

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



Center for Medicare

DATE: April 4, 2011

TO: All Medicare Advantage (MA) Organizations (MA, MA-PD, All Cost Plans, PACE) Required to Submit Risk Adjustment Data

FROM: Cheri Rice
Director, Medicare Plan Payment Group

SUBJECT: Validation of RAPS ICD-10 Compliant Format File

This notice is to advise all MA organizations that effective January, 2012, the current RAPS file format will change to become ICD-10 Compliant.

All submitters of risk adjustment data must validate their ability to submit files in the new RAPS compliant format. Validation files should be submitted to Palmetto, GBA beginning Wednesday, July 6, 2011. All MA organizations must submit an acceptable file no later than Thursday, September 15, 2011. The submitter requirements, RAPS compliant file format and RAPS error codes are attached.

Submitters should note this is a RAPS compliant format validation and not an ICD-10 certification. CMS is accepting comments regarding the new format or validation submission process until Wednesday, May 25, 2011.

Comments should be sent to the CSSC at csscoperations@palmettogba.com.

SUBMITTER REQUIREMENTS

Submitters should ensure they meet the following criteria when producing RAPS files for validation:

- Field number '5' in the AAA, header record, with a value of 'TEST'.
- New field in the AAA, header record, field number '6' with a value of 'ICD9'.
- Plans should submit no less than 10 records on the validation file.

RAPS Compliant File Format: Effective 1/2012

AAA RECORD

| FIELD NO | FIELD NAME | POSITION | PICTURE | VALUE |
|----------|------------------|----------|---------|----------------------------|
| 1 | RECORD-ID | 1 – 3 | X(3) | 'AAA' |
| 2 | SUBMITTER-ID | 4 – 9 | X(6) | 'Shnnnn' |
| 3 | FILE-ID | 10 – 19 | X(10) | |
| 4 | TRANSACTION-DATE | 20 – 27 | 9(8) | 'CCYYMMDD' |
| 5 | PROD-TEST-IND | 28 – 31 | X(4) | 'PROD' Or 'TEST' Or 'CERT' |
| 6 | FILE-DIAG-TYPE | 32 – 36 | X(5) | 'ICD9' Or 'ICD10' |
| 7 | FILLER | 37 – 512 | X(476) | SPACES |

BBB RECORD

| FIELD NO. | FIELD NAME | POSITION | PICTURE | VALUE |
|-----------|------------|----------|---------|---------------------------|
| 1 | RECORD-ID | 1 – 3 | X(3) | 'BBB' |
| 2 | SEQ-NO | 4 – 10 | 9(7) | Must begin with '0000001' |
| 3 | PLAN-NO | 11 – 15 | X(5) | 'Hnnnn' |
| 4 | FILLER | 16 – 512 | X(497) | SPACES |

CCC RECORD

| FIELD NO. | FIELD NAME | POSITION | PICTURE | VALUE |
|-----------|------------------------------------|-----------|---------|--|
| 1 | RECORD-ID | 1 – 3 | X(3) | 'CCC' |
| 2 | SEQ-NO | 4 – 10 | 9(7) | Must begin with '0000001' |
| 3 | SEQ-ERROR-CODE | 11 – 13 | X(3) | SPACES |
| 4 | PATIENT-CONTROL-NO | 14 – 53 | X(40) | Optional |
| 5 | HIC-NO | 54 – 78 | X(25) | |
| 6 | HIC-ERROR-CODE | 79 – 81 | X(3) | SPACES |
| 7 | PATIENT-DOB | 82 – 89 | X(8) | 'CCYYMMDD' |
| 8 | DOB-ERROR-CODE | 90 – 92 | X(3) | SPACES |
| 9 – 15 | DIAGNOSIS-CLUSTER (10 OCCURRENCES) | 93 – 412 | | |
| 9.0 | PROVIDER-TYPE | | X(2) | HOSPITAL IP PRINCIPAL = 01 HOSPITAL IP OTHER = 02 HOSPITAL OP = 10 PHYSICIAN = 20 |
| 9.1 | FROM-DATE | | 9(8) | 'CCYYMMDD' |
| 9.2 | THRU-DATE | | 9(8) | 'CCYYMMDD' |
| 9.3 | DELETE-IND | | X(1) | SPACE or 'D' |
| 9.4 | DIAGNOSIS-CODE | | X(7) | ICD-9 or ICD-10 |
| 9.5 | DIAG-CLSTR-ERROR-1 | | X(3) | SPACES |
| 9.6 | DIAG-CLSTR-ERROR-2 | | X(3) | SPACES |
| 16 | CORRECTED-HIC-NO | 413 – 437 | X(25) | SPACES |
| 17 | FILLER | 438 - 512 | X(75) | SPACES |

YYY RECORD

| FIELD NO. | FIELD NAME | POSITION | PICTURE | VALUE |
|-----------|------------------|----------|---------|---------------------------|
| 1 | RECORD-ID | 1 – 3 | X(3) | 'YYY' |
| 2 | SEQ-NO | 4 – 10 | 9(7) | Must begin with '0000001' |
| 3 | PLAN-NO | 11 – 15 | X(5) | 'Hnnnn' |
| 4 | CCC-RECORD-TOTAL | 16 – 22 | 9(7) | |
| 5 | FILLER | 23 – 512 | X(490) | SPACES |

