

T-MSIS Data Dictionary Crosswalk

| RELEASE DATE | TICKET | DOCUMENT | DE NO | RULE | ACTION | BEFORE | AFTER |
|--------------|-------------|-----------------|--|------|--------|---|---|
| 1/7/2022 | TMSIS-19979 | Data Dictionary | ELG086 | N/A | ADD | N/A | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [ELG086] PRIMARY-ELIGIBILITY-GROUP-IND Not Applicable Not Applicable A person enrolled in Medicaid/CHIP should always have a primary eligibility group classification for any given day of enrollment. (There may or may not be a secondary eligibility group classification for that same day.) It is expected that an enrollee's eligibility group assignment (ELG087 - ELIGIBILITY-GROUP) will change over time as his/her situation changes. Whenever the eligibility group assignment changes (i.e., ELG087 has a different value), a separate ELIGIBILITY-DETERMINANTS record segment must be created. In such situations, there would be multiple ELIGIBILITY-DETERMINANTS record segments, each covering a different effective time span. In such situations, the value in ELG087 would be the primary eligibility group for the effective date span of its respective ELIGIBILITY-DETERMINANTS record segment, and the PRIMARY-ELIGIBILITY-GROUP-IND data element on each of these segments would be set to '1' (YES). |
| 1/7/2022 | TMSIS-19979 | Data Dictionary | ELG086 | N/A | ADD | N/A | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [ELG086] PRIMARY-ELIGIBILITY-GROUP-IND Not Applicable Not Applicable Should a situation arise where a Medicaid/CHIP enrollee has been assigned both a primary and one or more secondary eligibility groups, there would be two or more ELIGIBILITY-DETERMINANTS record segments with overlapping effective time spans - one segment containing the primary eligibility group and the other(s) for the secondary eligibility group(s). To differentiate the primary eligibility group from the secondary group(s), only one segment should be assigned as the primary group using PRIMARY-ELIGIBILITY-GROUP-IND = 1; the others should be assigned PRIMARY-ELIGIBILITY-GROUP-IND = 0. |
| 1/7/2022 | TMSIS-20169 | Data Dictionary | ELG233 | N/A | UPDATE | [DE NO] DATA ELEMENT NAME DEFINITION [ELG233] 1115A-DEMONSTRATION-IND Indicates that the claim or encounter was covered under the authority of an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation demonstration. | [DE NO] DATA ELEMENT NAME DEFINITION [ELG233] 1115A-DEMONSTRATION-IND Indicates that the claim or encounter was covered under the authority of an 1115A demonstration. 1115A is a Center for Medicare and Medicaid Innovation demonstration. |
| 1/7/2022 | TMSIS-20169 | Data Dictionary | CIP025 | N/A | UPDATE | [DE NO] DATA ELEMENT NAME DEFINITION [CIP025] 1115A-DEMONSTRATION-IND Indicates that the claim or encounter was covered under the authority of an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation demonstration. | [DE NO] DATA ELEMENT NAME DEFINITION [CIP025] 1115A-DEMONSTRATION-IND Indicates that the claim or encounter was covered under the authority of an 1115A demonstration. 1115A is a Center for Medicare and Medicaid Innovation demonstration. |
| 1/7/2022 | TMSIS-20169 | Data Dictionary | CLT024 | N/A | UPDATE | [DE NO] DATA ELEMENT NAME DEFINITION [CLT024] 1115A-DEMONSTRATION-IND Indicates that the claim or encounter was covered under the authority of an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation demonstration. | [DE NO] DATA ELEMENT NAME DEFINITION [CLT024] 1115A-DEMONSTRATION-IND Indicates that the claim or encounter was covered under the authority of an 1115A demonstration. 1115A is a Center for Medicare and Medicaid Innovation demonstration. |
| 1/7/2022 | TMSIS-20169 | Data Dictionary | COT024 | N/A | UPDATE | [DE NO] DATA ELEMENT NAME DEFINITION [COT024] 1115A-DEMONSTRATION-IND Indicates that the claim or encounter was covered under the authority of an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation demonstration. | [DE NO] DATA ELEMENT NAME DEFINITION [COT024] 1115A-DEMONSTRATION-IND Indicates that the claim or encounter was covered under the authority of an 1115A demonstration. 1115A is a Center for Medicare and Medicaid Innovation demonstration. |
