Household T-MSIS Match Status

Variable Name	Variable Label
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
PUBLICID	NHIS Public Use ID
SEQN	NHANES Respondent Sequence Number
RESNUM	NNHS Resident Record (Case) Number
TMSIS_MATCH_1419	T-MSIS Match Status
PROBVALID	Estimated Match Probability

TAF Demographic and Eligibility (DE) Base

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
MISG_ELGBLTY_DATA_IND	Ind of Missing Eligibility Record for All Months of Service Yr
BENE_STATE_CD	State FIPS Code for Beneficiary Home or Mailing Address - Ltst in Yr
BENE_CNTY_CD	County Code for Beneficiary Home or Mailing Address - Ltst in Yr
BENE_ZIP_CD	ZIP Code for Beneficiary Home or Mailing Address - Ltst in Yr
BIRTH_DT	Date of Birth
AGE	Age (in Yrs)
AGE_GRP_CD	Age Group
DEATH_DT	Date of Death
DEATH_IND	Ind that Beneficiary Died During the Calendar Yr
SEX_CD	Sex (Biological) - Ltst in Yr
ETHNCTY_CD	Ethnicity Code - Ltst in Yr
RACE_ETHNCTY_CD	Race and Ethnicity Constructed Code - Ltst in Yr
RACE_ETHNCTY_EXP_CD	Expanded Race and Ethnicity Constructed Code - Ltst in Yr
CRTFD_AMRCN_INDN_ALSKN_NTV_CD	Certified American Indian or Alaska Native Code - Ltst in Yr
PRMRY_LANG_GRP_CD	Constructed Primary Language Group Code - Ltst in Yr
PRMRY_LANG_CD	Primary Language Code - Ltst in Yr
ENGLSH_LANG_PRFCNCY_CD	English Language Proficiency Code - Ltst in Yr
MDCD_ENRLMT_DAYS_01	Medicaid Enrollment Days - January
MDCD_ENRLMT_DAYS_02	Medicaid Enrollment Days - February
MDCD_ENRLMT_DAYS_03	Medicaid Enrollment Days - March
MDCD_ENRLMT_DAYS_04	Medicaid Enrollment Days - April
MDCD_ENRLMT_DAYS_05	Medicaid Enrollment Days - May
MDCD_ENRLMT_DAYS_06	Medicaid Enrollment Days - June
MDCD_ENRLMT_DAYS_07	Medicaid Enrollment Days - July
MDCD_ENRLMT_DAYS_08	Medicaid Enrollment Days - August
MDCD_ENRLMT_DAYS_09	Medicaid Enrollment Days - September
MDCD_ENRLMT_DAYS_10	Medicaid Enrollment Days - October
MDCD_ENRLMT_DAYS_11	Medicaid Enrollment Days - November
MDCD_ENRLMT_DAYS_12	Medicaid Enrollment Days - December
MDCD_ENRLMT_DAYS_YR	Medicaid Enrollment Days - Total in Yr
CHIP_ENRLMT_DAYS_01	CHIP Enrollment Days - January
CHIP_ENRLMT_DAYS_02	CHIP Enrollment Days - February
CHIP_ENRLMT_DAYS_03	CHIP Enrollment Days - March
CHIP_ENRLMT_DAYS_04	CHIP Enrollment Days - April
CHIP_ENRLMT_DAYS_05	CHIP Enrollment Days - May
CHIP_ENRLMT_DAYS_06	CHIP Enrollment Days - June
CHIP_ENRLMT_DAYS_07	CHIP Enrollment Days - July
CHIP_ENRLMT_DAYS_08	CHIP Enrollment Days - August
CHIP_ENRLMT_DAYS_09	CHIP Enrollment Days - September
CHIP_ENRLMT_DAYS_10	CHIP Enrollment Days - October
CHIP_ENRLMT_DAYS_11	CHIP Enrollment Days - November
CHIP_ENRLMT_DAYS_12	CHIP Enrollment Days - December
CHIP_ENRLMT_DAYS_YR	CHIP Enrollment Days - Total in Yr
MISG_ENRLMT_TYPE_IND_01	Missing Enrollment Type Code in Monthly Beneficiary Summary File January

TAF Demographic and Eligibility (DE) Base

Variable Name	Variable Label
MISG_ENRLMT_TYPE_IND_02	Missing Enrollment Type Code in Monthly Beneficiary Summary File February
MISG_ENRLMT_TYPE_IND_03	Missing Enrollment Type Code in Monthly Beneficiary Summary File March
MISG_ENRLMT_TYPE_IND_04	Missing Enrollment Type Code in Monthly Beneficiary Summary File April
MISG_ENRLMT_TYPE_IND_05	Missing Enrollment Type Code in Monthly Beneficiary Summary File May
MISG_ENRLMT_TYPE_IND_06	Missing Enrollment Type Code in Monthly Beneficiary Summary File June
MISG_ENRLMT_TYPE_IND_07	Missing Enrollment Type Code in Monthly Beneficiary Summary File July
MISG_ENRLMT_TYPE_IND_08	Missing Enrollment Type Code in Monthly Beneficiary Summary File August
MISG_ENRLMT_TYPE_IND_09	Missing Enrollment Type Code in Monthly Beneficiary Summary File September
MISG_ENRLMT_TYPE_IND_10	Missing Enrollment Type Code in Monthly Beneficiary Summary File October
MISG_ENRLMT_TYPE_IND_11	Missing Enrollment Type Code in Monthly Beneficiary Summary File November
MISG_ENRLMT_TYPE_IND_12	Missing Enrollment Type Code in Monthly Beneficiary Summary File December
CHIP_CD_01	Medicaid, Medicaid Expansion CHIP, or Separate CHIP Code - January
CHIP_CD_02	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - February
CHIP_CD_03	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - March
CHIP_CD_04	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - April
CHIP_CD_05	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - May
CHIP_CD_06	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - June
CHIP_CD_07	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - July
CHIP_CD_08	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - August
CHIP_CD_09	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - September
CHIP_CD_10	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - October
CHIP_CD_11	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - November
CHIP_CD_12	Medicaid, Medicaid Expansion CHIP, and Separate CHIP Code - December
CHIP_CD_LTST	Medicaid, Medicaid Expansion CHIP, or Separate CHIP Code - Ltst in Yr
RSTRCTD_BNFTS_CD_01	Scope of Medicaid or CHIP Benefits - January
RSTRCTD_BNFTS_CD_02	Scope of Medicaid or CHIP Benefits - February
RSTRCTD_BNFTS_CD_03	Scope of Medicaid or CHIP Benefits - March
RSTRCTD_BNFTS_CD_04	Scope of Medicaid or CHIP Benefits - April
RSTRCTD_BNFTS_CD_05	Scope of Medicaid or CHIP Benefits - May
RSTRCTD_BNFTS_CD_06	Scope of Medicaid or CHIP Benefits - June
RSTRCTD_BNFTS_CD_07	Scope of Medicaid or CHIP Benefits - July
RSTRCTD_BNFTS_CD_08	Scope of Medicaid or CHIP Benefits - August
RSTRCTD_BNFTS_CD_09	Scope of Medicaid or CHIP Benefits - September
RSTRCTD_BNFTS_CD_10	Scope of Medicaid or CHIP Benefits - October
RSTRCTD_BNFTS_CD_11	Scope of Medicaid or CHIP Benefits - November
RSTRCTD_BNFTS_CD_12	Scope of Medicaid or CHIP Benefits - December
RSTRCTD_BNFTS_CD_LTST	Scope of Medicaid or CHIP Benefits - Ltst in Yr
DUAL_ELGBL_CD_01	Medicare-Medicaid Dual Eligibility Code - January
DUAL_ELGBL_CD_02	Medicare-Medicaid Dual Eligibility Code - February
DUAL_ELGBL_CD_03	Medicare-Medicaid Dual Eligibility Code - March
DUAL_ELGBL_CD_04	Medicare-Medicaid Dual Eligibility Code - April
DUAL_ELGBL_CD_05	Medicare-Medicaid Dual Eligibility Code - May
DUAL_ELGBL_CD_06	Medicare-Medicaid Dual Eligibility Code - June
DUAL_ELGBL_CD_07	Medicare-Medicaid Dual Eligibility Code - July
DUAL_ELGBL_CD_08	Medicare-Medicaid Dual Eligibility Code - August
DUAL_ELGBL_CD_09	Medicare-Medicaid Dual Eligibility Code - September
DUAL_ELGBL_CD_10	Medicare-Medicaid Dual Eligibility Code - October
DUAL_ELGBL_CD_11	Medicare-Medicaid Dual Eligibility Code - November
DUAL_ELGBL_CD_12	Medicare-Medicaid Dual Eligibility Code - December
DUAL_ELGBL_CD_LTST	Medicare-Medicaid Dual Eligibility Code - Ltst in Yr
ELGBLTY_GRP_CD_01	Eligibility Group Code - January
ELGBLTY_GRP_CD_02	Eligibility Group Code - February