ZZZ RECORD

| FIELD NO. | FIELD NAME | POSITION | PICTURE | VALUE |
|-----------|------------------|----------|---------|----------|
| 1 | RECORD-ID | 1 – 3 | X(3) | 'ZZZ' |
| 2 | SUBMITTER-ID | 4 – 9 | X(6) | 'SHnnnn' |
| 3 | FILE-ID | 10 – 19 | X(10) | |
| 4 | BBB-RECORD-TOTAL | 20 – 26 | 9(7) | |
| 5 | FILLER | 27 – 512 | X(486) | SPACES |

Format Changes Effective 1/2012

- **AAA Record**

Changed field 6 in the AAA record from filler (32-512) X(481) SPACES to field 6 FILE-DIAG-TYPE (32-36) X(5) 'ICD9' or 'ICD10' and added field 7 FILLER (37-512) X(476) SPACES

- **CCC Record**

Changed field 9.4 from 5 bytes X(5) to 7 bytes X(7) eliminating the 9.5 X(2) filler field. Field 9.5 is now called DIAG-CLSTR-ERROR-1, field 9.6 is now called DIAG-CLSTR-ERROR-2, and 9.7 has been eliminated.

RAPS ICD-10 COMPLIANT FORMAT ERROR CODES: Effective 1/2012

| | | |
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| 100 | INVALID RECORD TYPE | AAA |
| 101 | AAA RECORD MISSING FROM TRANSACTION | AAA |
| 102 | MISSING / INVALID SUBMITTER-ID ON AAA RECORD | AAA |
| 103 | MISSING FILE-ID ON AAA RECORD | AAA |
| 104 | MISSING / INVALID TRANSACTION DATE ON AAA RECORD | AAA |
| 105 | MISSING / INVALID PROD-TEST-CERT-INDICATOR ON AAA RECORD | AAA |
| 106 | MISSING / INVALID FILE-DIAG-INDICATOR ON AAA RECORD | AAA |
| 112 | SUBMITTER ID NOT ON FILE | AAA |
| 113 | FILE NAME DUPLICATES ANOTHER FILE ACCEPTED WITHIN LAST 12 MONTHS | AAA |
| 114 | TRANSACTION DATE IS GREATER THAN CURRENT DATE | AAA |
| 151 | ZZZ RECORD MISSING FROM TRANSACTION | ZZZ |
| 152 | MISSING / INVALID SUBMITTER-ID ON ZZZ RECORD | ZZZ |
| 153 | MISSING / INVALID FILE-ID ON ZZZ RECORD | ZZZ |
| 154 | MISSING / INVALID BBB-RECORD-TOTAL; | ZZZ |
| 162 | ZZZ SUBMITTER-ID DOES NOT MATCH SUBMITTER-ID ON AAA RECORD | ZZZ |
| 163 | FILE ID DOES NOT MATCH FILE ID ON AAA RECORD | ZZZ |
| 164 | ZZZ VALUE IS NOT EQUAL TO THE NUMBER OF BBB RECORDS | ZZZ |
| 165 | FERAS/RAPS EDI AGREEMENT NOT ON FILE. | NA |
| 177 | ZZZ TEST FILE CANNOT EXCEED 3,000 CCC RECORDS | ZZZ |
| 201 | BBB RECORD MISSING FROM TRANSACTION | BBB |
| 202 | MISSING / INVALID SEQUENCE NUMBER ON BBB RECORD | BBB |
| 203 | MISSING / INVALID PLAN NUMBER ON BBB RECORD | BBB |
| 212 | SEQUENCE NUMBER ON BBB RECORD IS OUT OF SEQUENCE | BBB |
| 213 | SUBMITTER ID NOT AUTHORIZED TO SUBMIT FOR THIS PLAN ID | BBB |
| 227 | ICD9/ICD10 FILE TYPE IN HEADER DOES NOT MATCH TYPE DIAGNOSIS CODE ENTERED IN DETAIL RECORD | AAA |
| 251 | YYY RECORD MISSING FROM TRANSACTION | YYY |
| 252 | MISSING / INVALID SEQUENCE NUMBER ON YYY RECORD | YYY |
| 253 | MISSING / INVALID PLAN NUMBER ON YYY RECORD | YYY |
| 254 | MISSING / INVALID DETAIL-RECORD-TOTAL | YYY |
| 262 | LAST YYY SEQUENCE NUMBER IS NOT EQUAL TO NUMBER OF YYY RECORDS | YYY |
| 263 | PLAN NUMBER DOES NOT MATCH PLAN NUMBER IN | YYY |

