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# Encounter Data User Group Q&A Documentation

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## Questions and Answers – July 18, 2013 Live Session

**Q1: Can MAOs and other entities submit a paper-generated encounter, where PWK01 = '02' and PWK02 = 'AA' (i.e., member reimbursement), using a default NPI and a default Tax ID in combination with a proxy data reason code (PDRC)?**

A1: Yes, MAOs and other entities can submit a paper claim using a default NPI and default Tax ID in combination with a paper claim proxy code.

**Q2: Will the EDS flag a paper-generated encounter (using a default NPI and default Tax ID) for pricing and potential risk filtering?**

A2: There is currently no encounter data risk filtering logic. CMS will provide updates to the industry as decisions are made.

**Q3: On slide 36 of the March 21, 2013 EDS User Group presentation, CMS indicated that, if the true ambulance pick-up ZIP code is not available, MAOs and other entities should use the Billing Provider's ZIP code. If the Rendering Provider is different than the Billing Provider, MAOs and other entities should use the Rendering Provider's ZIP code. Is CMS considering changing the guidance if the true ambulance ZIP code is not available?**

A3: The guidance provided during the March 21, 2013 User Group by CMS for ambulance pick-up ZIP codes is accurate. CMS does not intend to revise this guidance.

**Q4: On slide 44 of the June 21, 2012 EDS User Group presentation, CMS stated that the EDPS will extract only the diagnosis codes that are risk adjustment eligible; and per the TR3 and CEM Edits Spreadsheets, a maximum of four (4) diagnosis pointers per service line are allowed.**

- All diagnosis codes associated with rejected service lines will be stored, but will not be extracted.
- All diagnosis codes associated with accepted service lines will be stored and extracted.
- All diagnosis codes that do not point to a service line, and are eligible for risk adjustment, will be stored and extracted.

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

**How does CMS treat the diagnosis codes that are submitted through a chart review, as there is no guidance for diagnosis pointers for chart review encounters?**

A4: MAOs and other entities that have questions related to specific examples should submit questions to [encounterdata@cms.hhs.gov](mailto:encounterdata@cms.hhs.gov) for research and resolution.

**Q5: On slide 33 of the June 27, 2013 User Group presentation, CMS stated that the adjustment of an original encounter will not alter the data in a linked chart review encounter; therefore, MAOs and other entities should also submit an adjustment to the chart review encounter. If MAOs and other entities should not alter a claim submission from a provider, how should MAOs and other entities reconcile encounters against deletions in a chart review before submitting an adjustment?**

A5: The information provided during the June 27, 2013 User Group presentation is accurate. CMS continues to analyze reconciling encounters with a chart review. MAOs and other entities that have questions related to specific examples should submit questions to [encounterdata@cms.hhs.gov](mailto:encounterdata@cms.hhs.gov) for research and resolution.

**Q6: Can CMS provide a detailed explanation of the difference between ‘denied’ claims versus ‘rejected’ claims?**

A6: CMS has provided definitions for the disposition types for adjudicated claims submission for ‘accepted,’ ‘denied,’ and ‘rejected’ encounters in the 2012 Participant Guide, Section 2.3, page 2-5. The guidance provided by CMS states that based on MAOs and other entities’ adjudication system, ‘denied’ means that claims/lines are deemed “processable” and given a final disposition of “no payment” within the MAOs and other entities’ claims processing systems. ‘Rejected’ means claims/lines are deemed “unprocessable” (i.e., Invalid HCPCS or diagnosis code) at any stage in the MAOs and other entities’ adjudication process.

CMS does recognize that different adjudication systems may reject due to payment; however, CMS defines ‘denied’ claims based specifically on the adjudication process.

**Q7: Will CMS expect MAOs and other entities to report two (2) percent reduction using the claim adjustment reason code (CARC) 2223 due to sequestration?**

A7: MAOs and other entities should refer to the sequestration memo dated May 1, 2013. If MAOs and other entities have any questions about the guidance in the memorandum, please contact Jean Stiller at [Jean.Stiller@cms.hhs.gov](mailto:Jean.Stiller@cms.hhs.gov).

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**Q8: Can CMS provide specific examples in the EDS Companion Guides of linked chart review encounters with complete data strings that identify how to add a diagnosis code, delete a diagnosis code, and add and delete diagnosis codes in a single encounter?**

A8: CMS will consider recommendations to add additional scenarios in the EDS Companion Guides for chart review encounter submissions. CMS will also consider providing additional updates in future trainings or EDS publications.

