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|TThe 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"). 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 (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, leave blank or space-fill.	If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-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 (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, leave blank or space-fill.	If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-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 (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, leave blank or space-fill.	If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-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: I(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.|	|Definition|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	|DE No|Data Element Name|Coding Requirement|CR No| |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| |CIP239|LINE-ADJUSTMENT-IND|If there is a line adjustment number, then there must be a line-adjustment indicator.|CIP239-0002| |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| |CLT192|LINE-ADJUSTMENT-IND|If there is a line adjustment number, then there must be a line-adjustment indicator.|CLT192-0002| |CLT192|LINE-ADJUSTMENT-IND|If there is a line adjustment reason, then there must be a line adjustment indicator.|CLT192-0003| |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| |COT162|LINE-ADJUSTMENT-IND|If there is a line adjustment number, then there must be a line-adjustment indicator.|COT162-0002| |COT162|LINE-ADJUSTMENT-IND|If there is a line adjustment reason, then there must be a line adjustment indicator.|COT162-003| |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| |CRX116|LINE-ADJUSTMENT-IND|If there is a line adjustment number, then there must be a line-adjustment indicator.|CRX116-002|	|DE No|Data Element Name|Coding Requirement|CR No| |CIP238|LINE-NUM-ADJ|This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0.|Not Applicable| |CIP239|LINE-ADJUSTMENT-IND|Not Applicable.|CIP239-0002| |CLT191|LINE-NUM-ADJ|This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0.|CLT191-0002| |CLT192|LINE-ADJUSTMENT-IND|Not Applicable.|CLT192-0002| |CLT192|LINE-ADJUSTMENT-IND|Not Applicable.|CLT192-0003 |COT161|LINE-NUM-ADJ|This field should be left blank or space-filled if the ADJUSTMENT-INDICATOR = 0.|COT161-0002| |COT162|LINE-ADJUSTMENT-IND|Not Applicable.|COT162-0002| |COT162|LINE-ADJUSTMENT-IND|Not Applicable.|COT162-003| |CRX115|LINE-NUM-ADJ|This field should be 8-filled, left blank or space-filled if the ADJUSTMENT-INDICATOR = 0.|CRX115-002| |CRX116|LINE-ADJUSTMENT-IND|Not Applicable.|CRX116-002|
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 | Miligram 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).