The **New Value** column indicates the corrected value.

Version No.	Section	Element No.	Element Name	Column Change	Old Value	New Value	Comments
1.09	Header	CDLHD004	Data Submitter Name	Max Length	75	150	Do not want truncated data.
1.09	Trailer	CDLTR004	Data Submitter Name	Max Length	75	150	Do not want truncated data.
1.09	Trailer	CDLTR007	Control Total of Paid Amount	Max Length	12	15	Do not want truncated data.
1.09	Dental	CDLDC013	Subscriber Last Name	Max Length	60	100	Do not want truncated data.
1.09	Dental	CDLDC014	Subscriber First Name	Max Length	35	100	Do not want truncated data.
1.09	Dental	CDLDC020	Member Last Name	Max Length	60	100	Do not want truncated data.
1.09	Dental	CDLDC021	Member First Name	Max Length	35	100	Do not want truncated data.
1.09	Dental	CDLDC028	Oral Cavity 1	Required	Required	Required IF Available	Aligns with other Oral Cavity Fields (2-5)
1.09	Dental	CDLDC028	Oral Cavity 1	Threshold	50%	Blank	Aligns with other Oral Cavity Fields (2-5)
1.09	Dental	CDLDC064	Allowed Amount	Description	When payment arrangement type in CDLDC065 is equal to 01 for capitated services, report the maximum amount that would have been paid under fee-for-service for a particular procedure or service. When payment arrangement type in CDLDC065 is equal to 02 for fee-for-service, report the maximum amount contractually allowed, and that a carrier will pay for a particular procedure or service. Report 0 if there is no allowed amount. Do not code decimal point or provide any punctuation (e.g., $1,000.25 converted to 100025).	When payment arrangement type in CDLDC065 is equal to 01 for capitated services, set to 0. When payment arrangement type in CDLDC065 is equal to 02 for fee-for-service, report the maximum amount contractually allowed that a carrier will pay for a particular procedure or service. Report 0 if there is no allowed amount. Do not code decimal point or provide any punctuation (e.g., $1,000.25 converted to 100025).	A change should have been made to apply to TDI comments.
1.09	Dental	CDLDC069	Rendering Provider First Name	Max Length	35	100	Do not want truncated data.
1.09	Dental	CDLDC071	Rendering Provider Last Name or Organization Name	Max Length	60	150	Do not want truncated data.
1.09	Dental	CDLDC074	Rendering Provider City Name	Max Length	30	100	Do not want truncated data.
1.09	Dental	CDLDC080	Billing Provider Last Name or Organization Name	Max Length	60	150	Do not want truncated data.
1.09	Eligibility	CDLME012	Subscriber Last Name	Max Length	60	100	Do not want truncated data.
1.09	Eligibility	CDLME013	Subscriber First Name	Max Length	35	100	Do not want truncated data.
1.09	Eligibility	CDLME020	Member Last Name	Max Length	60	100	Do not want truncated data.
1.09	Eligibility	CDLME021	Member First Name	Max Length	35	100	Do not want truncated data.
1.09	Eligibility	CDLME023	Member Street Address	Max Length	55	255	Do not want truncated data.
1.09	Eligibility	CDLME024	Member City Name	Max Length	30	100	Do not want truncated data.
1.09	Eligibility	CDLME045	Group Name	Max Length	60	150	Do not want truncated data.
1.09	Medical	CDLMC013	Subscriber Last Name	Max Length	60	100	Do not want truncated data.
1.09	Medical	CDLMC014	Subscriber First Name	Max Length	35	100	Do not want truncated data.
1.09	Medical	CDLMC020	Member Last Name	Max Length	60	100	Do not want truncated data.
1.09	Medical	CDLMC021	Member First Name	Max Length	35	100	Do not want truncated data.
1.09	Medical	CDLMC131	Allowed Amount	Description	When payment arrangement type in CDLMC132 is equal to 01 for capitated services, set to 0. When payment arrangement type in CDLMC132 is equal to 02 for fee-for-service, set to 0. Do not code decimal point or provide any punctuation (e.g., $1,000.25 converted to 100025). [Not required on encounters.]	When payment arrangement type in CDLMC132 is equal to 01 for capitated services, set to 0. When payment arrangement type in CDLMC132 is equal to 02 for fee-for-service, report the maximum amount contractually allowed that a carrier will pay to a provider for a particular procedure or service. Report 0 if there is no allowed amount. Do not code decimal point or provide any punctuation (e.g., $1,000.25 converted to 100025). [Not required on encounters].	A change intended for Capitation was misapplied to FFS.