**Q9: Should MAOs and other entities wait to resubmit encounters affected by Occurrence Code 55 until after the EDFES deactivates Institutional CEM edit for Patient Status August 10, 2013?**

A9: Yes, CMS recommends MAOs and other entities resubmit encounters affected by Occurrence Code 55 after deactivation occurs after the August 10, 2013 deactivation of CEM edit 234.

**Q10: Will CMS reactivate Occurrence Code 55 in the future?**

A10: CMS does not plan to reactivate Occurrence Code 55 in the Encounter Date Front End-System (EDFES). However, the processing of Occurrence Code 55 will be imposed in the Encounter Data Processing System (EDPS).

**Q11: What are the EDPS error codes for the submission of HIPPS codes for Home Health encounters with July 1, 2013 dates of service (DOS) and beyond?**

A11: CMS is currently working to finalize the EDPS edits for submission of HIPPS codes for Home Health encounters. CMS will provide an update once final decisions are made.

**Q12: If an MAO or other entity received an EDFES rejection for the omission of Occurrence Code 55 on an encounter submitted prior to the edit deactivating on August 10, 2013, can MAOs and other entities ignore the encounter error?**

A12: In order for encounters that were 'rejected' due to Occurrence Code 55 to process correctly and be accepted and stored in the EDS, MAOs and other entities should resubmit encounters after Occurrence Code 55 deactivates on August 10, 2013.

**Q13: After CMS performs the enhancement to increase the EDPS encounter processing capacity, what does CMS anticipate the Service Level Agreements (SLA) time will be for MAO-002 Reports?**

A13: CMS anticipates that the EDS will continue the previously identified seven (7)-day SLA timeframe once the EDS processes the backlog of encounter data submissions from 2012 DOS.

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**Q14: Does CMS have a published document regarding the differences between the duplicate logic used for the submission of a chart review versus a full encounter?**

A14: Yes, CMS provides duplicate logic guidance for chart reviews and full encounters in the 2012 Participant Guide posted on the CSSC website. For chart review duplicate logic, MAOs and other entities can reference Section 3.5.7.6 and Table 3K on page 3-34; for Professional full encounter duplicate logic, reference Section 3.6 page 3-37, and for Institutional full encounter duplicate logic, reference Section 4.6, page 4-28.

**Q15: How will CMS notify MAOs and other entities of the rejection encounters submitted using Type of Bill (TOB) 24X – Skilled Nursing for Hospital Referenced Diagnostic Services?**

A15: The EDFES will reject the submission of TOB24X with edit X223.143.2300.CLM05-1.020, CSCC A7: "Acknowledgement /Rejected for Invalid Information" CSC 228: "Type of bill for UB claim" (2300.CLM05-1 must be the 1st and 2nd positions of a valid Uniform Bill Type Code). The edit will generate on the 277CA Acknowledgement Report.

**Q16: Where can MAOs and other entities locate official guidance regarding the submission of Home Health HIPPS code requirements; specifically for the submission of Home Health encounters using the 837-I instead of the 837-P?**

A16: CMS provides information on the CMS website regarding Home Health submissions and HIPPS codes. MAOs and other entities can reference the following:

Home Health submissions:

<http://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html?redirect=/center/hha.asp>

HIPPS Codes:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/HIPPSCodes.html>

**Q17: Can CMS identify the EDPS edits used to process and edit void/delete encounters?**

A17: The six (6) EDPS edits used for processing and editing void/delete encounters are:

- 00265 - Correct/Replace or Void ICN Not in EODS
- 00699 - Void Must Match Original
- 00755 - Void Encounter Already Voided
- 00761 - Billing Provider Different from Original
- 00762 - Unable to Void Rejected Encounter
- 00764 - Original Must Be a Chart Review to Void

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**Q18: When will the MAO-004 - Encounter Data Risk Filter Report be available to MAOs and other entities?**

A18: CMS continues the developmental process for the MAO-004 - Encounter Data Risk Filter Report. CMS will notify the industry once information becomes available.

**19: Will CMS use 2012 and/or 2013 DOS encounters with the availability of the MAO-004 - Encounter Data Risk Filter Report?**

A19: CMS is currently analyzing the dates of service to use with the MAO-004 Report. CMS will notify the industry of final decisions in future publications and/or during an ED User Group.

**Q20: How many MAOs and other entities have completed submission of encounter data for the 2012 production catch-up plan?**

A20: CMS does not have an estimate of how many MAOs and other entities have completed 2012 encounter data submissions. However, there are several MAOs and other entities submitting 2013 data.

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