Encounter Data User Group
Q&A Documentation

Questions and Answers – January 10, 2013 Live Session

Q1: What is the status of the Durable Medical Equipment Healthcare Common Procedure Coding System (DME HCPCS) Fee Schedule Job Aid to assist Medicare Advantage Organizations (MAOs) and other entities in identifying DMEPOS Supplier and DME Incident to services?

A1: CMS has eliminated the Jurisdiction Category Code edit logic from the Encounter Data System (EDS); therefore, a DME HCPCS Fee Schedule Job Aid is no longer required to distinguish between DMEPOS Supplier and DME Incident to Services. The EDS will process and validate DMEPOS Supplier and DME Incident to Services using the National Provider Identifier (NPI) and the Payer ID (80887 for DMEPOS Supplier and 80881 and 80882 for DME Incident to).

Q2: What compliance measures will CMS impose for MAOs and other entities that do not meet the 13-month timely filing deadline due to catch up production data and delayed end-to-end certification?

A2: CMS will not enforce compliance measures until MAOs and other entities have received appropriate notification. MAOs and other entities are encouraged to submit 2012 dates of service (DOS) encounters as close as possible to the 13-month timely filing deadline.

Q3: Will the EDS deactivate the Encounter Data Front-End System Common Edits and Enhancements Module (EDFES CEM) Professional edit X222.116.2000B.SBR03.004 "Subscriber Group or Policy Number", in addition to the deactivation of the EDFES CEM Institutional edit X223.109.2000B.SBR03.004 "Insured Group or Policy Number"?

A3: The EDS will deactivate the Professional and Institutional edits related to the Loop 2000B, SBR03 segment effective January 14, 2013.

Q4: Will CMS reconsider the March 29, 2013 submission deadline for catch-up production data based on the EDFES and Encounter Data Processing System (EDPS) Known Issues and file size limitations?

A4: MAOs are encouraged to submit 2012 dates of service as soon as possible or by the March 29, 2013 submission deadline. CMS will notify MAOs and other entities in the EDPS Bulletin or a future User Group session if there are changes to the deadline.

Q5: Regarding files affected by known issues for Edit 02110 – *Beneficiary HICN Not on File* and Edit 02255 – *Beneficiary Not Part A Eligible for DOS*, will the EDPS reprocess entire files or only those encounters that received these edits?

A5: The EDPS will only reprocess those encounters that received Edits 02110 and 02255 in error; however, the entire file will be returned to submitters.

Q6: Can MAOs and other entities utilize the billing provider ZIP code for Institutional ambulance services when the ambulance pick-up ZIP code is not available?

A6: For the submission of Institutional ambulance services, MAOs and other entities may provide the ZIP code for the rendering provider (or billing provider, if the rendering provider is the same as the Billing Provider) if the true ambulance pick-up ZIP code is not available.

Q7: Will CMS consider implementing the July 2013 DOS Health Insurance Prospective Payment System (HIPPS) code submission requirement for Institutional Rehabilitation encounters?

A7:   Currently, CMS has not considered any special requirements for submission of Institutional Rehabilitation encounters. CMS will perform an evaluation of the encounters received to determine if additional requirements are necessary and notify submitters in the EDPS Bulletin or a future User Group.

Q8: Can CMS clarify the purpose for generating informational error codes on the MAO-002 Encounter Data Processing Status Reports?

A8: The EDPS generates an informational error code when the data populated in an encounter is uncharacteristic, but acceptable, for submission. The EDS provides informational error codes to allow submitters to verify the data to ensure that it was submitted as intended.

Q9: How should MAOs and other entities resolve issues regarding EDFES 999R Acknowledgement Reports returned to submitters without Reason Codes identified on the report?

A9: CSSC is currently researching this issue. For resolution and follow-up of EDFES Reports and Edit issues, submitters should contact CSSC Operations at csscoperations@palmettogba.com or (877) 534-2772.

Q10: When will CMS update and release the FFS CEM Edits Spreadsheets?

A10: The CEM Institutional and Professional Edits Spreadsheets are updated quarterly. The January 2013 release of the FFS CEM Edits Spreadsheets is current and posted on the CMS website at https://www.cms.gov/Medicare/Billing/MFFS5010D0/Technical-Documentation.html. CMS encourages MAOs to monitor the documentation website for changes. In addition, CMS will make an effort to advise MAOs when the spreadsheet is updated.

Q11: Should MAOs and other entities submit non-adjudicated claims for capitated providers to the EDS when those claims are submitted to the Risk Adjustment Processing System (RAPS) as acceptable data sources?

A11: CMS is currently reviewing and discussing the submission of non-adjudicated claims from capitated providers to the EDS. CMS will notify MAOs and other entities of updates as decisions are made.

Q12: Will CMS consider relaxing the requirement for submission of Skilled Nursing Facilities/Home Health (SNF/HH) HIPPS codes for MAOs and other entities that do not require HIPPS codes from contracted network facilities or do not have their internal systems programmed to accept HIPPS codes?

A12: CMS has not considered relaxing the requirement for submission of SNF/HH HIPPS codes for DOS on or after July 1, 2013. MAOs and other entities are encouraged to coordinate with their contracted providers to determine best practices for submission of HIPPS codes.

Q13: What is the status of the MAO-004 Encounter Data Risk Filtering Report?

A13: The final resolution for Risk Adjustment filtering is not yet established. CMS will provide additional information as decisions are made.

Q14: Will CMS utilize the NPI to determine acceptable provider specialties for processing encounter data?

A14: CMS is currently evaluating the filtering logic for determination of acceptable provider specialties in order to ensure appropriate accountability for risk adjustment. The NPI is one component included in the current EDS filtering logic.

Please Note: Similar questions are not listed separately, but are combined and published as one question with one answer.