Health
381	Home Health
382	Home Health
383	Home Health
384	Home Health
387	Home Health
388	Home Health
610	Intermediate Care
611	Intermediate Care
612	Intermediate Care
613	Intermediate Care
614	Intermediate Care
617	Intermediate Care
618	Intermediate Care
620	Intermediate Care
621	Intermediate Care
622	Intermediate Care
623	Intermediate Care
624	Intermediate Care
627	Intermediate Care
628	Intermediate Care
630	Intermediate Care
631	Intermediate Care
632	Intermediate Care

Code	Description
633	Intermediate Care
634	Intermediate Care
637	Intermediate Care
640	Intermediate Care
641	Intermediate Care
642	Intermediate Care
643	Intermediate Care
644	Intermediate Care
647	Intermediate Care
648	Intermediate Care
650	Intermediate Care
651	Intermediate Care
652	Intermediate Care
653	Intermediate Care
654	Intermediate Care
657	Intermediate Care
658	Intermediate Care
660	Intermediate Care
661	Intermediate Care
662	Intermediate Care
663	Intermediate Care
664	Intermediate Care
667	Intermediate Care
668	Intermediate Care
670	Intermediate Care
671	Intermediate Care
672	Intermediate Care
673	Intermediate Care

Code	Description
674	Intermediate Care
677	Intermediate Care
678	Intermediate Care
680	Intermediate Care
681	Intermediate Care
682	Intermediate Care
683	Intermediate Care
684	Intermediate Care
687	Intermediate Care
688	Intermediate Care
691	Intermediate Care
692	Intermediate Care
693	Intermediate Care
694	Intermediate Care
710	Clinic
711	Clinic
712	Clinic
713	Clinic
714	Clinic
717	Clinic
718	Clinic
720	Clinic
721	Clinic
722	Clinic
723	Clinic
724	Clinic
727	Clinic
728	Clinic

Code	Description
730	Clinic
731	Clinic
732	Clinic
733	Clinic
734	Clinic
737	Clinic
740	Clinic
741	Clinic
742	Clinic
743	Clinic
744	Clinic
747	Clinic
748	Clinic
751	Clinic
752	Clinic
753	Clinic
754	Clinic
760	Clinic
761	Clinic
762	Clinic
763	Clinic
764	Clinic
767	Clinic
768	Clinic
811	Hospice
812	Hospice
813	Hospice
814	Hospice

Code	Description
821	Hospice
822	Hospice
823	Hospice
824	Hospice
831	Hospice
832	Hospice
833	Hospice
834	Hospice
851	Hospice
852	Hospice
853	Hospice
854	Hospice
891	Nursing Facility
892	Nursing Facility
893	Nursing Facility
894	Nursing Facility

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230 Type of Bill Type Code -- SAK_TOB_TYPE

230.1 Table Name -- T_TOB_TYPE

230.1.1 Type of Bill Type Code Information

Subsytem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TOB_TYPE	This field is used to identify the type of bill type. It contains a number from 1 to 999 that corresponds to a range of type of bill codes.	NUMBER	9	0	Yes

230.1.1.1 Type of Bill Type Code Values

Code	Description
1002	
1003	
1006	InpatientXover Hospital
1007	INPATIENT AND INSTXOVER FINAL TOB
1008	LTC DISCHARGE OR DEATH TOB
1009	UB92 TOB EXCLUSION
1012	Inpatient Hospital
1013	EDIT 512 EXCLUSION CRITERIA

231 Type of Record Code -- CDE_RECORD_TYPE

231.1 Table Name -- T_CDE_MSIS_RECORD_TYPE

231.1.1 Type of Record Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RECORD_TYPE	A code indicating whether the eligibility information contained in this record refers to the current fiscal quarter (the quarter specified in the Header Record) or to a previous quarter. A previous quarter could pertain to either retroactive eligibility or to a record that corrects eligibility information submitted in an earlier quarter.	CHAR	1	0	Yes

