## T-MSIS Data Dictionary Appendices Crosswalk

RELEASE DATE	TICKET	DOCUMENT	DE NO	RULE	ACTION	BEFORE	AFTER
6/11/2021	TMSIS- 18332	Data Dictionary - Appendix A	TOS	N/A	UPDATE	"Medication Assisted Treatment (MAT) services and drugs for evidenced-based treatment of Opioid Use Disorder (OUD)"	"Medication Assisted Treatment (MAT) services and drugs for evidenced-based treatment of Opioid Use Disorder (OUD) in accordance with section 1905(a)(29) of the Social Security Act"
8/13/2021	TMSIS- 18976	Data Dictionary - Appendix A	PROCEDURE- CODE-1 thru PROCEDURE- CODE-6	N/A	UPDATE	VVL_ID VVL_Name VVL_Field VVL_Code VVL_Code_Description  VVL_Code_Description   VVL.186 Procedure Code_List PROCEDURE-CODE-1 thru PROCEDURE-CODE-6 http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html.	VVL_ID VVL_Name VVL_Field VVL_Code VVL_Code_Description   ion  VVL_Code_Description   VVL.186 Procedure Code_List PROCEDURE-CODE-1 thru PROCEDURE-CODE-6 https://www.cms.gov/Medicare/Coding/ICD10
8/13/2021	TMSIS- 18734	Data Dictionary - Appendix A	ELIGIBILITY- GROUP	N/A	UPDATE	VVL_ID VVL_Name VVL_Field VVL_Code VVL_Code_Description   VVL.048 Eligibility Group List ELIGIBILITY-GROUP 10 Individuals at or below 133% FPL Age 19 through 64 Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL	N/A
8/13/2021	TMSIS- 18734	Data Dictionary - Appendix A	MANAGED- CARE-PLAN- POP	N/A	UPDATE	VVL_ID VVL_Name VVL_Field VVL_Code VVL_Code_Description   VVL.048 Managed Care Plan MANAGED-CARE-PLAN-POP 10 Individuals at or below 133% FPL Age 19 through 64 Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL	N/A
7/31/2020	TMSIS- 13121	Data Dictionary Appendices (B-Q)	CIP257-0003, CLT211-0003, COT186-0003, CRX134-0003	N/A	UPDATE	Appendix D #12:  Laboratory and X Ray Services (TOS Code=005, 006, 007, and 008) (See 42 CFR 440.30; 42 CFR § 457.402; 42 CFR § 457.420; 42 CFR § 457.430; 42 CFR § 457.431; 457.440; 42 CFR § 457.450).—These are professional or technical laboratory and radiological services that are:  *Ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his or her practice as defined by State law or ordered and billed by a physician but provided by referral laboratory;  *Provided in an office or similar facility other than a hospital inpatient or outpatient department or clinic; and  *Provided by a laboratory that meets the requirements for participation in Medicare.	Appendix D #12:  Laboratory and X Ray Services (TOS Code=005, 006, 007, and 008) (See 42 CFR 440.30; 42 CFR § 457.402; 42 CFR § 457.420; 42 CFR § 457.430; 42 CFR § 457.431; 457.440; 42 CFR § 457.450)These are professional or technical laboratory and radiological services that are:  •Ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his or her practice as defined by State law or ordered and billed by a physician but provided by referral laboratory; and  •Provided by a laboratory that meets the requirements for participation in Medicare.  •X-ray services provided by dentists are reported under dental services.
						•X-ray services provided by dentists are reported under dental services.	SUVIUS.

## T-MSIS Data Dictionary Appendices Crosswalk

RELEASE DATE	TICKET	DOCUMENT	DE NO	RULE	ACTION	BEFORE	AFTER
8/13/2021	TMSIS- 18983	Data Dictionary - Appendix A	TYPE-OF- SERVICE	N/A	ADD	N/A	VVL_ID  VVL_Name   VVL_Field   VVL_Code   VVL_Code_Description     VVL.097   Type of Service (Other Claim) List   TYPE-OF-SERVICE   147   Residential Pediatric Recovery Center (RPRC): A center or facility that furnishes items and services for which medical assistance is available under the State plan to infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors.    VVL.076   Type of Service (Long Term Claim) List   TYPE-OF-SERVICE   147   Residential Pediatric Recovery Center (RPRC): A center or facility that furnishes items and services for which medical assistance is available under the State plan to infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors.
12/4/2020	TMSIS- 16331	Data Dictionary Appendices (B-Q)	ELIGIBILIT Y- GROUP	N/A	UPDATE	N/A	This footnote/paragraph needs to be applied to the Category *column of *Appendix F of the DD Appendices for ELIGIBILITY-GROUP *valid values *72, 73, 74, 75.  "[1]ACA Medicaid expansion for childless adults (represented in T-MSIS by ELIGIBILITY-GROUP valid values "72" through "75") are still technically characterized as mandatory eligibility groups by Subsection 1902(a)(10)(A) of the Social Security Act (SSA) despite the U.S. Supreme Court ruling (National Federation of Independent Business v. Sebelius, 567 U.S. 519 (2012)) which ruled that states could not be required to offer such coverage. Therefore, some states may not report any of the Medicaid expansion groups to T-MSIS if these groups are not applicable to a particular state."
9/11/2020	TMSIS- 15073	Data Dictionary Appendices (B-Q)	N/A	N/A	UPDATE	NOTE: CMS's Revised Financial Management Review Guide for Family Planning Services describes items and procedures eligible for the enhanced match as family planning services.	N/A