TAF Demographic and Eligibility (DE) Base

Variable Name	Variable Label
ELGBLTY_GRP_CD_03	Eligibility Group Code - March
ELGBLTY_GRP_CD_04	Eligibility Group Code - April
ELGBLTY_GRP_CD_05	Eligibility Group Code - May
ELGBLTY_GRP_CD_06	Eligibility Group Code - June
ELGBLTY_GRP_CD_07	Eligibility Group Code - July
ELGBLTY_GRP_CD_08	Eligibility Group Code - August
ELGBLTY_GRP_CD_09	Eligibility Group Code - September
ELGBLTY_GRP_CD_10	Eligibility Group Code - October
ELGBLTY_GRP_CD_11	Eligibility Group Code - November
ELGBLTY_GRP_CD_12	Eligibility Group Code - December
ELGBLTY_GRP_CD_LTST	Eligibility Group Code - Ltst in Yr
MASBOE_CD_01	Maintenance Assistance Status and Basis of Eligibility Code - January
MASBOE_CD_02	Maintenance Assistance Status and Basis of Eligibility Code - February
MASBOE_CD_03	Maintenance Assistance Status and Basis of Eligibility Code - March
MASBOE_CD_04	Maintenance Assistance Status and Basis of Eligibility Code - April
MASBOE_CD_05	Maintenance Assistance Status and Basis of Eligibility Code - May
MASBOE_CD_06	Maintenance Assistance Status and Basis of Eligibility Code - June
MASBOE_CD_07	Maintenance Assistance Status and Basis of Eligibility Code - July
MASBOE_CD_08	Maintenance Assistance Status and Basis of Eligibility Code - August
MASBOE_CD_09	Maintenance Assistance Status and Basis of Eligibility Code - September
MASBOE_CD_10	Maintenance Assistance Status and Basis of Eligibility Code - October
MASBOE_CD_11	Maintenance Assistance Status and Basis of Eligibility Code - November
MASBOE_CD_12	Maintenance Assistance Status and Basis of Eligibility Code - December
MASBOE_CD_LTST	Maintenance Assistance Status and Basis of Eligibility Code - Ltst in Yr
STATE_SPEC_ELGBLTY_GRP_CD_01	State-Specific Eligibility Group Code - January
STATE_SPEC_ELGBLTY_GRP_CD_02	State-Specific Eligibility Group Code - February
STATE_SPEC_ELGBLTY_GRP_CD_03	State-Specific Eligibility Group Code - March
STATE_SPEC_ELGBLTY_GRP_CD_04	State-Specific Eligibility Group Code - April
STATE_SPEC_ELGBLTY_GRP_CD_05	State-Specific Eligibility Group Code - May
STATE_SPEC_ELGBLTY_GRP_CD_06	State-Specific Eligibility Group Code - June
STATE_SPEC_ELGBLTY_GRP_CD_07	State-Specific Eligibility Group Code - July
STATE_SPEC_ELGBLTY_GRP_CD_08	State-Specific Eligibility Group Code - August
STATE_SPEC_ELGBLTY_GRP_CD_09	State-Specific Eligibility Group Code - September
STATE_SPEC_ELGBLTY_GRP_CD_10	State-Specific Eligibility Group Code - October
STATE_SPEC_ELGBLTY_GRP_CD_11	State-Specific Eligibility Group Code - November
STATE_SPEC_ELGBLTY_GRP_CD_12	State-Specific Eligibility Group Code - December
STATE_SPEC_ELGBLTY_GRP_CD_LTST	State-Specific Eligibility Group Code - Ltst in Yr
MC_PLAN_TYPE_CD_01	Managed Care Plan Type Code (Using Hierarchy) - January
MC_PLAN_TYPE_CD_02	Managed Care Plan Type Code (Using Hierarchy) - February
MC_PLAN_TYPE_CD_03	Managed Care Plan Type Code (Using Hierarchy) - March
MC_PLAN_TYPE_CD_04	Managed Care Plan Type Code (Using Hierarchy) - April
MC_PLAN_TYPE_CD_05	Managed Care Plan Type Code (Using Hierarchy) - May
MC_PLAN_TYPE_CD_06	Managed Care Plan Type Code (Using Hierarchy) - June
MC_PLAN_TYPE_CD_07	Managed Care Plan Type Code (Using Hierarchy) - July
MC_PLAN_TYPE_CD_08	Managed Care Plan Type Code (Using Hierarchy) - August
MC_PLAN_TYPE_CD_09	Managed Care Plan Type Code (Using Hierarchy) - September
MC_PLAN_TYPE_CD_10	Managed Care Plan Type Code (Using Hierarchy) - October
MC_PLAN_TYPE_CD_11	Managed Care Plan Type Code (Using Hierarchy) - November
MC_PLAN_TYPE_CD_12	Managed Care Plan Type Code (Using Hierarchy) - December
MRTL_STUS_CD	Marital Status Code - Ltst in Yr
HSEHLD_SIZE_CD	Household Size Used To Determine Medicaid or CHIP Eligibility - Ltst in Yr
INCM_CD	Income Relative to the Federal Poverty Level - Ltst in Yr