231.1.1.1 Types of Record Code Values

Code	Description
1	For all ELIGIBLE File records that contain eligibility information pertaining to the current federal fiscal quarter, that is, to the reporting quarter specified in the Header Record.
2	For all ELIGIBLE File records that contain eligibility data pertaining to a retroactive quarter of eligibility, that is, to a quarter earlier than the reporting quarter specified in the Header Record. Although records with TYPE-OF-RECORD = 2 refer to prior quarters of eligibility, they must contain only information being reported for the first time.
3	For all ELIGIBLE File records that contain eligibility data that corrects or updates previously reported information pertaining to a quarter earlier than the reporting quarter specified in the Tape Label Internal Dataset Name. These records correct information in all prior quarter records, regardless of whether they were originally submitted with TYPE-OF-RECORD = 1 or 2.
9	If TYPE-OF-RECORD is unknown.

232 Type/Specialty Cross-Reference Code -- CDE_PROV_TYPE

232.1 Table Name -- T_PR_TYPE_SPEC

232.1.1 Type/Specialty Cross-Reference Code Information

Subystem: Provider

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_TYPE	This is the provider type that a provider is licensed for.	CHAR	2	0	Yes

232.1.1.1 Type/Specialty Cross-Reference Code Values

Type	Specialty	Taxonomy
01	010	690
01	012	699
01	014	690
01	015	691
01	016	690
01	017	690
02	011	698
04	013	716
11	030	713
11	031	713
11	032	713
11	033	713
11	034	713
11	035	713
11	036	713
11	037	713
12	030	714
13	131	647
15	151	1010
17	179	1012

Type	Specialty	Taxonomy
20	201	1115
21	120	677
22	229	1018
23	239	1022
24	249	634
25	211	1004
25	214	1004
25	215	1004
25	216	1004
25	221	1004
25	222	1004
25	223	1004
25	224	1004
25	226	1004
25	227	1004
27	222	1004
27	223	1004
27	224	1004
28	225	1004
28	226	1004
28	227	1004
29	299	1012
30	110	651
30	111	651
30	114	13
30	118	651
31	080	646
31	082	661

Type	Specialty	Taxonomy
32	083	664
33	039	1013
34	050	1006
34	051	1006
34	210	1006
34	211	1006
35	081	675
36	020	638
37	280	702
37	281	666
38	861	616
39	300	645
40	183	1115
41	411	537
41	412	537
42	561	675
43	410	635
44	060	1008
45	039	1013
45	412	537
45	455	1032
45	550	1174
45	551	690
45	552	698
45	553	716
45	554	1018
45	555	1004
45	556	651

Type	Specialty	Taxonomy
45	557	1174
45	558	1006
45	559	675
45	560	702
45	563	728
45	564	83
45	565	172
45	567	50
45	568	50
45	569	1174
45	570	1174
45	571	547
45	573	70
45	574	218
45	575	476
45	579	720
45	580	671
46	463	1004
46	464	148
46	465	155
46	466	1006
47	470	1004
47	471	1004
47	472	152
47	473	1006
50	220	728
50	509	728
52	180	83

Type	Specialty	Taxonomy
52	190	83
52	528	83
54	240	172
55	260	736
56	261	735
56	262	738
56	263	739
56	264	738
56	265	738
56	266	738
56	661	1044
57	073	706
57	671	1046
58	671	1046
58	672	1046
60	270	49
60	271	47
60	272	57
60	273	52
60	274	54
60	275	55
60	276	53
60	277	703
61	270	49
61	271	47
61	272	57
61	273	52
61	274	54

Type	Specialty	Taxonomy
61	275	55
61	276	53
61	277	703
61	610	47
64	112	13
64	272	1220
64	310	1147
64	311	1149
64	312	1191
64	313	1095
64	314	1156
64	315	1162
64	316	1168
64	317	1185
64	318	1174
64	319	1088
64	320	1172
64	321	1091
64	322	1176
64	323	1133
64	324	1194
64	325	1205
64	326	1106
64	327	1207
64	328	1212
64	329	1188
64	330	1219
64	331	1254