| 1/7/2022 | TMSIS-20169 | Data Dictionary | CRX024 | N/A | UPDATE | [DE NO] DATA ELEMENT NAME DEFINITION [CRX024] 1115A-DEMONSTRATION-IND Indicates that the claim or encounter was covered under the authority of an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation demonstration. | [DE NO] DATA ELEMENT NAME DEFINITION [CRX024] 1115A-DEMONSTRATION-IND Indicates that the claim or encounter was covered under the authority of an 1115A demonstration. 1115A is a Center for Medicare and Medicaid Innovation demonstration. |
| 1/7/2022 | TMSIS-19058 | Data Dictionary | ELG260 | N/A | UPDATE | [FILE SEGMENT NAME WITH RECORD ID COMPUTING] [ELIGIBLE-IDENTIFIER-ELG00022] | [FILE SEGMENT NAME WITH RECORD ID COMPUTING] [ELIGIBLE-IDENTIFIERS-ELG00022] |
| 12/17/2021 | TMSIS-19945 | Data Dictionary | BILLING-PROV- NUM (COT112) | N/A | UPDATE | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [COT112] BILLING-PROV-NUM Not Applicable Not Applicable Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1' | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [COT112] BILLING-PROV-NUM Not Applicable Not Applicable When Type of Service (COT.003.186) not in ('119', '120', '122'), then value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1' |
| 12/17/2021 | TMSIS-19945 | Data Dictionary | BILLING-PROV- NUM (COT112) | N/A | UPDATE | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [COT112] BILLING-PROV-NUM Not Applicable Not Applicable Not Applicable | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [COT112] BILLING-PROV-NUM Not Applicable Not Applicable When Type of Claim not in ('Z', '3', 'C', 'W', '2', 'B', 'V', '4', 'D', 'X') then value may match (PRV.002.019) Submitting State Provider ID or When Type of Claim not in ('Z', '3', 'C', 'W', '2', 'B', 'V', '4', 'D', 'X') then value may match (PRV.005.081) Provider Identifier where the Provider Identifier Type = '1' |
| 12/17/2021 | TMSIS-19945 | Data Dictionary | BILLING-PROV- NUM (COT112) | N/A | UPDATE | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [COT112] BILLING-PROV-NUM Not Applicable Not Applicable When Type of Service (COT.003.186) is in ['119', '120', '122'] value must match Plan ID Number (COT.002.066) | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [COT112] BILLING-PROV-NUM Not Applicable Not Applicable Not Applicable |
| 12/17/2021 | TMSIS-17917 | Data Dictionary | PRIMARY- LANGUAGE- CODE (ELG046) | N/A | UPDATE | [DE NO] DEFINITION [ELG046] A code indicating the language the individual speaks other than English at home. | [DE NO] DEFINITION [ELG046] A code indicating the language that is the individuals' preferred spoken or written language. |

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| 12/17/2021 | TMSIS-20170 | Data Dictionary | ADJUDICATION-DATE | N/A | UPDATE | [DE NO]Data Element Name[Definition] [CIP098]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state.] [CLT050]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state.] [COT035]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state.] [CRX027]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state.] [CIP286]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state.] [CLT233]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state.] [COT221]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state.] [CRX157]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state.] | [DE NO]Data Element Name[Definition] [CIP098]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state. For Encounter Records (Type of Claim = 3, C, W), use date the encounter was processed by the state.] [CLT050]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state. For Encounter Records (Type of Claim = 3, C, W), use date the encounter was processed by the state.] [COT035]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state. For Encounter Records (Type of Claim = 3, C, W), use date the encounter was processed by the state.] [CRX027]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state. For Encounter Records (Type of Claim = 3, C, W), use date the encounter was processed by the state.] [CIP286]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state. For Encounter Records (Type of Claim = 3, C, W), use date the encounter was processed by the state.] [CLT233]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state. For Encounter Records (Type of Claim = 3, C, W), use date the encounter was processed by the state.] [COT221]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state. For Encounter Records (Type of Claim = 3, C, W), use date the encounter was processed by the state.] [CRX157]ADJUDICATION-DATE[The date on which the payment status of the claim was finally adjudicated by the state. For Encounter Records (Type of Claim = 3, C, W), use date the encounter was processed by the state.] |