TAF Demographic and Eligibility (DE) Base

Variable Name	Variable Label
VET_IND	Veteran Ind - Ltst in Yr
CTZNSHP_IND	U.S. Citizenship Ind - Ltst in Yr
CTZNSHP_VRFCTN_PENDG_IND	Beneficiary is Enrolled Pending Citizenship Verification - Ltst in Yr
IMGRTN_STUS_CD	Immigration Status Code - Ltst in Yr
IMGRTN_VRFCTN_PENDG_IND	Beneficiary is Enrolled Pending Immigration Verification - Ltst in Yr
IMGRTN_STUS_5YR_BAR_END_DT	Immigration Status Five Yr Bar End Date - Ltst in Yr
CARE_LVL_STUS_CD	Level of Care Status Code for LTSS - Ltst in Yr
DSBLTY_DEAF_IND	Disability Ind - Deaf - Ever in Calendar Yr
DSBLTY_BLND_IND	Disability Ind - Blind - Ever in Calendar Yr
DSBLTY_DFCLTY_CNCNTRTNG_IND	Disability Ind - Difficulty Concentrating - Ever in Calendar Yr
DSBLTY_DFCLTY_WLKG_IND	Disability Ind - Difficulty Walking - Ever in Calendar Yr
DSBLTY_DFCLTY_DRSNG_BATHNG_IND	Disability Ind - Difficulty Dressing or Bathing - Ever in Calendar Yr
DSBLTY_DFCLTY_ERNDS_IND	Disability Ind - Difficulty Running Errands Alone - Ever in Calendar Yr
DSBLTY_OTHR_IND	Disability Ind - Other Disability Not Listed - Ever in Calendar Yr
BIRTH_CNCPTN_IND	Birth to Conception Ind - Ltst in Yr
SSDI_IND	Social Security Disability Insurance (SSDI) Ind - Ltst in Yr
SSI_IND	Supplemental Security Income (SSI) Ind - Ltst in Yr
SSI_STUS_CD	Supplemental Security Income (SSI) Status Code - Ltst in Yr
SSI_STATE_SPLMT_CD	Supplemental Security Income (SSI) State Supplement Code - Ltst in Yr
TANF_CASH_CD	Temporary Assistance for Needy Families (TANF) Cash Code - Ltst in Yr
TPL_INSRNC_CVRG_IND	Third Party Liability (TPL) Insurance Coverage Ind - Ltst in Yr
TPL_OTHR_CVRG_IND	Third Party Liability (TPL) - Other Coverage Ind - Ltst in Yr
MSIS_CASE_NUM	Encrypted TMSIS Case Number - Ltst in Yr
SPLMTL_DTS	Beneficiary Record In Supplemental Dates File
SPLMTL_MC	Beneficiary Record in Supplemental Managed Care File
SPLMTL_WVR	Beneficiary Record in Supplemental Waiver File
SPLMTL_HLTH_HOME_SPO	Beneficiary Record in Supplemental Hlth Home and State Plan Option (SPO) File
SPLMTL_MFP	Beneficiary Record in Supplemental Money Follows Person (MFP) File
SPLMTL_DSB_HCBS	Beneficiary HCBS Record in Supplemental Disability File
SPLMTL_DSB_LTSS	Beneficiary LTSS Record in Supplemental Disability File
SPLMTL_DSB_LCKIN	Beneficiary Lock-In Record in Supplemental Disability File
SPLMTL_DSB_OTHR	Beneficiary Other Needs Record in Supplemental Disability File
DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
DE_VRSN	DE Version Representing the Iteration of the File
RFRNC_YR	Reference Yr
CCW_LD_DT	CCW Load Date

TAF Inpatient (IP) Claim Header

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
CLM_TYPE_CD	Claim Type Code
BILL_TYPE_CD	Bill Type Code
CROSSOVER_CLM_IND	Code To Indicate if a Portion of Claim is Paid by Medicare
ADJUST_CD	Claim Adjustment Code
ADJUST_RSN_CD	Adjustment Reason Code
ADJDCTN_DT	Adjudication Date
MDCD_PD_DT	Medicaid Paid Date
SPLIT_CLM_IND	Split Claim Indicator
CLL_CNT	Claim Line Count - Original
CLL_CNT_CALC	Claim Line Count - Calculated
SRVC_TRKNG_TYPE_CD	Service Tracking Type Code
BIRTH_DT	Date of Birth
PTNT_DSCHRG_STUS_CD	Patient Status at Ending Date of Service
BIRTH_WT	Birth Weight in Grams
PGM_TYPE_CD	Program Type Code
MC_PLAN_ID	Managed Care Plan Identification Number
WVR_TYPE_CD	Waiver Type Code
WVR_ID	Waiver Identification Number
OTHR_INSRNC_IND	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)
SECT_1115A_DEMO_IND	1115(A) Demonstration Participation Indicator
SRVC_BGN_DT	Claim Beginning Date of Service
SRVC_END_DT	Claim Ending Date of Service
SRVC_END_DT_CD	Identifies the Date Field Used to Populate SRVC_END_DT
HOSP_TYPE_CD	Hospital Type Code
ADMSN_TYPE_CD	Admission Type Code
ADMSN_DT	Admission Date
ADMSN_HR	Admission Hour
DSCHRG_DT	Discharge Date
DSCHRG_HR	Discharge Hour
ADMTG_DGNS_CD	Admitting Diagnosis Code
ADMTG_DGNS_VRSN_CD	Admitting Diagnosis Version Code (ICD-9 or ICD-10)
DGNS_CD_1	Primary or Principal Diagnosis Code
DGNS_VRSN_CD_1	Diagnosis Version Code 1 (ICD-9 or ICD-10)
DGNS_POA_IND_1	Diagnosis 1 Present on Admission Indicator
DGNS_CD_2	Diagnosis Code 2
DGNS_VRSN_CD_2	Diagnosis Version Code 2 (ICD-9 or ICD-10)
DGNS_POA_IND_2	Diagnosis 2 Present on Admission Indicator
DGNS_CD_3	Diagnosis Code 3
DGNS_VRSN_CD_3	Diagnosis Version Code 3 (ICD-9 or ICD-10)
DGNS_POA_IND_3	Diagnosis 3 Present on Admission Indicator
DGNS_CD_4	Diagnosis Code 4
DGNS_VRSN_CD_4	Diagnosis Version Code 4 (ICD-9 or ICD-10)
DGNS_POA_IND_4	Diagnosis 4 Present on Admission Indicator