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| | BBB RECORD | |
| 264 | YYY VALUE IS NOT EQUAL TO THE NUMBER OF DETAIL RECORDS | YYY |
| 272 | SEQUENCE NUMBER ON YYY RECORD IS OUT OF SEQUENCE | YYY |
| 301 | DETAIL RECORD MISSING FROM TRANSACTION | CCC |
| 302 | MISSING / INVALID SEQUENCE NUMBER ON DETAIL RECORD | CCC |
| 303 | SEQUENCE-ERROR-CODE FILLER NOT EQUAL TO SPACES | CCC |
| 304 | HIC-ERROR-CODE FILLER NOT EQUAL TO SPACES | CCC |
| 305 | DOB-ERROR-CODE FILLER NOT EQUAL TO SPACES | CCC |
| 307 | DIAGNOSIS-CLUSTER-ERROR-1 NOT EQUAL TO SPACES | CCC |
| 308 | DIAGNOSIS-CLUSTER-ERROR-2 NOT EQUAL TO SPACES | CCC |
| 309 | SEQUENCE-NUMBER ON DETAIL RECORD IS OUT OF SEQUENCE | CCC |
| 310 | MISSING / INVALID HIC-NO ON DETAIL RECORD | CCC |
| 311 | AT LEAST ONE DIAGNOSIS CLUSTER REQUIRED ON TRANSACTION | CCC |
| 313 | DELETE-INDICATOR MUST BE EQUAL TO A SPACE OR "D" FOR DELETE | CCC |
| 314 | INVALID DIAGNOSIS CODE FORMAT ON DETAIL RECORD | CCC |
| 315 | CORRECTED HIC NOT EQUAL TO SPACES | CCC |
| 353 | HIC NUMBER DOES NOT EXIST ON CME | CCC |
| 400 | MISSING / INVALID PROVIDER-TYPE ON DETAIL RECORD | CCC |
| 401 | INVALID SERVICE FROM-DATE ON DETAIL RECORD | CCC |
| 402 | INVALID SERVICE THRU-DATE ON DETAIL RECORD | CCC |
| 403 | SERVICE THRU-DATE MUST BE GREATER THAN 12/31/2004 | CCC |
| 404 | SERVICE FROM-DATE MUST BE LESS THAN OR EQUAL TO THRU-DATE | CCC |
| 405 | DOB IS GREATER THAN SERVICE FROM-DATE | CCC |
| 406 | SERVICE FROM-DATE IS NOT WITHIN MEDICARE ENTITLEMENT PERIOD | CCC |
| 407 | SERVICE THRU-DATE IS NOT WITHIN MEDICARE ENTITLEMENT PERIOD | CCC |
| 408 | SERVICE FROM-DATE IS NOT WITHIN MA ORG ENROLLMENT PERIOD | CCC |
| 409 | SERVICE THRU-DATE IS NOT WITHIN MA ORG ENROLLMENT PERIOD | CCC |
| 410 | BENEFICIARY IS NOT ENROLLED IN ANY PLAN ON OR AFTER SERVICE FROM-DATE | CCC |
| 411 | SERVICE THRU-DATE IS GREATER THAN DATE OF | CCC |

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| | DEATH | |
| 412 | SERVICE FROM-DATE GREATER THAN TRANSACTION DATE | CCC |
| 413 | SERVICE THRU-DATE GREATER THAN TRANSACTION DATE | CCC |
| 414 | SERVICE THRU-DATE GREATER THAN 09/30/2013 FOR ICD-9 DIAGNOSIS | CCC |
| 415 | SERVICE THRU-DATE BEFORE 10/01/2013 FOR ICD-10 DIAGNOSIS | CCC |
| 450 | DIAGNOSIS DOES NOT EXIST FOR THIS SERVICE THRU-DATE | CCC |
| 451 | SERVICE THRU-DATE IS GREATER THAN DIAGNOSIS END DATE | CCC |
| 453 | DIAGNOSIS CODE IS NOT APPROPRIATE FOR PATIENT SEX | CCC |
| 454 | DIAGNOSIS IS VALID, BUT IS NOT SUFFICIENTLY SPECIFIC FOR RISK ADJUSTMENT GROUPING | CCC |
| 455 | DIAGNOSIS CLUSTER NOT EDITED DUE TO RECORD FORMAT ERROR | CCC |
| 460 | SERVICE FROM- AND THRU-DATE SPAN IS GREATER THAN 31 DAYS | CCC |
| 490 | COULD NOT DELETE; DIAGNOSIS CLUSTER NOT IN RAPS DATABASE BENEFICIARY RECORD | CCC |
| 491 | DELETE ERROR, DIAGNOSIS CLUSTER PREVIOUSLY DELETED | CCC |
| 492 | DIAGNOSIS CLUSTER WAS NOT SUCCESSFULLY DELETED. A DIAGNOSIS CLUSTER WITH THE SAME ATTRIBUTES WAS ALREADY DELETED FROM THE RAPS DATABASE ON THIS DATE | CCC |
| 500 | BENEFICIARY HIC NUMBER HAS CHANGED ACCORDING TO CMS RECORDS; USE CORRECT HIC NUMBER FOR THE FUTURE SUBMISSIONS | CCC |
| 502 | DIAGNOSIS CLUSTER WAS ACCEPTED BUT NOT STORED. A DIAGNOSIS CLUSTER WITH THE SAME ATTRIBUTES IS ALREADY STORED IN THE RAPS DATABASE. | CCC |