| 12/3/2021 | TMSIS-19666 | Data Dictionary | RACE (ELG213) | N/A | UPDATE | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [ELG213]RACE Not Applicable Not Applicable A code indicating the individual's race either in accordance with requirements of Section 4302 of the Affordable Care Act classifications Race Code clarifications: If state has beneficiaries coded in their database as "Asian" with no additional detail, then code them in T-MSIS as "Asian Unknown" (valid value "011"). DO NOT USE "Other Asian," "Unspecified" or "Unknown." If state has beneficiaries coded in their database as "Native Hawaiian or Other Pacific Islander" with no additional detail, then code them in T-MSIS as "Native Hawaiian and Other Pacific Islander Unknown" (valid value "016"). DO NOT USE "Native Hawaiian," "Other Pacific Islander," "Unspecified" or "Unknown."NOTE 1: The "Other Asian" category in T-MSIS (valid value "010") should be used in situations in which an individual's specific Asian subgroup is not available in the code set provided (e.g., Malaysian, Burmese).NOTE 2: The "Unspecified" category in T-MSIS (valid value "017") should be used with an individual who explicitly did not provide information or refused to answer a question | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [ELG213]RACE Not Applicable Not Applicable A code indicating the individual's race in accordance with requirements of Section 4302 of the Affordable Care Act classifications Race Code clarifications: If state has beneficiaries coded in their database as "Asian" with no additional detail, then code them in T-MSIS as "Asian Unknown" (valid value "011"). DO NOT USE "Other Asian," "Unspecified" or "Unknown." If state has beneficiaries coded in their database as "Native Hawaiian or Other Pacific Islander" with no additional detail, then code them in T-MSIS as "Native Hawaiian and Other Pacific Islander Unknown" (valid value "016"). DO NOT USE "Native Hawaiian," "Other Pacific Islander," "Unspecified" or "Unknown." If state has beneficiaries coded in their database as "Other" with no additional detail or in a category that is not available in the code set provided, then code them in T-MSIS as "Other" (valid value "018"), but only use "Other" if the use of "Other Asian" or "Other Pacific Islander" are not appropriate. DO NOT USE "Unspecified" or "Unknown". The "Other" valid value was added to T-MSIS to better align T-MSIS with the single-streamlined application and to accommodate some atypical states, despite the requirements of Section 4302 of the ACA.NOTE 1: The "Other Asian" category in T-MSIS (valid value "010") should be used in situations in which an individual's specific Asian subgroup is not available in the code set provided (e.g., Malaysian, Burmese).NOTE 2: The "Unspecified" category in T-MSIS (valid value "017") should be used with an individual who explicitly did not provide information or refused to answer a question |
| 10/15/2021 | TMSIS-19642 | Data Dictionary | CLAIM-STATUS-CATEGORY (CIP103) | N/A | UPDATE | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [CIP103] CLAIM-STATUS-CATEGORY Not Applicable Not Applicable (Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 858, 654], then value must be "F2" [CLT055] CLAIM-STATUS-CATEGORY Not Applicable Not Applicable (Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 858, 654], then value must be "F2" [COT040] CLAIM-STATUS-CATEGORY Not Applicable Not Applicable (Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 858, 654], then value must be "F2" [CRX031] CLAIM-STATUS-CATEGORY Not Applicable Not Applicable (Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 858, 654], then value must be "F2" | [DE NO] DATA ELEMENT NAME DEFINITION NECESSITY CODING REQUIREMENT [CIP103] CLAIM-STATUS-CATEGORY Not Applicable Not Applicable (Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 585, 654], then value must be "F2" [CLT055] CLAIM-STATUS-CATEGORY Not Applicable Not Applicable (Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 585, 654], then value must be "F2" [COT040] CLAIM-STATUS-CATEGORY Not Applicable Not Applicable (Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 585, 654], then value must be "F2" [CRX031] CLAIM-STATUS-CATEGORY Not Applicable Not Applicable (Denied Claim) if associated Type of Claim equals Z or associated Claim Status is in [26, 87, 542, 585, 654], then value must be "F2" |
| 8/13/2021 | TMSIS-18890 | Data Dictionary | MEDICAID-PAID-AMT | N/A | UPDATE | [Definition] [The amount paid by Medicaid/CHIP agency or the managed care plan on this claim or adjustment at the claim detail level. For claims where Medicaid payment is only available at the header level, report the entire payment amount on the T-MSIS record corresponding to the line item with the highest charge or the 1st detail. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.] | [Definition] [The amount paid by Medicaid/CHIP agency or the managed care plan on this claim or adjustment at the claim detail level.] |
| 7/23/2021 | TMSIS-18131 | Data Dictionary | TOT-COPAY-AMT (CIP.002.115) | N/A | UPDATE | "If associated Crossover Indicator value is '0' (not a crossover claim), then value should not be populated." AND "(Medicare Enrolled) if associated Dual Eligible Code (ELG.005.085) value is in ["01", "02", "03", "04", "05", "06", "08", "09", or "10"], then value is mandatory and must be provided" | N/A |

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| 7/23/2021 | TMSIS-18805 | Data Dictionary | TOT-BILLED-AMT (CIP.002.112) | N/A | UPDATE | "If associated Type of Claim value is 2, 4, 5, B, D, or E, then value should not be populated" | N/A |
| 6/11/2021 | TMSIS-18376 | Data Dictionary | ELG.016.214 | N/A | ADD | N/A | If associated Race (ELG.016.213) value is not in ["010", "015"], then value must be null. |
| 6/11/2021 | TMSIS-18366 | Data Dictionary | TOT-BILLED-AMT | N/A | UPDATE | "If associated Type of Claim value is 2, 4, 5, B, D, or E, then value should not be populated" | N/A |
| 5/21/2021 | TMSIS-18271 | Data Dictionary | BILLING-PROV- NUM (COT.002.112) | N/A | UPDATE | Value must be reported in Provider Identifier (PRV.005.080) with an associated Provider Identifier Type (PRV.005.081) equal to '1' | N/A |
| 5/21/2021 | TMSIS-18271 | Data Dictionary | BILLING-PROV- NUM (COT.002.112) | N/A | UPDATE | When Type of Claim not in (Z,'3','C','W','2','B','V','4','D','X') then value may match (PRV.002.019) Submitting State Provider ID or When Type of Claim not in (Z,'3','C','W','2','B','V','4','D','X') then value may match (PRV.005.081) Provider Identifier where the Provider Identifier Type = '1' | N/A |
| 4/9/2021 | TMSIS-17553 | Data Dictionary | CHIP-CODE (ELG054) | N/A | UPDATE | CHIP-CODE (ELG054) v2.3 Definition: A code used to distinguish among Medicaid, Medicaid Expansion, and Separate CHIP populations | A code used to distinguish among Medicaid, Medicaid Expansion CHIP, and Separate CHIP populations |
| 12/4/2020 | TMSIS-8499 | Data Dictionary | COT172-0001 | N/A | UPDATE | diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FLF files | All UNUSED PROCEDURE-CODE-MOD or PROCEDURE-CODE-MOD-1 through PROCEDURE-CODE-MOD-4 fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between ()) on PSV files and space-filled on FLF files |
| 12/4/2020 | TMSIS-8499 | Data Dictionary | COT218-0004 | N/A | UPDATE | If no corresponding procedure (PROCEDURE-CODE-2 through PROCEDURE-CODE-6) was performed, leave blank or space-fill. | If no corresponding procedure (PROCEDURE-CODE-2 through PROCEDURE-CODE-4) was performed, leave blank or space-fill. |
| 12/4/2020 | TMSIS-8499 | Data Dictionary | COT219-0004 | N/A | UPDATE | If no corresponding procedure (PROCEDURE-CODE-2 through PROCEDURE-CODE-6) was performed, leave blank or space-fill. | If no corresponding procedure (PROCEDURE-CODE-2 through PROCEDURE-CODE-4) was performed, leave blank or space-fill. |