Type	Specialty	Taxonomy
64	332	1227
64	333	1249
64	334	1089
64	335	1216
64	336	1123
64	337	1120
64	338	1155
64	339	1109
64	340	1195
64	341	1077
64	342	1096
64	343	1098
64	344	1176
64	345	1128
64	346	1263
64	347	569
64	348	1210
65	272	1220
65	293	683
65	310	1147
65	311	1149
65	312	1191
65	313	1095
65	314	1156
65	315	1162
65	316	1168
65	317	1185
65	318	1174

Type	Specialty	Taxonomy
65	319	1088
65	320	1172
65	321	1091
65	322	1176
65	323	1133
65	324	1194
65	325	1205
65	326	1106
65	327	1207
65	328	1212
65	329	1188
65	330	1219
65	331	1254
65	332	1227
65	333	1249
65	334	1089
65	335	1216
65	336	1123
65	337	1120
65	338	1155
65	339	1109
65	340	1195
65	341	1077
65	342	1096
65	343	1098
65	344	1176
65	345	1128
65	346	1263

Type	Specialty	Taxonomy
65	347	569
65	348	1210
65	650	1174
70	200	547
70	709	547
72	095	161
72	729	161
74	094	217
74	749	217
77	180	70
77	779	70
78	090	230
78	091	226
78	092	222
78	093	218
78	095	216
78	789	218
80	140	476
80	809	476
82	115	33
82	116	32
82	829	32
85	150	35
85	859	35
86	861	732
87	170	500
87	879	500
88	171	489

Type	Specialty	Taxonomy
88	889	489
89	112	13
89	899	13
90	250	720
90	277	733
91	911	671
91	912	671
92	011	698
93	012	699
93	040	670
95	100	237
95	101	217
95	959	237
96	071	706
96	072	706
99	999	706

233 UB92 And Type of Bill Xref Code -- CDE_VALUE

233.1 Table Name -- T_TOB_CT_XREF

233.1.1 UB92 And Type of Bill Xref Code Information

Subsystem: Reference

Column Name	Description	Type	Length	Precision	Primary Key
CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB92 claim.	CHAR	2	0	Yes

233.1.1.1 UB92 And Type of Bill Xref Code Values

Code	Description
01	MOST COMMON SEMI-PRIVATE RATE
02	HOSPITAL HAS NO SEMI-PRIVATE ROOMS
04	INPT PROF COMPONENT CHGS COMBINED BILLED
05	PROFESSIONAL COMPONENT INCLUDED IN CHRGS
06	MEDICARE BLOOD DEDUCTIBLE
08	MCARE LIFETIME RESERVE AMT IN 1ST YR
09	MCARE COIN AMT IN 1ST CALENDAR YR
10	LIFETIME RESERVE AMT IN 2ND CAL YR
11	COIN AMT IN 2ND CAL YR
12	WORKING AGED BENE/SPOUSE WITH EMP GHP
13	ESRD BENE IN MCARE COORDINATION PERIOD
14	NO-FAULT
15	WORKER'S COMPENSATION
16	PHS
17	PAYER CODE
18	PAYER CODE
19	PAYER CODE
20	PAYER CODE
21	CATASTROPHIC

Code	Description
22	SURPLUS
23	RECURRING MONTHLY INCOME
24	MEDICAID RATE CODE
25	OFFSET TO PATNT-PYMNT AMT - RX DRUGS
26	OFFSET TO PATNT-PYMNT AMT - HEARING SVCS
27	OFFSET TO PATNT-PYMNT AMT - VISION SVCS
28	OFFSET TO PATNT-PYMNT AMT - DENTAL SVCS
29	OFFSET TO PATNT-PYMNT AMT - CHIRO SVCS
30	PREADMISSION TESTING
31	PATIENT LIABILITY AMOUNT
32	MULTIPLE PATIENT AMBULANCE TRANSPORT
33	OFFSET TO PATNT-PYMNT AMT - PODIATRIC
34	OFFSET TO PATNT-PYMNT AMT - OTHR MEDICAL
35	OFFSET TO PATNT-PYMNT AMT - HEALTH INS
37	PINTS OF BLOOD FURNISHED
38	BLOOD DEDUCTIBLE PINTS
39	PINTS OF BLOOD REPLACED
40	NEW COVERAGE NOT IMPLEMENTED BY HMO
41	BLACK LUNG
42	VA
43	DISABLED BENE UNDER AGE 65 WITH LGHP
44	AMT PROV AGREED TO ACCEPT FROM PRIMARY
45	ACCIDENT HOUR
46	NUMBER OF GRACE DAYS
47	ANY LIABILITY INSURANCE
48	HEMOGLOBIN READING
49	HEMATOCRIT READING
50	PHYSICAL THERAPY VISIT