TAF Inpatient (IP) Claim Header

Variable Name	Variable Label
DGNS_CD_5	Diagnosis Code 5
DGNS_VRSN_CD_5	Diagnosis Version Code 5 (ICD-9 or ICD-10)
DGNS_POA_IND_5	Diagnosis 5 Present on Admission Indicator
DGNS_CD_6	Diagnosis Code 6
DGNS_VRSN_CD_6	Diagnosis Version Code 6 (ICD-9 or ICD-10)
DGNS_POA_IND_6	Diagnosis 6 Present on Admission Indicator
DGNS_CD_7	Diagnosis Code 7
DGNS_VRSN_CD_7	Diagnosis Version Code 7 (ICD-9 or ICD-10)
DGNS_POA_IND_7	Diagnosis 7 Present on Admission Indicator
DGNS_CD_8	Diagnosis Code 8
DGNS_VRSN_CD_8	Diagnosis Version Code 8 (ICD-9 or ICD-10)
DGNS_POA_IND_8	Diagnosis 8 Present on Admission Indicator
DGNS_CD_9	Diagnosis Code 9
DGNS_VRSN_CD_9	Diagnosis Version Code 9 (ICD-9 or ICD-10)
DGNS_POA_IND_9	Diagnosis 9 Present on Admission Indicator
DGNS_CD_10	Diagnosis Code 10
DGNS_VRSN_CD_10	Diagnosis Version Code 10 (ICD-9 or ICD-10)
DGNS_POA_IND_10	Diagnosis 10 Present on Admission Indicator
DGNS_CD_11	Diagnosis Code 11
DGNS_VRSN_CD_11	Diagnosis Version Code 11 (ICD-9 or ICD-10)
DGNS_POA_IND_11	Diagnosis 11 Present on Admission Indicator
DGNS_CD_12	Diagnosis Code 12
DGNS_VRSN_CD_12	Diagnosis Version Code 12 (ICD-9 or ICD-10)
DGNS_POA_IND_12	Diagnosis 12 Present on Admission Indicator
HAC_IND	Health Care Acquired Condition (HAC) Indicator
IP_MH_DGNS_IND	Mental Health Diagnosis Indicator
IP_SUD_DGNS_IND	Substance Use Disorder Diagnosis Indicator
DRG_CD	Diagnosis Related Group (DRG) Code
DRG_CD_SYS	DRG Code System/Nomenclature
DRG_DESC	Description of DRG Code
MDC_CD	Major Diagnostic Category (MDC) Code
PRCDR_CD_DT_1	Date Procedure 1 Performed
PRCDR_CD_1	Procedure Code 1
PRCDR_CD_SYS_1	Procedure Code 1 System/Nomenclature
PRCDR_CD_DT_2	Date Procedure 2 Performed
PRCDR_CD_2	Procedure Code 2
PRCDR_CD_SYS_2	Procedure Code 2 System/Nomenclature
PRCDR_CD_DT_3	Date Procedure 3 Performed
PRCDR_CD_3	Procedure Code 3
PRCDR_CD_SYS_3	Procedure Code 3 System/Nomenclature
PRCDR_CD_DT_4	Date Procedure 4 Performed
PRCDR_CD_4	Procedure Code 4
PRCDR_CD_SYS_4	Procedure Code 4 System/Nomenclature
PRCDR_CD_DT_5	Date Procedure 5 Performed
PRCDR_CD_5	Procedure Code 5
PRCDR_CD_SYS_5	Procedure Code 5 System/Nomenclature
PRCDR_CD_DT_6	Date Procedure 6 Performed
PRCDR_CD_6	Procedure Code 6
PRCDR_CD_SYS_6	Procedure Code 6 System/Nomenclature
ADMTG_PRVDR_ID	Admitting Provider Identification Number
ADMTG_PRVDR_NPI	Admitting Provider NPI
ADMTG_PRVDR_TXNMY_CD	Admitting Provider Taxonomy Code

TAF Inpatient (IP) Claim Header

Variable Name	Variable Label
ADMTG_PRVDR_TYPE_CD	Admitting Provider Type Code
ADMTG_PRVDR_SPCLTY_CD	Admitting Provider Specialty Code
BLG_PRVDR_ID	Billing Provider Identification Number
BLG_PRVDR_NPI	Billing Provider NPI
BLG_PRVDR_TXNMY_CD	Billing Provider Taxonomy Code
BLG_PRVDR_TYPE_CD	Billing Provider Type Code
BLG_PRVDR_SPCLTY_CD	Billing Provider Specialty Code
RFRG_PRVDR_ID	Referring Provider Identification Number
RFRG_PRVDR_NPI	Referring Provider NPI
RFRG_PRVDR_TYPE_CD	Referring Provider Type Code
RFRG_PRVDR_SPCLTY_CD	Referring Provider Specialty Code
PRVDR_LCTN_CD	Provider Location Code
BRDR_STATE_IND	Border State Indicator
IP_MH_TXNMY_IND	Mental Health Provider Taxonomy Indicator
IP_SUD_TXNMY_IND	Substance Use Disorder Provider Taxonomy Indicator
NCVRD_DAYS	Count of Medicaid Noncovered Days
CVRD_DAYS	Count of Medicaid Covered Inpatient Days
OUTLIER_DAYS	Outlier Days Count
OUTLIER_TYPE_CD	Outlier Type Code
DRG_OUTLIER_AMT	DRG Outlier Additional Payment Amount
FIXD_PYMT_IND	Fixed Payment Indicator
SRVC_TRKNG_PYMT_AMT	Service Tracking Payment Amount
DRG_RLTV_WT	DRG Relative Weight
PYMT_LVL_IND	Payment Level Indicator - Header or Line
BILLED_AMT	Total Claim Billed Amount
NCVRD_CHRG_AMT	Noncovered Charges Amount
MDCD_ALOWD_AMT	Total Medicaid Allowed Amount
MDCD_PD_AMT	Total Amount Paid By Medicaid
MDCD_COPAY_AMT	Total Copay Amount Paid by Beneficiary
MDCD_DSH_PD_AMT	Medicaid Amount Paid Disproportionate Share Hospital (DSH)
MDCR_PD_AMT	Medicare Paid Amount
MDCR_DDCTBL_PD_AMT	Total Medicare Deductible Amount
MDCR_COINSRNC_PD_AMT	Total Medicare Coinsurance Amount
MDCR_CMBND_DDCTBL_IND	Medicare Combined Deductible and Coinsurance Indicator
MDCR_REIMBRSMT_TYPE_CD	Medicare Reimbursement Type Code
COINSRNC_AMT	Beneficiary Coinsurance Amount
COPAY_AMT	Beneficiary Copayment Amount
DDCTBL_AMT	Beneficiary Deductible Amount
COPAY_WVD_IND	Indicator Signifying Copay was Waived by Provider
TP_PD_AMT	Total Third Party Liability Paid Amount
TP_COINSRNC_PD_AMT	Third Party Coinsurance Paid Amount
TP_COPAY_PD_AMT	Third Party Copayment Paid Amount
OTHR_INSRNC_PD_AMT	Total Other Than Medicare or Medicaid -Insurance Paid Amount
OTHR_TP_CLCTN_CD	Other Third Party Collection Code
FUNDNG_CD	Code To Indicate Source of Non-Federal Funding
FUNDNG_SRC_NON_FED_SHR_CD	Funding Source Non-Federal Share Code
DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier
IP_VRSN	Inpatient Version Representing the Iteration of the File
IP_FIL_DT	Inpatient File Date - Represents the Year and Month of the Reporting Period
CCW_LD_DT	CCW Load Date
PRSN_CLM_IND	Indicator of a Claim for a Person