| 12/4/2020 | TMSIS-8499 | Data Dictionary | COT227-0001 | N/A | UPDATE | If no corresponding procedure (PROCEDURE-CODE-2 through PROCEDURE-CODE-6) was performed, leave blank or space-fill. | If no corresponding procedure (PROCEDURE-CODE-2 through PROCEDURE-CODE-4) was performed, leave blank or space-fill. |
| 12/4/2020 | TMSIS-14300 | Data Dictionary | OCCURRENCE-CODE-01 to OCCURRENCE-CODE-10 | N/A | UPDATE | OCCURRENCE-CODE-01 to OCCURRENCE-CODE-10 http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf | OCCURRENCE-CODE-01 to OCCURRENCE-CODE-10 https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1795A3.pdf |
| 12/4/2020 | TMSIS-16398 | Data Dictionary | CIP177-0003, CLT128-0003, COT110-0003, and CRX068-0004 | N/A | UPDATE | coding requirements say: "An ineligible individual cannot have a category for federal reimbursement for Medicaid or CHIP (CMS-64 CATEGORY-FOR-FEDERAL-REIMBURSEMENT <= 01,02)" | N/A |
| 12/4/2020 | TMSIS-16397 | Data Dictionary | CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT (CIP269-0002, CLT219-0002, COT210-0002, CRX149-0002) | N/A | UPDATE | CIP269-0002: If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI. CLT219-0002: If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI. COT210-0002: If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI. CRX149-0002: If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI. | CIP269: (federal Funding under Title XXI) if value equals '02', then the eligible's CHIP Code (ELG.003.054) must be in ['2','3'] CLT219: (federal Funding under Title XXI) if value equals '02', then the eligible's CHIP Code (ELG.003.054) must be in ['2','3'] COT210: (federal Funding under Title XXI) if value equals '02', then the eligible's CHIP Code (ELG.003.054) must be in ['2','3'] CRX149: (federal Funding under Title XXI) if value equals '02', then the eligible's CHIP Code (ELG.003.054) must be in ['2','3'] |
| 12/4/2020 | TMSIS-15910 | Data Dictionary | TOT-BILLED-AMT | N/A | UPDATE | [DE NO] [DATA ELEMENT NAME] [DEFINITION] [NECESSITY] [CODING REQUIREMENT] [CIP112] [TOT-BILLED-AMT] Not Applicable Not Applicable If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000". [CLT063] [TOT-BILLED-AMT] Not Applicable Not Applicable If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000". [COT048] [TOT-BILLED-AMT] Not Applicable Not Applicable If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000". [CRX039] [TOT-BILLED-AMT] Not Applicable Not Applicable If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000". | N/A |
| 12/4/2020 | TMSIS-15836 | Data Dictionary | HCPCS-RATE (COT220) | N/A | UPDATE | [Definition] [Necessity] [Coding Requirement] [For outpatient hospital facility claims, HCPCS/CPT is captured here. This data element is expected to capture data from HIPAA 837I claim loop 2400 SV202 or UB-04 FL 44 (only if the value represents a HCPCS/CPT). If HCPCS-RATE is populated then PROCEDURE-CODE should not be populated. Conditional] Value must be equal to a valid value.] | [De fination] [Necessity] [Coding Requirement] [Not to be populated] [Not Applicable] [Do not populate] |

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| 11/13/2020 | TMSIS-15263 | Data Dictionary | ELG156-0003 | N/A | UPDATE | If a complete, valid end date is not available or is unknown, leave blank, or space-fill. | N/A |
| 0/2/2020 | TMSIS-15098 | Data Dictionary | LINE-NUM-ADJ LINE-ADJUSTMENT-IND | N/A | UPDATE | <p>[DE No]Data Element Name[Coding Requirement]CRNo</p> <p>[CIP238]LINE-NUM-ADJ This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number. [Not Applicable]</p> <p>[CIP239]LINE-ADJUSTMENT-IND If there is a line adjustment number, then there must be a line-adjustment indicator.[CIP239-0002]</p> <p>[CLT191]LINE-NUM-ADJ This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.[CLT191-0002]</p> <p>[CLT192]LINE-ADJUSTMENT-IND If there is a line adjustment number, then there must be a line-adjustment indicator.[CLT192-0002]</p> <p>[CLT192]LINE-ADJUSTMENT-IND If there is a line adjustment reason, then there must be a line adjustment indicator.[CLT192-0003]</p> <p>[COT161]LINE-NUM-ADJ This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.[COT161-0002]</p> <p>[COT162]LINE-ADJUSTMENT-IND If there is a line adjustment number, then there must be a line-adjustment indicator.