Code	Description
51	OCCUPATIONAL THERAPY VISITS
52	SPEECH THERAPY VISITS
53	CARDIAC REHAB. VISITS
54	NEWBORN BIRTH WEIGHT IN GRAMS
55	ELIGIBILITY THRESHOLD FOR CHARITY CARE
56	SKILLED NURSE - HOME VISIT HR (HHA ONLY)
57	HOME HLTH AIDE - HOME VISIT HR(HHA ONLY)
58	ARTERIAL BLOOD GAS (PO2/PA2)
59	OXYGEN SATURATION (O2 SAT/OXIMETRY)
60	HHA BRANCH MSA
61	LOCATION WHERE SERVICE IS FURNISHED
62	PAYER CODES
63	PAYER CODES
64	PAYER CODES
65	PAYER CODES
66	MEDICAID SPENDDOWN AMOUNT
67	PERITONEAL DIALYSIS
68	EPO-DRUG
69	STATE CHARITY CARE PERCENT
70	PAYER CODES
71	PAYER CODES
72	PAYER CODES
73	PAYER CODES
74	PAYER CODES
75	PAYER CODES
76	PAYER CODES
77	PAYER CODES
78	PAYER CODES

Code	Description
79	PAYER CODES
80	COVERED DAYS
82	COINSURANCE DAYS
83	LIFETIME RESERVE DAYS
A0	SPECIAL ZIP CODE REPORTING
A1	DEDUCTIBLE PAYER A
A2	COINSURANCE PAYER A
A3	ESTIMATED RESPONSIBILITY PAYER A
A4	COVERED SELF-ADMINISTRABLE DRUGS - EMERG
A5	COVERED SELF-ADMIN DRUGS - NOT SELF-ADM
A6	COVERED SELF-ADMIN DRUGS - DIAG STUDY
A7	CO-PAYMENT PAYER A
A8	PATIENT WEIGHT
A9	PATIENT HEIGHT
AA	REGULATORY ASSESSMENT/ALLOWANCES PAYER A
AB	OTHER ASSESSMENTS OR ALLOWANCES PAYER A
B1	DEDUCTIBLE PAYER B
B2	COINSURANCE PAYER B
B3	ESTIMATED RESPONSIBILITY PAYER B
B7	CO-PAYMENT PAYER B
BA	REGULATORY ASSESSMENT/ALLOWANCES PAYER B
BB	OTHER ASSESSMENTS OR ALLOWANCES PAYER B
C1	DEDUCTIBLE PAYER C
C2	COINSURANCE PAYER C
C3	ESTIMATED RESPONSIBILITY PAYER C
C7	CO-PAYMENT PAYER C
CA	REGULATORY ASSESSMENT/ALLOWANCES PAYER C
CB	OTHER ASSESSMENTS OR ALLOWANCES PAYER C