TAF Inpatient (IP) Claim Line

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
LINE_NUM	Sequential Claim Line Number
ADJDCTN_DT	Adjudication Date
LINE_CLAIM_STUS_CD	Claim Line Status Code
LINE_ADJUST_CD	Claim Line Adjustment Code
LINE_SRVC_BGN_DT	Claim Line Beginning Date of Service
LINE_SRVC_END_DT	Claim Line Ending Date of Service
BNFT_TYPE_CD	Benefit Type Code
TOS_CD	Type of Service Code
XIX_SRVC_CTGRY_CD	CMS-64 Form Category of Service for the Paid Claim
XXI_SRVC_CTGRY_CD	CMS-21 Form Category of Service for the Paid Claim
CMS_64_FED_CTGRY_CD	CMS-64 Form Code for Federal Reimbursement
REV_CNTR_CD	Revenue Center Code
ACTL_SRVC_QTY	Actual Service Quantity
ALOWD_SRVC_QTY	Maximum Allowed Service Quantity
NDC	National Drug Code
NDC_UOM_CD	NDC Unit of Measure Code
NDC_QTY	NDC Quantity Dispensed
IMNZTN_TYPE_CD	Immunization Type Code
PRVDR_FAC_TYPE_CD	Provider Facility Type Code
SRVC_PRVDR_ID	Servicing Provider Identification Number
SRVC_PRVDR_NPI	Servicing Provider NPI
SRVC_PRVDR_TXNMY_CD	Servicing Provider Taxonomy Code
SRVC_PRVDR_TYPE_CD	Servicing Provider Type Code
SRVC_PRVDR_SPCLTY_CD	Servicing Provider Specialty Code
OPRTG_PRVDR_NPI	Operating Provider NPI
REV_CNTR_CHRG_AMT	Revenue Center Charge Amount
LINE_MDCD_ALOWD_AMT	Line Medicaid Allowed Amount
LINE_MDCD_PD_AMT	Line Medicaid Paid Amount
LINE_MDCD_FFS_EQUIV_AMT	Line Medicaid Fee For Service Equivalent Amount
LINE_OTHR_INSRNC_PD_AMT	Line Other Than Medicare or Medicaid -Insurance Paid Amount
IP_ACCMDTN_HCPCS_RATE	Inpatient Hospital Accommodation Rate
DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier

TAF Inpatient (IP) Claim Occurrence

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
OCRNC_CD_SEQ	Occurrence Code Sequence
OCRNC_CD	Occurrence Code
OCRNC_CD_START_DT	Occurrence Code Start Date
OCRNC_CD_END_DT	Occurrence Code End Date

TAF Long-Term Care (LT) Claim Header

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
CLM_TYPE_CD	Claim Type Code
BILL_TYPE_CD	Bill Type Code
CROSSOVER_CLM_IND	Code To Indicate if a Portion of Claim is Paid by Medicare
ADJUST_CD	Claim Adjustment Code
ADJUST_RSN_CD	Adjustment Reason Code
ADJDCTN_DT	Adjudication Date
MDCD_PD_DT	Medicaid Paid Date
SPLIT_CLM_IND	Split Claim Indicator
CLL_CNT	Claim Line Count - Original
CLL_CNT_CALC	Claim Line Count - Calculated
SRVC_TRKNG_TYPE_CD	Service Tracking Type Code
BIRTH_DT	Date of Birth
PTNT_DSCHRG_STUS_CD	Patient Status at Ending Date of Service
PGM_TYPE_CD	Program Type Code
MC_PLAN_ID	Managed Care Plan Identification Number
WVR_TYPE_CD	Waiver Type Code
WVR_ID	Waiver Identification Number
OTHR_INSRNC_IND	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)
SECT_1115A_DEMO_IND	1115(A) Demonstration Participation Indicator
SRVC_BGN_DT	Claim Beginning Date of Service
SRVC_END_DT	Claim Ending Date of Service
SRVC_END_DT_CD	Identifies the Date Field Used to Populate SRVC_END_DT
ADMSN_DT	Admission Date
ADMSN_HR	Admission Hour
DSCHRG_DT	Discharge Date
DSCHRG_HR	Discharge Hour
ADMTG_DGNS_CD	Admitting Diagnosis Code
ADMTG_DGNS_VRSN_CD	Admitting Diagnosis Version Code (ICD-9 or ICD-10)
DGNS_CD_1	Primary or Principal Diagnosis Code
DGNS_VRSN_CD_1	Diagnosis Version Code 1 (ICD-9 or ICD-10)
DGNS_POA_IND_1	Diagnosis 1 Present on Admission Indicator
DGNS_CD_2	Diagnosis Code 2
DGNS_VRSN_CD_2	Diagnosis Version Code 2 (ICD-9 or ICD-10)
DGNS_POA_IND_2	Diagnosis 2 Present on Admission Indicator
DGNS_CD_3	Diagnosis Code 3
DGNS_VRSN_CD_3	Diagnosis Version Code 3 (ICD-9 or ICD-10)
DGNS_POA_IND_3	Diagnosis 3 Present on Admission Indicator
DGNS_CD_4	Diagnosis Code 4
DGNS_VRSN_CD_4	Diagnosis Version Code 4 (ICD-9 or ICD-10)
DGNS_POA_IND_4	Diagnosis 4 Present on Admission Indicator
DGNS_CD_5	Diagnosis Code 5
DGNS_VRSN_CD_5	Diagnosis Version Code 5 (ICD-9 or ICD-10)
DGNS_POA_IND_5	Diagnosis 5 Present on Admission Indicator

TAF Long-Term Care (LT) Claim Header

Variable Name	Variable Label
HAC_IND	Health Care Acquired Condition (HAC) Indicator
MH_DGNS_IND	Mental Health Diagnosis Indicator
SUD_DGNS_IND	Substance Use Disorder Diagnosis Indicator
ADMTG_PRVDR_ID	Admitting Provider Identification Number
ADMTG_PRVDR_NPI	Admitting Provider NPI
ADMTG_PRVDR_TXNMY_CD	Admitting Provider Taxonomy Code
ADMTG_PRVDR_TYPE_CD	Admitting Provider Type Code
ADMTG_PRVDR_SPCLTY_CD	Admitting Provider Specialty Code
BLG_PRVDR_ID	Billing Provider Identification Number
BLG_PRVDR_NPI	Billing Provider NPI
BLG_PRVDR_TXNMY_CD	Billing Provider Taxonomy Code
BLG_PRVDR_TYPE_CD	Billing Provider Type Code
BLG_PRVDR_SPCLTY_CD	Billing Provider Specialty Code
RFRG_PRVDR_ID	Referring Provider Identification Number
RFRG_PRVDR_NPI	Referring Provider NPI
RFRG_PRVDR_TYPE_CD	Referring Provider Type Code
RFRG_PRVDR_SPCLTY_CD	Referring Provider Specialty Code
PRVDR_LCTN_CD	Provider Location Code
BRDR_STATE_IND	Border State Indicator
MH_TXNMY_IND	Mental Health Provider Taxonomy Indicator
SUD_TXNMY_IND	Substance Use Disorder Provider Taxonomy Indicator
NCVRD_DAYS	Medicaid Noncovered Days Count
CVRD_DAYS_ICF_IID	Count of Medicaid Covered Days in ICF for Patients with Intellectual Disability
CVRD_DAYS_NF	Count of Medicaid Covered Days in a Nursing Facility
CVRD_DAYS_IP_PSYCH	Count of Medicaid Covered Days in an Inpatient Psychiatric Facility (IPF)
CVRD_DAYS_IP_PSYCH_OVER_65	Count of Medicaid Covered Days in an IPF (Beneficiary Over 65 Years)
CVRD_DAYS_IP_PSYCH_UNDER_21	Count of Medicaid Covered Days in an IPF (Beneficiary Under 21 Years)
LEAVE_DAYS	Count of Days During Medicaid Coverage Period Patient was not Residing in LTC
FIXD_PYMT_IND	Fixed Payment Indicator
SRVC_TRKNG_PYMT_AMT	Service Tracking Payment Amount
PYMT_LVL_IND	Payment Level Indicator - Header or Line
BILLED_AMT	Total Claim Billed Amount
NCVRD_CHRG_AMT	Noncovered Charges Amount
MDCD_ALOWD_AMT	Total Medicaid Allowed Amount
MDCD_PD_AMT	Total Amount Paid By Medicaid
DAILY_RATE	Daily Rate that a Policy will Pay for a Covered Service
MDCD_ACMDTN_PD_AMT	Medicaid Amount Paid for All Accommodation (Room and Board) Revenue Lines
MDCD_ANCLRY_PD_AMT	Medicaid Amount Paid for All Ancillary (Non-Room & Board) Revenue Lines
MDCR_PD_AMT	Medicare Paid Amount
MDCR_DDCTBL_PD_AMT	Total Medicare Deductible Amount
MDCR_COINSRNC_PD_AMT	Total Medicare Coinsurance Amount
MDCR_CMBND_DDCTBL_IND	Medicare Combined Deductible and Coinsurance Indicator
MDCR_REIMBRSMT_TYPE_CD	Medicare Reimbursement Type Code
BENE_LIABILITY_AMT	Total Beneficiary Long-Term Care Liability Amount
COINSRNC_AMT	Beneficiary Coinsurance Amount
COPAY_AMT	Beneficiary Copayment Amount
DDCTBL_AMT	Beneficiary Deductible Amount
COPAY_WVD_IND	Indicator Signifying Copay was Waived by Provider
TP_PD_AMT	Total Third Party Liability Paid Amount
TP_COINSRNC_PD_AMT	Third Party Coinsurance Paid Amount
TP_COPAY_PD_AMT	Third Party Copayment Paid Amount
OTHR_INSRNC_PD_AMT	Total Other Than Medicare or Medicaid -Insurance Paid Amount