1.09	Medical	CDLMC138	Rendering Provider First Name	Max Length	35	100	Do not want truncated data.
1.09	Medical	CDLMC140	Rendering Provider Last Name or Organization Name	Max Length	60	150	Do not want truncated data.
1.09	Medical	CDLMC143	Rendering Provider City Name	Max Length	30	100	Do not want truncated data.
1.09	Medical	CDLMC147	Billing Provider ID	Threshold	Blank	80	In Dental (CDLDC078), it is set to 80%
1.09	Medical	CDLMC149	Billing Provider Last Name or Organization Name	Max Length	60	150	Do not want truncated data.
1.09	Pharmacy	CDLPC013	Subscriber Last Name	Max Length	60	100	Do not want truncated data.
1.09	Pharmacy	CDLPC014	Subscriber First Name	Max Length	35	100	Do not want truncated data.
1.09	Pharmacy	CDLPC020	Member Last Name	Max Length	60	100	Do not want truncated data.
1.09	Pharmacy	CDLPC021	Member First Name	Max Length	35	100	Do not want truncated data.
1.09	Pharmacy	CDLPC030	Compound Drug Name	Required	Required	Required if CDLPC029 = Y	Clarified logic
1.09	Pharmacy	CDLPC038	Allowed Amount	Description	When payment arrangement type in CDLPC049 is equal to 01 for capitated services, set to 0. When payment arrangement type in CDLPC049 is equal to 02 for fee-for-service, set to 0. Do not code decimal point or provide any punctuation (e.g., $1,000.25 converted to 100025).	When payment arrangement type in CDLPC049 is equal to 01 for capitated services, set to 0. When payment arrangement type in CDLPC049 is equal to 02 for fee-for-service, report the maximum amount contractually allowed. Report 0 if there is no allowed amount. Do not code decimal point or provide any punctuation (e.g., $1,000.25 converted to 100025).	A change intended for Capitation was misapplied to FFS.
1.09	Pharmacy	CDLPC066	Claim Line Type	Required	Optional	Required	In Medical (CDLMC160) and Dental (CDLDC084), it is both set to REQUIRED.
1.09	Pharmacy	CDLPC066	Claim Line Type	Threshold	Blank	95%	In Medical (CDLMC160) and Dental (CDLDC084), it is both set to 95%.
1.09	Pharmacy	CDLPC071	Pharmacy City	Max Length	30	100	Do not want truncated data.
1.09	Provider	CDLPV010	Provider First Name	Max Length	35	150	Do not want truncated data.
1.09	Provider	CDLPV012	Provider Last Name or Organization Name	Max Length	60	150	Do not want truncated data.
1.09	Provider	CDLPV014	Provider Office Street Address	Max Length	55	255	Do not want truncated data.
1.09	Provider	CDLPV015	Provider Office City	Max Length	30	100	Do not want truncated data.
1.09	Medical	CDLMC007	Version Number	Required	Required	Required IF Available	Version Number may not be available.
1.09	Medical	CDLMC007	Version Number	Threshold	40%	Blank	Version Number may not be available.
1.09	Pharmacy	CDLPC007	Version Number	Required	Required	Required IF Available	Version Number may not be available.
1.09	Pharmacy	CDLPC007	Version Number	Threshold	40%	Blank	Version Number may not be available.
1.09	Dental	CDLDC007	Version Number	Required	Required	Required IF Available	Version Number may not be available.
1.09	Dental	CDLDC007	Version Number	Threshold	40%	Blank	Version Number may not be available.
1.09	Medical	CDLMC004	Member Insurance/Product Category Code	Claim Type	Institutional Only	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC001	Data Submitter Code	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC002	Payor Code	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC005	Payor Claim ControlNumber	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification

The **New Value** column indicates the corrected value.

Version No.	Section	Element No.	Element Name	Column Change	Old Value	New Value	Comments
1.09	Medical	CDLMC006	Line Counter	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC007	Version Number	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC008	Cross Reference Claims ID	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC009	Insured Group or Policy Number	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC010	Medicaid AID Category	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC011	Subscriber Social Security Number	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC012	Plan Specific ContractNumber	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC013	Subscriber Last Name	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC014	Subscriber First Name	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC015	Sequence Number	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC016	Member Social SecurityNumber	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC017	Individual RelationshipCode	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC018	Member Gender	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC019	Member Date of Birth	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC020	Member Last Name	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC021	Member First Name	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC022	Member ZIP Code	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC024	Paid Date	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC036	ICD Version Indicator	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC037	Principal Diagnosis	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC038	Other Diagnosis – 1	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC039	Other Diagnosis – 2	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC040	Other Diagnosis – 3	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC041	Other Diagnosis – 4	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC042	Other Diagnosis – 5	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC043	Other Diagnosis – 6	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC044	Other Diagnosis – 7	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC045	Other Diagnosis – 8	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC046	Other Diagnosis – 9	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC047	Other Diagnosis – 10	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC048	Other Diagnosis – 11	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC049	Other Diagnosis – 12	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC050	Other Diagnosis – 13	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC051	Other Diagnosis – 14	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC052	Other Diagnosis – 15	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC053	Other Diagnosis – 16	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC054	Other Diagnosis – 17	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC055	Other Diagnosis – 18	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC056	Other Diagnosis – 19	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC057	Other Diagnosis – 20	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC058	Other Diagnosis – 21	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC059	Other Diagnosis – 22	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC060	Other Diagnosis – 23	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC061	Other Diagnosis – 24	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC088	Procedure Code	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC089	Procedure Modifier – 1	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC090	Procedure Modifier – 2	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC091	Procedure Modifier – 3	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC092	Procedure Modifier – 4	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC119	Date of Service – From	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC120	Date of Service – Through	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC121	Service Units/Quantity	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC122	Unit of Measure	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC155	Carrier Associated with Claim	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC156	Type of Claim	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC157	Claim Status	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC158	Denied Claim Line Indicator	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC159	Claim Adjustment Reason Code	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC160	Claim Line Type	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC161	Carrier Specific Unique Member ID	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC162	Carrier Specific UniqueSubscriber ID	Claim Type	Institutional and Professional and Encounter	Institutional and Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC033	Place of Service –Professional	Claim Type	Professional and Encounter	Professional Claims and Encounters	Clarification
1.09	Medical	CDLMC123	Charge Amount	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC125	Plan Paid Amount	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC126	Copay Amount	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC127	Coinsurance Amount	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC128	Deductible Amount	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC129	Other Insurance Paid Amount	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC130	COB/TPL Amount	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC131	Allowed Amount	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC132	Payment Arrangement Type Indicator	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC133	Drug Code	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC134	Rendering Provider ID	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC135	Rendering Provider NPI	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC136	Rendering Provider Entity Type Qualifier	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC137	In Plan Network Indicator	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC138	Rendering Provider First Name	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC139	Rendering Provider Middle Name	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC140	Rendering Provider Last Name or Organization Name	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC141	Rendering Provider Suffix	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification

The **New Value** column indicates the corrected value.

Version No.	Section	Element No.	Element Name	Column Change	Old Value	New Value	Comments
1.09	Medical	CDLMC142	Rendering Provider Specialty	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC143	Rendering Provider City Name	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC144	Rendering Provider State or Province	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC145	Rendering Provider ZIP Code	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC146	Rendering Provider Group Practice NPI	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC147	Billing Provider ID	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC148	Billing Provider NPI	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Medical	CDLMC149	Billing Provider Last Name or Organization Name	Claim Type	Institutional and Professional	Institutional and Professional Claims	Clarification
1.09	Eligibility	TXME1011	Case Number (CASE_NBR)	Max Length	6	9	Do not want truncated data.
1.09	Eligibility	CDLME038	Dental Coverage Under This Plan	Required	Not Required	Required	Consistency with ME036, 037, 038 which are Required
1.09	Eligibility	CDLME038	Dental Coverage Under This Plan	Threshold	Blank	90%	Consistency with ME036, 037, 038 which are Threshold 90%