[COT162-0002]</p> <p>[COT162]LINE-ADJUSTMENT-IND If there is a line adjustment reason, then there must be a line adjustment indicator.[COT162-0003]</p> <p>[CRX115]LINE-NUM-ADJ This field should be 8-filled, left blank or space-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.[CRX115-002]</p> <p>[CRX116]LINE-ADJUSTMENT-IND If there is a line adjustment number, then there must be a line-adjustment indicator.[CRX116-002]</p> | <p>[DE No]Data Element Name[Coding Requirement]CRNo</p> <p>[CIP238]LINE-NUM-ADJ This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0.[Not Applicable]</p> <p>[CIP239]LINE-ADJUSTMENT-IND Not Applicable.[CIP239-0002]</p> <p>[CLT191]LINE-NUM-ADJ This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0.[CLT191-0002]</p> <p>[CLT192]LINE-ADJUSTMENT-IND Not Applicable.[CLT192-0002]</p> <p>[CLT192]LINE-ADJUSTMENT-IND Not Applicable.[CLT192-0003]</p> <p>[COT161]LINE-NUM-ADJ This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0.[COT161-0002]</p> <p>[COT162]LINE-ADJUSTMENT-IND Not Applicable.[COT162-0002]</p> <p>[COT162]LINE-ADJUSTMENT-IND Not Applicable.[COT162-0003]</p> <p>[CRX115]LINE-NUM-ADJ This field should be 8-filled, left blank or space-filled if the ADJUSTMENT-INDICATOR = 0.[CRX115-002]</p> <p>[CRX116]LINE-ADJUSTMENT-IND Not Applicable.[CRX116-002]</p> |
| 9/11/2020 | TMSIS-14978 | Data Dictionary | CIP254, CLT208, COT178, CRX125 | N/A | UPDATE | Current Coding Requirement: For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim. | Proposed Coding requirement: For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge or the 1st detail. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim. |
| 7/31/2020 | TMSIS-12208 | Data Dictionary | DTL-METRIC-DEC-QTY (CRX144) | N/A | UPDATE | [Data Element Name]Coding Requirement [DTL-METRIC-DEC-QTY] Must be numeric | [Data Element Name]Coding Requirement [DTL-METRIC-DEC-QTY] Must be numeric. Only populate on compound drug claims. Should pass through the "Compound Ingredient Quantity" from the NCPDP claims form, field 448-ED. |
| 7/31/2020 | TMSIS-13590 | Data Dictionary | MEDICAID-PAID-AMT (CRX125) | N/A | UPDATE | CRX125-0004 - If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider. | CRX125-0004 - If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should be populated with the amount that the managed care plan paid to the provider. |
| 7/10/2020 | TMSIS-13748 | Data Dictionary | VETERAN-IND (ELG039) | N/A | UPDATE | [Definition]Necessity[Coding Requirement] [A flag indicating if the individual served in the active military, naval or air service]Required Value must be equal to a valid value. | [Definition]Necessity[Coding Requirement] [A flag indicating if a non-citizen is exempt from the 5-year bar on benefits because they are a veteran or an active member of the military, naval or air service]Conditional this field should only be populated for beneficiaries who have a non-citizen IMMIGRATION-STATUS (i.e., IMMIGRATION-STATUS = "1", "2", or "3"). |
| 7/10/2020 | TMSIS-13633 | Data Dictionary | PAYMENT-LEVEL-IND (CIP132, CLT082, COT068, CRX058) | N/A | UPDATE | [CR NO]Coding Requirement [CIP132-0002] Payment fields at either the claim header or line on encounter records should be blank [CLT082-0002] Payment fields at either the claim header or line on encounter records should be blank [COT068-0002] Payment fields at either the claim header or line on encounter records should be blank [CRX058-0002] Payment fields at either the claim header or line on encounter records should be blank | [CR NO]Coding Requirement [CIP132-0002] Not Applicable [CLT082-0002] Not Applicable [COT068-0002] Not Applicable [CRX058-0002] Not Applicable |

T-MSIS Data Dictionary Crosswalk

| RELEASE DATE | TICKET | DOCUMENT | DE NO | RULE | ACTION | BEFORE | AFTER |
|--------------|-------------------------|-----------------|---|------|--------|--|---|
| 5/29/2020 | TMSIS-12206/TMSIS-13891 | Data Dictionary | UNIT-OF-MEASURE (CRX133) | N/A | UPDATE | Code Description F2 International Unit GR Gram ML Milliliter ME Milligram UN Unit | Code Description EA Each F2 International Unit GM Grams GR Gram ML Milliliter ME Milligram UN Unit |