TAF Long-Term Care (LT) Claim Header

Variable Name	Variable Label
OTHR_TP_CLCTN_CD	Other Third Party Collection Code
FUNDNG_CD	Code To Indicate Source of Non-Federal Funding
FUNDNG_SRC_NON_FED_SHR_CD	Funding Source Non-Federal Share Code
DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier
LT_VRSN	Long-Term Version Representing the Iteration of the File
LT_FIL_DT	Long-Term File Date - Represents the Year and Month of the Reporting Period
CCW_LD_DT	CCW Load Date
PRSN_CLM_IND	Indicator of a Claim for a Person

TAF Long-Term Care (LT) Claim Line

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
LINE_NUM	Sequential Claim Line Number
ADJDCTN_DT	Adjudication Date
LINE_CLAIM_STUS_CD	Claim Line Status Code
LINE_ADJUST_CD	Claim Line Adjustment Code
LINE_SRVC_BGN_DT	Claim Line Beginning Date of Service
LINE_SRVC_END_DT	Claim Line Ending Date of Service
BNFT_TYPE_CD	Benefit Type Code
TOS_CD	Type of Service Code
XIX_SRVC_CTGRY_CD	CMS-64 Form Category of Service for the Paid Claim
XXI_SRVC_CTGRY_CD	CMS-21 Form Category of Service for the Paid Claim
CMS_64_FED_CTGRY_CD	CMS-64 Form Code for Federal Reimbursement
REV_CNTR_CD	Revenue Center Code
ACTL_SRVC_QTY	Actual Service Quantity
ALOWD_SRVC_QTY	Maximum Allowed Service Quantity
BLG_UOM_CD	Service Billing Unit of Measure Code
NDC	National Drug Code
NDC_UOM_CD	NDC Unit of Measure Code
NDC_QTY	NDC Quantity Dispensed
IMNZTN_TYPE_CD	Immunization Type Code
PRVDR_FAC_TYPE_CD	Provider Facility Type Code
SRVC_PRVDR_ID	Servicing Provider Identification Number
SRVC_PRVDR_NPI	Servicing Provider NPI
SRVC_PRVDR_TXNMY_CD	Servicing Provider Taxonomy Code
SRVC_PRVDR_TYPE_CD	Servicing Provider Type Code
SRVC_PRVDR_SPCLTY_CD	Servicing Provider Specialty Code
REV_CNTR_CHRG_AMT	Revenue Center Charge Amount
LINE_MDCD_ALOWD_AMT	Line Medicaid Allowed Amount
LINE_MDCD_PD_AMT	Line Medicaid Paid Amount
LINE_MDCD_FFS_EQUIV_AMT	Line Medicaid Fee For Service Equivalent Amount
LINE_TP_PD_AMT	Line Third Party Liability Paid Amount
LINE_OTHR_INSRNC_PD_AMT	Line Other Than Medicare or Medicaid -Insurance Paid Amount
LT_ACCMDTN_HCPCS_RATE	Long-Term Care Accommodation Rate
DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier

TAF Long-Term Care (LT) Claim Occurrence

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
OCRNC_CD_SEQ	Occurrence Code Sequence
OCRNC_CD	Occurrence Code
OCRNC_CD_START_DT	Occurrence Code Start Date
OCRNC_CD_END_DT	Occurrence Code End Date

TAF Other Services (OT) Claim Header

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
CLM_TYPE_CD	Claim Type Code
BILL_TYPE_CD	Bill Type Code
CROSSOVER_CLM_IND	Code To Indicate if a Portion of Claim is Paid by Medicare
ADJUST_CD	Claim Adjustment Code
ADJUST_RSN_CD	Adjustment Reason Code
ADJDCTN_DT	Adjudication Date
MDCD_PD_DT	Medicaid Paid Date
CLL_CNT	Claim Line Count - Original
CLL_CNT_CALC	Claim Line Count - Calculated
SRVC_TRKNG_TYPE_CD	Service Tracking Type Code
BIRTH_DT	Date of Birth
PGM_TYPE_CD	Program Type Code
MC_PLAN_ID	Managed Care Plan Identification Number
WVR_TYPE_CD	Waiver Type Code
WVR_ID	Waiver Identification Number
OTHR_INSRNC_IND	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)
SECT_1115A_DEMO_IND	1115(A) Demonstration Participation Indicator
SRVC_BGN_DT	Claim Beginning Date of Service
SRVC_END_DT	Claim Ending Date of Service
SRVC_END_DT_CD	Identifies the Date Field Used to Populate SRVC_END_DT
DGNS_CD_1	Primary or Principal Diagnosis Code
DGNS_VRSN_CD_1	Diagnosis Version Code 1 (ICD-9 or ICD-10)
DGNS_POA_IND_1	Diagnosis 1 Present on Admission Indicator
DGNS_CD_2	Diagnosis Code 2
DGNS_VRSN_CD_2	Diagnosis Version Code 2 (ICD-9 or ICD-10)
DGNS_POA_IND_2	Diagnosis 2 Present on Admission Indicator
HAC_IND	Health Care Acquired Condition (HAC) Indicator
MH_DGNS_IND	Mental Health Diagnosis Indicator
SUD_DGNS_IND	Substance Use Disorder Diagnosis Indicator
POS_CD	Place of Service Code
BLG_PRVDR_ID	Billing Provider Identification Number
BLG_PRVDR_NPI	Billing Provider NPI
BLG_PRVDR_TXNMY_CD	Billing Provider Taxonomy Code
BLG_PRVDR_TYPE_CD	Billing Provider Type Code
BLG_PRVDR_SPCLTY_CD	Billing Provider Specialty Code
RFRG_PRVDR_ID	Referring Provider Identification Number
RFRG_PRVDR_NPI	Referring Provider NPI
RFRG_PRVDR_TXNMY_CD	Referring Provider Taxonomy Code
RFRG_PRVDR_TYPE_CD	Referring Provider Type Code
RFRG_PRVDR_SPCLTY_CD	Referring Provider Specialty Code
DRCTNG_PRVDR_NPI	NPI of Provider Directing the Patient's Care
DRCTNG_PRVDR_TXNMY_CD	Taxonomy Code of Provider Directing the Patient's Care
SPRVSNG_PRVDR_NPI	Supervising Provider NPI