Code	Description
D3	PATIENT ESTIMATED RESPONSIBILITY
DR	RESERVED FOR DISASTER RELATED VALUE CODE
E1	DEDUCTIBLE PAYER D
E2	COINSURANCE PAYER D
E3	ESTIMATED RESPONSIBILITY PAYER D
E7	CO-PAYMENT PAYER D
EA	REGULATORY ASSESSMENT/ALLOWANCES PAYER D
EB	OTHER ASSESSMENTS OR ALLOWANCES PAYER D
F1	DEDUCTIBLE PAYER E
F2	COINSURANCE PAYER E
F3	ESTIMATED RESPONSIBILITY PAYER E
F7	CO-PAYMENT PAYER E
FA	REGULATORY ASSESSMENT/ALLOWANCES PAYER E
FB	OTHER ASSESSMENTS OR ALLOWANCES PAYER E
G1	DEDUCTIBLE PAYER F
G2	COINSURANCE PAYER F
G3	ESTIMATED RESPONSIBILITY PAYER F
G7	CO-PAYMENT PAYER F
GA	REGULATORY ASSESSMENT/ALLOWANCES PAYER F
GB	OTHER ASSESSMENTS OR ALLOWANCES PAYER F

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234 Waiver ID Code -- CDE_WAIVER_ID

234.1 Table Name -- T_CDE_MSIS_WAIVER_ID

234.1.1 Waiver ID Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_WAIVER_ID	A code specifying up to three waiver programs under which the eligible individual is covered during the month. These IDs must be assigned by the State, using alpha or numeric codes, to uniquely identify each specific waiver program(s) under which the individual is covered. The categories of waiver programs include 1915(b), 1915(c), combined (b)/(c) programs, and 1115 demonstrations. Individuals are to be associated with a specific waiver only if they are enrolled in a waiver program.	CHAR	2	0	Yes

234.1.1.1 Waiver ID Code Values

Code	Description
MC	Partnership, KenPAC
TN	NET
WC	Unknown
HB	Medicare Part B
MW	Vision
BI	Pharmacy
HC	Medicare Supplement
PC	Nursing Facility
88	Title XIX

235 Waiver Type Code -- CDE_WAIVER_TYPE

235.1 Table Name -- T_CDE_MSIS_WAIVER_TYPE

235.1.1 Waiver Type Code Information

Subsystem: MAR- This table is used only in the MAR subsystem.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_WAIVER_TYPE	A code for specifying up to three waiver types under which the eligible individual is covered during the month.	CHAR	1	0	Yes

235.1.1.1 Waiver Type Code Values

Code	Description
0	Individual was not eligible for Medicaid this month
1	The associated Waiver-ID-Number is for an 1115 waiver this month. May also be called a research, experimental, demonstration or pilot waiver or refer to consumer-directed care or expanded eligibility. May cover entire State or just a geographic entity or specific population.
2	The associated Waiver-ID-Number is for a 1915(b) waiver this month. May also be called managed care, freedom-of-choice, statewideness, selective contracting, comparability, or program waiver.
3	The associated Waiver-ID-Number is for a 1915(c) waiver this month. May also be called 2176, Home and Community Based Care, HCBS, HCB, and will often mention specific populations such as MR/DD, aged, disabled/physically disabled, aged/disabled, AIDS/ARC, mental health, TBI/head injury, special care children/technology dependent children.
4	The associated Waiver-ID-Number is a combined 1915(b)(c) waiver this month. Includes both managed care and alternatives to institutional long term care such as: case management; homemaker/home health aid; personal care services; adult day health; habilitation; respite.
5	The associated Waiver-ID-Number is for a HIFA (Health Insurance and Flexibility and Accountability) waiver this month. May also be called demonstration waiver or refer to the eligibility expansion, and will be a new waiver on or after August 2001.
6	The associated Waiver-ID-Number is for Pharmacy waiver coverage this month. Includes waivers under 1115 demonstration authority which are primarily intended to increase coverage or expand eligibility for pharmacy benefits.
7	The associated Waiver-ID-Number is for another type of waiver.

Code	Description
8	Not applicable, individual is eligible for Medicaid, but is NOT enrolled in a waiver this month.
9	The associated Waiver-ID-Number is for an unknown type of waiver.
A	The associated Waiver-ID-Number is for a disaster-related waiver that allows for coverage related to a hurricane or other disaster this month.
F	The associated Waiver-ID-Number is for a Family Planning-ONLY waiver this month. In these waivers, the beneficiary Medicaid-covered benefits are restricted to Family Planning Services.

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