| 5/8/2020 | TMSIS-11991 | Data Dictionary | BEGINNING-DATE-OF-SERVICE (COT033-0003) | N/A | UPDATE | The beginning date of service must occur before or be the same as the end of time period. | The beginning date of service must occur before or be the same as the end of time period for all claims except capitation payments and service tracking payments. |
| 5/8/2020 | TMSIS-11991 | Data Dictionary | BEGINNING-DATE-OF-SERVICE (COT033-0005) | N/A | UPDATE | Date must occur before or be the same as adjudication date. | Date must occur before or be the same as adjudication date for all claims except capitation payments and service tracking payments. |
| 5/8/2020 | TMSIS-11991 | Data Dictionary | ENDING-DATE-OF-SERVICE (COT034-0004) | N/A | UPDATE | ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE. | ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE for all claims except capitation payments and service tracking payments |
| 5/8/2020 | TMSIS-11991 | Data Dictionary | ENDING-DATE-OF-SERVICE (COT034-0007) | N/A | UPDATE | Date must occur before or be the same as End of Time Period. | Date must occur before or be the same as End of Time Period for all claims except capitation payments and service tracking payments. |
| 5/8/2020 | TMSIS-11991 | Data Dictionary | BEGINNING-DATE-OF-SERVICE (COT166-0004) | N/A | UPDATE | Date must occur before or be the same as adjudication date. | Date must occur before or be the same as adjudication date for all claims except capitation payments and service tracking payments. |
| 5/8/2020 | TMSIS-11991 | Data Dictionary | ENDING-DATE-OF-SERVICE (COT167-0004) | N/A | UPDATE | ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE. | ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE for all claims except capitation payments and service tracking payments |
| 5/8/2020 | TMSIS-11991 | Data Dictionary | ENDING-DATE-OF-SERVICE (COT167-0007) | N/A | UPDATE | Date must occur before or be the same as End of Time Period. | Date must occur before or be the same as End of Time Period for all claims except capitation payments and service tracking payments. |
| 5/8/2020 | TMSIS-12205 | Data Dictionary | CITIZENSHIP-VERIFICATION-FLAG (ELG041) | N/A | UPDATE | Necessity Required | Necessity Conditional |
| 4/17/2020 | TMSIS-13119 | Data Dictionary | ELG083 | N/A | UPDATE | If multiple MSIS-CASE-NUMs exist at the state-level, and T-MSIS only allows one Case Number in current T-MSIS DD, please enter the Case Number with the longest eligibility days in that particular month. | N/A |
| 4/17/2020 | TMSIS-13120 | Data Dictionary | CRX129 | N/A | UPDATE | Necessity Required | Necessity Conditional |
| 4/17/2020 | TMSIS-13121 | Data Dictionary | COT123 | N/A | UPDATE | PLACE-OF-SERVICE (COT123): A code indicating where the service was performed. CMS 1500 values are used for this data element. | PLACE-OF-SERVICE (COT123): A data element corresponding with line 24b on the CMS-1500 that indicates where the services took place. This is a pass-through data element that should not be modified or derived when missing unless otherwise specified. |
| 4/17/2020 | TMSIS-13122 | Data Dictionary | COT123 | N/A | UPDATE | Coding Requirement Leave field blank for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122) | PLACE-OF-SERVICE (COT123): "A data element corresponding with line 24b on the CMS-1500 that indicates where the services took place. This is a pass-through data element that should not be modified or derived when missing unless otherwise specified." |
| 3/27/2020 | TMSIS-12777 | Data Dictionary | ELG-IDENTIFIERS | N/A | ADD | N/A | Update Data Dictionary document for ELG-IDENTIFIERS segment Update Data Dictionary Appendices document for ELG-IDENTIFIER-TYPE data element Update Data Dictionary Data Validation Rule document with all rules of ELG-IDENTIFIERS segment Update Data Dictionary Record Layout for ELG-IDENTIFIERS Update Data Dictionary Segment Relationship doc for ELG-IDENTIFIERS |
| 12/13/2019 | TMSIS-12296 | Data Dictionary | CONCEPTION-TO-BIRTH-IND (ELG094) | N/A | UPDATE | The CHIP-CODE must equal "3" (Individual was not Medicaid-Expansion CHIP eligible, but was included in a separate title XXI CHIP program) or "4" (Individual was both Medicaid eligible and Separate CHIP eligible.) | The CHIP-CODE must equal "3" (Individual was not Medicaid-Expansion CHIP eligible, but was included in a separate title XXI CHIP program). |