TAF Other Services (OT) Claim Header

Variable Name	Variable Label
SPRVSNG_PRVDR_TXNMY_CD	Supervising Provider Taxonomy Code
HLTH_HOME_PRVDR_IND	Health Home Provider Indicator
HLTH_HOME_PRVDR_NPI	Health Home Provider NPI
HLTH_HOME_ENT_NAME	Health Home Entity Name
PRVDR_LCTN_CD	Provider Location Code
BRDR_STATE_IND	Border State Indicator
MH_TXNMY_IND	Mental Health Provider Taxonomy Indicator
SUD_TXNMY_IND	Substance Use Disorder Provider Taxonomy Indicator
FIXD_PYMT_IND	Fixed Payment Indicator
SRVC_TRKNG_PYMT_AMT	Service Tracking Payment Amount
PYMT_LVL_IND	Payment Level Indicator - Header or Line
CPTATD_PYMT_BILLED_AMT	Capitated Payment Billed Amount
CPTATD_PYMT_BILLED_DT	Capitated Payment Billed Date
BILLED_AMT	Total Claim Billed Amount
MDCD_ALOWD_AMT	Total Medicaid Allowed Amount
MDCD_PD_AMT	Total Amount Paid By Medicaid
DAILY_RATE	Daily Rate that a Policy will Pay for a Covered Service
MDCD_COPAY_AMT	Total Copay Amount Paid by Beneficiary
MDCR_DDCTBL_PD_AMT	Total Medicare Deductible Amount
MDCR_COINSRNC_PD_AMT	Total Medicare Coinsurance Amount
MDCR_CMBND_DDCTBL_IND	Medicare Combined Deductible and Coinsurance Indicator
MDCR_REIMBRSMT_TYPE_CD	Medicare Reimbursement Type Code
COINSRNC_AMT	Beneficiary Coinsurance Amount
COINSRNC_PD_DT	Beneficiary Coinsurance Paid Date
COPAY_AMT	Beneficiary Copayment Amount
COPAY_PD_DT	Beneficiary Copayment Paid Date
DDCTBL_AMT	Beneficiary Deductible Amount
DDCTBL_PD_DT	Beneficiary Deductible Paid Date
COPAY_WVD_IND	Indicator Signifying Copay was Waived by Provider
TP_PD_AMT	Total Third Party Liability Paid Amount
TP_COINSRNC_PD_AMT	Third Party Coinsurance Paid Amount
TP_COPAY_PD_AMT	Third Party Copayment Paid Amount
OTHR_INSRNC_PD_AMT	Total Other Than Medicare or Medicaid -Insurance Paid Amount
OTHR_TP_CLCTN_CD	Other Third Party Collection Code
FUNDNG_CD	Code To Indicate Source of Non-Federal Funding
FUNDNG_SRC_NON_FED_SHR_CD	Funding Source Non-Federal Share Code
REMITTANCE_NUM	Remittance Number
DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier
OT_VRSN	Other Services Version Representing the Iteration of the File
OT_FIL_DT	Other Services File Date - Represents the Year and Month of the Reporting Period
CCW_LD_DT	CCW Load Date
PRSN_CLM_IND	Indicator of a Claim for a Person

TAF Other Services (OT) Claim Line

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
LINE_NUM	Sequential Claim Line Number
ADJDCTN_DT	Adjudication Date
LINE_CLAIM_STUS_CD	Claim Line Status Code
LINE_ADJUST_CD	Claim Line Adjustment Code
LINE_ADJUST_RSN_CD	Claim Line Adjustment Reason Code
LINE_SRVC_BGN_DT	Claim Line Beginning Date of Service
LINE_SRVC_END_DT	Claim Line Ending Date of Service
BNFT_TYPE_CD	Benefit Type Code
TOS_CD	Type of Service Code
XIX_SRVC_CTGRY_CD	CMS-64 Form Category of Service for the Paid Claim
XXI_SRVC_CTGRY_CD	CMS-21 Form Category of Service for the Paid Claim
CMS_64_FED_CTGRY_CD	CMS-64 Form Code for Federal Reimbursement
REV_CNTR_CD	Revenue Center Code
ACTL_SRVC_QTY	Actual Service Quantity
ALOWD_SRVC_QTY	Maximum Allowed Service Quantity
LINE_PRCDR_CD_DT	Date Line Procedure Performed
LINE_PRCDR_CD	Line Procedure Code
LINE_PRCDR_CD_SYS	Line Procedure Code System/Nomenclature
LINE_PRCDR_MDFR_CD_1	Line Procedure Code Modifier Code 1
LINE_PRCDR_MDFR_CD_2	Line Procedure Code Modifier Code 2
LINE_PRCDR_MDFR_CD_3	Line Procedure Code Modifier Code 3
LINE_PRCDR_MDFR_CD_4	Line Procedure Code Modifier Code 4
NDC	National Drug Code
NDC_UOM_CD	NDC Unit of Measure Code
NDC_QTY	NDC Quantity Dispensed
IMNZTN_TYPE_CD	Immunization Type Code
SELF_DRCTN_TYPE_CD	Beneficiary Service Self-Direction Type Code
PRE_AUTHRZTN_NUM	Pre-Authorization Number
HCBS_SRVC_CD	Home- and Community-Based Services Service Code
HCBS_TXNMY_CD	Home- and Community-Based Services Taxonomy Code
TOOTH_DSGNTN_SYS	Tooth Designation System/Nomenclature
TOOTH_NUM	Tooth Number
TOOTH_ORAL_CVTY_AREA_DSGNTD_CD	Tooth Oral Cavity Area Designated Code
TOOTH_SRFC_CD	Tooth Surface Code
SRVC_PRVDR_ID	Servicing Provider Identification Number
SRVC_PRVDR_NPI	Servicing Provider NPI
SRVC_PRVDR_TXNMY_CD	Servicing Provider Taxonomy Code
SRVC_PRVDR_TYPE_CD	Servicing Provider Type Code
SRVC_PRVDR_SPCLTY_CD	Servicing Provider Specialty Code
LINE_BILLED_AMT	Line Billed Amount
LINE_MDCD_ALOWD_AMT	Line Medicaid Allowed Amount
LINE_MDCD_PD_AMT	Line Medicaid Paid Amount
LINE_MDCD_FFS_EQUIV_AMT	Line Medicaid Fee For Service Equivalent Amount

TAF Other Services (OT) Claim Line

Variable Name	Variable Label
LINE_MDCR_PD_AMT	Line Medicare Paid Amount
LINE_COPAY_AMT	Line Beneficiary Copayment Amount
LINE_TP_PD_AMT	Line Third Party Liability Paid Amount
LINE_OTHR_INSRNC_PD_AMT	Line Other Than Medicare or Medicaid -Insurance Paid Amount
OT_ACCMDTN_HCPCS_RATE	Other Services Accommodation Rate
DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier

TAF Other Services (OT) Claim Occurrence

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
OCRNC_CD_SEQ	Occurrence Code Sequence
OCRNC_CD	Occurrence Code
OCRNC_CD_START_DT	Occurrence Code Start Date
OCRNC_CD_END_DT	Occurrence Code End Date

TAF Pharmacy (RX) Claim Header

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
CLM_TYPE_CD	Claim Type Code
CROSSOVER_CLM_IND	Code To Indicate if a Portion of Claim is Paid by Medicare
ADJUST_CD	Claim Adjustment Code
ADJUST_RSN_CD	Adjustment Reason Code
ADJDCTN_DT	Adjudication Date
MDCD_PD_DT	Medicaid Paid Date
CMPND_DRUG_IND	Compound Drug Indicator
CLL_CNT	Claim Line Count - Original
CLL_CNT_CALC	Claim Line Count - Calculated
SRVC_TRKNG_TYPE_CD	Service Tracking Type Code
BIRTH_DT	Date of Birth
PGM_TYPE_CD	Program Type Code
MC_PLAN_ID	Managed Care Plan Identification Number
WVR_TYPE_CD	Waiver Type Code
WVR_ID	Waiver Identification Number
OTHR_INSRNC_IND	Indicator Insured is Covered by Another Plan (Not Medicare or Medicaid)
SECT_1115A_DEMO_IND	1115(A) Demonstration Participation Indicator
PRSCRBD_DT	Prescribed Date
RX_FILL_DT	Prescription Fill Date
BLG_PRVDR_ID	Billing Provider Identification Number
BLG_PRVDR_NPI	Billing Provider NPI
BLG_PRVDR_TXNMY_CD	Billing Provider Taxonomy Code
BLG_PRVDR_SPCLTY_CD	Billing Provider Specialty Code
PRSCRBNG_PRVDR_ID	Prescribing Provider Identification Number
PRSCRBNG_PRVDR_NPI	Prescribing Provider NPI
DSPNSNG_PRVDR_ID	Dispensing Provider Identification Number
DSPNSNG_PRVDR_NPI	Dispensing Provider NPI
PRVDR_LCTN_CD	Provider Location Code
BRDR_STATE_IND	Border State Indicator
FIXD_PYMT_IND	Fixed Payment Indicator
SRVC_TRKNG_PYMT_AMT	Service Tracking Payment Amount
PYMT_LVL_IND	Payment Level Indicator - Header or Line
BILLED_AMT	Total Claim Billed Amount
MDCD_ALOWD_AMT	Total Medicaid Allowed Amount
MDCD_PD_AMT	Total Amount Paid By Medicaid
MDCD_COPAY_AMT	Total Copay Amount Paid by Beneficiary
MDCR_DDCTBL_PD_AMT	Total Medicare Deductible Amount
MDCR_COINSRNC_PD_AMT	Total Medicare Coinsurance Amount
COINSRNC_AMT	Beneficiary Coinsurance Amount
COPAY_AMT	Beneficiary Copayment Amount
DDCTBL_AMT	Beneficiary Deductible Amount
COPAY_WVD_IND	Indicator Signifying Copay was Waived by Provider
TP_PD_AMT	Total Third Party Liability Paid Amount

TAF Pharmacy (RX) Claim Header

Variable Name	Variable Label
TP_COINSRNC_PD_AMT	Third Party Coinsurance Paid Amount
TP_COPAY_PD_AMT	Third Party Copayment Paid Amount
OTHR_INSRNC_PD_AMT	Total Other Than Medicare or Medicaid -Insurance Paid Amount
OTHR_TP_CLCTN_CD	Other Third Party Collection Code
FUNDNG_CD	Code To Indicate Source of Non-Federal Funding
FUNDNG_SRC_NON_FED_SHR_CD	Funding Source Non-Federal Share Code
DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier
RX_VRSN	Rx Version Representing the Iteration of the File
RX_FIL_DT	RX File Date - Represents the Year and Month of the Reporting Period
CCW_LD_DT	CCW Load Date
PRSN_CLM_IND	Indicator of a Claim for a Person

TAF Pharmacy (RX) Claim Line

Variable Name	Variable Label
PUBLICID	PUBLIC USE ID
RESNUM	RESIDENT ID NUMBER (PUBLIC)
SEQN	SAMPLE SEQUENCE NUMBER (PUBLIC ID)
SURVEY	SURVEY NAME AND SURVEY YEAR/CYCLE
MSIS_SEQN	MSIS sequence number
FILE_YEAR4	Year of T-MSIS Demographic and Eligibility (YYYY)
STATE_CD	Submitting State Alpha Abbreviation
SUBMTG_STATE_CD	Submitting State Entity Code
NCHS_CLM_ID	NCHS CLAIM ID
LINE_NUM	Sequential Claim Line Number
ADJDCTN_DT	Adjudication Date
LINE_CLAIM_STUS_CD	Claim Line Status Code
LINE_ADJUST_CD	Claim Line Adjustment Code
BNFT_TYPE_CD	Benefit Type Code
TOS_CD	Type of Service Code
XIX_SRVC_CTGRY_CD	CMS-64 Form Category of Service for the Paid Claim
XXI_SRVC_CTGRY_CD	CMS-21 Form Category of Service for the Paid Claim
CMS_64_FED_CTGRY_CD	CMS-64 Form Code for Federal Reimbursement
RX_FILL_DT	Prescription Fill Date
NDC	National Drug Code
NDC_UOM_CD	NDC Unit of Measure Code
NDC_QTY	NDC Quantity Dispensed
MTRC_DCML_QTY	Metric Decimal Quantity of Product
NDC_QTY_ALOWD	NDC Quantity Allowed
DAYS_SUPPLY	Days Supply
NEW_RX_REFILL_NUM	New Prescription Indicator (00) or Number of Refills
BRND_GNRC_CD	Brand - Generic Code
DOSAGE_FORM_CD	Medication Dosage Form Code
REBT_ELGBL_CD	Rebate Eligible Code
DRUG_UTLZTN_CD	Drug Utilization Code
RSN_SRVC_CD	Reason for Service Code
PROF_SRVC_CD	Professional Service Code
RSLT_SRVC_CD	Result of Service Code
IMNZTN_TYPE_CD	Immunization Type Code
DSPNSNG_FEE_AMT	Dispensing Fee Amount
LINE_BILLED_AMT	Line Billed Amount
LINE_MDCD_ALOWD_AMT	Line Medicaid Allowed Amount
LINE_MDCD_PD_AMT	Line Medicaid Paid Amount
LINE_MDCD_FFS_EQUIV_AMT	Line Medicaid Fee For Service Equivalent Amount
LINE_MDCR_PD_AMT	Line Medicare Paid Amount
LINE_MDCR_DDCTBL_PD_AMT	Line Medicare Deductible Amount
LINE_MDCR_COINSRNC_PD_AMT	Line Medicare Coinsurance Amount
LINE_COPAY_AMT	Line Beneficiary Copayment Amount
LINE_TP_PD_AMT	Line Third Party Liability Paid Amount
LINE_OTHR_INSRNC_PD_AMT	Line Other Than Medicare or Medicaid -Insurance Paid Amount
DA_RUN_ID	TAF Production Run Identifier (unique for each TAF run)
TMSIS_RUN_ID	TMSIS State Data Processing Run Identifier