
Encounter Data User Group Q&A Documentation

Questions and Answers – February 21, 2013 Live Session

Q1: How should MAOs and other entities submit Medicare eligible Home Health (HH) encounters if the HH provider is unable to submit Health Insurance Prospective Payment System (HIPPS) codes because the provider is licensed, but not Medicare certified?

A1: MAOs and other entities that are experiencing issues with submission of HIPPS codes for HH services provided by licensed providers should submit those issues/questions to eds@ardx.net. CMS will discuss these issues with the internal policy team and provide responses once decisions are finalized.

Q2: Can MAOs and other entities use the updated ZIP +4 default value of '9998' before the effective date of May 3, 2013?

A2: Yes, MAOs and other entities may program their internal systems, prior to the May 3, 2013 effective date, to replace the default '9999' value with '9998' for submission of the ZIP Code when the true +4 value is unavailable.

Q3: Does the submission of the ZIP Code +4 default value apply to all fields that require population of a ZIP Code (i.e., provider ZIP, subscriber ZIP, etc.)?

A3: The Common Edits and Enhancement Module (CEM) edit for the ZIP Code +4 is specific to the Billing Provider and is used to validate that nine (9) digits are populated in the Billing Provider's ZIP Code field. When the full nine (9) digits are not available, MAOs and other entities may populate the +4 default value of '9998' in other fields (i.e., subscriber).

Q4: Does CMS recommend that MAOs and other entities update the new ZIP +4 default value requirement from '9999' to '9998' for all provider roles and all members?

A4: If the true ZIP Code +4 is unavailable, MAOs and other entities should only use the ZIP +4 default value of '9999' (or '9998', effective May 3, 2013) for only the fields that require a full nine (9)-digit ZIP Code.

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

Q5: What are the submission guidelines for MAOs and other entities in order to add and delete diagnoses within the same chart review encounter transaction?

A5: The 2012 Regional Technical Assistance Participant Guide, Section 3.5.7 – Chart Reviews provides detailed operational guidance for the submission of chart review encounters to add, delete, or add/delete diagnoses. Section 4.5.7 – Chart Reviews provides submission exercises for MAOs and other entities to increase their understanding of the requirements for chart review submission. The 2012 Regional Technical Assistance Participant Guide is published on the CSSC Operations site at [http://www.csscooperations.com/Internet/Cssc3.Nsf/files/2012%20Encounter%20Data%20Participant%20Guide%20083112.pdf/\\$File/2012%20Encounter%20Data%20Participant%20Guide%20083112.pdf](http://www.csscooperations.com/Internet/Cssc3.Nsf/files/2012%20Encounter%20Data%20Participant%20Guide%20083112.pdf/$File/2012%20Encounter%20Data%20Participant%20Guide%20083112.pdf).

Q6: If a linked chart review encounter submitted for additional diagnosis codes also contains the diagnosis codes that are already stored in the Encounter Operational Data Store (EODS), will that linked chart review submission be rejected as a duplicate encounter?

A6: No. The chart review encounter will not be rejected as a duplicate encounter if it contains the original diagnosis codes. For the purposes of the EDS, a full encounter and a chart review encounter are considered separate encounter types and contain different elements. MAOs and other entities should not submit linked chart review encounters with diagnosis codes that are populated on the original full encounter and already stored in the EODS.

Q7: Should a linked chart review encounter be submitted to EDS as an original encounter (claim frequency code type '1') or as adjustment correct/replace or void/delete encounter (claim frequency code type '7' or '8')?

A7: An initial linked chart review encounter should be submitted with the frequency code type '1', because it is the first time a linked chart review encounter was submitted for the original encounter. If the chart review encounter is a correct/replace or void/delete of a previously submitted and accepted chart review encounter, then the frequency code type should be '7' (correct/replace) or '8' (void/delete). MAOs and other entities should reference the 2012 Regional Technical Assistance Participant Guide, Section 3.5.7 – Chart Reviews for detailed operational guidance for the submission of chart review encounters. The Participant Guide is published on the CSSC Operations site at [http://www.csscooperations.com/Internet/Cssc3.Nsf/files/2012%20Encounter%20Data%20Participant%20Guide%20083112.pdf/\\$File/2012%20Encounter%20Data%20Participant%20Guide%20083112.pdf](http://www.csscooperations.com/Internet/Cssc3.Nsf/files/2012%20Encounter%20Data%20Participant%20Guide%20083112.pdf/$File/2012%20Encounter%20Data%20Participant%20Guide%20083112.pdf)

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Q8: Does CMS expect EDS chart review submissions to replicate Risk Adjustment Processing System (RAPS) chart review submissions concerning diagnostic information?

A8: MAOs and other entities are encouraged to submit questions regarding the EDS and RAPS chart review relationships to eds@ardx.net for CMS to perform further research and analysis.

Q9: How should MAOs and other entities submit additional diagnoses when the number of allowable diagnosis codes exceed the 5010 limitations of 25 diagnosis codes for Institutional encounters?

A9: MAOs and other entities should submit questions regarding the 5010 limitations for diagnosis codes to eds@ardx.net. CMS will address this issue during an upcoming policy meeting and provide updates to MAOs and other entities once decisions have been made.

Q10: During the February 12 – February 14, 2013 timeframe, several MAOs and other entities received a large number of 277CA Acknowledgement Reports containing reject edit 453 "Procedure Code Modifier(s) for Service(s) Rendered". Will CMS consider a system maintenance resolution that will prevent the CEM from updating the system during a typical week, Monday to Friday, when MAOs and other entities may be submitting data?

A10: It was determined that a procedure code modifier table was unexpectedly closed during the week of February 11, 2013 which caused an increase of 277CA reports containing edit 453 "Procedure Code Modifier(s) for Service(s) Rendered." The CEM did not perform an update during that period. This problem has been resolved. Encounters with the 453 edit, may be resubmitted at this time.

MAOs and other entities should contact CSSC Operations at (877) 534-2772 or csscoperations@palmettogba.com if they have additional questions regarding this problem.

Q11: MAOs and other entities have identified a delay in the receipt of Encounter Data Front-End System (EDFES) 277CA Acknowledgement Reports and Encounter Data Processing System (EDPS) MAO-002 Encounter Data Processing Status Reports, especially for January 2013. Is there a system issue that is causing this delay?

A11: MAOs and other entities that are experiencing issues with delayed receipt of 277CA Acknowledgement Reports and MAO-002 Encounter Data Processing Status Reports should submit those issues/questions to eds@ardx.net. CMS will research these issues and provide responses.

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Q12: What is the best method for resolution of missing Acknowledgement Reports and MAO-002 Reports when MAOs and other entities receive reports for some encounters within a file and not others?

A12: MAOs and other entities should contact CSSC Operations by phone at (877) 534-2772 or by email at csscoperations@palmetto.gba.com if they are missing EDFES Acknowledgement Reports and/or EDPS MAO-002 Reports for some encounters within a file submission, but have received reports for other encounters within that same file.

Q13: Will the previously reported deadline of July 2013 be the initial opportunity for MAOs and other entities to receive MAO-004 Risk Filtering Reports that compare submission of the Encounter Data System (EDS) data to Risk Adjustment Processing System (RAPS) data?

A13: The July date was based on an assumption there would be a considerable amount of data available to test the filtering logic. Since data from the catch-up for 2012 has not materialized, CMS has been unable to begin testing the filtering logic. After additional review of the data available to perform analysis for EDS risk filtering, CMS will reconsider the July 2013 date for Risk Filtering guidance. CMS will provide an update to MAOs and other entities if a new date is established.

Q14: Will MAOs and other entities be required to flag Health Risk Assessments (HRAs) performed for new enrollees for 2013 dates of service (DOS), as indicated in the 2013 Advance Notice? If so, what is the guidance for HRA submission?

A14: All questions or comments related to guidance provided in the Advance Notice should be submitted through the Advance Notice comment process.

Q15: What is the status of the guidance for submission of encounter data for non-adjudicated claims received from capitated providers?

A15: CMS is currently reviewing the guidance for submission of non-adjudicated encounter data received from capitated providers. CMS will provide an update once final decisions are made.

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